NATIONAL Assessment Centre Services. [wef 1 Jan'06] . Ngna4050760s6

Date In: 11/06/2019 14:36	Job description	Date &Time Completed	Done by
Ref No: NBB/INC/90/0259/4	SAS e-filling		
Veh No: SGH 4536Y	E-mail (Within 4hrs, AIC 2hrs)		
D.O.A 06/06/2019 08:40	I-Motor Claim Form	M7/1048000-002	11/06/2019 14:45
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 / OW: (Tel: Fax:)

TP Particulars: Veh No: SHC 5598Z . 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 Reminder

( ) 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: ( )

	Date 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 / Action

N1904366

Claimant Information

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments

Cal 1:

2/2

Invoice Items		Amount	
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2000)			
6) TR : Re-Inspection	$75		
7) N1 : Idea DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OR			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$3		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idea Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 11/06/2019 14:41

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 witholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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	11/06/2019 14:26
Date Of Accident	06/06/2019 09:40
Exact Location Of Accident	TAN TOCK SENG HOSPITAL A&E CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH4535Y
Insured/Policyholder	
Name Of Registered Owner	DHAHRULSALAM BIN ABDUL LATIFF
NRIC No	S1296429C
Email Address	NONADDY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90994466
Alternative Phone No	OTHERS-90994466
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	GOING TO CONSULT DOCTOR
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095265941-01
Cover Note Number	
Driver	
Name of Driver	DHAHRULSALAM BIN ABDUL LATIFF
NRIC No	S1296429C
Date Of Birth	28/07/1958
Occupation	INDOOR
Date Of Driving Pass	07/07/1978
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90994466
Fax Number	
Contact Number	OTHERS-90994466
EMail Address	NONADDY@GMAIL.COM

Address	BLK 239 LORONG 1 TOA PAYOH #07-98
Postcode	310239
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	RAINING
Road Surface	WET

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?	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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
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	SHC5598Z
Vehicle Make/Model/Colour	RENAULT LATITUDE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

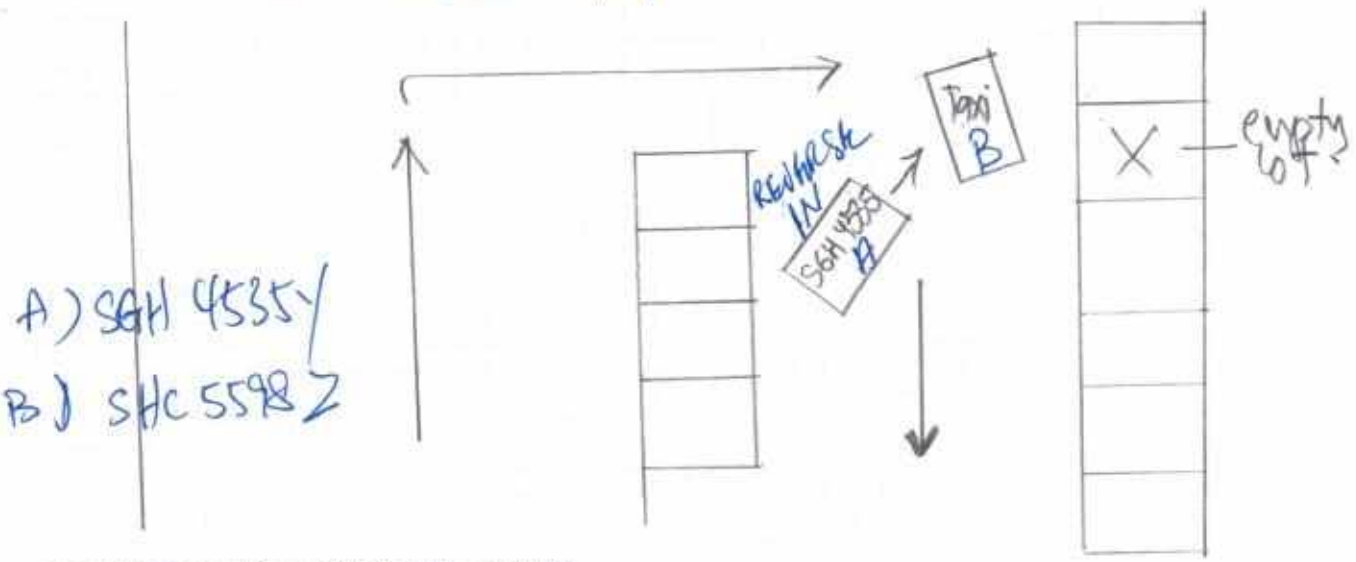
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 11/06/19	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 11/06/2019 Rofi Motors

SKETCH PLAN Tan Tock Seng Hospital A&E Drop off.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06th June 19 at around 0940hrs my car SGH4535Y was parked stationery at TTSH carpark waiting for empty lot.

