

NATIONAL Assessment Centre Services (wef 1 Jan 05) **MAY 19 08 257**

Date In: 08/07/09 12:38	Job description	Date & Time Completed	Done by
Ref No: NBA Fall 90/20874	SAS e-filing		
Veh No: STY 3701R	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 08/07/2009 13:05	I-Motor Claim Form	mt1052506-001	08/07/2009
OD: TP: <u>Reporting Only</u>	I-Motor W/O (within OD 2hrs, TP 4hrs)		13:02
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to Owner/Visor		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **GBG 4281E** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

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

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	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

101905116

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		In Bill	Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
	7) NI: Idm DA + SMRT Survey \$100		
	8) NTUC: Additional Services:		
	(211)		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	*N11: TP (Non INC) against INC \$20		
	*N12: Idm Mobile \$10		
	Invoice dated	Fee Charged	
		Fee Charged	

Cat. 1: **1 / 1**

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	09/07/2019 12:38
Date Of Accident	08/07/2019 13:05
Exact Location Of Accident	SLIP RD OF BOON LAY WAY TOWARDS JURONG WEST ST 51
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3701R
Insured/Policyholder	
Name Of Registered Owner	FONG TANG HONG (KUANG JIONGKANG)
NRIC No	S7938277I
Email Address	JOELFONGTH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96714127
Alternative Phone No	OTHERS-96714127

Vehicle Particulars

Manufacturer	CITROEN
Model	GRAND C4 PICASSO
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107138120
Cover Note Number	

Driver

Name of Driver	FONG TANG HONG (KUANG JIONGKANG)
NRIC No	S7938277I
Date Of Birth	02/12/1979
Occupation	INDOOR
Date Of Driving Pass	29/10/2002
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96714127
Fax Number	
Contact Number	OTHERS-96714127
EMail Address	JOELFONGTH@GMAIL.COM

Address	BLK 18 GHIM MOH ROAD #14-127
Postcode	270018
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?	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	GBG4269E
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MAHARASAN MANU KANDAN
NRIC/Passport Number	G8465198U
Contact Number	84519808
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.

[Handwritten Signature]

Policyholder's Signature

Date & Time: 9/7/19

Driver's Signature

(If driver is not the policyholder)

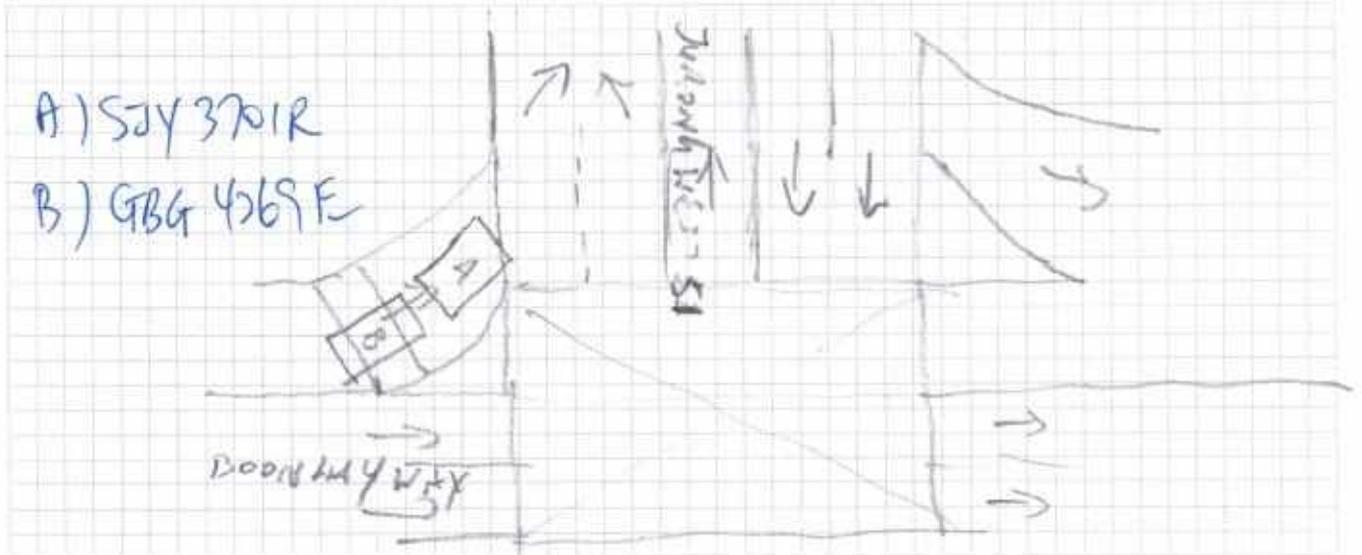
Date & Time:

