

NATIONAL Assessment Centre Services

(out 1 Jan 2018)

NA419046449

Date In: 22/07/2018 16:46	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/190/29884	SAS e-filing		
Veh No: BE 2200B	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 22/07/2018 13:50	I-Motor Claim Form	MT/1054689-001	23/07/2018
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 / HNC Assign Wksp / GW: (

Tel:

Fax:

TP Particulars:

Veh No: SKD 8234M

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 repairer.

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

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

Remarks: (INC/Non-INC: 0788/0016) 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:

NA1905540	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 (\$80)		
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		
Additional Comments:	For claiming against INC Only (wef 10 Jan 2018)		
Cal. J:	6) TR: It's inspection \$75		
Cal. 2/3:	7) N1: Idm DA + SMRT Survey \$160		
1/1/18	8) NTUC Additional Services:		
	9) N12: Idm Mobile \$10		
	10) N13: Courtesy Car / Tpl Allowance \$5		
	11) N6: Repair Co-ordination \$10		
	12) N7: Post Repair Inspection \$25		
	13) N8: DV / Collect Excess Coordination \$5		
	14) N11: TP (Non INC) against INC \$20		
	15) N12: Idm Mobile \$10		
	Invoice dated	Fax Charged	
	Invoice dated	Fax Charged	

07-MAY-2018 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	23/07/2019 16:46
Date Of Accident	22/07/2019 13:50
Exact Location Of Accident	JUNCTION OF CHOA CHU KANG AVENUE 5/BRICKLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE2200B
Insured/Policyholder	
Name Of Registered Owner	LOW YONGCAI (LUO YONGCAI)
NRIC No	S8535394B
Email Address	LOWYONGCAI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93857915
Alternative Phone No	OTHERS-93857915

Vehicle Particulars

Manufacturer	SUZUKI
Model	GSX1300RLO-1.3
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5061291482-06
Cover Note Number	

Driver

Name of Driver	LOW YONGCAI (LUO YONGCAI)
NRIC No	S8535394B
Date Of Birth	25/11/1985
Occupation	INDOOR
Date Of Driving Pass	02/08/2013
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93857915
Fax Number	
Contact Number	OTHERS-93857915
Email Address	LOWYONGCAI@GMAIL.COM

Address	BLK 803C KEAT HONG CLOSE #05-116
Postcode	683803
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 . POSTCODE: 149073 . COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190723/2099

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD8234M
Vehicle Make/Model/Colour	PEUGEOT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

LOW YONGCAI (LUO YONGCAI)

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBE2200B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

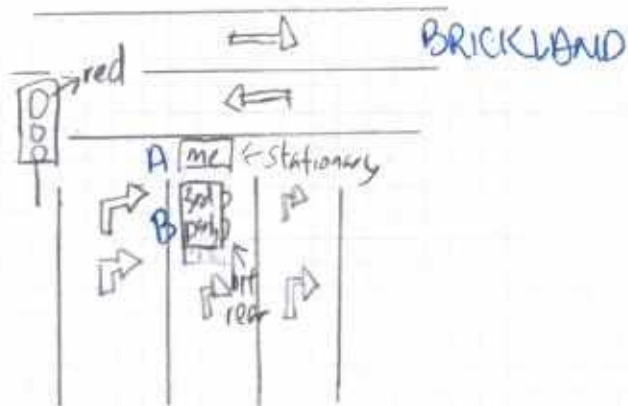


Policyholder's Signature
Date & Time:

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

23/07/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



CHOA CHU KANG AVE 5

A) FBE 2200B

B) SKD 8234M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the form:

pls refer to police report
7/20190723/2019

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Signature
23/07/2019

Signature



SINGAPORE POLICE FORCE



T/20190723/2099

1 of 3

Report No. T/20190723/2099

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2019 15:35		Vide Report No.:		Station Diary No.: 36	
Informant's Particulars					
Name of Informant: LOW YONGCAI			Address: APT BLK 803C KEAT HONG CLOSE #05-116 SINGAPORE 683803		
ID Type / ID No.: NRIC NO / S8535394B			Contact No.: Home/Office: Mobile: 93857915		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 25/11/1985	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: BANKER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/07/2019 13:50	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 CHOA CHU KANG AVENUE 5 BRICKLAND ROAD Exact location is T- Junction of Choa Chu Kang Avenue 6 and Brickland Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving vehicle and stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE2200B	Motorcycle	SUZUKI	GSX1300RL 0	White	Slightly Damaged	0
SKD8234M	Car	PEUGEOT		White	No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE2200B	NTUC Income Insurance Co-Operative Limited	5061291482-06	11/07/2019	10/07/2020



**SINGAPORE
POLICE FORCE**



T/20190723/2099

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20190723/2099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LOW YONGCAI	ID No.	S8535394B
Related Vehicle	FBE2200B (Motorcycle)	Contact No.	93857915
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	23/07/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 22/07/19 at about 1350hrs, I was riding my motorcycle registration number FBE2200B along Choa Chu Kang Ave 6 when I stopped at the second lane turning right into Brickland Rd. About 05 seconds later when I had already stop, vehicle registration number SKD8234M suddenly hit the rear of my motorcycle. The impact of the collision caught me by surprised and I then tried to held onto my motorcycle to prevent me from falling. I then went up to the driver however he refused to provide me his particulars. The accident had caused some scratches on the rear paint work of my motorcycle. The rear light was damaged. I had seek medical attention and was given 3 days MC. There was a rear mounted camera on my motorcycle which recorded the accident.



