

NATIONAL Assessment Centre Services		MNA 49059296	
Date In: 08/05/2019 09:39	Job description	Date & Time Completed	Done by
Ref No: N88/INC/9008069/4	SAS e-filing		
Veh No: FAM 6280B	E-mail (within Mins. AIC 2hrs)		
D.O.A: 15/02/2019 16:35	i-Motor Claim Form	M711033109-002	08/05/2019 09:56
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs TP 4hrs)		
	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:	Veh No: FBC 9912U	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%; F: 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: ()	

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MNA 1903289		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				Int Bill	Add Bill
Claimant's Particulars:		1) AR: Accident Reporting (\$30);			
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2015)			
Cat. 1:		6) TR: Re-inspection \$75			
Cat. 2/3:		7) N1: Idnu DA + SMRT Survey \$160			
1/1 'd		8) NTUC Additional Services:			
		9) N12: Idnu Mobile \$30			
		*N3: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11): TP (N in INC) against INC \$20			
		Invoice dated		Pen Charged	
		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	08/05/2019 09:39
Date Of Accident	15/02/2019 16:35
Exact Location Of Accident	ALONG STEVENS ROAD TOWARDS WHITLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM6280B
Insured/Policyholder	
Name Of Registered Owner	PANG YEE TIOW
NRIC No	S2586885D
Email Address	XUANYINO0914@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94861748
Alternative Phone No	OTHERS-94861748

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150-150CC
Exact Purpose for which vehicle was being used at time of accident	GOING BACK TO JOHOR BAHRU
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	5105988971
Cover Note Number	

Driver

Name of Driver	PANG YEE TIOW
NRIC No	S2586885D
Date Of Birth	22/11/1959
Occupation	INDOOR
Date Of Driving Pass	29/04/1986
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94861748
Fax Number	
Contact Number	OTHERS-94861748
Email Address	XUANYINO0914@GMAIL.COM

Address	BLK 188C RIVERVALE DRIVE #13-1052
Postcode	543188
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	COLLIDED INTO MOTORCYCLIST
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?	YES
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	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 SKETCH PLAN

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	FBC9912U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PANG YEE TIOW

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBM6280B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.

 7 MAY 2019

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Area for describing the circumstances of the accident, crossed out with a large blue diagonal line. Handwritten text in blue ink reads 'RIDER NOT SURE WHAT HAPPENED'.

DECLARATION

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

Supern 07 May 2019

Policyholder's Signature
Date & Time:

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

ashley 07/05/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: *Resh*



SINGAPORE POLICE FORCE



T/20190507/2118

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

1 of 3

Report No. T/20190507/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2019 15:29		Vide Report No.: E/20190215/0140		Station Diary No.: 61
Informant's Particulars				
Name of Informant: PANG YEE TIOW		Address: APT BLK 188C RIVERVALE DRIVE #13-1052 SINGAPORE 543188		
ID Type / ID No.: NRIC NO / S2586885D		Contact No.: Home/Office: Mobile: 94861748		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 59	Date of Birth: 22/11/1959	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: SENIOR TECHNICIAN OFFICER		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/02/2019 16:35	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 STEVENS ROAD WHITLEY ROAD Along Stevens Road towards Whitley Road				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC9912U	Motorcycle					0
FBM6280B	Motorcycle	YAMAHA	SNIPER T150	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM6280B	NTUC Income Insurance Co-Operative Limited	5105988971	03/01/2019	02/01/2020



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Unknown	ID No.	NIL
Related Vehicle	FBC9912U (Motorcycle)	Contact No.	NIL
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
Rider			
Name	PANG YEE TIOW	ID No.	S2586885D
Related Vehicle	FBM6280B (Motorcycle)	Contact No.	94861748
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	15/02/2019	Date Discharge	30/04/2019
No. of Days granted Medical Leave	124	Degree of Injury	Serious

Brief Details.

On 16 Feb 2019 I received a letter from Traffic police ref to TP/IP/08937/2019, IO In charge: Ng Beifeng, 65476415. In the letter it was stated that I was involve in a traffic accident along Stevens Road on 15 Feb 2019 at 4.33pm. I would like to state that I could not recall anything that happened during the accident as I have traumatic brain injury after the incident. However I only recall blood bleeding from my head and sustain crack on my left rib and left shoulder bone.

