

# NATIONAL Assessment Centre Services

(Form 1 Jan 2019)

NA1904495

Date In: 14/06/2019 17:58	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA1904495/0615/N	E-mail (within 8hrs. A/C 2hrs):		
Veh No: SLT 1596T	i-Motor Claim Form	NA1904495-001	14/06/2019
D.O.A: 13/06/2019 20:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:20
OD: TP: Reporting Only	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: UNKNOWN BIKE	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: (\$ )	Landing: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.

( ) 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

NA1904495	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		In Bill	Add'l Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (ref 10 Jan 2019)		
Cal. J:	6) TR: Re-inspection \$75		
Chg 2/3	7) N1: Idem DA + SMRT Survey \$160		
1/1	8) NTUC Additional Services:		
	9) N11: Courtesy Car / Tpl Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N1) - TP (N1) INC against INC \$20		
	9) N12: Idem Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

07-MAY-2019 16:39

## 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	14/06/2019 17:58
Date Of Accident	13/06/2019 20:00
Exact Location Of Accident	ALONG STEVENS ROAD TOWARDS SCOTTS ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT1596T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW KOK YONG (LIU GUORONG)
NRIC No	S7822675G
Email Address	RACERLOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96795705
Alternative Phone No	OTHERS-96795705

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	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	5095334450-01
Cover Note Number	

### Driver

Name of Driver	LOW KOK YONG (LIU GUORONG)
NRIC No	S7822675G
Date Of Birth	04/08/1978
Occupation	OUTDOOR
Date Of Driving Pass	10/10/1998
Driving Experience	20 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96795705
Fax Number	
Contact Number	OTHERS-96795705
Email Address	RACERLOW@GMAIL.COM



Address	BLK 130 CHOA CHU KANG AVENUE 1 #04-36
Postcode	680130
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	NO COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	UNKNWON (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286
Police Station Address	ROAD: 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190614/2066

#### 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE

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:

14/6/19  
1100HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

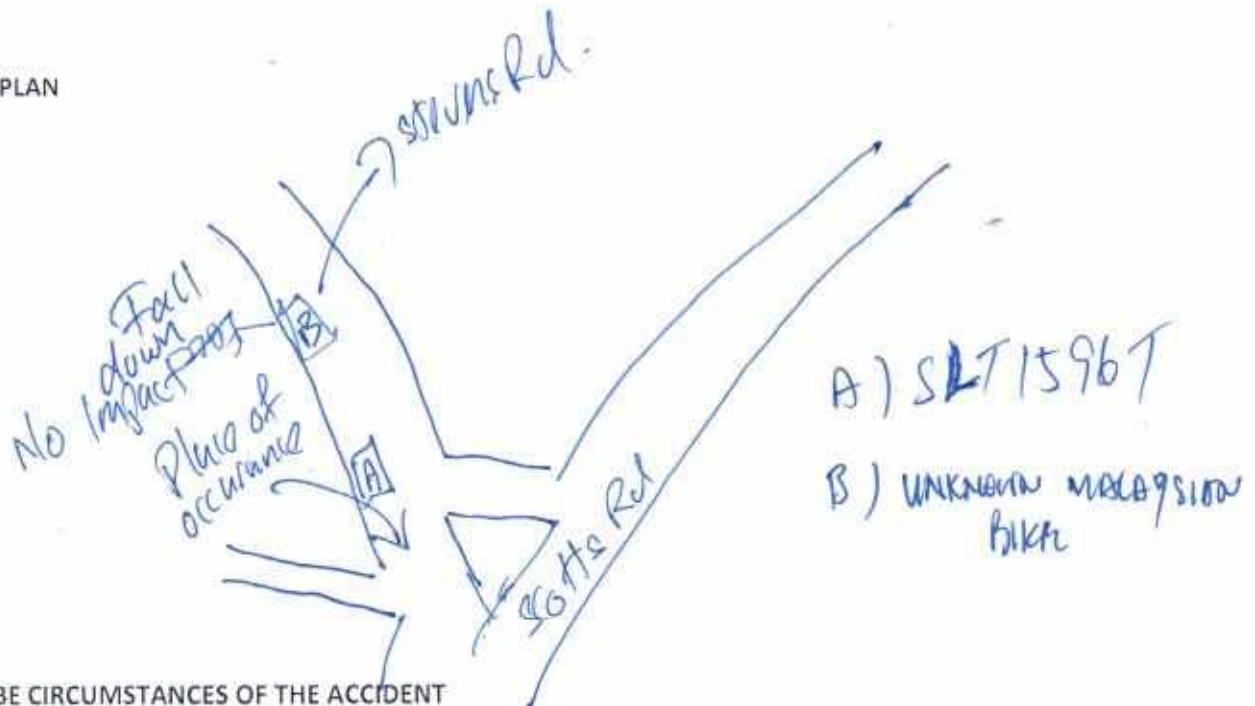
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