Upon seeing empty lot, I therefore reverse & in the course of reversing, heard a minor collision sound.

Upon coming out from my car, I realise that a taxi ~~SHC~~ (SHC 5598Z) already hit my car rear left.

I noticed damaged to the taxi was on the Rear right body with minimum scratch marks.

As I was sick in order to consult a Doctor, I therefore took some photos & gave my name card to the driver.

DECLARATION

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

Policyholder's Signature
Date & Time: 11/06/19 - 1250hrs

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

11/06/2019

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

Tan Tock Seng HOSPITAL
National Healthcare Group

No.11 Jalan Tan Tock Seng, Singapore 308433
Tel: 6256 6011 (Main Line), 6357 7000 (Central Appointment Room), 6511 4338 (Billing Enquiries)
Fax: 6256 9234 Reg No. 199003683N

TAX INVOICE

TO:

MR. DHAHRULSALAM BIN ABDUL LATIFF
BLK 239 #07-98
LORONG 1 TOA PAYOH
SINGAPORE - 310239

MRN/NRIC	: S1296429C
CASE NO	: 1219420065H-00001
VISIT DATE	: 06.06.2019 09:58
LOCATION	: TCEMD
INVOICE DATE	: 06.06.2019
TYPE OF SUPPLY	: CASH/CREDIT
GST REG NO	: M2-0094564-6

PATIENT NAME : DHAHRULSALAM BIN ABDUL LATIFF

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE	AMOUNT ($)
ED Service Facility	256.00
Creatinine	9.16
Potassium (serum, random, urine)	9.16
Sodium (serum, random, urine)	9.16
Troponin I, Quantitation	27.30
Urea (serum, random, urine)	9.28
Full Blood Count (Hemogram, DC, Platelet	24.78
ECG (12 Lead)	10.66
XR, Chest, PA/AP	36.92
Total Charges	392.42
Government Subsidy	264.42-
Total Amount Payable	128.00
PAYMENT:	
DHAHRULSALAM BIN ABDUL LATIFF (NETS - 06.06.2019 , RECEIPT #: T012467396)	128.00
TOTAL DUE AFTER PAYMENT	0.00
DUE FROM:	
DHAHRULSALAM BIN ABDUL LATIFF	0.00

FOR INFORMATION

Total amount payable after GST is $136.96.
Total GST for this bill at 7% is $8.96 which is absorbed by the Government.

VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE:
Login to mycpf online services with your SingPass at http://www.cpf.gov.sg and proceed to My Statement>> Section B >> Medisave/MediShield Life/ Integrated Shield Plan Claims and Reimbursements. For more information, please visit http://www.cpf.gov.sg >> FAQ >> Healthcare.
(Please refer to backpage for reimbursement information for Employers and Insurers).

06/06/201913:08

HOSPITAL
National Healthcare Group
Tel: 6256 6011 (Main Line), 6357 7000 (Central Appointment Room), 6511 4338 (Billing Enquiries)
Fax: 6256 9234 Reg No. 199003683N

TAX INVOICE

GST REG No : M2-0094564-6
S1296429C
DHAHRULSALAM BIN ABDUL LATIFF
BLK 239 #07-98 LORONG 1 TOA PAYOH
SINGAPORE 310239

ORIGINAL
TAX INVOICE : TTS9676998
DATE : 06/06/2019 13:16:43
Counter : EP, EP CASHIER
Cashier : sharongohhh

Rx No:EP-1773339 on 06/06/2019
Account: 1219420065H00001
Patient/Order Type/Fin.Cl: AE/AE/NA

PRESCRIBED ITEM(S)	Qty	Gross	Payable
Subsidised: Standard 1 (S1)			
PARACETAMOL 500MG TAB	40 TAB	$2.00	$0.00
Dextromethorphan HBr 15mg/5mL (sugar-free) Linctus 90mL	1 BTL	$2.50	$0.00
Subtotal for S1		$4.50	
Government Subsidy		-$4.50	
Payable for S1 after Government Subsidy			**$0.00**
Others: Non-standard (NS)			
BENZYDAMINE HCL 3MG LOZ (DIFFLAM)	32 TAB	$15.04	$15.04
Subtotal for NS		$15.04	
Payable for NS			**$15.04**