My daughter namely Pang Yun Ling, 94861748, +60167610890 helped me to call NTUC income Insurance agency to ask for the other party's vehicle number which they subsequently provided. I was admitted in Tan Tock Seng Hospital on 15/02/2019 and discharged on 06/03/2019 and on the same day itself TTSH referred me to Rehabilitation Centre at TTSH for neurorehabilitation. I was given 124 days of MC.



**SINGAPORE
POLICE FORCE**



T/20190507/2118

3 of 3

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

Report No. T/20190507/2118

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 Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMED YAZID BIN MOHAMED
YUSOFF

Contact No.: 65472075

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

07/05/2019 15:29

Classification Of Case:

SN 50



Claim Handling

Accident MT/1033109

Policy No.	5105988971	Vehicle No.	FBM6280B	GST Registration No.	
Certificate No.					
Policyholder Name	PANG YEE TIOW	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S258685D
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	21/02/2019 17:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	15/02/2019	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	STEVENS RD TWOS PJE				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
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 168-C #13-1052	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 543188
Address 4		Address Type	Singapore address	Post Code	543188
Unit No.		Related Policy Number	5105988971		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver Licence		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Damage No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered					
Report Taken By					
<input checked="" type="checkbox"/> Print AK letter					

OD-MX	Insured Name	PANG YEE TIOW	Insured NRIC	S258685D
93903956	Contact No. (Home)	NIL	Contact No. (Office)	
	Oil	FBM6280B	TP	FBC9912U
	Vehicle Number		Vehicle Number	
		FBM6280B / FBC9912U ON 15 Feb 2019	Name of Preferred Workshop	
		08/05/2019 09:34	Claim Close Date	08/05/2019 00:00
		ROSLE WAHAB	Workshop Repairer	Total Loss but Repaired











Save Submit

Attachment

Accident No.	MT/1033109	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	08/05/2019 09:56
Path *		Category *	
Choose File No file chosen		Confidential	Normal
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			
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 09:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 09:56	SAS	Normal	SAS 2019-5-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 09:50	Photos	Normal	Photos 2019-5-8	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 09:50	Photos	Normal	Photos 2019-5-8	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 09:50	Photos	Normal	Photos 2019-5-8
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 09:49	Photos	Normal	Photos 2019-5-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 09:49	Photos	Normal	Photos 2019-5-8
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 09:49	Photos	Normal	Photos 2019-5-8
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 May 2019 09:49	Photos	Normal	Photos 2019-5-8

[Video List](#)

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

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 02 / 2019) (DD/MM/YYYY), TIME: (16 : 35) (HH:MM)

LOCATION: Along Stevens Road towards Whitley Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 6280B
 b) INSURANCE COMPANY: NTUC Income Insurance Co-operative
 c) POLICY NUMBER: 5105988971
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA / SNIPER T150
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Back to Johor Bahru
 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: PANG YEE TIOW (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2586885D CONTACT: 9486-1748
 c) ADDRESS: APT BLK 188C RIVERVALE DRIVE # 13-1052
 SINGAPORE 543188

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: PANG YEE TIOW (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2586885D CONTACT: 9486-1748
 c) ADDRESS: APT BLK 188C RIVERVALE DRIVE # 13-1052
 SINGAPORE 543188

*d) DATE OF BIRTH: (22 / 11 / 1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 29 April 1996

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

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: Queenstown N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBC 9912 U MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passengers
 (Including driver)
 ()

* No of passengers
 (Including driver)
 ()

* No of passengers
 (Including driver)
 ()

Email = xuanyinou 0914@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2586885D



Name
PANG YEE TIOW

Race
CHINESE

Date of Birth
22-11-1959

Country of Birth
MALAYSIA

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number S2586885D

Name
PANG YEE TIOW

Birth Date 22 Nov 1959

Issue Date 17 Mar 2003





8349272



NRIC No S2586885D



Nationality
MALAYSIAN

Blood Group O+ Date of issue 29-02-2000

Address
APT BLK 188C RIVERVALE DRIVE
#13-1052
SINGAPORE 543188


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

CLASS	DESCRIPTION	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	29 Apr 1986
Class 2A	Motorcycles between 201 cc and 400 cc	12 May 2003
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	29 Apr 1986

S2586885D S / No. 9000008393

NP 428A

Licence No: S2586885D



Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.

Date of Accident

15/02/2019 09:58

Vehicle No. (For Motor)

FBM6280B

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105988971		PANG YEE TIOW	S2586885D	GMC	Third Party, Fire & Theft	FBM6280B	FBM6280B	03/01/2019	02/01/2020