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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding 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.
- 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 ladgement 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 afterward.

STATE OF THE STATE	ACCIDENT STATEMENT
Date Of Report	01/04/2019 19:53
Date Of Accident	30/03/2019 17:20
Exact Location Of Accident	TEMASEK HALL KENT RIDGE DRIVE CARPARK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBP810X
Insured/Policyholder	
Name Of Registered Owner	FOO CHIT FATT (HU ZHIFA)
NRIC No	S8108700H
Email Address	ANDYMAX1981@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97635576
Alternative Phone No	OTHERS-97635576
Vehicle Particulars	0116100100010
Manufacturer	YAMAHA
Model	GDR155A (AEROX)-155CC
Exact Purpose for which vehicle was being used at time of accident	
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	MOTORCYCLE
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	5107261099
Cover Note Number	
Driver	
Name of Driver	FOO CHIT FATT (HU ZHIFA)
NRIC No	S8108700H
Date Of Birth	20/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	26/07/1999
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97635576
Fax Number	

OTHERS-97635576

ANDYMAX1981@YAHOO.COM

Address

BLK 170 STIRLING ROAD

#11-1141

Postcode

140170

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

Was any body injured in the Accident?

YES

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)

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190401/2128

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES WITH OWNER

Remarks/ Reasons:

Was there any audio recorded?

NO

Vehicle Registration Number

SJD6457L

Vehicle Make/Model/Colour

YAP YEW CHOH KENNETH

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

# **DETAILS OF INJURED PERSON 1**

Name

FOO CHIT FATT (HU ZHIFA)

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBP810X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.

1/4/19

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Persor/hel's S/gnature

SKETCH PLAN TEMASI	ic Hace	krun	RIDGH	DR OF	hu	CARPARIC
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A) FBP 810X B) SJD 6457 L		> CAD	B			
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DECLARATION  I/We declare the foregoing particulars  1/4/19	are true in every re	spect.		ar l	yloxi	2009
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the Date & Time:	policyholder)	Na	eporting Centre I ome: RIC/FIN No.:	erconner's	Signature Hors





1 of 3

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20190401/2128

Date/Time Report Made: 01/04/2019 15:38			Vide Report No.:	Station Diary No.: 50	
Informan	t's Particu	lars			
Name of FOO CHI	Informant: IT FATT		Address: APT BLK 170 STIRLING RO 140170	AD #11-1141 SINGAPORE	
ID Type / ID No.: NRIC NO / S8108700H			Contact No.: Home/Office: 97635576 Mobile:		
Nationali			Email:		
Sex: Male	Age:	Date of Birth: 20/03/1981	Type of Informant: Rider		
Race: Chinese	9		Language:	Institution / School Name:	
Occupation: Motorcycle delivery man		man	Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/03/2019 17:20	Type of Location Car Park
Location: Along Road ' KENT RIDGE Temasek Ha Weather:		rk. Road Surface:	F	Road Speed Limit;
vication.		The state of the s		
		Dry		
Clear Traffic Flow: One Way		Dry Traffic Control:		Fraffic Volume: No Traffic

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBP810X	Motorcycle	YAMAHA	AEROX GDR155 CVT	Black	Seriously Damaged	0
SJD6457L	Car			Black	Slightly Damaged	1

Details of V	ehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
Vehicle No.	madrance company			The state of the s	





2 of 3

Report No. T/20190401/2128

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

CONTINUATION OF REPORT

	ehicle Insurance	INo	Effective	Expiry Date
Vehicle No.	Insurance Company	Insurance No	Fliective	LAPITY DUTC
FBP810X	NTUC Income Insurance Co-Operative Limited	5107261099	26/01/2019	25/01/2020

ally redestrial in	volved: No			_	
No. of Pedestrian	s Injured: NIL	Use of P	edestrian	Cross	ing: NA
Rider		1000	ID No.		0040070011
Name	FOO CHIT FATT				S8108700H
Related Vehicle	FBP810X (Motorcycle)			t No.	97635576
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			of e & Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/03/2019	Date Dis	scharge	30/03	3/2019
	ted Medical Leave 01	Degree	of Injury	Sligh	t
Driver					
Name	Yap Yew Choh Kenneth		ID No.		S7504836Z
Related Vehicle	NIL			ct No.	98731663
Hospital/Clinic	NIL			of g ce & / Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Discharge NIL		
No. of Days gran	nted Medical Leave NIL	Degree	of Injury	NIL	

### Brief Details.

On 30/03/2019 at about 1720hrs, I ride vehicle registration number FBP810X into Temasek Hall to find for a parking. It was when Vehicle registration SJD6457L suddenly came out from his Lot which made me collide onto his front right side of the vehicle. I then fall to the ground with my motorcycle. The driver then helped me and we subsequently exchanged particulars

I sustain swollen on my right leg and felt some pain on other parts of my body. My vehicle FBP810X front and right side was badly damaged and front headlight was broken, however my motorcycle still can be driven. I went to NUH on the day itself to seek medical attention and I was given one day MC.





