NATIONAL Assessment Centre	S'e171/085. [mil 1 101700]	MUH4/11/04/9	
* Dute In: 22 (1), 2017 19:24	Job description	Date & Time Complete	g Doue py.
REINO: NBG/2MC17024)24/N	SAS c-liling " '		
Veh No: FBC, 231K	E-mail (within this, AIC this)	<del></del>	+
DON 21/11/2017 13:40	f-Motor Claim Form	milea Tiller	22/12/2016
OD TP Reporting Only	1-Motor 74/0 (W/Mistop 2	1011104 14034	12/12/2013
	I-Photo Uplanded		- C2: . l. l
TP Insuret:	Assessment/Survey Report		
0 2396-00011	Ass'l Report by Bax/ Hand	10 Owner/Wksp	
Protetred Wksp / INC Assign Wksp / OW: (		Tol:	Fax:
TP Panticulars: Yeh No: YV 7	9871 INC	( )/Non-INC( )	
Owner / Driver: (		Tel:	<del>* '                                   </del>
Polloy No: (, ) Perloc		Cover Type: (	
Confirmed by 1 ( Insured/Driver Clability: ( %) Thou	Dalei	Timor	)
	e-Bst Status (WO): N: 0-	20%; P: 21-79%. P: 30	-100%]
Excess (\$ ) Loading: \$1,000	ranty: YES( )/NO(	<del>```</del>	
General Remarks 2/4 (Constants) 2000 (1975)	( )/\$3,000 ( )		74994
( ) Walk-in Cavioniur i Customers informa	LIVE STORESTE DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION	的,在100mm的。100mm的,100mm的。	Saile No.
(, ) Total Loss Case   to e-mail Insurer U	IR GENTLY	waily NO tales of sebalse	[.
Drive-In ( )/ Towed-In ( ); Invoice; Y			
1 (10 10 10 10 10 10 10 10 10 10 10 10 10 1	40 7 7 7 7 1	FOWING COLL	(i) N
7,111,110,1	ES( )\NO( )!.	Fowing Co: (	Distriction and the last
Remortis (III) (INGIBOTINE (6788) (616)		rowing Co: (	Donaby .
Remortiants (INClassifine 6788 (676)			Parel Doneby
Remorks (ENDER NO Designe / 6788 (6016)   1) Apply for Transport Allowance ( ) / Cour 2) QC Check/Post Repair Inspection	Lesy Car ( )		Parel Bone by
Remorks (ENDER NO Designe / 6788 (6016)   1) Apply for Transport Allowance ( ) / Cour 2) QC Check/Post Repair Inspection	Lesy Car ( )		Page Bone by
Remortis	( )	Date Tine Complete	
Remortis	Lesy Car ( )	Date Tine Complete	Paragraph and the second secon
Remortis	( )	Date Tine Complete	
Remortis	( )	Date Tine Complete	
Remortish, H. M. Giborline, 6788 (60.6)  1) Apply for Transport Allowance ( ) / Cour  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury :	( )	Date Tine Complete	
Remorks   Election (180)   The Community of Allowance ( ) / Court (2) QC Check / Post Repair Inspection (3) Upload Resurvey Photo (Repair Cost > \$3000   Infury / Conference   Actions (2)   Conference   Cost   Cos	( )	Date Tine Complete	
Remortish, H. M. Giborline, 6788 (60.6)  1) Apply for Transport Allowance ( ) / Cour  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury :	( )	Date Tine Complete	
Remorks   Fig. 18   Glorine   6788  Color    1) Apply for Transport Allowance ( ) / Cour  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury :	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Direction Constitution (State of the Complete	Action States (Action)
Remorks the ING bordine 6788 (Cope)  1) Apply for Transport Allowance ( ) / Cour  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo (Repair Cost > \$3000  Infury :  Onto Tuna   Actions to	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	DAVA: Tune Completed	Onl((s))    AJH((s))
