

# NATIONAL Assessment Centre Services (not for use) NA18001012

Date In: 02/01/2018 19:18	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/NA18000175/Y	E-mail (with 3hrs, A/C 3hrs)		
Veh No: FBK 72379	1-Motor Claim Form	mt10976260	02/01/2018
D.O.A: 01/01/2018 23:25	1-Motor W/O (With: 00 3hrs, TP 3hrs)		17:30
OD: (P) Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (		Tel:	Fax:
TP Particulars:	Veh No: SHA 4139H	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 repeller.

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

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

Remarks: INC Hotline: 6788 0016	Date & Time Completed:	Done by:
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )		

Injury:

Date/Time	Action

<p>NA1800132</p> <p>Human Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>C. Checked by (Ingr-In-Charge):</p> <p>Will for 3 Comments:</p> <p>L 1:</p> <p>L 2/3:</p>	<p>Invoice Preparation Checklist:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Item</th> <th>Amount (\$)</th> <th>Amount (\$)</th> </tr> <tr> <td>1) AR: Accident Reporting (330)</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$10)</td> <td></td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$40</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) XT: Follow-Through Survey (Resurvey) \$70</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claim against INC Only (over 10 for 300)</td> </tr> <tr> <td>6) TR: Re-inspection \$15</td> <td></td> <td></td> </tr> <tr> <td>7) NT: DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td>Q11:</td> <td></td> <td></td> </tr> <tr> <td>*N3: Courtesy Car / Tpl Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td>*N6: Repair Coordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$15</td> <td></td> </tr> <tr> <td>*N8: DY / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td>TP (N11) / TP (N12) against INC</td> <td>\$70</td> <td></td> </tr> <tr> <td>P N12: Idone Mobile</td> <td>\$0</td> <td></td> </tr> <tr> <td>Invoice total</td> <td></td> <td></td> </tr> <tr> <td>Invoice total</td> <td></td> <td></td> </tr> </table> <p>Fee Charged: \$1000</p> <p>NA1800132</p>	Item	Amount (\$)	Amount (\$)	1) AR: Accident Reporting (330)			2) DA: Damage Assessment (\$100); INC (\$10)			3) TP: Towing Fee \$40/\$40			4) FT: Follow-Through Survey \$120			5) XT: Follow-Through Survey (Resurvey) \$70			For claim against INC Only (over 10 for 300)			6) TR: Re-inspection \$15			7) NT: DA + SMRT Survey \$160			8) NTUC Additional Services:			Q11:			*N3: Courtesy Car / Tpl Allowance	\$5		*N6: Repair Coordination	\$10		*N7: Post Repair Inspection	\$15		*N8: DY / Collect Excess Coordination	\$5		TP (N11) / TP (N12) against INC	\$70		P N12: Idone Mobile	\$0		Invoice total			Invoice total		
Item	Amount (\$)	Amount (\$)																																																								
1) AR: Accident Reporting (330)																																																										
2) DA: Damage Assessment (\$100); INC (\$10)																																																										
3) TP: Towing Fee \$40/\$40																																																										
4) FT: Follow-Through Survey \$120																																																										
5) XT: Follow-Through Survey (Resurvey) \$70																																																										
For claim against INC Only (over 10 for 300)																																																										
6) TR: Re-inspection \$15																																																										
7) NT: DA + SMRT Survey \$160																																																										
8) NTUC Additional Services:																																																										
Q11:																																																										
*N3: Courtesy Car / Tpl Allowance	\$5																																																									
*N6: Repair Coordination	\$10																																																									
*N7: Post Repair Inspection	\$15																																																									
*N8: DY / Collect Excess Coordination	\$5																																																									
TP (N11) / TP (N12) against INC	\$70																																																									
P N12: Idone Mobile	\$0																																																									
Invoice total																																																										
Invoice total																																																										



## 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	02/01/2018 19:18
Date Of Accident	01/01/2018 23:25
Exact Location Of Accident	ALONG WOODLANDS CENTRE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7237G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED SHAFUDDIN BIN GANI
NRIC No	S7235657H
Email Address	SHAHGANI72@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98343344
Alternative Phone No	OTHERS-98343344