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999 3 of 3 Report No. T/20190401/2128

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 SURAIYAH PARVEEN BINTE HABIB MUHAMAD	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2019 15:38
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Cłassification Of Case:
Authentication Stamp	

occident MT/1038354								
Police rec	\$107261098	Network Association	Banks Soci		Participation of the Control of the			
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Laim GDI Reye  Type *  Cact No. (Munde)  al Address  al Address  al Cescoptor  Cast No. (No. No. No. No. No. No. No. No. No. No.	* Transper   Preferred   Collect   Preferred   WTTAGGGGG4   * Yes No	Mourisityp, Name ynknown     DIA   Reperty   Remender   Rem	Saw Submit	PROPERTY OF THE PROPERTY OF A PROPERTY OF A PROPERTY OF A PROPERTY OF CHARGE SHOCK	Confidence  Confid	Urgency +	Entract In	5/06457L
Italian dpi Beye  Im Type *  Intuct to, (Pumbe)  al Address  Im Cescoption  Alered  Implication   Ves  Intuct Taken By  Price AC Notice  Implication to  Income File   Notice chosen  Income File   Notice chosen  Income File   Notice chosen	* Transper   Preferred   Collect   Preferred   WTTAGGGGG4   * Yes No	Mourisityp, Name ynknown     DIA   Reperty   Remender   Rem	Saw Submit	PRESENCE  PROPERTY OF STREET ON S  BLIDS 2010 STREET ON S  CREET STREET STREET  PRINCE STREET	Confidence  Confid	Property *	Entract In	5/06457L
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Claim ODI Rew  In Type *  Incart No. (Markle)  India Address  In Descognian  Charles New  Institute  Attachment  Point Sar, letter  Attachment  Chacas File No Sie chasen	* Transper   Preferred   Collect   Preferred   WTTAGGGGG4   * Yes No	Mourisityp, Name ynknown     DIA   Reperty   Remender   Rem	Save Submit	PROPERTY OF THE PROPERTY OF TH	Confact No. 110mm) 110mm 100 1 Website Filipsion Number Claim Chare Char	Urgerroy v   Nurrival v   Facemal v   Normal v	SITUE  Certical  Bu  IDITION  THE  Vehicle  Number  Same of  Felferyad  Brokehap  Tress  Bessions	5/06457L
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Claim ODI Rew  In Type *  Inter No. (Markle)	* Transper   Preferred   Collect   Preferred   WTTAGGGGG4   * Yes No	Mourisityp, Name ynknown     DIA   Reperty   Remender   Rem	Save Submit	PROPERTY OF THE PROPERTY OF TH	Confact No. 110mm) 110mm 100 1 Website FIRPSIDE Niember Confactorial C	Urgerroy v   Nurrival v   Facemal v   Normal v	Service Levice L	SIGNAEZA UTUGAZSHS UI
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Claim ODI Reye.  In Type *  Intact No. (Monte:  In Cascoption  Itemat	* Transper   Preferred   Collect   Preferred   WTTAGGGGG4   * Yes No	Morrisatrop, Name vinknoven     Display   Hamano	Save Sumit	PROPERTY TO THE CONTROL OF A PROPERTY OF A P	Contact No. 110mm 100 1 Website FIRPSIDE Niember  Clarm Chare Conference  Value  Value Val	Unservor +   Number     Facons   +   Nacros   +   Nacros   +   Nacros   +   Nacros   +   Nacros   +	Service Levice L	Sidential  Francisco   Sension
Item db1 Reye  Type *  Harther, Pennies  al Address  Pen Description  Start Tax  Start Tax  Pen Se Not the chosen  Thoose File No the chosen	* Ves No  * Ves	Category  Category  Category  Category  Category  Category	Sam Sumit	PRESENCE PROPERTY ON A COMPANY PROPERTY ON PROPERTY ON PROPERTY ON PROPERTY PROPER	Contact No. 1966 Plants Of Participan Of Par	Virgercy * Plantinal * Plantinal * Plantinal * Plantinal * Plantinal *	Service Levice L	Siconeri 0 tronzola do Seno M
Italiam GDI Reye.  In Type *  Italiam GDI Reye.  It	* Transper   Preferred    * Transper    ** Transper    * T	Color No.  Claim No.  Chairm N	Sam Sumit	PROPERTY OF THE PROPERTY OF A PARTY OF A PAR	Confect No. 110mm) 110mm) 10 Verbolle PEPRIDE Niember Confectore Confectore  Value V	Virgercy * Plantinal * Plantinal * Plantinal * Plantinal * Plantinal *	Service Levice L	Sideward.

