

Date In: 28/11/2017 18:51	Job description	Date & Time Completed	Done by
Ref No: NBT/INC 7022705/Y	SAS e-filing		
Veh No: FBH 2478B	E-mail (within 3hrs, AIC 3hrs)		
DOA: 26/11/2017 01:15	1-Motor Claim Form	11/09/16/13	29/11/2017
OD (TP) Reporting Only	1-Motor VVO (within 3hrs, TP 3hrs)		15:30
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars	Veh No: GBD 6623T	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%; P: 80-100%)	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks	
() Walk-In Customer: Customers information strictly Confidential & Strictly NO refer of repeller.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: (

Remarks	INP No: 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

NA707396	Invoice Preparation Checklist	Amtd (\$)	Amtd (\$)
Human's Particulars	1) AR: Accident Reporting (\$300)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$43		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$10		
	Forfeiture applied INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: 24v DA + SMRT Survey \$160		
	8) NTUC Additional Services		
	9) NI: 24v DA + SMRT Survey		
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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 ability.
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 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	28/11/2017 18:51
Date Of Accident	26/11/2017 01:15
Exact Location Of Accident	ALONG CORPORATION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH2478B
Insured/Policyholder	
Name Of Registered Owner	MOHAMED NIZAR BATHUSHAA BIN MOHAMED HANIFAH
NRIC No	S9528936C
Email Address	MOHDNIZARBATHUSHAA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92230369
Alternative Phone No	OTHERS-92230369

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF4J-399CC
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5071607474-02
Cover Note Number	

Driver

Name of Driver	MOHAMED NIZAR BATHUSHAA BIN MOHAMED HANIFAH
NRIC No	S9528936C
Date Of Birth	16/07/1995
Occupation	INDOOR
Date Of Driving Pass	10/04/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92230369
Fax Number	
Contact Number	OTHERS-92230369
Email Address	MOHDNIZARBATHUSHAA@GMAIL.COM

Address	BLK 113 TAO CHING ROAD #08-23
Postcode	610113
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	AFTER RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171128/2097

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	GBD6623T
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Name of Driver	JOHN PETER FRANCIS XAVIER
NRIC/Passport Number	G8038087P
Contact Number	97274447
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name MOHAMED NIZAR BATHUSHAA BIN MOHAMED HANIFAH

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBH2478B

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

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: 28/11/17

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

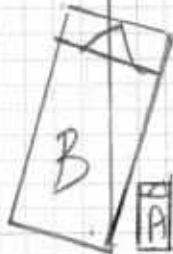
Name:

NRIC/FIN No.:

SKETCH PLAN

A LONEY CORPORATION ROAD

A) FBH 2478B
B) GBD 66237



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/2017/128/2097

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:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/20171128/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2017 16:12	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

Informant's Particulars

Name of Informant: MOHAMED NIZAR BATHUSHAA BIN MOHAMED HANIFAH			Address: APT BLK 113 TAO CHING RD #08-23 CORPORATION COURT SINGAPORE 610113		
ID Type / ID No.: NRIC NO / S9528936C			Contact No.: Home/Office: Mobile: 92230389		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 16/07/1995	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/11/2017 01:15	Type of Location:
Location: Along Road 1 CORPORATION ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH2478B	Motorcycle	HONDA	CB400 SF4J M	Black	Seriously Damaged	0
GBD6623T	Lorry				No Damage	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH2478B	NTUC Income Insurance Co-Operative Limited	5071607474-02	11/08/2017	10/08/2018



**SINGAPORE
POLICE FORCE**



T/20171128/2097

2 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20171128/2097

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED NIZAR BATHUSHAA BIN MOHAMED HANIFAH	ID No.	S9528936C
Related Vehicle	NIL	Contact No.	92230389
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	JOHN PETER FRANCIS XAVIER	ID No.	G8038087P
Related Vehicle	NIL	Contact No.	97274447
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS DRIVING ALONG CORPORATION ROAD. ITS A TWO LANE ROAD. I WAS ON THE RIDE LANE, AND THERE WERE TWO VEHICLES ON THE LEFT LANE. A CAR AND A LORRY. THE LORRY WAS BESIDE ME. SUDDENLY, OUT OF NO WHERE HE SWERVED INTO MY LANE WITHOUT ANY SIGNAL OR ANYTHING. HE HIT MY MOTORCYCLE, I FELL OFF. AFTERWARDS HE STOPPED HIS VEHICLE. THE CONDOMINIUM SECURITY OF LAKEHOLMZ ACTUALLY CAME TO ASSIST ME AND THE DRIVER OF THE LORRY AS WELL. THE SECURITY GUARD CALLED THE AMBULANCE. THE AMBULANCE AND TRAFFIC POLICE OFFICER ARRIVED AT THE SCENE. I WAS CONVEYED BY THE AMBULANCE TO NG TENG FONG HOSPITAL.