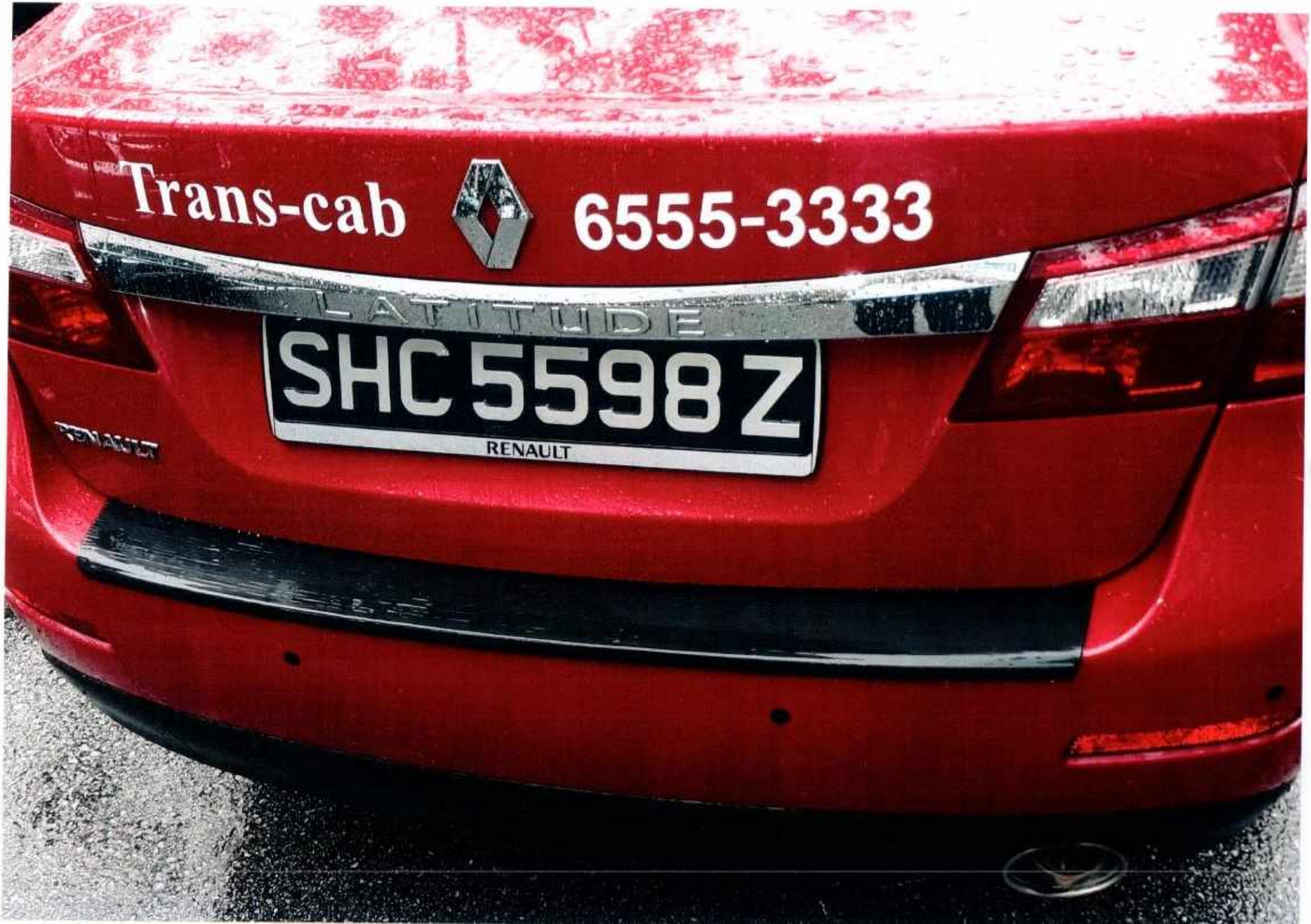
Rx No:EP-1773341 on 06/06/2019
Account: 1219420065H00001
Patient/Order Type/Fin.Cl: AE/AE/NA