Remorks In [NG bor Jine 16788] [Go] 6)  1) Apply for Transport Allowance ( ) / Cour  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury :  On's Turns   Actions    Dris Turns   Actions    Surrange Earliguing  iver/Owner:	Invoice Free    AR: Accident   DAI   Demage   DAI   Demage   DAI   Demage   DAI   Demage   DAI   Demage   DAI   DA	Date: Tune Completed  Data Gon Checklist  Data Gon Checklist  I Reporting (330)  Assessment (3100): INC ( Fee Shrough Survey (Resurvey)	2/1 2/10/10/10/10/10/10/10/10/10/10/10/10/10/
Remorks (NO Borline 6788) Coportion  1) Apply for Transport Allowance ( ) / Cour  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo (Repair Cost > \$3000  Injury / Photo (Repair Cost >	Invoice/Rec	Date Time Completed  Date Time Completed  Date Time (\$100): INC (  Fee S  Arough Survey (Resurvey)  Estantial Coulty (well to lin 20)  stantial	513
Remorks   Fig. (N. G.Borline   6788  Color    1) Apply for Transport Allowance ( ) / Cour  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury :  2	Invoice/Rec	Date Time Completed  Date I on Chronis  Date I on Chronis  Reporting (330)  Assermed (5100) INC (Fee Shrowsh Survey hrough Survey (Resurvey) esten INC Only (well of the 20 story) esten + SMRT Survey	200 (200 (200 (200 (200 (200 (200 (200
Remorks High Manuface ( ) / Cour  1) Apply for Transport Allowance ( ) / Cour  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo (Repair Cost > \$3000  Injury /  Advanta  Advanta  Advanta  iver/Owner:  ntact No:  maged Pordon: ************************************	Invoice Free  In	DATE TIME COMPLETOR  DATE DON' CATCHIST  I Reporting (330);  Asserting (310); INC ( Fer	3/1 (3/10 as 1/2
Remorks High Manuface ( ) / Cour  1) Apply for Transport Allowance ( ) / Cour  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo (Repair Cost > \$3000  Injury /  Advanta  Advanta  Advanta  iver/Owner:  ntact No:  maged Pordon: ************************************	Invoice Fre  Invoi	DALLE: TIME COMPLETED  DATE OF CRIST  DITTE OF CRIST  REPORT (5100): INC ( Fee STATE OF CRIST  PROUGH SUTYLY  THOUGH SUTYLY  REPORT OF CRIST  PROUGH SUTYLY  REPORT SUTYLY  PROUGH SUTYLY  ONAI SETY (COTT)  COTT TO Allowable  Coordination	200 (200 (200 (200 (200 (200 (200 (200
Remorks	Losy Car ( ) ' ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Date Time Completed  Date United United United Completed  Date United U	SSI (10)  513  513  513  513  513  513  513  51
Remorks in [National February 1]  1) Apply for Transport Allowance ( ) / Cour  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3000  Injury :  Onto Time Actions  iver/Owner:  Intact No;  maged Portion: [1986]  Checked by (Bitgr-In-Charge):	Losy Car ( ) ' ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	DATESTANDE COMPLETED  APPENDING CATCHIS  APPENDING (\$300)  APPENDING (\$100)  APPENDI	200 200 200 200 200 200 200 200 200 200