I SUFFERED INJURIES ON MY RIGHT ELBOW, BOTH MY WRISTS, BOTH MY KNEES AND THE RIGHT SIDE OF MY RIB AND INTERNAL PAIN IN MY RIGHT KNEE AND FOOT. I RECEIVED 3 DAYS MC.
THAT'S ALL.



**SINGAPORE
POLICE FORCE**



T/20171128/2097

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Report No. T/20171128/2097

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20171128/2097

4 of 4

Report No. T/20171128/2097

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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: TP / KHALED AMR HASSAN MOHSEN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SSI TAN CHIN YONG Contact No.: 65476178
Authentication Stamp NP168

Signature Of Informant: 
Date/Time: 28/11/2017 16:12
Classification Of Case: 
Signature: 

Claim Handling

Accident MT/0971673

Policy No.	5071607474-02	Vehicle No.	FBH2478B	GST Registration No.	
Policyholder Name	MD NIZAR B MD HANIFAH			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	92230369	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20		

Accident Details

Report Date	29/11/2017 14:58	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe - Sa
Date of Accident	26/11/2017	Time of Accident hh:mm	01:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CORPORATION ROAD				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 113 #08-23	Address 2	TAO CHING ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5071607474-02		

OI Driver Info

Driver Name	MOHAMED NIZAR BATHUSHAA BIN MOHAMED HANIFAH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9528936C	Driver DOB	
Register Date of Driver License	09/01/2014	Driver Age	22	Driving Experience	
Contact No.(Mobile)	92230369	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 113 #08-23	Address 2	TAO CHING ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBH2478B	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MD NIZAR B MD HANIFAH	Insured NRIC		
Contact No.(Mobile)	92230369	Contact No.(Home)		Contact No.(Office)		
Email Address		OI Vehicle Number	FBH2478B	TP Vehicle Number		
Claim Description	FBH2478B / GBD6623T ON 26 Nov 2017				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report		
Date Registered	29/11/2017 15:30	Claim Close Date		Date Received		
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired		

☐ Print AX letter

Save Submit

Attachment

Accident No.	MT/0971673	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/11/2017 15:30
Path *		Category *	Confidential Urgency

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼ 9/3	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼ 9/3	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼ 9/3	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼ 9/3	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼ 9/3	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	▼ 9/3	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 15:30	SAS	Normal	SAS ;
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 15:30	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 15:29	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 15:29	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 15:29	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 15:29	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 15:29	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 15:29	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 15:28	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 15:28	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 15:28	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 15:28	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 15:28	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 15:28	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 15:28	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 15:25	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 29 Nov 2017 15:25	Photos	Normal	Photos
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NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK
IT MERAH)) on 29 Nov 2017 15:25

Photos

Normal

Photos

NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK
IT MERAH)) on 29 Nov 2017 15:25

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ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 11 / 2017 (DD/MM/YYYY), TIME: 01 : 16¹⁵ (HH:MM)

LOCATION: Corporation Road (outside Lakeholmz condominium)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 2478 B
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5071607474-02
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY THIRD PARTY FIRE & THEF
 e) MAKE & MODEL: CB 400 SF4JM
 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) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: MOHAMED NIZAR Bathushan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9528936C CONTACT: 92230369
 c) ADDRESS: Blk 113 Tao ching Road # 08-23

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHAMED NR Same as above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

No of passenger
(Including driver)
(1)

* d) DATE OF BIRTH: 16 / 07 / 1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 10 Apr 2015

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) After rain
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic police Division HQ

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBD6623T MODEL: Nissan Cabstar
 b) DRIVER'S NAME: John Peter Francis Xavier
 c) NRIC/FIN/PASSPORT: G 8038087P CONTACT: 97274447

No of passenger
(Including driver)
(4)

9. THIRD PARTY VEHICLE

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

No of passenger
(Including driver)
()

Email = MOHDNIZAR Bathushan@gmail.com

fax = _____

VIDEO = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9528936C



Name

MOHAMED NIZAR BATHUSHAA BIN
MOHAMED HANIFAH

Race

INDIAN

Date of birth

16-07-1995

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9528936C

Name

MOHAMED NIZAR BATHUSHAA
BIN MOHAMED HANIFAH

Birth Date 16 Jul 1995

Issue Date 09 Jan 2014



5205495



NRIC No. S9528936C



Date of issue

27-07-2013

Address

APT BLK 113 TAO CHING ROAD #08-27
SINGAPORE 610113

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

LIFETIME DATE

Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	09 Jan 2014
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	16 Jan 2017
Class 2	MOTORCYCLES EXCEEDING 400 CC	26 May 2019
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WIDTH OF WHICH COLUMNS DOES NOT EXCEED 2500 KILOWATTS	25 Jan 2015

NRIC No.

S / No. 9000261873

NP 438A



eBaoTech

GeneralClaim

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Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5071607474-02	MD NIZAR B MD HANIFAH	S9528936C	GMC	Third Party, Fire & Theft	FBH2478B	FBH2478B	11/08/2017	10/08/2018