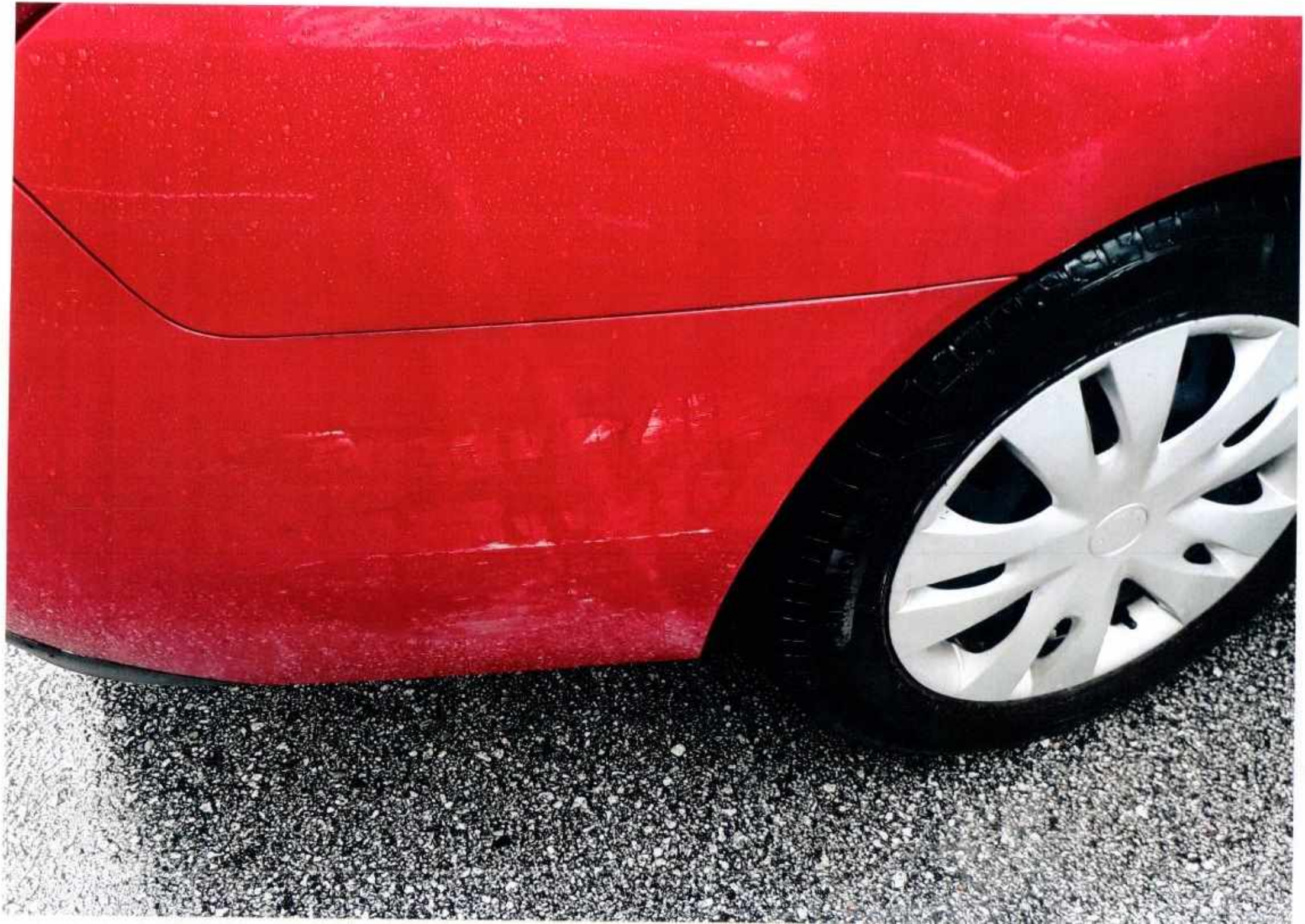
PRESCRIBED ITEM(S)	Qty	Gross	Payable
Subsidised: Standard 1 (S1)			
Lactulose Syr 200mL	1 BTL	$3.50	$0.00
Sennosides 7.5mg Tab (SENNA)	10 TAB	$1.20	$0.00
Subtotal for S1		$4.70	
Government Subsidy		-$4.70	
Payable for S1 after Government Subsidy			**$0.00**

