

NATIONAL Assessment Centre Services

(Unit 1 Jan 2003)

NA/417168197

Date In: 22/12/2017 14:24	Job description	Date & Time Completed	Done by
Ref No: NBA/INC17024841	SAS e-illing		
Veh No: FBC 231K	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 21/12/2017 15:40	I-Motor Claim Form	m1/0974834	22/12/2017 15:17
OD TP Reporting Only	I-Motor W/O (Within 2hrs, TP 2hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: YN 7987L	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: Customer's 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: (NA) (line 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	Action

NA/1707904

Human's Particulars	Invoice Preparation Checklist	Wksp (S)	Wksp (P)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$10		
	5) YT: Follow-Through Survey (Resurvey) \$30		
	Forfeiting against INC Only (over 10 Jan 2003)		
	6) TR: Re-inspection \$15		
	7) NI: Issue DA + SMRT Survey \$10		
	8) NTUC Additional Services		
Checked by (Eng-In-Charge):	9) NI: Courtesy Car / Tpl Allowance \$5		
	10) NI: Repair Coordination \$10		
	11) NI: Post Repair Inspection \$15		
	12) NI: DY / Collect Unacc Coordination \$1		
	TE (NI): TP (Non INC) against INC \$20		
	13) NI: Issue Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice closed	Fax Charged	

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	22/12/2017 14:24
Date Of Accident	21/12/2017 15:40
Exact Location Of Accident	ALONG TYRWHITT ROAD TOWARDS LAVENDER STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC231K
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AZRIN BIN YUSOFF
NRIC No	S8604464A
Email Address	RAIN.YUSOFF@LIVE.CO.UK
Mobile Phone No	(LOCAL) +65-87005433
Alternative Phone No	OFFICE-87005433

Vehicle Particulars

Manufacturer	SUZUKI
Model	DRZ400SMK8-398CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY WORK
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	5077004404-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AZRIN BIN YUSOFF
NRIC No	S8604464A
Date Of Birth	09/02/1986
Occupation	INDOOR
Date Of Driving Pass	20/01/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87005433
Fax Number	
Contact Number	OFFICE-87005433
E-Mail Address	RAIN.YUSOFF@LIVE.CO.UK

Address	BLK 705 BEDOK NORTH ROAD #10-3442
Postcode	470705
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 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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171222/2071

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	YN7987L
Vehicle Make/Model/Colour	MERCEDES BENZ(VAN)
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NIZATUL AIN BIN KAFRAWI
NRIC/Passport Number	S7444253F
Contact Number	91475944
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

* No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD AZRIN BIN YUSOFF
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBC231K
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: 22/12/2017.
1425 hrs.

Driver's Signature

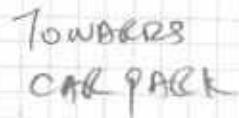
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A7FBC231K

B) γ_N 7987L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER 2 POLICE REPORT
T/20/7/222/2071.

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: Rohani W A
NRIC/FIN No: _____

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20171222/2071

1 of 4

Report No. T/20171222/2071

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2017 14:00	Vide Report No.:	Station Diary No.: 32
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Informant's Particulars

Name of Informant: MUHAMMAD AZRIN BIN YUSOFF			Address: APT BLK 705 BEDOK NORTH ROAD #10-3442 SINGAPORE 470705	
ID Type / ID No.: NRIC NO / S8604464A			Contact No.: Home/Office: Mobile: 87005433	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 31	Date of Birth: 09/02/1986	Type of Informant: Rider	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: Restaurant manager			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/12/2017 15:40	Type of Location: Straight Road
Location: Along Road 1 TYRWHITT ROAD				
Along Tyrwhitt Road towards Lavender St				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC231K	Motorcycle	SUZUKI	DRZ400SMK 8	Black	Seriously Damaged	0
YN7987L	Van	MERCEDES BENZ		White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC231K	NTUC Income Insurance Co-Operative Limited	5077004404-01	19/04/2017	18/04/2018



Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD AZRIN BIN YUSOFF	ID No.	S8604464A
Related Vehicle	FBC231K (Motorcycle)	Contact No.	87005433
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/12/2017	Date Discharge	21/12/2017
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	Nizatul Ain Bin Kafrawi	ID No.	S7444253F
Related Vehicle	YN7987L (Van)	Contact No.	91475944
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.

On 21/12/17 at around 1540hrs, I was riding my green Suzuki motorcycle, FBC231K alone along Tyrwhitt Road towards Lavender Road. It is a two lane one way road and I was travelling on the left lane. In front of my motorcycle, there was a SP van, YN7987L with one front passenger. Thus, I did a lane change to the right lane. Out of a sudden, while I was travelling straight on the right lane, the SP van did a right turn to Jln Besar Swimming Complex without making any lane change. As I cannot stopped in time, I did an emergency brake. However, my motorcycle had skidded and I collided with the said vehicle sideways. At that point in time, my left leg got stuck between the van and my motorcycle. The SP van driver did not immediately stopped his vehicle but he had stopped slightly further and subsequently I had a fall together with my motorcycle.

