

NATIONAL Assessment Centre Services. (wef 1 Jan 2005)

MAH419036405

Date In:	Job description	Date & Time Completed	Done by
19/08/2019 13:12	SAS e-filing		
Ref No: 2130/Jul/9004958/Y	E-mail (w/oda 3hrs, AIC 2hrs)		
Veh No: PA 5859L	I-Motor Claim Form	MTH1035126-002	19/08/2019
D.O.A: 14/01/2019 13:45	I-Motor W/O (w/oda: OD 2hrs, TP 4hrs)		15:46
OID (TP) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: PC8891L INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date	Time	By

Charge Particulars	Amount	Balance
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100) INC (\$50)		
3) TP: Towing Fee	\$40/\$43	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
Forfeiting against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
OID:		
* NS: Courtesy Car / TP Allowance	\$1	
* NS: Repair Co-ordination	\$10	
* NS: Post Repair Inspection	\$23	
* NS: DV / Collect Excess Co-ordination	\$5	
TP (Nil) / TP (Non INC) against INC	\$28	
9) NI: Idao Mobile	\$0	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	19/03/2019 13:12
Date Of Accident	14/01/2019 13:45
Exact Location Of Accident	CLEMENTI AVE 3 INSIDE CLEMENTI PRI SCHOOL COMPOUND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA5859L
Insured/Policyholder	
Name Of Registered Owner	ANN TRANSPORT SERVICE
Co Reg No	53266881B
Email Address	ANNAGARY97@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98188008
Alternative Phone No	OFFICE-92319576

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5103762728
Cover Note Number	

Driver

Name of Driver	TEY AI MIN
NRIC No	S2610303G
Date Of Birth	04/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2011
Driving Experience	7 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98188008
Fax Number	
Contact Number	OTHERS-92319576
Email Address	ANNAGARY97@YAHOO.COM.SG

Address: BLK 176 BISHAN STREET 13
#05-135

Postcode: 570176

Was driver an employee of the Insured's Company: YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle: -

Insurance Company of Driver's Own Vehicle: -

General Information of the Accident

Type Of Accident: COLLISION - HEAD TO REAR

Weather Conditions: CLEAR

Road Surface: DRY

Other Information

Was any foreign vehicle involved in this accident?: NO

Number of vehicles (including own vehicle) involved in the accident: 2

Was any body injured in the Accident?: NO

Was any injured conveyed to hospital by ambulance?: NO

Was any other material or property damaged?: YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.: NO

Number of Passengers (Including Driver): 9

Details of Police Action

Was the accident reported to the police?: NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?: NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190117/2173 (TYPE OF COLLISION T/P REVERSE AND HIT INSURED)

Attachment(s)

Are accident photos available for attachment?: YES

Was there any video captured by Car Camera?: NO

Was there any audio recorded?: NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number: PC8891L

Vehicle Make/Model/Colour: ISUZU LT134P

Details Of Properties

Vehicle Category: BUS

Name of Driver

NRIC/Passport Number:

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

eylin

Driver's Signature
(If driver is not the policyholder)
Date & Time:

19-3-19

19/03/2019

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

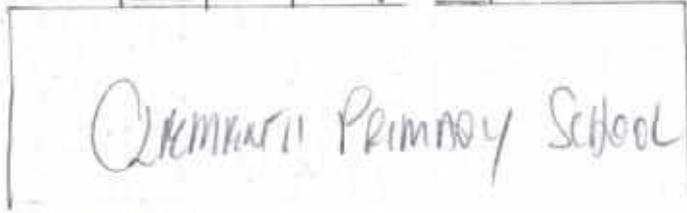
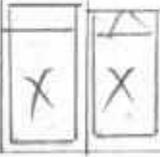
Refki Hartono

SKETCH PLAN



A) PA5859L
B) PC8891L

3 7 B 7
Rundise



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text: "P/S REFER TO POLICE REPORT. 7/20/19 17/2/73" written diagonally across the lined area.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Handwritten signature of the driver.

