

NATIONAL Assessment Centre Services

(Form 1 2/2009)

MA415082495

Date In: 25/06/2019 11:50	Job description	Date & Time Completed	Done by
Ref No: NPA/2019/11574	SAS e-filing		
Veh No: SMW 9655Y	E-mail (within 4hrs. A/C 2hrs)		
D.O.A: 16/06/2019 10:00	i-Motor Claim Form	MA1050495-01	25/06/2019 21:09
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/Wkan		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: CYCLIST	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 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

NA/904728	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
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) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comment(s):	For claimant against INC Only (wef 10 Jan 2005)		
Cal 1:	6) TR: Re-inspection \$75		
Cal 2/3:	7) NI: Idm DA + SMRT Survey \$160		
1/1	8) NTMC Additional Services:		
	* N2: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11) - TP (Non INC) against INC \$20		
	9) N12: Idm Mobile \$0		
	Invoice dated	Pen 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	25/06/2019 11:50
Date Of Accident	16/06/2019 10:00
Exact Location Of Accident	ALONG FARRER ROAD TOWARDS HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW9655Y
Insured/Policyholder	
Name Of Registered Owner	LOW SEOW CHYE
NRIC No	S0350253H
Email Address	LSCCOCPA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97272181
Alternative Phone No	HOME-97272181

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 ABS AIRBAG (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5055062215-06
Cover Note Number	

Driver

Name of Driver	LOW SEOW CHYE
NRIC No	S0350253H
Date Of Birth	26/10/1934
Occupation	INDOOR
Date Of Driving Pass	07/06/1956
Driving Experience	63 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97272181
Fax Number	
Contact Number	HOME-97272181
Email Address	LSCCOCPA@GMAIL.COM

Address	83 FABER GREEN
Postcode	0512
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 BICYCLIST
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190625/2012 AND ATTACHMENT

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	
Vehicle Make/Model/Colour	
Details Of Properties	BICYCLIST
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

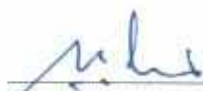
IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

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


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

SKETCH PLAN

AS PER ATTACHMENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
1/20190625/902

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:

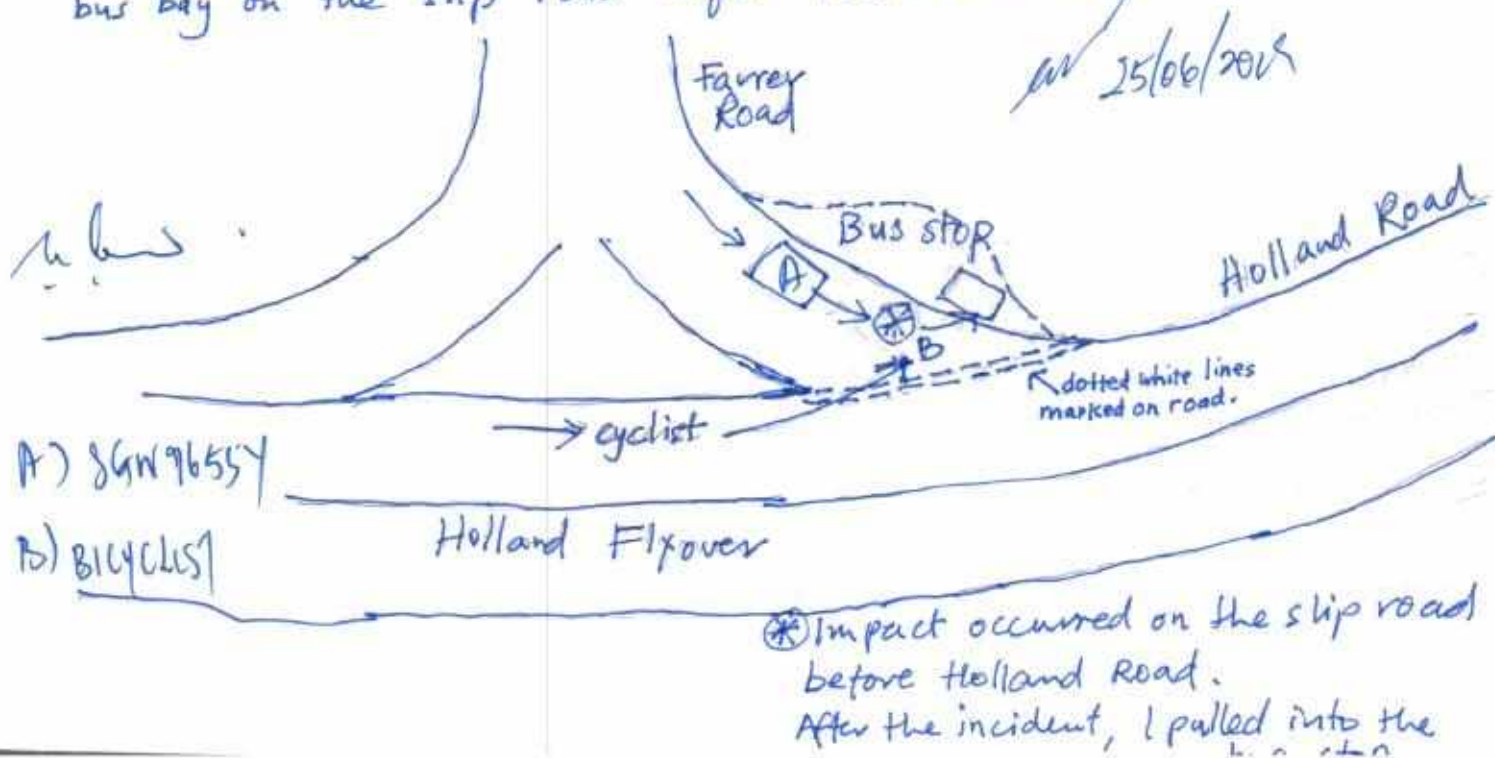

25/06/2019
Reporting Centre Personnel's Signature
Name: Rob L. [unclear]
NRIC/FIN No.:

STATEMENT OF LOW SEOW CHYE

I am making this belated police report of an accident involving my car SGW 9655Y, and a female Caucasian cyclist named Lizzie, because despite having mutually agreed that we both would not make any police or accident report since she did not apparently sustain any injury, she did make such a police report on her own subsequently on the day of the accident itself, without informing me. I only found out from her that she had made a report when she SMS me for details of my medical insurance on the afternoon of 24 June, 8 days after the incident.

Details of Incident : Sunday 16 June 2019 at about 10 a.m.

I was driving along Farrer Road and turned left onto the slip road towards Holland Road to Botanic Gardens. The weather was fine, the road was dry, visibility was good and traffic was light. I was driving slowly approaching the junction. All of a sudden, a cyclist pulled up out of nowhere in front of my car. I braked and avoided making contact with her. I stopped right in front of her but she lost her balance and fell on my car. There was no damage to my car except she ~~fell~~ lost her balance and fell on my car, and broke my vehicle number plate. I then pulled my vehicle into the bus bay on the slip road before Holland Road.



The cyclist had no visible injury and she got up from the fall on her own. I enquired whether she needed any medical help. She replied she was OK and did not need any medical ~~help~~ help.

Nevertheless, I called my daughter Jean Low to the location to assist. My daughter and I then offered to bring her and her friend to NUH A&E for a medical examination.

At the A&E, she decided to proceed for the medical examination ^{the need for} without our presence as she stated she was OK. She was lucid throughout the incident.

The cyclist and I agreed that since she was OK, there was no need for both of the parties to file a police/accident report. However, on 24 June in the afternoon, she SMS me to ask for details of my medical insurance. She also then informed when I asked, that she had made a police report on the day of the incident Sunday 16 June ^{earlier} itself, without informing me even though we had both agreed ~~not~~ to file a report.

On hindsight, it is obvious that the cyclist had encroached into the slip road against the flow of traffic and headed towards my car as she came down from Holland Flyover, and could not avoid my car. The incident had occurred inside the slip road before the dotted white lines at the junction with Holland Road. She had also "renegaded" from our mutual agreement there was no need to make a report but had done so without informing me otherwise I would have made this report earlier. I had nothing to hide or avoid as my actions had shown - that I spontaneously brought her to NUH for medical, as well as provided her with my contact details.

That is all I have to say.

M. L.

25/06/2019



SINGAPORE POLICE FORCE



T/20190625/2012

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 4

Report No: T/20190625/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2019 08:20		Vide Report No.:		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: LOW SEOW CHYE			Address: 83 FABER GREEN SINGAPORE 129304		
ID Type / ID No.: NRIC NO / S0350253H			Contact No.: Home/Office: Mobile: 97272181		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 84	Date of Birth: 26/10/1934	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Accountant			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 16/06/2019 10:00	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 FARRER ROAD HOLLAND ROAD Along Farrer Road, turning left to the slip road towards Holland Road to Botanic Gardens				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Moving vehicle against cyclist				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW9655Y	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGW9655Y	NTUC Income Insurance Co-Operative Limited	5055062215-06	06/08/2018	05/08/2019



Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW SEOW CHYE	ID No.	S0350253H
Related Vehicle	NIL	Contact No.	97272181
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 16/06/2019 at about 1000hrs, I was driving my car bearing registration plate number SGW9655Y along Farrer Road. When I was approaching the slip road towards Holland Road to Botanic Gardens, one female Caucasian cyclist namely Hodges Elizabeth May, FIN: G5299831Q, suddenly appeared out of nowhere in front of my car. Upon seeing the cyclist, I immediately applied brake in order to avoid the collision. I then managed to not hit onto the cyclist, however the cyclist had lost her balance and fell onto my car. Due to the fall, the cyclist had broke my vehicle plate number.

