

NATIONAL Assessment Centre Services			
Date In: 24/01/2018 11:28	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/INC/90130314	E-mail (within 3hrs. AIC 2hrs):		
Veh No: FE 6565A	I-Motor Claim Form	M/11054796-001	24/01/2018 11:57
D.O.A: 23/07/2018 08:15	I-Motor W/O (Within: OD 2hrs. TP 4hrs)		
OD - TP (Reporting Only)	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkap		

Preferred Wksp / MNC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SKA 1845L	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:	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

NA1905553	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
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		
Assessors' Comments:	For claiming against INC Only (wef 10 Jan 2018)		
Cal. 1:	6) TR: Re-inspection \$75		
Cal. 2/3:	7) NI: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) NI: Idau Mobiles \$30		
	10) NI: Idau Mobiles \$30		
	11) NI: Idau Mobiles \$30		
	12) NI: Idau Mobiles \$30		
	13) NI: Idau Mobiles \$30		
	14) NI: Idau Mobiles \$30		
	15) NI: Idau Mobiles \$30		
	16) NI: Idau Mobiles \$30		
	17) NI: Idau Mobiles \$30		
	18) NI: Idau Mobiles \$30		
	19) NI: Idau Mobiles \$30		
	20) NI: Idau Mobiles \$30		
	21) NI: Idau Mobiles \$30		
	22) NI: Idau Mobiles \$30		
	23) NI: Idau Mobiles \$30		
	24) NI: Idau Mobiles \$30		
	25) NI: Idau Mobiles \$30		
	26) NI: Idau Mobiles \$30		
	27) NI: Idau Mobiles \$30		
	28) NI: Idau Mobiles \$30		
	29) NI: Idau Mobiles \$30		
	30) NI: Idau Mobiles \$30		
	31) NI: Idau Mobiles \$30		
	32) NI: Idau Mobiles \$30		
	33) NI: Idau Mobiles \$30		
	34) NI: Idau Mobiles \$30		
	35) NI: Idau Mobiles \$30		
	36) NI: Idau Mobiles \$30		
	37) NI: Idau Mobiles \$30		
	38) NI: Idau Mobiles \$30		
	39) NI: Idau Mobiles \$30		
	40) NI: Idau Mobiles \$30		
	41) NI: Idau Mobiles \$30		
	42) NI: Idau Mobiles \$30		
	43) NI: Idau Mobiles \$30		
	44) NI: Idau Mobiles \$30		
	45) NI: Idau Mobiles \$30		
	46) NI: Idau Mobiles \$30		
	47) NI: Idau Mobiles \$30		
	48) NI: Idau Mobiles \$30		
	49) NI: Idau Mobiles \$30		
	50) NI: Idau Mobiles \$30		
	51) NI: Idau Mobiles \$30		
	52) NI: Idau Mobiles \$30		
	53) NI: Idau Mobiles \$30		
	54) NI: Idau Mobiles \$30		
	55) NI: Idau Mobiles \$30		
	56) NI: Idau Mobiles \$30		
	57) NI: Idau Mobiles \$30		
	58) NI: Idau Mobiles \$30		
	59) NI: Idau Mobiles \$30		
	60) NI: Idau Mobiles \$30		
	61) NI: Idau Mobiles \$30		
	62) NI: Idau Mobiles \$30		
	63) NI: Idau Mobiles \$30		
	64) NI: Idau Mobiles \$30		
	65) NI: Idau Mobiles \$30		
	66) NI: Idau Mobiles \$30		
	67) NI: Idau Mobiles \$30		
	68) NI: Idau Mobiles \$30		
	69) NI: Idau Mobiles \$30		
	70) NI: Idau Mobiles \$30		
	71) NI: Idau Mobiles \$30		
	72) NI: Idau Mobiles \$30		
	73) NI: Idau Mobiles \$30		
	74) NI: Idau Mobiles \$30		
	75) NI: Idau Mobiles \$30		
	76) NI: Idau Mobiles \$30		
	77) NI: Idau Mobiles \$30		
	78) NI: Idau Mobiles \$30		
	79) NI: Idau Mobiles \$30		
	80) NI: Idau Mobiles \$30		
	81) NI: Idau Mobiles \$30		
	82) NI: Idau Mobiles \$30		
	83) NI: Idau Mobiles \$30		
	84) NI: Idau Mobiles \$30		
	85) NI: Idau Mobiles \$30		
	86) NI: Idau Mobiles \$30		
	87) NI: Idau Mobiles \$30		
	88) NI: Idau Mobiles \$30		
	89) NI: Idau Mobiles \$30		
	90) NI: Idau Mobiles \$30		
	91) NI: Idau Mobiles \$30		
	92) NI: Idau Mobiles \$30		
	93) NI: Idau Mobiles \$30		
	94) NI: Idau Mobiles \$30		
	95) NI: Idau Mobiles \$30		
	96) NI: Idau Mobiles \$30		
	97) NI: Idau Mobiles \$30		
	98) NI: Idau Mobiles \$30		
	99) NI: Idau Mobiles \$30		
	100) NI: Idau Mobiles \$30		