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Handwritten date and time: 19.3.19

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Handwritten signature and date: 19/03/2019
Handwritten name: Resal W...
Handwritten NRIC/FIN No.:



Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Report No. T/20190117/2173

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/01/2019 20:35	Vide Report No.:	Station Diary No.: 18
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TEY AI MIN		Address: APT BLK 176 BISHAN STREET 13 #05-135 SINGAPORE 570176	
ID Type / ID No.: NRIC NO / S2610303G		Contact No.: Home/Office:	Mobile: 92319576
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 52	Date of Birth: 04/10/1966	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 3,3A,4A	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/01/2019 13:45	Type of Location: school compound
Location: Along Road 1 CLEMENTI AVENUE 3				
Inside the Clementi primary school's compound.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Controlled by Others e.g. Workmen	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA5859L	Bus/Coach/Mi nibus (School Children)	TOYOTA	HIACE 2.5 A	Grey	Slightly Damaged	8
PC8891L	Bus/Coach/Mi nibus	ISUZU	LT134P	Multi-Colored		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20190117/2173

2 of 3

Report No. T/20190117/2173

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
PA5859L	NTUC Income Insurance Co-Operative Limited			

Brief Details.

I am working as a school bus driver for Clementi Primary School. On the 14/01/2019 at about 1345hrs, I was driving the school bus fetching students from the school to their home. Myself and the other bus drivers are all lined up inside the school to wait for our turn to leave. My main contractor employed a female employer to work as supervisor for us. I was lined up behind the bus bearing plate number PC8891L. We were lined quite close to each other. The supervisor was there to help direct us. Suddenly, the bus in front of me moved a little and started to reverse. I could see the supervisor signaling from my right mirror, however the bus continued to reverse and hit on the front side of my bus. At that point of time, I did not press the horn as I was in shock and could not react. I crouched down to brace myself for the impact, which made me press the horn due to my actions, but it was too late as the front of my bus had already been hit. The other party's driver came down to take a look, but did not apologize to me or talk to me before getting back on his bus and drove off. I only managed to get his particulars from my main contractor. No one was injured however the front right bumper of my bus was damaged, right headlight cracked and bonnet is damaged.



**SINGAPORE
POLICE FORCE**



T/20190117/2173

3 of 3

Report No. T/20190117/2173

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 SIM WENG HONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Signature Of Informant:

Date/Time:

17/01/2019 20:35

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident #/1029126

Policy No.	553762729	Vehicle No.	YAS699L	GST Registration No.	
Certificate No.				Policyholder NRIC	83268819
Policyholder Name	ANN TRANSPORT SERVICE	Cover Type	Third Party, Fire & Theft	Leading	0
Product Code	FLEET INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	NA	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
eFile	No Yes	NCD Extension(%)	0	Private Hire	No

Accident Details

Report Date	08/03/2019 14:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	14/01/2019	Time of Accident (hh:mm)	13:30	Country of Accident	Singapore
Reporting Centre		Orange Profile		ICM No.	
Accident Location	INSIDE CLEMENTI PRIMARY SCHOOL				

Excess

Own damage Excess	0.00	Additional Excess		Whitewash Excess	0.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	08/01/2019 13:24:26 Kimberly Yuen changed GST Status verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 85 A/4-373	Address 2	TELUK BLANGAH HEIGHTS	Address 3	SINGAPORE 100086
Address 4		Address Type	Singapore address	Post Code	100086
Unit No.	20-373	Related Policy Number	553762729-01		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Insurance driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes - No				

Modification history

Claim 002 OD-MX [View](#)

Claim Type *	OD-MX	Insured Name	ANN TRANSPORT SERVICE	Insured NRIC	83268819
Contact No. (Mobile)		Contact No. (Office)	NA	Contact No. (Home)	
Email Address		Vehicle No.	YAS699L	Vehicle Number	PC6891L
Claim Description	KATAVAL / PCBWILL ON 14 Jan 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	OT report	Received
Date Registered	19/03/2019 11:43	Claim Close Date		Date Received	19/03/2019 11:44
Report Taken By	MOSLI WAHAB	Workshop Receiver		Total Loss Dtl Reported	