13/6/19 Around 2000HRS, I was fetching my Passenger from Naurtel Stevens to Royal Scott Plaza. It was drizzling and Road surface was wet. I was heading to a stop travelling along Stevens Rd towards Scotts Rd. As I was approaching to a stop Before traffic light, Red light, I notice there was space on lane 1. Upon checking my Right mirror and Right Blind spot I saw no vehicle. Therefore I decided to filter right. After filter right, I heard a screeching sound and after a few seconds later I saw a Malaysian Registered Motorcycle fell on the ground Behind my car on the wet road surface. My vehicle and the motorcycle did not come in contact. Rider and Pillion was injured on the hand and leg with scratches.

Police Report T/20190614/2066

## 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.:



Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No: T/20190614/

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/06/2019 13:01	Vide Report No.:	Station Diary No. 82
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**Informant's Particulars**

Name of Informant: LOW KOK YONG			Address: APT BLK 130 CHOA CHU KANG AVENUE 1 #04-36 SINGAPORE 680130		
ID Type / ID No.: NRIC NO / S7822675G			Contact No.: Home/Office: Mobile: 96795705		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 04/08/1978	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 13/06/2019 20:00	Type of Location
Location: Along Road 1 STEVENS ROAD				
Stevens Road towards Scotts Road				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT1596T	Car	TOYOTA	WISH 1.8 CVT	Grey	No Damage	2
UNKNOWN (Not Accurate)	Motorcycle					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20190614/2061

CONTINUATION OF REPORT

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT1596T	NTUC Income Insurance Co-Operative Limited	5095334450-01	25/10/2018	21/09/2019

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Driver**

Name	LOW KOK YONG	ID No.	S7822675G
Related Vehicle	SLT1596T (Car)	Contact No.	96795705
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 13/06/2019 at about 2000hrs, I was fetching my passenger from Novotel, Stevens Road to Royal Scott Plaza. It was drizzling and road surface was wet. I was heading to a stop travelling along Stevens Road towards Scotts Road. As I was approaching to a stop before the traffic light which was red light, I noticed there was space on lane 1. Upon checking my right mirror and right blind spot. I saw no vehicle therefore I decided to filter right. After filter right, I heard a screeching sound and after a few seconds later, I saw a Malaysian registered motorcycle fell on the on the road behind my car. My vehicle and the motorcycle did not came to contact. Rider and Pillion was injured on the hand and leg scratches. I did not take down the particulars and the registration plate number of the motorcycle.



Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

30

Report No. T/20190614/

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:

J /

Sr Staff Sgt AHMAD BAZLY BIN ALIAS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP 10017

SI MOHAMMAD ZULFAZDI BIN ABDULLAH

Contact No.: 65476204

Signature Of Informant:

Date/Time:

14/06/2019 13:01

Classification Of Case:

Authentication Stamp  
NP168

Singapore Police Force

## Claim Handling

Accident RT/1049103

Policy No.	5095334450-01	Vehicle No.	SLT1596T	GST Registration No.	
Certificate No.					
Policyholder Name	LOW KOK YONG (LIU GUORONG)	Policyholder NRIC	578228750		
Product Code	PRIVATE CAR INSURANCE	Car Type	SHR CLASSIC	Leasing	0
Contact No. (Mobile)	96795705	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No
WTA	No Yes	TCN	No Yes	eCode Reason	
NCD Protection	No	NCD Embodiment(%)	0	Renewal Hist	No
<b>Accident Details</b>					
Report Date	14/06/2019 18:19	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	13/06/2019	Time of Accident (hours)	20:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG STEVENS ROAD TOWARDS SCOTTS ROAD				
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	1,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

<b>GET Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Notification History					

<b>Policyholder Mailing Address</b>					
Address 1	BLK 184C #01-457	Address 2	PUNGGOL FIELD	Address 3	THE NAUTILUS @ PUNGGOL
Address 4	SINGAPORE 823168	Address Type	Singapore address	Post Code	823168
Unit No.	01-457	Related Policy Number	5095334450-01		