	MATERIAL HIGHER		The Control of the Co	\$ Beurse	Ade
₩ Video List	Uploaded By/Liste Policy Date	Fig. 1	NOTE:		18.143
(F) 1   1	NAC_BURTT_MERAH_BUDGTEL NATIONAL ASSESSMENT CENTRE SER S (BURCT MERAM)) on OI Apr JOES JUICE	ALCE MATC: CHANG DITERES	Hermat	MOLY development 20 (9-4-)	
193	NAC_GLACT_MERAH_80(9679)( NATIONAL ASSESSMENT LEWINE SEN S-(BURLT MERAH)) on G1 Apr 2019 2019	1000	Assertati	549 5018-4-1	
	MAC_BURST_MERAN_BOSKIN; NATIONAL ASSESSMENT CENTRE SEN L (BURST MERAN)) in DI Apr 2019 2019 8	VICE Pruss	Acetost	Phillips 3018-4-1	
1	MAC_ALMIT_MERAH_BD0674( NATIONAL ASSESSMENT CENTAE SER S (RIDYST MERAH)) or 0.1 Apr 2019 20:00	VICE Planes	Normal	Profess 2019-4-1	
*	MAC_BUNIT_MENAH_BIOSPIE NATIONAL ASSESSMENT CENTRE SER II (BUNIT MENAH)) == 0.1 Apr 2019 20 08	VICE Photos	Name .	MANARY S233-4-7	
2	NAC_HEATT_MIREAH_BROGRAL NATIONAL RESESSMENT CENTRE SER S (BENET HERAM)) on 01 Apr 2019 2019	VICE Printer	Abrital	Phytin 2019-9-1	
Y	MAC_ROWIT_MERAM_SOCRTS( MATTONA), ASSESSMENT CENTRE SER S (B)(RIT MERAM)) III: 01 Apr 2019 20:00	VICE Physics	Normal	PERIOR 2013-4-1	
G.	NAC_BUNTT_MERAH_BOOKFE; NATIONAL ASSESSMENT CENTRE SEA S 18/1877 MERAH)) in Dt Apr 2015 20:00	VICE Protes	Nerros	Photos 3614-4-1	
7	NAC_BURIT_MERAH_600678; NATIONAL WISPSSMENT CENTRE SER IS (BURIT MERAH)) IN UL AP 2019 20:00	VICE Prints	Newson	Physics 2012-4-1	
	NAC_BURTY_MERAH_000679( NATIONAL NOSESSMENT CENTRE SER S (BURTY MERAH)) on 01 Aby 2019 20198	VICE Photos	Name.	Printips (U1)++ E	
	NAC BLAIT MERAY BODGTS( NATIONAL ASSESSMENT CENTRE SER S (BURIT MERAY)) on 01 Apr 2019 70:08	VICE Protes	Harmal.	NATIONAL TRANSPORT	
1	MAC_BURIT_MERAIA_RODATH; NATIONAL ASSESSMENT STATUS SER B EBURIT MERAIA) on III Aut III II III III	VICII Provin	Nerman	Photos 2039+4-1	
20	WAIT_BLEET_MERAH_BEDEFE( NATIONAL ASSESSMENT CENTUS SER S. (BLEET MERAH)) or DT age 2018 20199	VICE Protes	Normal	Photos 2019-4-1	
1	MAC_BLACT_MERAIN_BOORTH( NATIONAL ASSESSMENT CENTILE SER S (BURIT MERAIN) IN DI ANY 2010 70:00	VICE Plutes	Horman.	Autobe 1074-e-1	
1	MAC_BIAST_MERAH_BIDOK/B) NATIONAL ASSESSMENT CENTRE SEK S (BUNTT MERAH)) III OX AN 2015 20:29	VICE Protos	PAGETTIAL	Photos 2016-6-1	