### Vehicle Particulars

Manufacturer	KAWASAKI
Model	ZG1400A-1.4 (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	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	5077150689-01
Cover Note Number	

### Driver

Name of Driver	MOHAMED SHAFUDDIN BIN GANI
NRIC No	S7235657H
Date Of Birth	05/10/1972
Occupation	INDOOR
Date Of Driving Pass	22/11/2005
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98343344
Fax Number	
Contact Number	OTHERS-98343344
EMail Address	SHAHGANI72@GMAIL.COM

Address	BLK 1G CANTONMENT ROAD #20-83
Postcode	085701
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

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

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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 EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180102/2194

#### 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	SHA4139H
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WAN
NRIC/Passport Number	
Contact Number	84022101
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	MOHAMED SHAFUDDIN BIN GANI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK7237G
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: 02.01.2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

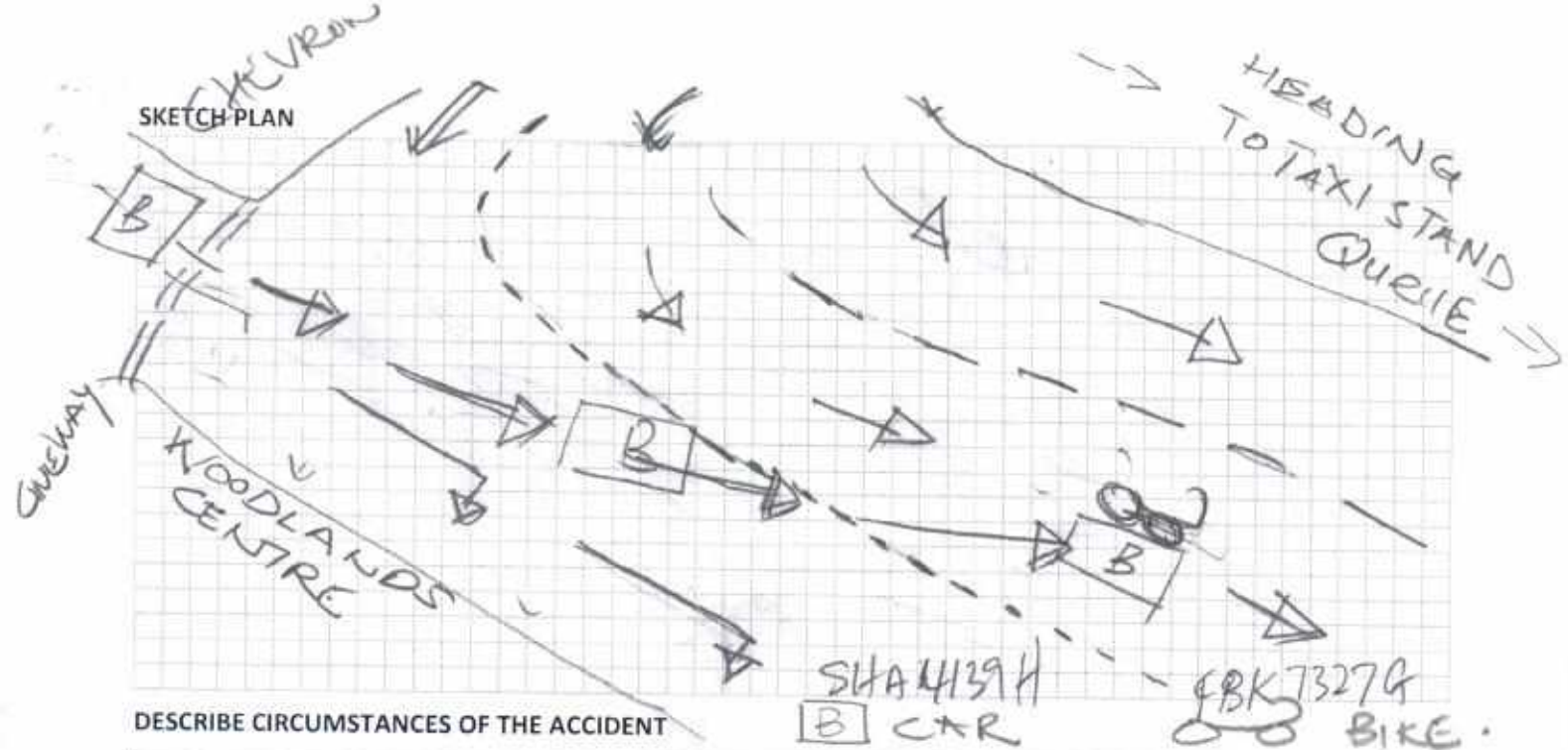


03/01/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/01/18 abt 2325hrs I was travelling along Woodlands Town Centre. I was travelling in a middle lane. Suddenly a taxi register SHA 4139 H. dashed from Woodland Centre Road hit on right side of my bike causing me off & flew off ~~my bike~~ from my bike and landed on the road at (2nd lane).

Ambulance was conveyed as passerby called. ~~for~~ Due to this incident I sustained both legs injuries. ~~Raffles hospital~~ I went to Raffles hospital for further medical check up. Bike reg no ~~SH~~ FBK 7327 G was badly damaged and towed immediately to workshop.

SHOCK HAILER FULL FACE DAMAGE

POLICE REPORT 1/20180102/2194

#### DECLARATION

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

Policyholder's Signature  
Date & Time: 02-01-2018

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

Reporting Centre Personnel's Signature  
Name: Reshi 441102  
NRIC/FIN No.: 03/01/2017





**SINGAPORE  
POLICE FORCE**



T/20180102/2194

1 of 3

Police Station Of Origin:  
Bukit Merah East N.P.C.  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

Report No. T/20180102/2194

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/01/2018 20:20	Vide Report No.:	Station Diary No.: 216