<b>OT Driver Info</b>					
Driver Name	LOW KOK YONG (LIU GUORONG)	Driver Type	Main Driver		
Uninsured Driver Name		Driver NRIC	578228750	Driver DOB	04/08/1978
Register Date of Driver License	10/10/2008	Driver Age	40	Driving Experience	10
Contact No. (Mobile)	96795705	Contact No. (Office)		Contact No. (Home)	
Address 1	BLK 184C #01-457	Address 2	PUNGGOL FIELD	Address 3	THE NAUTILUS @ PUNGGOL
Address 4	SINGAPORE 823168	Address Type	Singapore address	Post Code	823168
Unit No.	01-457				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Air injury?	Yes No		

## Notification History

Claim 001 [View](#)

Claim Type *	OD-HV	Insured Name	LOW KOK YONG (LIU GUORONG)	Insured NRIC	578228750
Contact No. (Mobile)	96795705	Contact No. (Home)	84433124	Contact No. (Office)	
Email Address	ysoonfze@gmail.com	OT		TP	
Client Description	SLT1596T / UNKNOWN BIKE ON 13 Jun 2019			Vehicle Number	UNKNOWN BIKE
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	14/06/2019 18:19	Claim Close Date		Date Received	14/06/2019 00:00
Report Taken By	BOSLI WAHAB				

Print AC letter

[Save](#) [Submit](#)

## Attachment

<b>Attachment List</b>					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_806676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:20	Photos	Normal	Photos 2019-6-14	
	NAC_BUKIT_MERAH_806676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:20	Photos	Normal	Photos 2019-6-14	
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	NAC_BUKIT_MERAH_806676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:20	Photos	Normal	Photos 2019-6-14	





NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:20

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:20

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:20

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:19

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:19

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:18

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Jun 2019 18:18

Photos

Normal

Photos 2019-6-14

Photos

Normal

Photos 2019-6-14

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Photos 2019-6-14

Photos

Normal

Photos 2019-6-14

SAS

Normal

SAS 2019-6-14

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-6-14

Video List

Uploaded by/date

Folder Date

File name

Source

Action

Display in New Window

Open and downloading

# ACCIDENT STATEMENT

ACCIDENT DATE: 13/06/19 (DD/MM/YYYY), TIME: 20:00 (HH:MM)

LOCATION: Before Jct Along Stevens Rd, towards Scotts Rd. Before Junction of Scotts Rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLT1596T  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA WISH  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: LOW KOF YON G (MALE / FEMALE)  
 B) NRIC/FIN/PASSPORT: S73226756 CONTACT: 96795705  
 C) ADDRESS: BLK 130 CHUA CHUKANG AVE 1  
#04-36 S(680130)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 04/08/1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10/10/1998

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF

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: NO UNKNOWN MODEL: 1  
 b) DRIVER'S NAME: MALAYIAH AKH  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

email = RACERHOW@gmail.com  
 VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7822675G



Name

LOW KOK YONG  
(LIU GUORONG)

刘国荣

Race

CHINESE

Date of birth

04-08-1978

Sex

M

Country of birth

SINGAPORE



S7822675G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7822675G

Name

LOW KOK YONG  
(LIU GUORONG)

Birth Date 04 Aug 1978

Issue Date 13 Aug 2003



Land Transport Authority



VOCATIONAL LICENCE

Licence No. S7822675G

Name: LOW KOK YONG

Card Issue Date: 09/04/2018

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

For LKK/NAC Use Only



4388521

NRIC No. S7822675G



Date of issue

19-02-2009

APT BLK 130 CHOA CHU KANG AVENUE 1 #04-38  
SINGAPORE 880130

NRIC No: S7822675G

Date: 24/01/2019

For LKK/NAC Use Only

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

EXPIRY DATE

10 Oct 1988



Licence No: S7822675G

NR 425A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description
13	PRIVATE HIRE CAR VL

Issue Date  
09/04/2018

For LKK/NAC Use Only



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="13/06/2019 17:54"/>
Vehicle No. (For Motor)	<input type="text" value="SLT1596T"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095334450-01		LOW KOK YONG (LIU GUORONG)	578226756	GPC	drive CLASSIC	SLT1596T	SLT1596T	25/10/2018	21/09/2019