As such, I pulled over my car at the bus stop located at the slip road and came out to enquire if the cyclist needed any medical assistance. However, the cyclist informed me that she was fine. Subsequently, I had contacted my daughter namely Jean Low and informed her about the accident whereby she had came down to the incident location afterwards. We then offered to bring the cyclist to NUH A&E for medical examination. I wish to state that the cyclist was accompanied by her friend when we sent her to the hospital.

When we were at the hospital, the cyclist decided to go for the medical examination without the need of our presence. I had then offered to pay for the medical fees, however the cyclist informed that her medical insurance will cover and will not need me to pay for the medical fees. We had also made a mutual agreement that we will not make any police reports as we are settling the said matter privately. Before I leave, I had also given her my particulars and contact number in case she needs to contact me.

On 24/06/2019, the cyclist had messaged me to ask for the details of my medical insurance. When I asked the reason for it, the cyclist then informed me that she had actually lodged a Police report on the day of the accident itself. As such, I decided to lodge a Police Report.

I wish to state that I had in car camera installed at the front of my car, however I did not switch it on. I wish to state that my registration plate was broken due to the accident. I wish to state that I had lodged a Police report late as I thought we had agreed to settle the incident privately.



**SINGAPORE
POLICE FORCE**



T/20190625/2012

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

3 of 4

Report No: T/20190625/2012

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190625/2012

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

4 of 4

Report No. T/20190625/2012

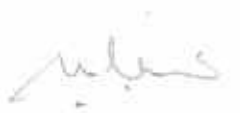
CONTINUATION OF REPORT

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 YU JINGXUAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414
Authentication Stamp NP168

Signature Of Informant: 
Date/Time: 25/06/2019 08:20
Classification Of Case:

Claim Handling

Accident NT/1050405

Policy No.	5055062215-06	Vehicle No.	SDW9635V	GST Registration No.	
Certificate No.					
Policyholder Name	LOW SEOW CHYE			Policyholder NRIC	50350253H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Seating	C
Contact No.(Mobile)	97272181	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
NFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
MCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	25/06/2019 12:04	Accident Report Within 24 hrs	Yes	Accident Type	Collided Into Cyclist
Date of Accident	16/06/2019	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		OM No.	
Accident Location	ALONG FARRER ROAD TOWARDS HOLLAND ROAD				

Excess

Own Damage Excess	500.00	Additional Excess	0	Windscreen Excess	150.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	800.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information	
GST Registered	No
GST Registration No.	
Notification History	
GST Registration Date	
GST Status Verified	Yes

Policyholder Mailing Address

Address 1	83 FABER GREEN	Address 2	FABER HILLS	Address 3	SINGAPORE 129304
Address 4		Address Type	Singapore address	Post Code	129304
Unit No.		Related Policy Number	5055062215-06		

OT Driver Info

Driver Name	LOW SEOW CHYE	Driver Type	Main Driver	Driver DOB	26/10/1954
Uninsured driver Name		Driver NRIC	50350253H	Driving Experience	47
Register Date of Driver License	01/01/1972	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	97272181	Contact No.(Office)		Address 3	SINGAPORE 129304
Address 1	83 FABER GREEN	Address 2	FABER HILLS	Post Code	129304
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SDW9635V	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Declaration	
Breathalyzer or Blood Test Reading?	0 mg
Any Injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Notification History

Claim 001 **NEW**

Claim Type *	OD-AG	Insured Name	LOW SEOW CHYE	Insured NRIC	50350253H
Contact No.(Mobile)	97272181	Contact No.(Home)	87740769	Contact No.(Office)	63355075
Email Address		OT Vehicle Number	SDW9635V	TP Vehicle Number	CYCLIST
Claim Description	SDW9635V / CYCLIST ON 16 Jun 2019				
Preferred Workshop		Insured Liability	Not at Fault		
Estimate No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered					
Report Taken By		Claim Close Date	25/06/2019 12:08	Date Received	25/06/2019 00:00
			ROSLI WANAB		

Print AK letter








Save Submit

Attachment

Accident No.	NT/1050405	Claim No.	001
Left Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/06/2019 12:08
Path *			
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Req. Serv? (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Jun 2019 12:09	Photos	Normal	Photos 2019-6-25	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Jun 2019 12:09	Photos	Normal	Photos 2019-6-25	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 25 Jun 2019 12:09	Photos	Normal	Photos 2019-6-25	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 12:09	Photos	Normal	Photos 2019-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 12:08	Photos	Normal	Photos 2019-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 12:08	Photos	Normal	Photos 2019-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 12:08	Photos	Normal	Photos 2019-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 12:08	Photos	Normal	Photos 2019-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 12:08	SAS	Normal	SAS 2019-6-25
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Jun 2019 12:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-25

Video List

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0350253H



LOW SEOW CHYE

Race
CHINESE
Date of Birth
26-10-1934 Sex
M
Country of Birth
SINGAPORE

For LKK/NAC Use Only



1859002



Identity Card No. S0350253H

Blood Group: B+ Date of issue: 05-04-1994

Address
83 FABER GREEN
SINGAPORE 0512

For LKK/NAC Use Only