--	------------------	---------------------------

**Informant's Particulars**

Name of Informant: MOHAMED SHAFUDDIN BIN GANI			Address: APT BLK 1G CANTONMENT ROAD #20-83 SINGAPORE 085701		
ID Type / ID No.: NRIC NO / S7235657H			Contact No.: Home/Office:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/01/2018 23:25	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS CENTRE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK7237G	Motorcycle	KAWASAKI	ZG1400A	Grey	Seriously Damaged	0
SHA4139H	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE  
POLICE FORCE**



T/20180102/2194

2 of 3

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

Report No: T/20180102/2194

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK7237G	NTUC Income Insurance Co-Operative Limited	5077150689-01	31/01/2017	30/01/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED SHAFUDDIN BIN GANI		ID No. S7235657H
Related Vehicle	FBK7237G (Motorcycle)		Contact No. 98343344
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	02/01/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Serious

**Brief Details.**

On 01/01/2018 at around 2325hrs, I was travelling along Woodlands Town Centre. I was travelling in the second lane of the road. At that point in time, a taxi with registration plate number, SHA4139H was driving along Woodlands Centre Road and entered Woodlands Town Centre and straightaway dashed to the second lane. However, he did not see me travelling in the second lane and he collided onto my vehicle. His left front of his vehicle collided onto my right side of my motorcycle.

Due to the collision, I flew from my motorcycle and landed on the second lane of the road. However, my motorcycle travelled another 100 meters and landed near the pavement. The passerby called for assistance and traffic police and ambulance attended to us. However, no one was conveyed through ambulance. The police took down our particulars. After which, my sibling brought me to Raffles Hospital to get checked up and I was given 3 days of medical leave. The injuries I incurred are swelling in both my knees and right, lower thigh and bruises on my right knuckle.

Due to the collision, my motorcycle was seriously damaged and was towed away to the workshop from the incident location. The front of my vehicle is totally damaged and thus was towed away. Due to the fall, my Shoei Full Face helmet was heavily damaged and had serious dents on it.

The damages to the other vehicle are as follows:

- 1) Front left bumper had a slight dent.