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number

**EMail Address** 

- 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 witholding 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.	
(中国的基础) 中国 (中国 ) 中国 )	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
大型音乐时候示音音音 Sharty Start	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

OFFICE-87005433

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

NO

ambulance?

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

# **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

Page 3 of 47

#### SKETCH PLAN

### IMPORTANT NOTICE

- 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
- 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.
- 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.

oficyholder's Signature

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: KOSU WONDO

SKETCH PLAN ALONG	r TYRWHITT ROA	D TOWNEDS	LAVEWOHR STRAGT
		1 82 1	TOWNERS CAR PARK
		B1	A7FBC231K B)YN 7987L
DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT		
			202
			ul
			V
		1,0	
	/	Doll	1.
	/	120	
	(P	22/	
	/al	$\alpha$	
/	July / 20	\'	
	10		
		/	
ECLARATION We declare the foregoing parti	culars are true in every respect.		
A State of the sta	and a are true in every respect.		an 22/12/2017
licenolder's Signature ite & Time:	Driver's Signature (If driver is not the policyho Date & Time:	pider) Na	porting Centre Personnel' Signature me: IC/FIN No.:  OF XI WAHAB





1 of 4 Report No. T/20171222/2071

Tel No: 1800-3779999

# REPORT OF A TRAFFIC ACCIDENT

Date/Til 22/12/2	me Report   017 14:00	Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars		32		
Name o MUHAN	f Informant IMAD AZR	IN BIN YUSOFF	Address: APT BLK 705 BEDOK NORT 470705	ΓΗ ROAD #10-3442 SINGAPORE		
	/ ID No.: O / S86044	64A	Contact No.: Home/Office:	11 TH 22 22		
Nationality: SINGAPORE CITIZEN		EN	Email: Mobile: 87005433			
Sex: Male	Age:	Date of Birth: 09/02/1986	Type of Informant:			
Race: Boyanese Occupation: Restaurant manager			Language: Institution / School Name English  Driving Licence Information: Class: Date of Expiry:			
		r				

General Information Type of Accident:	Injury Attended by Police	Drink Drive:	Date/Time of Accident:	Type of Location Straight Road	
Location: Along Road 1 TYRWHITT R		No	21/12/2017 15:40		
vveather:	Road towards Lavende	Road Surface:		Road Speed Limit:	
vveather: Clear Traffic Flow:	Road towards Lavende	Road Surface: Dry Traffic Control:		Road Speed Limit: 50 Km/h Traffic Volume:	
vveather: Clear Traffic Flow: One Way Type of Collision		Road Surface: Dry Traffic Control: Not Controlled		50 Km/h	

Vehicle No.	Туре	Make	Model	0.1		
FBC231K	Motorcycle	I NOVEMBER OF STREET		Color	Condition	No of Passenge
		SUZUKI	DRZ400SMK	Black	Seriously	0
YN7987L	Van	MERCEDES		180.74	Damaged	
	13.978	BENZ		White	Slightly Damaged	1

	ehicle Insurance	The second second		
The state of the s	Insurance Company	Insurance No	Effective	Expiry Date
FBC231K	NTUC Income Insurance Co-Operative Limited	5077004404-01	19/04/2017	18/04/2018





Report No. T/20171222/2071

2 of 4

Tel No: 1800-3779999

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	edestriar	Cross	ina: NA
Rider		7 10				
Name	MUHAMMAD AZRIN BIN YUSOFF			ID No		S8604464A
Related Vehicle	FBC231K (Motorcycle)			Conta	ct 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 Dis			/2017
No. of Days gran	ted Medical Leave	07	Degree o		Slight	
Driver						
Name	Nizatul Ain Bin Kafrawi		ID No		S7444253F	
Related Vehicle	YN7987L (Van)		Contact No.		91475944	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f 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 sideway. 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.





3 of 4 Report No. T/20171222/2071

Tel No: 1800-3779999

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.





Report No. T/20171222/2071

4 of 4

Tel No: 1800-3779999

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 Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/12/2017 14:00
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp	

