

NATIONAL Assessment Centre Services.

(ver 1 Jan 09)

NAI9058006

Date In: 06/05/2018 12:29	Job description	Date & Time Completed	Done
Ref No: NAI90079847	SAS e-filing		
Veh No: FE 6565A	E-mail P (w/ide 8hrs, A/C 2hrs)		
D.O.A: 06/05/2018 08:48	I-Motor Claim Form	NAI1043277-001	01/05/2018 11:42
OID: TP: Reporting Only	I-Motor W/O (With/ie: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 88E 4564	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: _____
Date: _____
Assign: _____

NAI903279	Invoice
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$10/\$45
	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$75
	7) NI: Idac DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	* NS: Courtesy Car / Tpr Allowance \$5
	* NG: Repairs Coordination \$10
	* NZ: Post Repair Inspection \$25
	* DV: DV / Collect Excess Coordination \$5
	TP (NI) : TP (N in INC) \$30
	9) NI: Idac Mobile
	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 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	06/05/2019 12:29
Date Of Accident	06/05/2019 08:45
Exact Location Of Accident	ALONG KEPPEL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FE6565A
Insured/Policyholder	
Name Of Registered Owner	TAN TSE MENG
NRIC No	S1623262I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90730272
Alternative Phone No	OTHERS-90730272

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ135-133CC (M)
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0082346449-15
Cover Note Number	

Driver

Name of Driver	TAN TSE MENG
NRIC No	S1623262I
Date Of Birth	13/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	18/01/1985
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90730272
Fax Number	
Contact Number	OTHERS-90730272
Email Address	NOEMAIL

Address	BLK 435B BUKIT BATOK WEST AVENUE 5 #07-988
Postcode	652435
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?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190506/2133

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	SJE496H
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name TAN TSE MENG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FE6565A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:

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

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

SKETCH PLAN

ALONG KEPPEL ROAD

A) FE 6565 A

B) SJE 496H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note across the section: Police report 1/20/2019 6/2/33

DECLARATION

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

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.:

07/05/2019

Roshan



SINGAPORE POLICE FORCE



T/20190506/2133

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190506/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2019 18:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TAN TSE MENG			Address: APT BLK 435B BUKIT BATOK WEST AVENUE 5 #07-988 WEST EDGE @ BUKIT BATOK SINGAPORE 652435		
ID Type / ID No.: NRIC NO / S1623262I			Contact No.: Home/Office: Mobile: 90730272		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 13/05/1963	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2019 08:45	Type of Location: Straight Road
Location: Along Road 1 KEPPEL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FE6565A	Motorcycle	YAMAHA	RXZ	Red		0
SJE496H	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FE6565A	NTUC Income Insurance Co-Operative Limited	0082346449-15	01/02/2019	31/01/2020



**SINGAPORE
POLICE FORCE**



T/20190506/2133

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190506/2133

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN TSE MENG	ID No.	S1623262I
Related Vehicle	FE6565A (Motorcycle)	Contact No.	90730272
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	06/05/2019	Date Discharge	06/05/2019
No. of Days granted Medical Leave	06	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTION THE DATE, TIME AND LOCATION
I WAS RIDING ALONG KEPPEL ROAD, AS I WAS RIDING STRIAIGHT SUDDENLY I FELT AN IMPACT
FROM THE LEFT. I WAS INJURED BUT WAS ABLE TO GET UP. WE EXCHANGE PARTICULARS
AND LEFT THE LOCATION. SCDF WAS THERE AT THE LOCATION AND THE ASSITED ME. TO WAS
THE OIL OFF THE ROAD.
THAT'S ALL



**SINGAPORE
POLICE FORCE**



T/20190506/2133

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 3

Report No. T/20190506/2133

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:

TP /

KEE CHUAN JIA MARCUS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

06/05/2019 18:00

Classification Of Case:

SINGAPORE
POLICE FORCE

Signature:

Claim Handling

Accident MT/1043277

Policy No.	0082346449-15	Vehicle No.	FE6565A	GST Registration No.	
Certificate No.					
Policyholder Name	TAN TSE MENG			Policyholder NRIC	S1623262I
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90730272	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	07/05/2019 11:23	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	06/05/2019	Time of Accident hh:mm	08:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG KEPPEL ROAD				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 435B #07-988	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3	WEST EDGE @ BUKIT BATOK
Address 4	SINGAPORE 652435	Address Type	Singapore address	Post Code	652435
Unit No.		Related Policy Number	0082346449-15		