**SINGAPORE  
POLICE FORCE**



T/20180102/2194

3 of 3

Report No. T/20180102/2194

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

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:

A /

SHAFEER AHAMED H

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/01/2018 20:20

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

Classification Of Case:

Authentication Stamp

NP168

## Claim Handling

Accident MT/0976260

Policy No.	5077150689-01	Vehicle No.	FBK7237G	GST Registration No.	
Policyholder Name	MOHAMED SHAFUDDIN BIN GANI			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	98343344	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<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	Private Hire	Not available

**Accident Details**

Report Date	03/01/2018 17:10	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	01/01/2018	Time of Accident hh:mm	23:25	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	ALONG WOODLANDS CENTRE 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 1G #20-83	Address 2	CANTONMENT ROAD	Address 3	
Address 4	SINGAPORE 085701	Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5078247886-01		

**OT Driver Info**

Driver Name	MOHAMED SHAFUDDIN BIN GANI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	57235657H	Driver DOB	
Register Date of Driver License	22/11/2005	Driver Age	45	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 1G #20-83	Address 2	CANTONMENT ROAD	Address 3	
Address 4	SINGAPORE 085701	Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBK7237G	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	MOHAMED SHAFUDDIN BIN GANI	Insured NRIC		
Contact No.(Mobile)	98343344	Contact No.(Home)	67820483	Contact No.(Office)		
Email Address		OT Vehicle Number	FBK7237G	TP Vehicle Number		
Claim Description	FBK7237G / SHA4139H ON 1 Jan 2018				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	03/01/2018 17:30	Claim Close Date		Date Received		
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired		

☒ Print A&L letter

Save Submit

## Attachment

Accident No.	MT/0976260	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/01/2018 17:30
Path *		Category *	Confidential Urgency
		Browse... Clear Please Select	Normal



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



Attachment	Uploadet By/Date	Category		Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:30	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:30	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:29	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:27	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:27	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:27	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:26	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:26	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:26	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:26	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:26	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:26	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:26	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:26	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:26	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:25	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:25	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:25	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:24	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:24	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:24	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:24	Photos		Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Jan 2018 17:23	Photos		Normal	Photo

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:23	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:23	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 03 Jan 2018 17:23	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

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



# of MOTORING Police Report ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 01 / 2018) (DD/MM/YYYY), TIME: (23 : 25) (HH:MM)

LOCATION: WOODLANDS CENTRE ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 7237 G  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: 5077150689-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: KAWASAKI / GTR 1400  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: OWN USE  
 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: MOHAMED SHAHIDDIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7235657 H CONTACT: 98343244  
 c) ADDRESS: BLK 16 CANTONMENT ROAD  
#20-83 (085701)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

# No of passenger  
(including driver)  
(1)

- DRIVER  
 a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (05 / 10 / 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 25/04/2002

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: NA

### 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

### 6. WAS ANYBODY INJURED (YES/NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: CANTONMENT ROAD

### 8. THIRD PARTY VEHICLE

# No of passenger  
(including driver)  
(1)

- a) VEHICLE NUMBER: SHA 4139 H MODEL: TAXI COMFORT  
 b) DRIVER'S NAME: WAN  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8402 2101

### 9. THIRD PARTY VEHICLE

# No of passenger  
(including driver)  
(  )

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

email: shahgani72@gmail.com

fax: \_\_\_\_\_

V1.000

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S7235657H**



Name  
**MOHAMED SHAFUDDIN BIN GANI**

Race  
**MALAY**

Date of birth  
**05-10-1972**

Country of birth  
**SINGAPORE**

Sex  
**M**




**REPUBLIC OF SINGAPORE** **DRIVING**

Reference Number **S7235657H**

**MOHAMED SHAFUDDIN BIN GANI**

Birth Date **05 Oct 1972**

**24 Apr 2002**




**4854425**



NRIC No. **S7235657H**



Date of issue  
**26-03-2013**

Address  
**APT BLK 1G CANTONMENT ROAD  
 #20-B3  
 SINGAPORE 085701**

**DRIVER'S LICENSE**


**CLASS OF VEHICLE**

Class 2B	Motorcycles <= 200 CC	15 Apr 2001
Class 2A	Motorcycles between 201 CC and 400 CC	15 May 2004
Class 2	Motorcycles > 400 CC	22 Nov 2005
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	04 Oct 2002

**S / No. 9000039473**

**S7235657H**

License No. **S7235657H**





eBaoTech

General Claim

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="01/01/2018 17:33"/>						
Vehicle No. (For Motor)	<input type="text" value="FBK7237G"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5077150689-01	MOHAMED SHAFUDDIN BIN GANI	S7235657H	GMC	Third Party, Fire & Theft	FBK7237G	FBK7237G	31/01/2017	30/01/2018
<input type="button" value="Continue"/>									