Attachment

Accident No.	MT/1029126	Claim No.	002
Last Doc. Received	Yes No	Upload Date	19/03/2019 10:46
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Board			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Max Size (KB)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 19 Mar 2019 15:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-19	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 19 Mar 2019 15:46	SAS	Normal	SAS 2019-3-19	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 19 Mar 2019 11:44	Photos	Normal	Photos 2019-3-19	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 19 Mar 2019 11:44	Photos	Normal	Photos 2019-3-19	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 11:44	Photos	Normal	Photos 2019-3-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 11:44	Photos	Normal	Photos 2019-3-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 11:44	Photos	Normal	Photos 2019-3-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 11:44	Photos	Normal	Photos 2019-3-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 11:43	Photos	Normal	Photos 2019-3-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 11:43	Photos	Normal	Photos 2019-3-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 11:43	Photos	Normal	Photos 2019-3-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 11:43	Photos	Normal	Photos 2019-3-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 11:43	Photos	Normal	Photos 2019-3-19
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Mar 2019 11:43	Photos	Normal	Photos 2019-3-19

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
------------------	-------------	-----------	--------	--------

[Display in new window](#) [Scan and upload](#)

Our Ref: MT/CA/TP/001/1035126-001/CQ/VU

08 Mar 2019

ANN TRANSPORT SERVICE
BLK 86 #29-373
TELOK BLANGAH HEIGHTS
SINGAPORE 100086

Dear Policyholder

CLAIM NUMBER: MT/1035126-001
ACCIDENT INVOLVING PA5859L / PC8891L on 14 Jan 2019

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

ACCIDENT STATEMENT

ACCIDENT DATE: 14, 01, 2019 (DD/MM/YYYY), TIME: 13:45 (HH:MM)

LOCATION: CLAMANTI AVE 3 INSIDE CLAMANTI PRI S&C COMPOUND

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA 5859L
- b) INSURANCE COMPANY: ADUC
- c) POLICY NUMBER: 5103762/28
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA TRACK
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: ANNE D7 SHERVICKS (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 98788008
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: JAY BI MANI (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 526103024 CONTACT: 92319576
- c) ADDRESS: _____

* No of passenger
(Including driver)
(9)

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TALOKA BLOK 1000 PAPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PC 8891L MODEL: TOYOTA
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
()

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
()

email = annagary97@yahoo.com.sg

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2610303G



Name
TEY AI MIN
郑爱明
Race
CHINESE
Date of Birth
04-10-1966
Sex
F
Country of Birth
MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S2610303G

Name
TEY AI MIN

Birth Date 04 Oct 1966
Issue Date 27 Oct 2009




Land Transport Authority

VOCATIONAL LICENCE

License No: S2610303G
Name: TEY AI MIN
Issue Date: 21/8/2012

Please visit www.lta.gov.sg to check the status of this vocational licence



2022501



NRIC No: S2610303G



Race Group: Chinese
Date of Issue: 10-11-1994

APT BLK 176 BISHAN STREET 13 #05-135
SINGAPORE 570178
NRIC No: S2610303G Date: 15-06-2004 (R) No: 4931595

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	DESCRIPTION	ISSUE DATE
Class 3A	Motor cars without clutch pedals <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals <= 2500 kg	27 Oct 2009
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	17 Jun 2011
Class 4A	One/seater	14 Nov 2011

S / No. 9000154718

S2610303G

NP 428A

License No: S2610303G



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	11/08/2011
04	BUS ATTENDANT	11/08/2011



Hello, NAC_BUKIT_MERAH_800676

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident
 Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5103762728		ANN TRANSPORT SERVICE	53266881B	GFT	Third Party, Fire & Theft	PA5859L	PA5859L	11/09/2018	16/01/2019

Continue