[Handwritten Signature]
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT ABOUT 1305HRS ON 8/9/19. I'M DRIVING FROM BOONHAY WAY SHIP ROAD TO JURONG WEST ST 51. WHILE I WAS CHECKING THE RIGHT TRAFFIC IN FRONT LORRY (A) SUDDENLY BRAKE AND I CAN'T STOP ON TIME AND HIT THE BACK OF LORRY (A).

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

[Signature] 09/09/2019
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Claim Handling

Accident HT/1052506

Policy No.	6107138120	Vehicle No.	S1Y3701R	GST Registration No.	
Certificate No.					
Policyholder Name	FONG TANG HONG	Policyholder NRIC	S7938277I		
Product Code	PRIVATE CAR INSURANCE	Class Type	Drive CLASSIC	Leading	0
Contact No.(Mobile)	96714127	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
EPK	Yes	TCA	No	eCode Reason	
NCD Protection	Yes	NCD Exemption(%)	50	Private Hire	Yes

Report Date	09/07/2019 12:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to rear
Date of Accident	08/07/2019	Time of Accident (hr:min)	13:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	BLIP RD OF BOON LAY WAY TOWARDS JURONG WEST ST 52				

Total Excess Applicable					
Excess Type	Per Accident	Written Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

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

Policyholder Mailing Address					
Address 1	BLK 18 #14-127	Address 2	GHM HOH RD	Address 3	SINGAPORE 370018
Address 4		Address Type	Singapore address	Post Code	370018
Unit No.		Related Policy Number	6107138120		

DI Driver Info					
Driver Name	FONG TANG HONG (KUANG JIONGKANG)	Driver Type	Main Driver	Driver DOB	02/12/1979
Unnamed Driver Name		Driver NRIC	S7938277I	Driving Experience	16
Register Date of Driver License	29/10/2002	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	96714127	Contact No.(Office)		Address 1	SINGAPORE 370018
Address 1	BLK 18 #14-127	Address 2	GHM HOH RD	Address 3	SINGAPORE 370018
Address 4		Address Type	Singapore address	Post Code	370018
Unit No.		Driver Vehicle No.	S1Y3701R	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001 **NEW**

Claim Type *	OD-MK	Insured Name	FONG TANG HONG	Insured NRIC	S7938277I	
Contact No.(Mobile)	96714127	Contact No. (Home)	N/A	Contact No. (Office)		
Email Address	joefong@gmail.com	DI Vehicle Number	S1Y3701R	TP Vehicle Number	QB64269E	
Claim Description	S1Y3701R / QB64269E ON 8 Jul 2019				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received	
Workshop No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	09/07/2019 13:01	
Date Registered				Date Received	09/07/2019 00:00	
Report Taken By	KOSLI WANAS					

Print AK letter Save Submit

Attachment

Accident No.	HT/1052506	Claim No.	001
Last Doc. Received	Yes No	Upload Date	09/07/2019 13:02
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
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
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 13:02	Photo	Normal
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 13:02	Photo	Normal



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 13:02	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 13:02	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 13:02	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 13:02	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 13:02	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 13:02	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 13:02	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 13:01	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 13:01	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 13:01	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 13:01	Photos	Normal	Photos 2019-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 13:01	SAS	Normal	SAS 2019-7-9
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Jul 2019 13:01	MJC/ Driving License	Normal	MJC/ Driving License 2019-7-9

Video List

Uploaded By/Date	Folder/Date	File Name	Source	Action
------------------	-------------	-----------	--------	--------

Display in New Window Scan and unloading

Private settlement for motor accidents

When involved in a motor accident, you are required to report accident (whether claiming under own policy or not) with accident vehicle (whether damaged or not) to our reporting centres within 24 hours or the next working day after the accident. Failure to report or late reporting of accident will result in insured's NCD reduction, upon the next renewal of your motor policy.

You can choose to enter into a private settlement with the owner of the other car if there are no personal injuries and damages are minor. Under a private settlement, both parties agree to settle the matter amicably without suing each other. It is a legally binding agreement.