Claim manuming					
Accident MT/0974834					
Policy No.	5077004404-01	Vehicle No.	FBC231K	GSY Registration No.	
Policyholder Name	MUHAMMAD AZRIN BIN YUSOFF			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	CoverType	Third Party	Loading	
Contact No.(Mobile)	87005433	Contact No. (Officia)		Contact No.(Home)	
Errail Address		Special Remark		eCode	-
KFK	III No Yes	TCA	₩ No Yes	eCnde Reason	
NCD Protection	No:	NCD Entitlement(%)	10		
· Accident Details		1700	10	Private rice	Not avo
Report Date	22/12/2017 15:05	Accident Report Within 24 hrs	9207		
Date of Accident			Yes	Acodent Type	Side Sw
Reporting Cantra	21/12/2017	Time of Accident hhomm	15:40	Country of Accident	Singapo
Accident Location	VENERAL PROPERTY OF A STATE OF A	Drange Force		ICM No.	
♥ Benefits	ALONG TYRWHITT ROAD TOWARDS LAV	ENDER STREET			
⇒ Excess	F. Mrsey 6				
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 Inform	mation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
en Bullio hada sa sa	32204V				
→ Policyholder Mailing A					
Attoress (	BLK 705 #19-3442	Address 7	BEDOK NORTH ROAD	Address 3	
Address 4		Address Type	Singapore eddress	Post Code	
Unit No.		Related Policy Number	5077004404-03		
OI Driver Info					
Driver Name	MUHAMMAD AZRIN BIN YUSOFF	Driver Type	Main Driver		
Unnamed driver Name		Driver NRSC	\$8604454A	Driver DOB	
Register Date of Driver Licens	# 09/06/2007	Driver Age	31	Driving Experience	
Contact No. (Mobile)		Contact No.(Office)		Contect No:(Home)	
Address 1	BLK 705 #10-3442	Address 2	BEDDK NORTH ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.			Car C 14 (ACC) (C 4 (AC) (C 4 (ACC) (C 4 (AC) (C 4 (ACC) (A	Fore word	
Does he own a Singapore . Registered car?	Yes @ No	Driver Vehicle No.	representation		
wednitered carr		prover yennee (40)	£8C231X	Driver Insurer Company	
Geriaration.					
Breathalyser or filood Test	0 mg	(Add to the book of the co			
Reading?		Any injury?	Yes - No		
dodification History					
TOGETHERON PROSERTY					
Language Service Tool					
Claim 001 00-MX Ne	w				
Land Part Herein Co.	w.				
Claim 001 OD-MX Ne	ob-wx. ♣	Insured Name	MUHAMMAD AZON BIN VINCON		
Claim 001 OD-Mx Ne	OD-MX		MUHAMMAD AZRIN SIN YUSOFI	Insured NRIC	
Claim OO1 OD-Mx Nex Claim Type * Contact No.(Mobile)	DD-MX • H2R05433	Contact No.(Home)		Insured NRIC Contact No. (Office)	
Claim OO1 OD-MX Neg Claim Type * Contact No.(Mobile) Emeil Address	DB-MX R2005433 RAIN_PUMPOLIVE.COM.SG	Contact No.(Home)	MUHAMMAD AZRIN BIN YUSOFF FBC231K		
Claim OO1 OD-MX Neg Claim Type * Contact No.(Mobile) Emeil Address Claim Description	DD-MX • H2R05433	Contact No.(Home)		Contact No. (Office)	
Claim 701 OD-MX New Claim Type * Contact No.(Mobile) Emeil Address Claim Description Sheferred Workshop Contact No.	DB-MX R2005433 RAIN_PUMPOLIVE.COM.SG	Contact No.(Home)		Contact No.(Office) TP Vehicle Number	
Claim 001 OD-Mx Neg Claim Type * Contact No.(Mobile) Emeil Address Claim Description Preferred Workshop Contact No. Require Emelication	DB-MX R2005433 RAIN_PUMPOLIVE.COM.SG	Contact No.(Hama) OI Vehicle Number	FBC231K Not at Fault	Contact No.(Office) TP Vehicle Number	
Language Service Tool	DD-MX E2805433  RAIN_PUMPDLIVE.COM.SG  FBC231K / YN7987L ON 21 Dec 2017	Contact No. (Harns) OI Vehicle Number Insured Liability *	FBC231K Not at Fault	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop	
Claim 001 OD-Mx Neg Claim Type * Contact No.(Mobile) Emeil Address Claim Description Preferred Workshop Contact No. Require Emelication	OD-MX  E2005433  RAIN_PUMPDLIVE.COM.SG  FBC231K / YN7987L ON 21 Dec 2017  Yes	Contact No. (Morns) Of Vehicle Number Insured Liability * Preferent Repair Option	FBC231K Not at Fault	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Oete Received	
