

## 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	17/05/2019 17:24
Date Of Accident	30/04/2019 04:30
Exact Location Of Accident	BEDOK NORTH AVE 4 TOWARDS UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP312S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW KHEE HENG
NRIC No	S1673366J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93691717
Alternative Phone No	OTHERS-93691717

### Vehicle Particulars

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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AN3171870
Cover Note Number	

### Driver

Name of Driver	LOW KHEE HENG
NRIC No	S1673366J
Date Of Birth	07/12/1964
Occupation	INDOOR
Date Of Driving Pass	13/06/1983
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93691717
Fax Number	
Contact Number	OTHERS-93691717
Email Address	NOEMAIL

Address	BLK 100 BEDOK NORTH AVENUE 4 #10-1916 SINGAPORE
Postcode	460100
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	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?	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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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	FBG3380Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MR YEO
NRIC/Passport Number	
Contact Number	93897112
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LOW KHEE HENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBP312S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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

17/5/19  
3:50pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

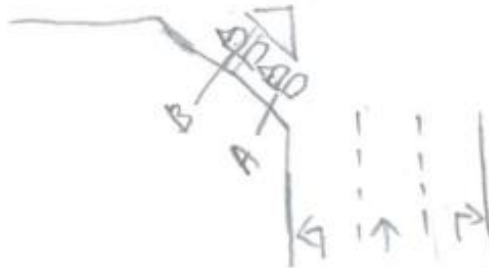
NRIC/FIN No.:

Penman

## Sketch Plan #2

### SKETCH PLAN

Upper Changs Road



Bedok North  
Ave 4

Vehicle

A - FBP312 S

B - FBG3380 Y

Legend



Vehicle



Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

## DECLARATION

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

Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

**Date & Time:**

3:50 PM  
17/5/19

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# Common Statement

## ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident Time 30/4/19 0930		2 Exact location of accident Bedok North Ave 4		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) FBP 312S

6 Insured / policyholder (see insurance cert.)  
Name Low Khee Hong  
(capital letters)  
Address \_\_\_\_\_  
NRIC / Passport no. S16733667  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP 93697117

7 Vehicle  
Make, type Yamaha GDR155A

8 Insurance company  
AAA ☐ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☒ Yes ☐  
Policy No. AN3171870

9 Driver ☒ Same as Owner  
Name \_\_\_\_\_  
(capital letters)  
NRIC / Passport no. \_\_\_\_\_  
Class of licence 3  
HP \_\_\_\_\_  
Gender Male ☒ Female ☐

12 CIRCUMSTANCES  
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicycle
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drink Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) FBG 3380Y

6 Insured / policyholder (see insurance cert.)  
Name \_\_\_\_\_  
(capital letters)  
Address \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP \_\_\_\_\_

7 Vehicle  
Make, type \_\_\_\_\_

8 Insurance company  
☐ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle B?  
No ☐ Yes ☐  
Policy No. (if available) \_\_\_\_\_

9 Driver (See driving licence)  
(if different from insured B above)  
Name MR YEO  
(capital letters)  
NRIC / Passport no. \_\_\_\_\_  
Class of licence \_\_\_\_\_  
HP 93897112  
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14 My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14 My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

## Individual Statement

<b>INDIVIDUAL STATEMENT (Part II)</b> <small>To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)</small>				<small>Own Workshop Email / Fax (if any)</small>																	
<b>Insured</b>  Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	1 Occupation (if more than one, state all) _____		Email: _____																		
	2 Vehicle registration no. _____		C.C. _____ If commercial vehicle, state permissible carrying capacity _____																		
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner _____		state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____																		
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____																				
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present _____ Tel no. _____																				
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)																				
<b>Driver or person in charge of vehicle at the time of accident (including insured)</b>	7 Date of birth _____		Occupation _____		Date of license pass _____		Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____																				
	9 Full details of all driving convictions including pending prosecutions in the last 36 months																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">Offence</th> <th style="width: 30%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>										Date	Offence	Penalty								
Date	Offence	Penalty																			
<b>Injured persons</b>	10 Name(s), address(es) and approximate age(s) _____		Injuries sustained _____		If vehicle occupants, state in which vehicle _____		Were seat belts being worn? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
	Driver						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
							Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
							Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
							Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
<b>Damage to property &amp; vehicles (other than vehicles A and B)</b>	11 Name(s) and address(es) of owner(s) _____		Vehicle registration no. or details of property _____		Nature of damage _____			Insurer's name and address (if known) _____													
<b>Police action</b>	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station _____ <span style="float: right;">Bedok North NPC</span>																				
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____																				
<b>Accident details</b>	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>																				
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>																				
	16 Speed of vehicles A _____ km/hr B _____ km/hr																				
	17 What warnings were given by driver or other party? _____																				
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																				
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____																				
	20 If your vehicle is commercial, state weight of load carried at time of accident _____																				
<b>Dedication</b>	I/We declare the foregoing particulars are true in every respect																				
	Policyholder's signature _____ Date _____																				
	Driver's signature (if driver is not the policyholder) _____ Date _____																				