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	24/07/2019 11:38
Date Of Accident	23/07/2019 08:15
Exact Location Of Accident	AT BLK 7B TANJONG PAGAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FE6565A
Insured/Policyholder	
Name Of Registered Owner	TAN TSE MENG
NRIC No	S1623262I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98918630
Alternative Phone No	OTHERS-98918630

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ135-133CC (M)
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0082346449-15
Cover Note Number	

Driver

Name of Driver	TAN TSE MENG
NRIC No	S1623262I
Date Of Birth	13/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	18/01/1985
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98918630
Fax Number	
Contact Number	OTHERS-98918630
Email Address	NOEMAIL

Address	BLK 435A BUKIT BATOK WEST AVENUE 5 #07-988
Postcode	652435
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	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	SKA1845L
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90222990
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:

23/7
1620

Driver's Signature

(If driver is not the policyholder)

Date & Time:

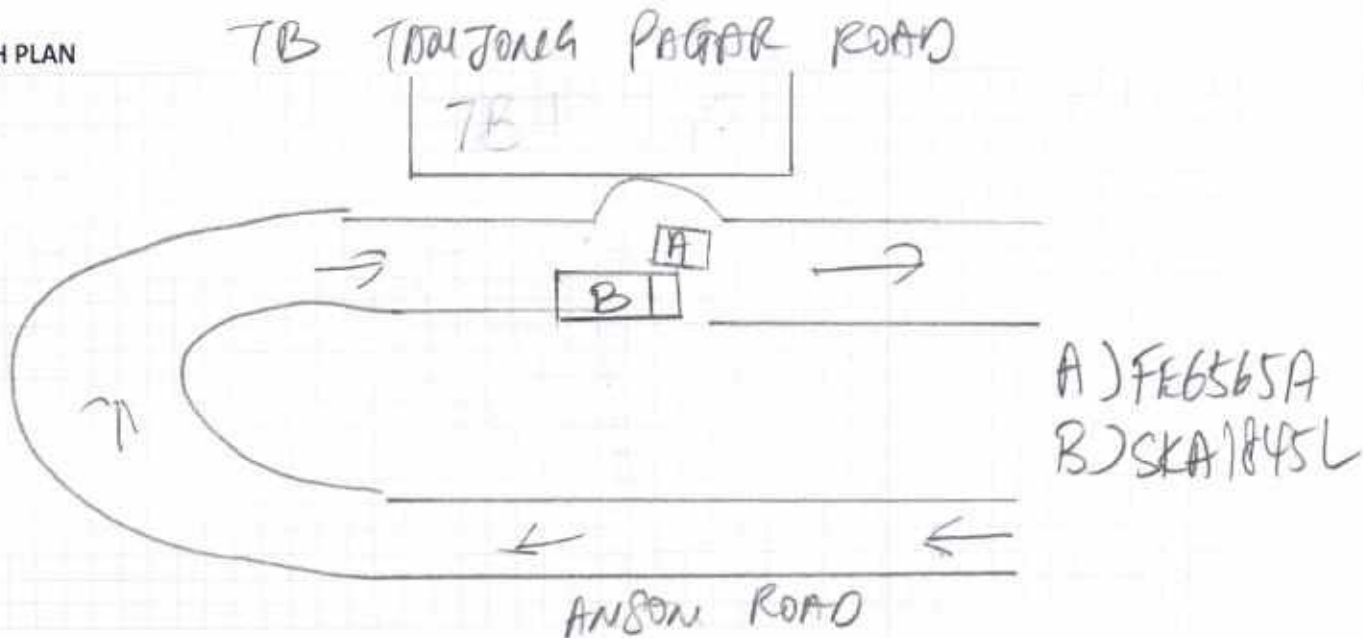
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/6/2019
Reza

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 23/07/2019 AT ABOUT 08:15HRS I WAS AT TB TG PAGAR ROAD, JUST I WAS ABOUT TO MOVE ON A CAR SKA1845L CAME FROM THE RIGHT SIDE AND BRUSH AGAINST MY MOTORCYCLE FE6565A. MY MOTORBIKE RIGHT SIGNAL LIGHT BREAK & THE CAR SIDE MIRROR BREAK & TYRE PUNCTURED. THAT ALL.