Claim 001 OD-Mx Ney Claim Type * Contact No.(Mobile) Email Address Claim Description Perferred Workshop Contact to. Lequire Finalisation Cate Registered	OB-MX  R2005433  RAIN_PUMPOLIVE.COM.SG  FBC231K / YN7987L ON 21 Dec 2017  Yes  22/12/2017 15:15	Contact No. (Moma) Of Vehicle Number Insured Liability * Preferent Regair Option Claim Close Date	FBC231K Not at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop  GIA report	
Claim 001 00-Mx Nex  Claim Type *  Contact No. (Mobile)  Emeil Address  Claim Description  Perferred Workshop Contact  to.  Require Emelication  Rate Registered	OB-MX  R2005433  RAIN_PUMPOLIVE.COM.SG  FBC231K / YN7987L ON 21 Dec 2017  Yes  22/12/2017 15:15	Contact No. (Mome) Of Vehicle Number Insured Liability * Proferent Repair Option Claim Close Date Workshop Repairer	Peterred Workshop, Name wiknown	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Oete Received	
Claim 001 OD-Mx Ney Claim Type * Contact No.(Mobile) Emeil Address Claim Description Preferred Workshop Contact to. Require Finalisation Date Registered. Report Taken By T. Print AK letter	OB-MX  R2005433  RAIN_PUMPOLIVE.COM.SG  FBC231K / YN7987L ON 21 Dec 2017  Yes  22/12/2017 15:15	Contact No. (Mome) Of Vehicle Number Insured Liability * Proferent Repair Option Claim Close Date Workshop Repairer	FBC231K Not at Fault	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Oete Received	
Claim 001 00-Mx Nex  Claim Type *  Contact No. (Mobile)  Emeil Address  Claim Description  Perferred Workshop Contact  to.  Require Emelication  Rate Registered	OB-MX  R2005433  RAIN_PUMPOLIVE.COM.SG  FBC231K / YN7987L ON 21 Dec 2017  Yes  22/12/2017 15:15	Contact No. (Mome) Of Vehicle Number Insured Liability * Proferent Repair Option Claim Close Date Workshop Repairer	Peterred Workshop, Name wiknown	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Oete Received	
Claim 001 OD-Mx Ney Claim Type * Contact No.(Mobile) Emeil Address Claim Description Preferred Workshop Contact to. Require Finalisation Date Registered. Report Taken By T. Print AK letter	OB-MX  R2005433  RAIN_PUMPOLIVE.COM.SG  FBC231K / YN7987L ON 21 Dec 2017  Yes  22/12/2017 15:15	Contact No. (Mome) Of Vehicle Number Insured Liability * Proferent Repair Option Claim Close Date Workshop Repairer	Peterred Workshop, Name wiknown	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Oete Received	
Claim 001 OD-Mx Ney Claim Type * Contact No.(Mobile) Emeil Address Claim Description Preferred Workshop Contact to. Require Finalisation Date Registered. Report Taken By Print AK letter  Attachment	OD-MX  #2805433  RAIN_PUMPDLIVE.COM.SG  FBC231K / YN7987L ON 21 Dec 2017  Yes *  22/12/2017 15:15  ROSLI WAHAB	Contact No. (Moma) OI Vehicle Number  Insured Liability * Preferenti Repair Option Claim Close Date Workshop Repairer	Peterred Workshop, Name wiknown	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Oete Received	
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Perferred Workshop Contact to. Lequire Finalization Date Registered Report Taken By Print AK Tetter  Attachment	OD-MX  H2005433  RAIN_PUMPDLIVE.COM.SG  FBC231K / YN7987L ON 21 Dec 2017  Yes * 22/12/2017 15:15  ROSLI WAHAB	Contact No. (Mome) Of Vehicle Number Insured Liability * Proferent Repair Option Claim Close Date Workshop Repairer	Peterred Workshop, Name wiknown	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Oete Received	
Claim 001 OD-Mx Ney Claim Type * Contact No.(Mobile) Emeil Address Claim Description Preferred Workshop Contact to. Require Finalisation Date Registered. Report Taken By Print AK letter  Attachment	OD-MX  #2805433  RAIN_PUMPDLIVE.COM.SG  FBC231K / YN7987L ON 21 Dec 2017  Yes *  22/12/2017 15:15  ROSLI WAHAB	Contact No. (Moma) OI Vehicle Number  Insured Liability * Preferenti Repair Option Claim Close Date Workshop Repairer	PBC231K  Not at Fault  Freferred Workshop, Name unknown  Save Submit	Contact No. (Office)  TP Vehicle Number  Name of Preferred Workshop  GIA report  Oete Received	