01 Driver Info

Driver Name	TAN TSE MENG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1623262I	Driver DOB	13/05/1963
Register Date of Driver License	01/01/2002	Driver Age	35	Driving Experience	17
Contact No.(Mobile)	90730272	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 435B #07-988	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3	WEST EDGE @ BUKIT BATOK
Address 4	SINGAPORE 652435	Address Type	Singapore address	Post Code	652435
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FE6565A	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	TAN TSE MENG	Insured NRIC	S1623262I
Contact No.(Mobile)	90730272	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		01 Vehicle Number	FE6565A	TP Vehicle Number	S1E496H
Claim Description	FE6565A / S1E496H ON 6 May 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Contact No. Finalisation	Yes	Engineered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	07/05/2019 11:41
Report Taken By				Workshop Repairer	ROSLI WAHAB
				Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AX letter					

Save Submit

Attachment

Accident No.	MT/1043277	Claim No.	001
Last Doc. Received	Yes No	Upload Date	07/05/2019 11:42
Path * <div> <input type="button" value="Choose File"/> No file chosen </div> <div> <input type="button" value="Choose File"/> No file chosen </div> <div> <input type="button" value="Choose File"/> No file chosen </div> <div> <input type="button" value="Choose File"/> No file chosen </div> <div> <input type="button" value="Choose File"/> No file chosen </div> <div> <input type="button" value="Choose File"/> No file chosen </div> <div> <input type="button" value="Message Read"/> </div>			
Category * <div> <input type="button" value="Clear"/> Please Select </div> <div> <input type="button" value="Clear"/> Please Select </div> <div> <input type="button" value="Clear"/> Please Select </div> <div> <input type="button" value="Clear"/> Please Select </div> <div> <input type="button" value="Clear"/> Please Select </div> <div> <input type="button" value="Clear"/> Please Select </div> <div> <input type="button" value="Clear"/> Please Select </div>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 11:42	Photos	Normal	Photos 2019-5-7	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 11:42	Photos	Normal	Photos 2019-5-7	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 11:42	Photos	Normal	Photos 2019-5-7	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 11:42	Photos	Normal	Photos 2019-5-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 11:41	Photos	Normal	Photos 2019-5-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 11:41	Photos	Normal	Photos 2019-5-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 11:41	Photos	Normal	Photos 2019-5-7
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 11:41	Photos	Normal	Photos 2019-5-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 11:41	Photos	Normal	Photos 2019-5-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 11:39	Photos	Normal	Photos 2019-5-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 11:39	Photos	Normal	Photos 2019-5-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 11:39	Photos	Normal	Photos 2019-5-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 11:39	Photos	Normal	Photos 2019-5-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 11:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-7
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 May 2019 11:39	SAS	Normal	SAS 2019-5-7

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 01/05/2019 (DD/MM/YYYY), TIME: 02:48 (HH:MM)

LOCATION: Along Cullin Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FE 6565 A
b) INSURANCE COMPANY: AIUC
c) POLICY NUMBER: 00
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha RX2
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: TAN JAE FRANK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90730272
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR ABOOK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 15/05/1968 (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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STE 496H MODEL: Toyota Vios
b) DRIVER'S NAME: AMY SIM KIE CHIE
c) NRIC/FIN/PASSPORT: _____ CONTACT: 98918360

9. THIRD PARTY VEHICLE

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

email =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1623262I



Name

TAN TSE MENG

陈 自 明

Race
CHINESE

Date of birth
13-05-1963

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1623262I

Name

TAN TSE MENG

Birth Date: 13 May 1963

Issue Date: 16 Feb 2013



1002150301K

5939704



NRIC No: S1623262I



Date of issue
18-05-2018

APT BLK 436B BUKIT BATOK WEST AVENUE 5 #07-988
SINGAPORE 652435

NRIC No: S1623262I

Date: 14/12/2018

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

EFFECTIVE DATE

- | | | |
|----------|--|-------------|
| Class 2B | Motorcycles <= 200 cc | 18 Jan 1985 |
| Class 3 | Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg | 14 Dec 1985 |
| Class 4 | *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg
*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg | 17 Feb 1986 |



Licence No: S1623262I

NP 428A

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="06/05/2019 12:24"/>
Vehicle No.(For Motor)	<input type="text" value="FE6565A"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	0082346449-15		TAN TSE MENG	S16232621	GMC	Third Party	FE6565A	FE6565A	01/02/2019	31/01/2020