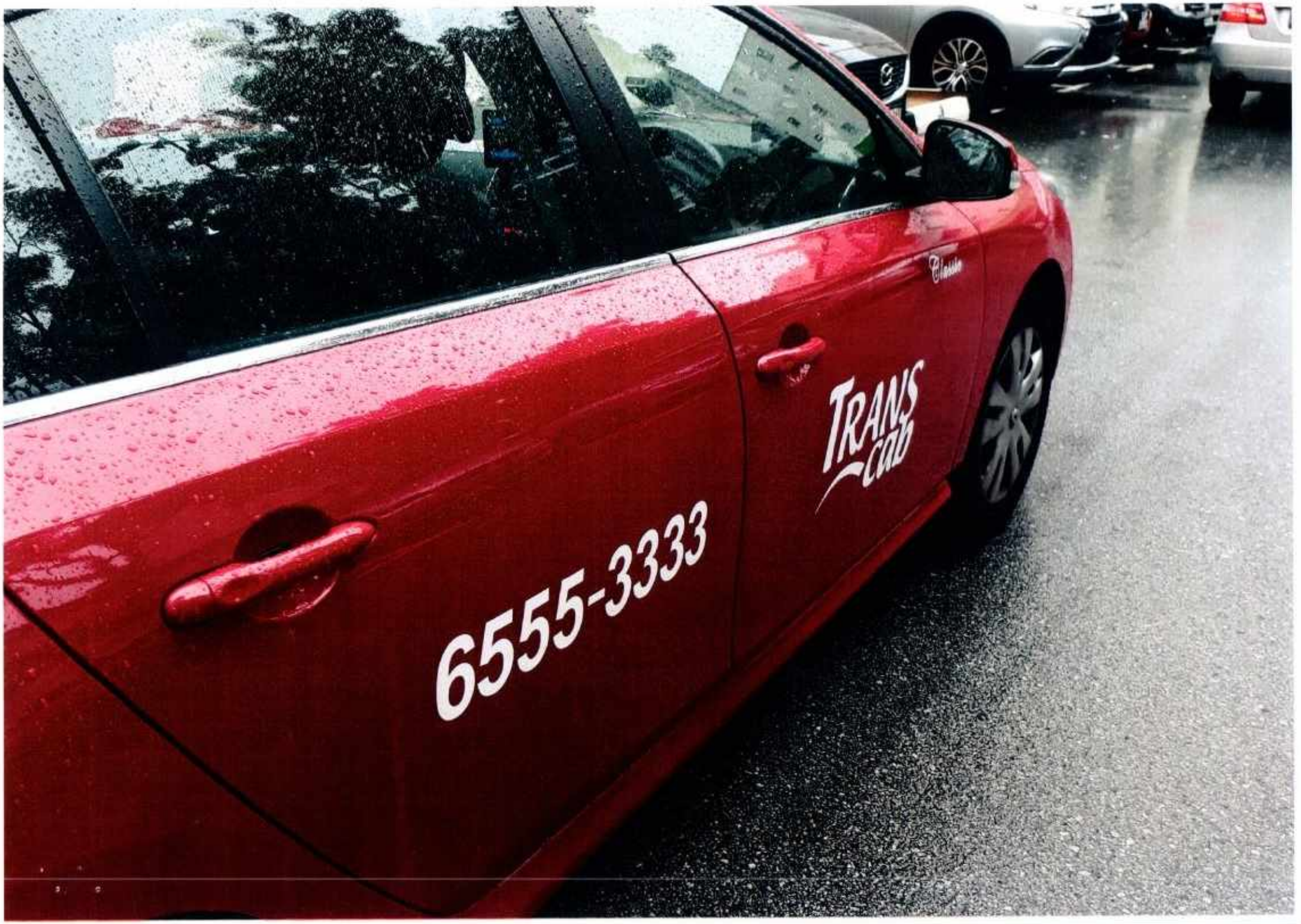
TOTAL AMOUNT	$24.24	**$15.04**
Rounding Adjustment		-$0.04
PAYMENT: Cash		$20.00
OUTSTANDING AMOUNT		**$0.00**

Cash Change $5.00

Total GST for this bill at 7% is $1.05 of which $1.05 is absorbed by the Government.
MEDICATIONS AND HEALTH PRODUCTS PURCHASED ARE NOT REFUNDABLE OR EXCHANGEABLE.