		Browse	Cear	Please Select		90.		Normal
		Browse	Casr	Please Select			-	Normal:
		Browse	Clear	Please Select	15		- 1	Normal
		Browse	Clear	Please Select		(90)		Normal
e a south		Browse	Clear	Please Select.		160		Normal
Attachment								
- Handelminden	· Mari			F22.91				
Attachment	Uploaded By/Cars	(	Category	7	Urgency			ŗ
953	NAC_BUXIT_MERAM_B00676( NATIONAL ASSESSMENT CENTRE SERVICES (BU IT MERAH)) on 22 Dec 2017 15:17	ok.	SAS		Normal			SAS
355	NAC_BURTT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICES (BU IT MERAM)) on 22 Dec 2017 15:16	K NRIC/ I	Driving Lic	ense	Normal		N	UC/ Drivin
	WAG_BURIT_MERAH_BOOG76( NATIONAL ASSESSMENT CENTRE SERVICES (BU	1000						
E NAT	IT MERAH)) on 22 Oer 2019 15:15	inc.	Photos		Normal			Photo
	NAC_BUKIT_MERAH_800678( NATIONAL ASSESSMENT CENTRE SERVICES (BU IT MERAH)) on 22 Dec 2017 15:15	06	Photos		Normal			Phuto
0-	NAIT_BURIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BU IT MERAH)) on 22 Dec 2017 15:15	к	Photos		Normal			Phato
17.0	NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICES (BU IT MERAH)) on 22 Dec 2017 \$5:15	к	Photos		Normal			Photo
135	NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICES (BU IT MERAH)) on 22 Dec 2017 15:15	К	Photos		Normal			Photo
340	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BU IT MERAH)) on 22 Dec 2017 15:14	к	Photos		Normal			Photo
See	NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICES (BU IT MERAH)) on 22 Dec 2017 15:14	ĸ	Photos		Normal			Photo
<b>1</b> 100	NAC_BUKIT_MERAH_BOORFG[ NATIONAL ASSESSMENT CENTRE SERVICES (BU	ĸ	Photos		Normal			Photo
	IT MERAH)) on 22 Dec 2017 15:14  NAC_BURIT_MERAH_BOOG78( NATIONAL ASSESSMENT CENTRE SERVICES (BU	Ř.	Photos					
	IT MERAM)) on 22 Dec 2017 15:14  NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICES (BU		170009		Normal			Photo
Diffical Land	IT MERAH)) on 22 Dec 2017 15:14		Photos		Normal			Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BU IT MERAH)) on 22 Dec 2017 15:13		Photos		Normal			Photo
Charles and the control of the contr	NAC_BUKIT_MERAH_B00676( NATIONAL ASSESSMENT CENTRE SERVICES (BUI IT MERAH)) iin 22 Dec 2017 15:11	κ ,	Photos		Normal			Photo
2	NAC_BUKIT_MERAH_BOOGT6( NATIONAL ASSESSMENT CENTRE SERVICES (BUI IT MERAH)) on 22 Dec 2017 15:13	٠,	Photos		Normal			Photo
Ale	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BU) IT MERAH)) on 22 Dec 2017 15:13		Photos		Normal			Photo
	NAC_BUKIT_MERAH_B00070( NATIONAL ASSESSMENT CENTRE SERVICES (BUI IT MERAH)) on 22 Dec 2017 15:13	K .	theres		Normal			Prioto
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUI IT MERAH)) on 22 Der, 2017-15:12		Photos		Normal			Printo
	NAC_BUKIT_MERAH_BODG76( NATIONAL ASSESSMENT CENTRE SERVICES (BUI IT MERAH)) on 22 Dec 2017 15:12	٠,	hotos		Normal			Photo
	NAC_BUKIT_MERAH_BO0676( NATIONAL ASSESSMENT CENTRE SERVICES (BLW IT MERAH)) on 22 Dec 2017 15:12		thotos		Normal			Photo
	NAC_BOKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUX IT MERAH)) on 22 Dec 2017-15:12	٠,	hotos		Normal			Photos
5	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Onc 2017 15:12		thotos		Normal			Photos
1	NAC_BUKIT_MERAH_680676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK		hutos					
	IT MERAH]) on 22 Dec 2017 15:10  NAC_BURIT_MERAH_BO0676( NATIONAL ASSESSMENT CENTRE SERVICES (BUR	e			Normal			Photos
UKAT	IT MERAH)) on 22 Dec 2017 15:10	(2	Notice		feormal			Photos
28	NAC_BUKIT_MERAH_BOD676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Dec 2017 15:10		hotos		Normal			Photos