**SINGAPORE
POLICE FORCE**



T/20190723/2099

3 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190723/2099

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

[Handwritten signature 'L' and a long diagonal line across the page]

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 MUHAMMAD ZAMIR BIN MAZELAN

Signature Of Informant:

[Handwritten signature 'Lew']

Signature Of Interpreter:
Not applicable

Date/Time:
23/07/2019 15:35

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Classification Of Case:

Contact No: 65476204

SN 49

Authentication Stamp
NP168

SIGNATURE

Claim Handling

Accident MT/1054689

Policy No.	5061291482-06	Vehicle No.	FBE22008	GST Registration No.	
Certificate No.					
Policyholder Name	LOW YONGCAI (LUD YONGCAI)	Cover Type	Third Party	Policyholder NRIC	885353946
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		License No.	C
Contact No.(Mobile)	83857915	Special Remark		Contact No.(Home)	
Email Address		TCA	- No Yes	eCode	No
KFK	- No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	23/07/2019 17:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Road to Road
Date of Accident	22/07/2019	Time of Accident (hh:mm)	13:30	Country of Accident	Singapore
Reporting Centre		Grange Force		ICP No.	
Accident Location	JUNCTION OF CHOA CHU KANG AVENUE & BRICKLAND ROAD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
VED OD Excess	0.00	FIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
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 803C #01-116	Address 2	KEAT HONG CLOSE	Address 3	KEAT HONG PRIDE
Address 4	SINGAPORE 683803	Address Type	Singapore address	Post Code	683803
Unit No.		Related Policy Number	5061291482-06		
Q3 Driver Info					
Driver Name	LOW YONGCAI	Driver Type	Main Driver	Driver DOB	25/11/1985
Uninsured Driver Name		Driver NRIC	885353946	Driving Experience	12
Register Date of Driver License	24/04/2006	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	83857915	Contact No.(Office)		Address 3	KEAT HONG PRIDE
Address 1	BLK 803C #01-116	Address 2	KEAT HONG CLOSE	Post Code	683803
Address 4	SINGAPORE 683803	Address Type	Singapore address		
Unit No.		Driver Vehicle No.	FBE22008	Driver Insurer Company	MYUC
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-MX	Insured Name	LOW YONGCAI (LUD YONGCAI)	Insured NRIC	885353946
Contact No.(Mobile)	83857915	Contact No.(Home)	NO	Contact No.(Office)	
Email Address	lowyongcai@gmail.com	Vehicle Number	FBE22008	Vehicle Number	5061291482-06
Claim Description	FBE22008 / SKD234M ON 22 Jul 2019				
Preferred Workshop	Insured Liability	Not at Fault		Name of Insured Workshop	
Reported No. Finalisation	Yes	Reported Option	Preferred Workshop, Name unknown	GSA report	Revised
Date Registered	23/07/2019 17:10	Claim Close Date		Date Received	23/07/2019 00:00
Report Taken By	BOSLI WAHAB				
Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1054689	Claim No.	001
Last Doc. Retrieved	* Yes - No	Upload Date	23/07/2019 17:11
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
Attachment List:			
Attachment	Uploaded By/Date	Category	Urgency
	NAC_BUKIT_MERAH_8006781 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 17:11	Photos	Normal
	NAC_BUKIT_MERAH_8006781 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 17:11	Photos	Normal

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 17:11	Photos	Normal	Photos 2019-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 17:11	Photos	Normal	Photos 2019-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 17:11	Photos	Normal	Photos 2019-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 17:11	Photos	Normal	Photos 2019-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 17:10	Photos	Normal	Photos 2019-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 17:10	Photos	Normal	Photos 2019-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 17:10	Photos	Normal	Photos 2019-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 17:10	Photos	Normal	Photos 2019-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 17:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-23
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Jul 2019 17:10	SAS	Normal	SAS 2019-7-23

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 07 / 2019) (DD/MM/YYYY), TIME: (13 : 50) (HH:MM)

LOCATION: CHIOACHUKANG AVE 6 (toward brickland road) traffic light.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB22008
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5061291482-06
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: SUZUKI HAYABUSA, 2009
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: traveling
 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 YONG CAI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S85353948 CONTACT: 93857915
 c) ADDRESS: 303C Keat Hong Close #05-116 Spore 632803

* 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: (25 / 11 / 1975) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 02 AUG 2013

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)
 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: Queentown WPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKD8234M MODEL: PEUGEOT
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

email = LowYongCAI@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8535394B



For LKK/NAC Use Only

LOW YONGCAI
(LUO YONGCAI)

羅永財

Race

CHINESE

Date of birth

25-11-1985

Country/Place of birth

SINGAPORE

Sex

M



5619457



NRIC No. S8535394B

For LKK/NAC Use Only

Date of issue
07-07-2016

Address

APT BLK 803C KEAT HONG CLOSE
#05-116
SINGAPORE 883803

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8535394B

Name

LOW YONGCAI
(LUO YONGCAI)

For LKK/NAC Use Only

Birth Date: 25 Nov 1985

Issue Date: 24 Apr 2006



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Valid Date
Class 2B	Motorcycles <= 250 CC	24 Apr 2006
Class 2A	Motorcycles between 251 CC and 400 CC	24 Apr 2006
Class 2	Motorcycles > 400 CC	02 Aug 2013
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/trailers <= 2200 kg	02 Nov 2005

For LKK/NAC Use Only

S8535394B

S / No. 8000180261

NP 423A



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="22/07/2019 17:03"/>
Vehicle No. (For Motor)	<input type="text" value="FBE2200B"/>	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 checked="" type="radio"/>	5061291482-06		LOW YONGCAI (LUO YONGCAI)	S8535394B	GMC	Third Party	FBE2200B	FBE2200B	11/07/2019	10/07/2020