NTUC Income policyholders should send the signed form to Fax No. 8338 1500 or email attachment to motor@income.com.sg. NTUC Income will then take up the case on your behalf should the other party decide to lodge a claim subsequently. Your NCD will be protected even if we have to pay the claim.

NTUC Income collects, uses and discloses the information in this claim form for insurance and claims administration purposes. For more details about NTUC Income's Privacy Policy, please visit www.income.com.sg/other/privacy.asp

Private settlement

1. Details of Accident:

Date (dd/mm/yyyy) / Time: 08/07/2019 Location: Sip Road of Boonlay Way to Jurong West Street 51

2a. Motor-vehicle registration no. SJY3701R driven by FONG TANG HONG / S7038277I (Name & NRIC no)

and owned by FONG TANG HONG / S7038277I (Name & NRIC no)

2b. Motor-vehicle registration no. GBG4289E driven by MAHARASAN MANI KANDAN / GB465198U (Name & NRIC no)

and owned by VALAR MATHI CONTRACTORS PTE LTD / 201002724H (Name & NRIC no)

3. There are no personal injuries or death involved.

4. The parties have agreed to settle this matter amicably as follows: *delete a) or b) as applicable.

*a. Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

*b. Without any admission of liability, (party paying compensation) has paid a sum of \$ 342.40 (SGD) which (owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

5. Both parties have not and will not make a police report of this accident.

6. We understand that the information collected on this private settlement form will be kept and used by NTUC Income for investigating and administering claims, fraud detection and underwriting future insurance applications.

Name (paying party): FONG TANG HONG Tel: 9071 4127 Fax: 6538 3845

NRIC / Passport no: S7038277I

Signature: [Signature]

Name (owner receiving compensation): VALAR MATHI CONTRACTORS PTE LTD Tel: Fax: 6338 4056

NRIC / Passport no: 201002724H

Signature: [Signature]
(MANIKANDAN)
GB465198U

ACCIDENT STATEMENT

ACCIDENT DATE: 08/07/2019 (DD/MM/YYYY), TIME: 13:05 (HH:MM)

LOCATION: Boat Quay way to Jurong West Street 51

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJY 3701R
b) INSURANCE COMPANY: N742
c) POLICY NUMBER: 5107138120
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: CITROEN GRAND C4 P18550
f) TYPE: (SALOON / COUPE / MPV/VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
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: Fong Tang Hanq (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S7935277Z CONTACT: 96714127
C) ADDRESS: BLK 18 Gohim North Road #14-127
S1270018

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER AS ABOVE
a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 16 Aug 2000

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

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: 6B6 4269E MODEL: TOYOTA DYNA
b) DRIVER'S NAME: KANARASAN MAWI KANDAN
c) NRIC/FIN/PASSPORT: 58465198U CONTACT: 8451 9808

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = JOELFONGTH@gmail.com
VIDEO

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S79382771
For LKK/NAC Use Only



FONG TANG HONG
 (KUANG JIONGKANG)
 邝炯康

Race: CHINESE
 Date of Birth: 02-12-1979 Sex: M
 Country of Birth: SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE
 Licence Number: S79382771
 Name: FONG TANG HONG (KUANG JIONGKANG)
For LKK/NAC Use Only

Birth Date: 02 Dec 1979
 Issue Date: 22 Apr 2003




000401405F

A0145022



NEIC No. S79382771
For LKK/NAC Use Only

Work Group: B+ Date of Issue: 14-06-2002

APT BLK 18 GHIM MDH ROAD #14-127
 SINGAPORE 270018
 NRIC No: S79382771 Date: 14/07/2009 No: 6272414

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

CLASS	DATE
Class 2B Motorcycles not exceeding 200 cc	18 Aug 2000
Class 2A Motorcycles between 201 cc and 400 cc	13 Mar 2002
Class 2 Motorcycles exceeding 400 cc	22 Apr 2003
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilo grams	20 Oct 2002

For LKK/NAC Use Only

NP 428A



Licence No: S79382771

Hello, NAC_BUKIT_MERAH_800676

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

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="checkbox"/>	5107138120		FONG TANG HONG	S79382771	GPC	drive CLASSIC	SJY3701R	SJY3701R	19/01/2019	24/02/2020