

NATIONAL Assessment Centre Services.

(part 1 Jan 2005)

11/04/2019 11:14

Date In: 11/04/2019 11:14	Job description	Date & Time Completed	Done by
Ref No: MBA/MC1900650114	SAS e-filing		
Veh No: SJN 42121	E-mail (Agenda 3hrs, AIC 3hrs)		
D.O.A: 10/04/2019 00:20	1-Motor Claim Form	mt1039849-001	11/04/2019 18:14
OD: TP - Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whip		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: JRX 761	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 ()	

() 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: _____

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$50)	
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (ref 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) NI: 1 Day DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
• NS: Courtesy Car / TP Allowance	\$1
• NS: Repair Coordination	\$15
• NS: Post-Hand Inspection	\$25
• NS: DV / Collect Excess Coordination	\$5
TP (Nil) / TP (Non INC)	\$25
9) NI: 1 Day Mobile	\$30
Invoice dated	
Invoice received	
Fee Charged	
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 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. 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	11/04/2019 11:18
Date Of Accident	10/04/2019 00:20
Exact Location Of Accident	BKE (PIE) TOWARDS WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN4212L
Insured/Policyholder	
Name Of Registered Owner	AUTO RENTZ LLP
Co Reg No	T16LL1519K
Email Address	JAMESBONDDSW@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97952418
Alternative Phone No	OFFICE-97952418

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101615128
Cover Note Number	

Driver

Name of Driver	CHONG SENG MONG (ZHUANG SHENGMAO)
NRIC No	S7513165H
Date Of Birth	14/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97952418
Fax Number	
Contact Number	OTHERS-97952418
Email Address	JAMESBONDDSW@HOTMAIL.COM

Address	BLK 344 CLEMENTI AVENUE 5 #12-140
Postcode	120344
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
Foreign Vehicle Registration Number	JRX7611 (MOTORCYCLE)
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190410/2043

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	JRX7611
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ALAN
NRIC/Passport Number	

Contact Number	84856680
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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- 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 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 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.

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 insurers) 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 purposes 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.

X

Policyholder's Signature
Date & Time:

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

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

11/06/2018
Road Linc 1003

SKETCH PLAN

EXI (PIE) TOWARDS GOODLANDS GATEWAY

A) SJN 4312L

B) JRY 7611



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF REFERENCE TO POLICE REPORT
7/20190000/2043

DECLARATION

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

X

Policyholder's Signature
Date & Time:



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

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

11/08/2019
Reda Loutfi B



**SINGAPORE
POLICE FORCE**



T/20190410/2043

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

1 of 3

Report No. T/20190410/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2019 10:10	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: CHONG SENG MONG			Address: APT BLK 344 CLEMENTI AVENUE 5 #12-140 SINGAPORE 120344		
ID Type / ID No.: NRIC NO / S7513165H			Contact No.: Home/Office: Mobile: 97952418		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 14/05/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROPERTY MANAGER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/04/2019 00:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH EXPRESSWAY WOODLANDS CENTRE ROAD Along BKE towards Woodlands Centre Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRX7611	Motorcycle					0
SJN4212L	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190410/2043

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

2 of 3

Report No. T/20190410/2043

CONTINUATION OF REPORT

Driver			
Name	CHONG SENG MONG	ID No.	S7513165H
Related Vehicle	NIL	Contact No.	97952418
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ALAN	ID No.	NIL
Related Vehicle	NIL	Contact No.	84856680
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 10/04/2019 at about 0020hrs, I was driving my vehicle SJN4212L along BKE towards Woodlands Checkpoint. The weather was clear and the road surface was dry. My wife was with me inside the car. There were a total of 4 lanes and I was driving on the 2nd lane from the right. I was driving at about 80km/hr and out of a sudden, I heard a loud bang from the back. From my rear mirror, I saw one motorcycle losing his balance and went to the 1st lane. I went to the side and stopped my vehicle and came out to check on him.

He was sitting down on the road side and I could smell the alcohol from him. He was able to stand up and talk to me. He had some minor scratches on his hand. A passerby namely Aaron Sia, 68442475 stopped his car and assist. I checked with him if he was able to go home and we will settle privately. He hand over to me his particulars. He subsequently drove back.