I wish to state that I suffered abrasions on both my left forearm and left thigh. Ambulance and Traffic Police were both at scene. As I did not feel pain at that moment, I did not convey to hospital by Ambulance. However, the traffic police did not provide me any incident number. One hour after the incident, I felt giddy and headache. Thus, I went to Singapore General Hospital to see doctor and was given 7 days of MC. I was also told by the doctor that I may have fracture on my left ribcage but the medical result is not out yet.

Both SP van and the front passenger were not injured. My motorcycle back frame was broken and dented. On the other hand, the SP van only have dents at the right middle portion.



**SINGAPORE
POLICE FORCE**



T/20171222/2071

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500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 4

Report No. T/20171222/2071

CONTINUATION OF REPORT

I wish to state that I had installed hand guards on my motorcycle which lessen my injuries. In addition, there is in-car camera inside SP van. I wish lodge a report for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20171222/2071

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

4 of 4

Report No. T/20171222/2071

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 LAU XIN MEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
22/12/2017 14:00

Classification Of Case:

Claim Handling

Accident MT/0974834

Policy No.	5077004404-01	Vehicle No.	FBC231K	GST Registration No.	
Policyholder Name	MUHAMMAD AZRIN BIN YUSOFF	Cover Type	Third Party	Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Loading	
Contact No. (Mobile)	87005433	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No	Private Hire		Not available	
Accident Details					
Report Date	22/12/2017 15:05	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	21/12/2017	Time of Accident hh:mm	15:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TYRWHEAT ROAD TOWARDS LAVENDER STREET				
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 705 #10-3442	Address 2	BEDOK NORTH ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5077004404-01		
OT Driver Info					
Driver Name	MUHAMMAD AZRIN BIN YUSOFF	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S8604454A	Driving Experience	
Register Date of Driver License	09/06/2007	Driver Age	31	Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1	BLK 705 #10-3442	Address 2	BEDOK NORTH ROAD	Post Code	
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBC231K	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MUHAMMAD AZRIN BIN YUSOFF	Insured NRIC	
Contact No. (Mobile)	87005433	Contact No. (Home)		Contact No. (Office)	
Email Address	RAIN_PUMP@LIVE.COM.SG	OT Vehicle Number	FBC231K	TP Vehicle Number	
Claim Description	FBC231K / YN7987L ON 21 Dec 2017				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	22/12/2017 15:15	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					











Save Submit

Attachment

Accident No.	MT/0974834	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/12/2017 15:17
Path *		Category *	Confidential
		Urgency	Normal
		Browse...	Clear
		Please Select	

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Dec 2017 15:17	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Dec 2017 15:16	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Dec 2017 15:15	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Dec 2017 15:15	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Dec 2017 15:15	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Dec 2017 15:08	Photos	Normal	Photos

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 21/12/2017 (DD/MM/YYYY), TIME: 1540 (HH:MM)

LOCATION: Blomg Tyrwll Rd Burmcs (Ainmair S)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC 231 K
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5077004404-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: SUZUKI DR2400SM
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: on the way to 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: MUHAMMAD AZRIN BIN YUSOFF (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8604464A CONTACT: 87005433
 c) ADDRESS: Buk 705, Bedok North Road, #10-3442
S'pore 470705

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

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

d) DATE OF BIRTH: 09/02/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 20/01/2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: cashier

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: Bukit Merah

8. THIRD PARTY VEHICLE

No of passengers
(including driver)
(2)

- a) VEHICLE NUMBER: YN7987L MODEL: Mercedes Benz
 b) DRIVER'S NAME: Nizatul Ain Bin Kafrawi
 c) NRIC/FIN/PASSPORT: S7444253F CONTACT: 91475944

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

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

Email: rain.yusoff@live.co.uk

Fax: _____

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8604464A



Name

MUHAMMAD AZRIN BIN YUSOFF

محمد الزين بن يوسف

Race

BOYANESE

Date of birth

09-02-1986

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8604464A

Name: MUHAMMAD AZRIN BIN YUSOFF

Card Date: 09 Feb 1986

Issue Date: 09 Jun 2007

001506000D

5682476



NRIC No. S8604464A



Date of issue

23-12-2016

Address

APT BLK 705 BEDOK NORTH ROAD
#10-3442
SINGAPORE 470705

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	W Jan 2007
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	20 Jan 2012

S / No. 9000173611

S8604464A

NP 428A

Licence No. S8604464A

eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

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Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5077004404-01	MUHAMMAD AZRIN BIN YUSOFF	S9604464A	GMC	Third Party	FBC231K	FBC231K	19/04/2017	18/04/2018

[Continue](#)