DECLARATION

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

Policyholder's Signature

Date & Time:

23/7
1620

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/07/2019
Rashid Wathani

Claim Handling

Accident MT/1054796

Policy No.	906244949-13	Vehicle No.	PE6565A	GST Registration No.	
Cardholder No.					
Policyholder Name	TAN TSE HENG	Policyholder NRIC	S16232621		
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Leasing	0
Contact No.(Mobile)	90730272	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		4Code	No *
KFR	- No Yes	TCC	- No Yes	4Code Reason	
ACD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	24/07/2019 11:55	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	23/07/2019	Time of Accident (H:M:S)	08:15	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	AT BLK 78 TANJONG PAGAR ROAD				
Excess					
Own Damage Excess	0.00	Additional Excess		Whistleblow Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefit					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Registration History					
Policyholder Mailing Address					
Address 1	BLK 420B #01-008	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3	WEST EDGE @ BUKIT BATOK
Address 4	SINGAPORE 652435	Address Type	Singapore address	Post Code	652435
Unit No.		Related Policy Number	906244949-13		
OI Driver Info					
Driver Name	TAN TSE HENG	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	S16232621	Driver DOB	14/09/1963
Register Date of Driver License	01/01/2002	Driver Age	56	Driving Experience	47
Contact No.(Mobile)	90730272	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 420B #01-008	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3	WEST EDGE @ BUKIT BATOK
Address 4	SINGAPORE 652435	Address Type	Singapore address	Post Code	652435
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	PE6565A	Driver/Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001 New

Claim Type *	OD-ME	Insured Name	TAN TSE HENG	Insured# NRIC	S16232621
Contact No.(Mobile)	90730272	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI		TP	
Claim Description		Vehicle Number	PE6565A	Vehicle Number	SKA184SL
Preferred Workshop				Name of Preferred Workshop	
Relay to Insurer	Yes	Insured Liability	Not at Fault		
Relay to Insurer	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	ICIA report	Received
Date Registered	24/07/2019 11:57	Claim Close Date		Date Received	24/07/2019 00:00
Report Taken By	ROSLI WAHAB				

Print All letter

Save Submit

Attachment					
<div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Message Read</div> </div>					
<div> <div>Accident No.</div> <div>MT/1054796</div> <div>Claim No.</div> <div>001</div> <div>Upload Date</div> <div>24/07/2019 11:57</div> </div>					
<div> <div>Category *</div> <div>Confidential</div> <div>Urgency *</div> <div>Description *</div> </div>					
<div> <div>Clear</div> <div>Please Select</div> <div>NO</div> <div>Normal</div> </div>					
<div> <div>Clear</div> <div>Please Select</div> <div>NO</div> <div>Normal</div> </div>					
<div> <div>Clear</div> <div>Please Select</div> <div>NO</div> <div>Normal</div> </div>					
<div> <div>Clear</div> <div>Please Select</div> <div>NO</div> <div>Normal</div> </div>					
<div> <div>Clear</div> <div>Please Select</div> <div>NO</div> <div>Normal</div> </div>					
<div> <div>Clear</div> <div>Please Select</div> <div>NO</div> <div>Normal</div> </div>					

Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CG)
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Jul 2019 11:57	Photo	Normal	Photo 2019-7-24	
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Jul 2019 11:57	Photo	Normal	Photo 2019-7-24	
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 24 Jul 2019 11:57	Photo	Normal	Photo 2019-7-24	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 11:57	Photos	Normal	Photos 2019-7-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 11:57	Photos	Normal	Photos 2019-7-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 11:57	Photos	Normal	Photos 2019-7-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 11:57	Photos	Normal	Photos 2019-7-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 11:57	SAS	Normal	SAS 2019-7-24
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Jul 2019 11:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-24
Video List				
Uploaded By/Date	Folder Code	File Name	Source	Action
		Display in new window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 23.07.2019 (DD/MM/YYYY), TIME: 8:15 AM (HH:MM)

LOCATION: 713 Tanjong Pagar

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FEG565A
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: RX2
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 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: Tan Te Meng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 6232627 CONTACT: 98418630
 c) ADDRESS: Blk 435B BT BATALA West Ave 5
#07-988

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 13.05.63 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKA1845L MODEL: KIA
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 90222850

9. THIRD PARTY VEHICLE

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

email =

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S16232621



For LKK/NAC Use Only

Name TAN TSE MENG

陈自明

Race CHINESE

Date of birth 13-05-1963

Country/Place of birth SINGAPORE

Sex M

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S16232621

Name TAN TSE MENG

For LKK/NAC Use Only

First Date 13 May 1963

Issue Date 16 Feb 2013



5939704



NRIC No. S16232621

For LKK/NAC Use Only

Date of issue 18-05-2018

APT BLK 435B BUKIT BATOK WEST AVENUE 5 #07-888, SINGAPORE 652435

NRIC No. S16232621

Date 14/12/2018

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	18 Jan 1965
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	14 Dec 1965
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	17 Feb 1966

For LKK/NAC Use Only

NP 426A



License No: S16232621

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="23/07/2019 16:01"/>
Vehicle No.(For Motor)	<input type="text" value="FE6565A"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	0082346449-15		TAN TSE MENG	S16232621	GMC	Third Party	FE6565A	FE6565A	01/02/2019	31/01/2020