**SINGAPORE
POLICE FORCE**



T/20190410/2043

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

3 of 3

Report No. T/20190410/2043

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 DAMIEN LEONG JUN SIAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/04/2019 10:10

Classification Of Case:

Claim Handling

Accident MT/1039847

Policy No.	5101615128	Vehicle No.	SJN4212L	GST Registration No.	
Certificate No.					
Policyholder Name	AUTO RENTZ LLP			Policyholder NRIC	T16115159K
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Leading	II
Contact No.(Mobile)	97952418	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	11/04/2019 18:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/04/2019	Time of Accident hh:mm	00:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE (PIE) TOWARDS WOODLANDS CHECKPOINT				
Excess					
Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	11/04/2019 18:12:14 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	13 KAKI BUKIT ROAD 4	Address 2	#01-18 BARTLEY RIZ CENTRE	Address 3	SINGAPORE 417807
Address 4		Address Type	Singapore address	Post Code	417807
Unit No.		Related Policy Number	5101550208		
Q1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHONG SENG MONG (ZHUNG I	Driver NRIC	87613165H	Driver DOB	14/08/1978
Register Date of Driver License	20/03/2008	Driver Age	43	Driving Experience	11
Contact No.(Mobile)	97952418	Contact No.(Office)		Contact No.(Home)	
Address 1	BK 344 #12-140	Address 2	CLEMENTI AVENUE 5	Address 3	SINGAPORE 120344
Address 4		Address Type	Foreign address	Post Code	120344
Unit No.	12-140				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SJN4212L	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History

Claim 001 **NEW**

Claim Type *	OO-MX	Insured Name	AUTO RENTZ LLP	Insured NRIC	T16115159K
Contact No.(Mobile)		Contact No.	No	Contact No.(Office)	
Email Address		GE		TP	
Claim Description		Vehicle Number	SJN4212L	Vehicle Number	8Kx7611
Preferred workshop		SJN4212L / 8Kx7611 ON 10 Apr 2019		Name of Preferred Workshop	
Estimated No. Fractures	Yes	Insured Liability	Not at Fault		
Date Registered		Preferred Workshop, Name unknown	GIA report	Received	
Report Taken By		11/04/2019 18:13	Claim Close Date		Date Received 11/04/2019 00:00
		ROSLI WAHAB			

Print AK letter




Save Submit

Attachment

Accident No.	MT/1039847	Claim No.	001
Last Doc. Received	Yes No	Upload Date	11/04/2019 18:19
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	NO *
Choose File	No file chosen	Clear	NO *
Choose File	No file chosen	Clear	NO *
Choose File	No file chosen	Clear	NO *
Choose File	No file chosen	Clear	NO *
Choose File	No file chosen	Clear	NO *
Message Read		Clear	NO *

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (C2)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 18:14	Photos	Normal	Photos 2019-4-11	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 18:14	Photos	Normal	Photos 2019-4-11	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 18:14	Photos	Normal	Photos 2019-4-11	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 18:13	Photos	Normal	Photos 2019-4-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 18:13	Photos	Normal	Photos 2019-4-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 18:13	Photos	Normal	Photos 2019-4-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 18:13	Photos	Normal	Photos 2019-4-11
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 18:13	Photos	Normal	Photos 2019-4-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 18:13	Photos	Normal	Photos 2019-4-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 18:13	SAS	Normal	SAS 2019-4-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Apr 2019 18:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-11

Video List

Uploaded By/Data	Folder Date	File Name	Source	Action
<div> Display in New Window Scan and uploading </div>				

ACCIDENT STATEMENT

ACCIDENT DATE: (10/04/2019) (DD/MM/YYYY). TIME: (00:20) (HH:MM)

LOCATION: BKE (PIE) TOWARD WOODLAND CHECKPOINT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN 4212 L
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5101615128
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HYUNDAI AVANTIX
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING GRAB
 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: AUTO RENTZ LLP (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: BLK 413B #03-41 FERNVALE LINK
SINGAPORE 792413

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHONG SENG MONG LAWRENCE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S75121654 CONTACT: 97952418
 c) ADDRESS: BLK 344 CLEMENTI AVE 5 #12-140 S120344

* d) DATE OF BIRTH: (14/05/1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 20/03/2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITIONS: (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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JRX 7611 MODEL: _____
 b) DRIVER'S NAME: ALAN
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 84856680

9. THIRD PARTY VEHICLE

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

email = JAMESBONDSNS@HOTMAIL.COM

VIDEO

RENTAL COMPANY EMAIL: EMAILAUTORENTZ@GMAIL.COM

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7513165H



Name
CHONG SENG MONG
(ZHUANG SHENGMAO)
庄盛贺

Race
CHINESE

Date of birth
14-05-1975

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensee Name: S7513165H

Name
CHONG SENG MONG
(ZHUANG SHENGMAO)

Birth Date: 14 May 1975

Issue Date: 20 Mar 2008




3717241




NRIC No. S7513165H

Date of issue
21-05-2008

APT BLK 344 CLEMENTI AVENUE 5 #12-14Q
SINGAPORE 120344

NRIC No. S7513165H Date: 14/03/2019

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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg

20 Mar 2008



NP 4754



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="10/04/2019 18:16"/>
Vehicle No. (For Motor)	<input type="text" value="SJN4212L"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101615128		AUTO RENTZ LLP	T16LL1519K	GPC	Third Party	SJN4212L	SJN4212L	21/06/2018	15/08/2019