	Uploaded By/Date	Fillder Date	File Name	?	Sour
Video List	Tubbook and and and and	1.7840.7867.19F			
1	NAC_BUKIT_MERAN_B00676( ) IT MERA	NATIONAL ASSESSMENT CENTRE SERVICES (BU M3) on 22 Dec 2017 15:08	K Photos	Normal	Photos
*	NAC_BUKIT_MERAH_800676( IT MERA	NATIONAL ASSESSMENT CENTRE SERVICES (BL H1) on 22 Dec 2017 15:08	Photos	Normal	Photos
3	NAC_BURTT_MERAH_B00676( IT MERA	NATIONAL ASSESSMENT CENTRE SERVICES (BU H1)) on 22 Dec 2017 15:08	DC Photoe	Normet	Photos
1	NAC_BURIT_MERAH_800676( IT MERU	NATIONAL ASSESSMENT CENTRE SERVICES (BI HH)) on 22 Dec 2017 15:09	JK Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676( IT MER	NATIONAL ASSESSMENT CENTRE SERVICES (B MI)) on 22 Dec 2017 15:00	Photos	Normal	Photos
203	NAC_BUKIT_MERAH_B00676( IT MER	NATIONAL ASSESSMENT CENTRE SERVICES (8 AH)) on 22 Dec 2017 15:09	UK Photos	Normal	Photos
200	NAC_BUNIT_MERAH_8006767 IT MER	NATIONAL ASSESSMENT CENTRE SERVICES (B AH)) on 22 Dec 2017 15:09	UK Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676 IT MER	NATIONAL ASSESSMENT CENTRE SERVICES (# AH)) on 22 Dec 2017 15:09	LIK Photos	Nomial	Photos
	NAC_BUKIT_MERAH_800675( IT MER	NATIONAL ASSESSMENT CENTRE SERVICES (B AH)) on 22 Dec 2017 15:09	UK Photos	Normal	Photo
No.	NAC_BUKIT_MERAH_800676 IT MER	NATIONAL ASSESSMENT CENTRE SERVICES (E AH)) on 22 Dec 2017 15:09	NUN Photog	Normal	Photo
I	NAC_BUKIT_MERAH_800676 IT MEI	NATIONAL ASSESSMENT CENTRE SERVICES (E AH)) on 22 Dec 2017 15:119	BUK Photos	Normal	Photo
1	NAC_BUKTT_MERAH_800676 IT MER	(NATIONAL ASSESSMENT CENTRE SERVICES (I AHI)) on 22 Dec 2017 15:10	SUK Photos	Nishmal	Phuto
198	NAC_BUKIT_MERAH_B00676 IT ME	( NATIONAL ASSESSMENT CENTRE SERVICES ( SAH)) on 22 Dec 2017 15:10	BUK Photos	Normal	Photo