Trans-cab
6555-3333
LATITUDE
SHC5598Z
RENAULT
RENAULT




6555-3333
TRANS CAB

Claim Handling

Accident MT/1048000

Policy No.	S9552659 41-01	Vehicle No.	SGH4535Y	GST Registration No.	
Certificate No.					
Policyholder Name	DHAHRULSALAM BIN ABDUL LATIFF			Policyholder NRIC	S1396429C
Product Code	PRIVATE CAR INSURANCE	Cover Type	Privo CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
RTR	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Not available

Accident Details

Report Date	07/06/2019 14:38	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	06/06/2019	Time of Accident hh:mm	09:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

Excess

Own damage Excess	600.00	Additional Excess	1500	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 239 #07-06	Address 2	LORONG 1 TOA PAYOH	Address 3	SINGAPORE 310239
Address 4		Address Type	Singapore address	Post Code	310239
Unit No.		Related Policy Number	S9552659 41-01		

OI Driver Info

Driver Name		Driver Type			
Unnamed Driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	DHAHRULSALAM BIN ABDUL LAT	Insured NRIC	S1396429C
Contact No.(Mobile)	90994496	Contact No. (Home)	62599957	Contact No. (Office)	
Email Address	NUHADSY@GMAIL.COM	OI Vehicle Number	SGH4535Y	TP Vehicle Number	SHC5598Z
Claim Description	SGH4535Y / SHC5598Z ON 6 Jun 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Settlement No. Finalization	Yes	Preferred Repair Option	Preferred Workshop, Name Unknown	GIA report	Received
Date Registered	11/06/2019 14:35	Claim Close Date		Date Received	11/06/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1048000	Claim No.	002
Last Doc. Received	* Yes No	Upload Date	11/06/2019 14:45

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (Y/N)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jun 2019 14:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-11	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jun 2019 14:45	SAS	Normal	SAS 2019-6-11	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jun 2019 14:45	Photos	Normal	Photos 2019-6-11	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Jun 2019 14:45	Photos	Normal	Photos 2019-6-11	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 14:45	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 14:35	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 14:35	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 14:35	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 14:35	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 14:35	Photos	Normal	Photos 2019-6-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Jun 2019 14:35	Photos	Normal	Photos 2019-6-11

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (06/06/2019) (DD/MM/YYYY), TIME: (09:40) (HH:MM)

LOCATION: Tan Tock Seng Hospital Carpark

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SGH4535Y
   b) INSURANCE COMPANY: AIG
   c) POLICY NUMBER: 5095265941-01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: HONDA CIVIC
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: TO CONSULT DOCTOR
   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: DHAHRULSAHAM BIN A LATIFF (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1296429-C CONTACT: 90994466
   c) ADDRESS: BLK 251, #07-98, JLN PAYOH 600006 1 SINGAPORE 310251
   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
3. DRIVER (*No of passenger (including driver) (1))
   a) NAME: DHAHRULSAHAM A LATIFF (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1296429-C CONTACT: 90994466
   c) ADDRESS: BLK 251, #07-98, JLN PAYOH 600006 1 SINGAPORE 310251
   *d) DATE OF BIRTH: (28/07/58) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 1978
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 RAINING)
   b) ROAD SURFACE: (DRY / WET / OTHERS WET)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE (*No of passenger (including driver) (__))
   a) VEHICLE NUMBER: SHC 5588Z MODEL: RENAULT
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:
9. THIRD PARTY VEHICLE (*No of passenger (including driver) (__))
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email = nuraddy@gmail.com

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1296429C

Name

DHAHRULSALAM BIN ABDUL LATIFF

Race

MALAY

Date of birth

28-07-1958

Sex

M

Country/Place of birth

SINGAPORE

For LKK/NAC Use Only

5502033

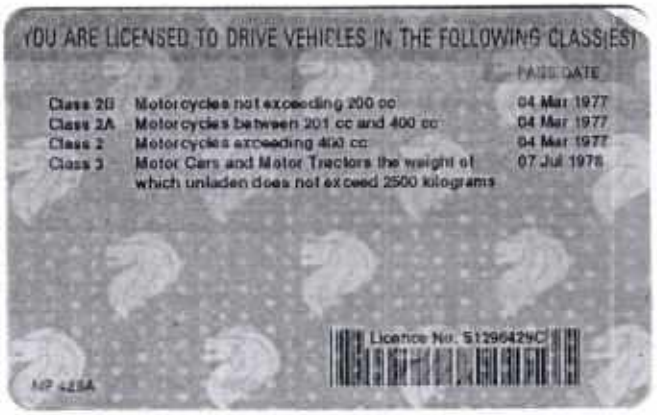
NRIC No. S1296429C

Date of issue

24-07-2015

Address

APT BLK 239 LORONG 1 TOA PAYOH
#07-98
SINGAPORE 310239



eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

· Change Language · Change Password · Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SGH4535Y

Date of Accident 06/06/2019 12:31

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5095265941-01		DHAHRI/LSALAM BIN ABDUL LATIFF	S1296429C	GPC	driva CLASSIC	SGH4535Y	SGH4535Y	12/12/2018	11/12/2019

Continue