## POLICE REPORT PAGE 1



**SINGAPORE  
POLICE FORCE**



G/20190516/2101

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20190516/2101

Police Station Of Origin  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Date/Time Report Made 16/05/2019 16:52	Vide Report No.	Station Diary No. 63
Name Of Informant LOW KHEE HENG	Address APT BLK 100 BEDOK NORTH AVENUE 4 #10-1916 SINGAPORE 460100	
ID Type / ID No. NRIC NO / S1673366J	Contact No. Home/Office Mobile 93691717	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Bus driver	Sex Male	Age 54
	Date of Birth 07/12/1964	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 30/04/2019 04:30	Location Of Incident BEDOK NORTH AVENUE 4 SINGAPORE TOWARDS UPPER CHANGI ROAD.	

**Brief details.**

On 30/04/2019 at about 0430hrs, I was riding my motorcycle FBP312S along Bedok North Avenue 4 towards Upper Changi Road. I was turning left and I made a check before turning. While I was turning left I collided on to a motorcycle FFBG3380Y as he was in front of me and I did not notice. We both fell to the ground, we got up and both of us are not injured at the point of time. I then checked with him, he informed me that he is not injured and his motorcycle is not damaged. I had a private settlement with him and I paid him SGD\$50/-. We both agreed on not reporting the matter to insurance company. On

Signature Of Officer Recording The Report: G / Staff Sgt GOH SZE HAO, VALENTINE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/05/2019 16:52
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Staff Sgt HAIRUL AZLY BIN HANAFFI Contact No.: 62447200	Classification Of Case:

Authentication Stamp

SINGAPORE  
POLICE FORCE

SIGNATURE



POLICE REPORT PAGE 2



**SINGAPORE  
POLICE FORCE**



G/20190516/2101

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190516/2101

16/05/2019 I received a letter from AXA informing me that I had a accident claim against me. There is damage on my motorcycle, and I had paid SGD\$170/- for the repair costs.

I am lodging this report for insurance company actions as well as for record purposes.

Signature Of Officer Recording The Report: G / Staff Sgt GOH SZE HAO, VALENTINE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/05/2019 16:52
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Staff Sgt HAIRUL AZLY BIN HANAFFI Contact No.: 62447200	Classification Of Case:
Authentication Stamp 	
SIGNATURE	

**AXA INSURANCE PTE LTD**  
 8 Shenton Way, #24-01 AXA Tower  
 Singapore 068811  
 Customer Service Centre #B1-01  
 Tel: 6338 7288 Fax: 6338 2522  
 Website: www.axa.com.sg  
 GST Registration Number: 199903512M

**Original**

A/c No. <b>03375</b>
Policy No (if any): <b>New Business</b>
SmartDrive Quote Ref:

**MOTOR COVER NOTE**No. **AN3171870 ()**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) – Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

**SCHEDULE**

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	LOW KHEE HENG
MAKE AND DESCRIPTION OF VEHICLE	YAMAHA GDR155A (AEROX)
VEHICLE REGISTRATION NO.	FBP312S
YEAR OF MANUFACTURE	2018
ENGINE NO.	G3J1E0307476
CHASSIS NO.	MH3SG4620JJ050283
ENGINE CAPACITY/TONNAGE	155
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	YEW HENG CREDIT ENTERPRISE PTE LTD
VALUE (\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 24-Jan-2019 TO: 23-Jan-2020
EXCESS (\$)	300
AXA PREMIUM WORKSHOP?	Yes

WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by ANDA INSURANCE AGENCIES PL on 24-Jan-2019 6:59:26 PM

Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.  
 - Premium for time on risk will be charged subject to minimum S\$53.50 (inclusive of GST) if the policy is cancelled after the inception date.  
 - An administrative fee of S\$26.75 (inclusive of GST) will be charged:  
 - Cover note issued and cancelled before inception.  
 - Retaining the old registration number for a new vehicle insuring with AXA.

**PREMIUM WARRANTY**

For Individual Customers

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers

Please note that where the period of cover is for more than (9) days, the premium in full should be paid within (60) days on receipt of renewal endorsement. For all other cases, the premium in full should be paid before inception.

MTRC NOTE 101 05

# DRIVER NRIC & LICENSE Pg. 1

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S1673366J**

Name **LOW KHEE HENG**

Birth Date **07 Dec 1964**

Issue Date **08 Sep 2003**

1000810533J

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S1673366J**

Name **LOW KHEE HENG**

刘 奇 兴

Race **CHINESE**

Date of Birth **07-12-1964** Sex **M**

Country of Birth **SINGAPORE**

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	13 Jun 1983
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	08 Nov 1982
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	12 May 1986
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	23 Apr 1996

Licence No. **S1673366J**

NP 428A

3209823

**NRIC No. S1673366J**

04-11-2000

APT BLK 100 BEDOK NORTH AVENUE 4 #10-1916

SINGAPORE 400100

**NRIC No. S1673366J** Date: **23-10-2003** No: **4780008**

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