Display in New Window Scan and Uploading

# ACCIDENT STATEMENT

ACC	IDENT DATE SO 03	2,019)(DD/MM/YYY	Y), TIME: 17 20	MHHAMM
Loc.	ATION: TEMASEK	Hall car pa	rK	-1 (Lit Parta)
1	. DETAILS OF VEHICLE			
	a) VEHICLE NUMBER:_	FBP 810x	12% 84.3	9 80 6
	D)INSURANCE COMPA	NY: NTUC		
572	c)POLICY NUMBER:	MARIO SOLVANO	13-13-13-1	
	D) POLICY TYPE: (COMP	REHENSIVE / THIRD BY	TITLE CALLED TO A COLUMN	2-15-14/(61/61
	B)MAKE & MODEL: Y	maha geray	RIY / THIRD PARTY FIRE	E &THEFT]
	I/ITE: (SALOON / COU	PE / MPV /VAN / LODO	V / LIGHTON	
	10,	IT KIVAIR / LINANAEDO	11 / 110	THERS)
	h) PURPOSE OF USING A	T ACCIDENT TIME: TO	AL / MOTORCYCLE)	
	I) ARE YOU CLAIMING U	NDER YOUR OWN INS	elivery	2
	IF NO, PLEASE STATE IT	HISD BARTY CLAIM 1850	KANCE (YES/NO)	
2.,	INSURED / POLICY HOLD	DEB WILL CLAIM / KI	EPORTING ONLY)	
	AINAME FOO CH	IT FATT		
	b) NRIC/FIN/PASSPORT:_	\$8/D8700H	MALE / FE	MALE)
	CADDRESS: BIK 1		CONTACT: 976	
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the of passon got	DRIVER	TOUR TOUR	LUEK	
(Including driver)	ONAME: FOO C	HIT CATT		
( ) Surver)	b) NRIC/FIN/PASSPORT:_	SRID & TOMH	MALE / FEN	AALE)
(T)	CLADDRESS: BIK I	70 STIPLINY	CONTAGT: 976	35576
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14 5	*d)DATE OF BIRTH 1 2 0	103/1991	HI ANNO	
	a) CACALVIION: (INDOC	OR / OUTDOOR!	www.tiiii	9
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	TINGUE SURFACE: IDRY	WET / OTHERS	in teleg	
Φ.	WAS ANYBODY IN HIRED	VEC / NO		
Z	DIREPORTED TO POLICE (	YES / NOI		100
	IF TES, PLEASE STATE WH	ICH POLICE STATION	Queenstown	N. P. (
Na al 8. 1				10.1
He of passinger	a) VEHICLE NUMBER:	SJD 6457L	MODEL	
lududing driver)	b) DRIVER'S NAME:	YAP YEW CHOI	H KENNETH	
(2)	Y MAIC/FIN/FASSPORT		_CONTACT:	
200 I	HIRD PARTY VEHICLE			-00000
No of passenger	d) VEHICLE NUMBER:		_MODEL!	3070
Includion delical	e DRIVER'S NAME:			
Carried Courses.	e) Driver's Name:		CONTACT	-
	17.0E			
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email = andymax 1981@yahoo.com

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8108700H





FOO CHIT FATT (HU ZHIFA)

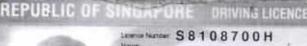


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20-03-1981 SINGAPORE





FOO CHIT FATT (HU ZHIFA)

Set Daile 20 Mar 1981 tenue Doce 13 Jul 2007



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21-02-2012

APT BLK 170 STIRLING ROAD #11-1141 SINGAPORE 140170

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B Motorcycles << 200 cc
Class 3 Motor Cars << 3000kg with <<7 passangers, exclusive 21 Sep 2004

NP 428A

Lisence No. 58198700H

eBaoTech GeneralClaim - Hello, NAC\_BUKIT\_MERAH\_800676 + Change Language · Change Password · Log Out My Desktop Policy Query Notice of Loss Policy No. Date of Accident 30/03/2019 19:52 Vehicle No.(For Motor) FBP810X Certificate Number Search Policyholder Name Certificate Policyholder NRIC Select Policy No. Vehicle No. Product Cover Type Insured Object Commence Date Number Explry Date FDO CHIT FATT Third Party, Fire & Theft 5107261099 \$8108700H GMC FBP610X 26/01/2019 25/01/2020 FBPB10X Continue