# AGCIDENT STATEMENT

1.1	DCATION	D COME	1 KWI	1 10	DWANCE	(BITME	MIC SI
		1 200					
	T. DE	TAILS OF VE	HICLE	CO	0211.		54. W
		PHICLE NU		FB(	231K	W/	W 8
			COMPANY:	-	NTUC		
	0)1	NOURANCE	COMPANI	07700	4404-01		
	C) F	OLICY TYP	ADEK! TO	JENEINE /	TUIDD DANTY	THIRD PART	TERRATHER!
	9/1	OUCT TIPE	E ICOMPRE	nervative /	DR2400	CM	FIRE WITHOUT
						NOTORCYCL	E / 014500
						MOTORCYC	
	Dir	AKLOZE OF	FUSING AT A	CCIDENI	IME; ON Th	ie way t	5 401~
	1.040.002.3					ACE (YES/NO	
340	le.	NO, PLEASE	E SYATE (THIR	D PARTY	CLAIM / REP.O	RTING ONLY)	į.
	2. INS	URED / POL	ICY HOLDER	or see a		E.	
	A)!	YAME: MI	uniammad	ADRIN.	BIN YUSOF	FMALE	/ FEMALE)
1	5)1	VRIC/FIN/P/	ASSPORT:S	86044	64A.	CONTACT	42
	C]/	ODRESS: L	1K 705, B	redok 1	North Road	1, #10-34	43
8 8	7.65		POVE 470				
			D 3.d IF DRIV	er also	POLICY HOLD	ER	
Ho of passon	13 DR	(VER		r cesses in	1		erunasenannungun
Including dir	April 10 months	YAME:	Some!	95	96016.	(MAL	: / FEMALE)
1	ver) bli	VRIC/FIN/P	ASSPORT:			CONTACT:	
(T)	9.355.00	ADDRESS:					
		9.0					
	*d)	DATE OF BU	RTH: (09/	02/1	886100/MM	{/YYYY}	
	' e)<	OCCUPATIO	N: (INDOO!	R/OUTDO	ORI,		. 1066
	1) \$	WITE OF DE	SINING FIC	kilcle .	20/01/20	12.	- man day
	4. W.A	AS DRIVER	AN EMPLO	YEE OF T	HE INSURED	5 COMPANY	3 (LE2 / NA)
	15	NO, RELAT	TONSHIP O	F THE DI	UVER WITH I	NSURED:_C	Asher
	5, 0)	YEATHER C	ONDITION	CLEAR /	RAINING / OT	KERS	
	b)1	toad surf	ACE: (DRY /	WEI / OI	HERS		
	6, WA	12 YMA80D	Y INJURED !	YES / NO	02		e a .
. 5	7. 0/6	REPORTED T	O ROLICE (	ES / NO		o' L'L MA	isah.
	- F	YES, PLEAS	SESTATE WH	CH POUR	SE STATION!	Bukit M	
		RD PARTY V		1/1	79871	Wassel Mer	cedes Benz
lio of passens	) tr (0)	VEHICLE !	NUMBER:	111	0 1 1 6	MOUSE LIGH	3-00-3
Induction de	N 160	DRIVER'S	NAME: NI	CTUIF	in Bin Kafr	agui Ci	91475944
130	C	NEIC/FIN	LL WOOL OW!	51444	25 SP	_CONTACTL	1.1121111
/	9. TH	RÔ P'ARTY V	/EHICLE			Viceopera	1
140 of passu	dave d	VEHICLE	NUMBER:			"WODEL:"	
	0	DRIVERS	NAME	/////		CONTACT	
Including a	WA 11	KRIC, EK	PASSPORT:			TOOKIVOIT	
			171				
100						£0.	1 1

email: rain-yusoff@live.co.uk.

### REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8604464A





# MUHAMMAD AZRIN BIN YUSOFF

محمد اثرينٌ بن يوسوف BOYANESE

Date of birth 09-02-1986

Country/Place of birth SINGAPORE



5682476



23-12-2016

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

YOU ARE LICENSED TO DHIVE VEHICLES HILTHE HULLWHILD CLASSIES MOTORCYCLES NOT EXCREMING 389 CK MOTORCYCLES SETWEEN 381 CC AND 480 CC S/No. 9000173611 NF 418A

<b>eBao</b> Tech							Gen	eralClaim	
Hello, NAC_BUKIT_MERA				Change Language			· Change Password · Log (		
My Desidop	Policy Query							+ FALSSEA BALLS - STANIS	
Notice of Loss	Policy No.	FBC231K			Date of Accident		21/12/2017 14:17		
	Vehicle No.(For Motor)						1		
	Select Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	S077004404-01	MUHAMMAD AZRIN BIN VUSOFF	S8604464A	GMC	Third Party	FBC231K	FBC231K	19/04/2017	18/04/2018
				12	Continue				