

1991-1992

1991-1992

Date In: 24/01/2018 15:00	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/00014627	SAS e-Milling		
Veh No: AX 6889 A	E-mail (with photo, AIC form)		
D.O.A: 24/01/2018 09:05	I-Motor Claim Form	MT/0979335	24/01/2018 16:21
OD / TP / <u>Reporting Only</u>	I-Motor W/O (with photo, AIC form)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW:		Tel:		Fax:	
TP Particulars:		Yeli No: FBK 34504		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	QC Hotline: 6788 GGLX	Date/Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

[illegible]

X/A/890576

Humanist Automobiles		Invoice: Probation On Grids		Bill	
river/Owner:		1) AR: Accident Reporting (370)			
onect No:		2) DA: Damage Assessment (100)	INC (100)		
amaged Portion:		3) TP: Towing Fee	\$40/140		
		4) PT: Follow-Through Survey	\$120		
		5) PT: Follow-Through Survey (Re-survey)	\$10		
		Enrollment against INC Only (Waf 10 Jan 2008)			
		6) TR: Re-inspection	\$12		
		7) NI: IAW DA + SMRT Survey	\$160		
		8) NTUC Additional Services			
		9) NI: Courtesy Call / Tol Allowance	\$5		
		10) NI: Repair Coordination	\$10		
		11) NI: Post Repair Inspection	\$12		
		12) NI: BY / Collect Unpaid Coordination	\$5		
		TE (NI) / TP (NI) INC against INC	\$20		
		13) NI: Ids Mobile	\$8		
		Invoice dated	Not Charged		
		Invoice Date	Not 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 GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	24/01/2018 15:00
Date Of Accident	24/01/2018 09:05
Exact Location Of Accident	CLEMENTI AVENUE 6 OPPOSITE MAJU CAMP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	AX6889A
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD DANIAL BIN AMIR
NRIC No	S9231817F
Email Address	DANNNNN@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-93801707
Alternative Phone No	OTHERS-93801707

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
Exact Purpose for which vehicle was being used at time of accident	RIDING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5077182065-01
Cover Note Number	

Driver

Name of Driver	MOHAMMAD DANIAL BIN AMIR
NRIC No	S9231817F
Date Of Birth	06/09/1992
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93801707
Fax Number	
Contact Number	OTHERS-93801707
Email Address	DANNNNN@LIVE.COM.SG

Address	BLK 121 BULKIT BATOK CENTRAL #02-437
Postcode	650121
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : AMIR(FATHER)
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180124/2048

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	FBK3450H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SIVA
NRIC/Passport Number	S7321226Z
Contact Number	98985211
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLE6015A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

DENNIS LAI

NRIC/Passport Number

S6970592H

Contact Number

96725746

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

SIVA

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBK3450H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**



I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

 24/1/18

Policyholder's Signature
Date & Time:

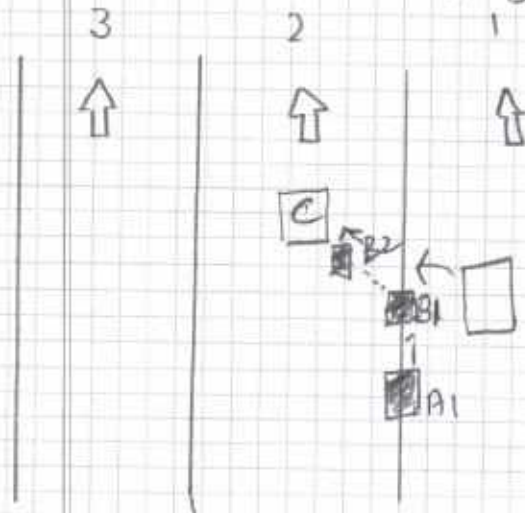
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 24/01/2018
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN

CLEMENTI AVENUE 6 (OPPOSITE MAJU CAMP)

- A) AX 6889A
- B) FBK 3450H
- C) SLE 6015A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Referral to Police Report
7/20180124/2048

DECLARATION

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

[Signature] 24/1/18
 Policyholder's Signature
 Date & Time:

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

[Signature] 24/1/2018
 Reporting Centre Personnel's Signature
 Name: *Reedli W...*
 NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180124/2048

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20180124/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/01/2018 12:46		Vide Report No.: D/20180124/0035		Station Diary No.: 49	
Informant's Particulars					
Name of Informant: MOHAMMAD DANIAL BIN AMIR			Address: APT BLK 121 BUKIT BATOK CENTRAL #02-437 SINGAPORE 650121		
ID Type / ID No.: NRIC NO / S9231817F			Contact No.: Home/Office:		Mobile: 93801707
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 06/09/1992	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: IT HELPDESK			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/01/2018 09:05	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI AVENUE 6				
Opposite MAJU camp				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
AX6889A	Motorcycle	YAMAHA	FZ 16	Red	No Damage	0
FBK3450H	Motorcycle				Slightly Damaged	0
SLE6015A	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20180124/2048

2 of 3

Report No: T/20180124/2048

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
AX6889A	NTUC Income Insurance Co-Operative Limited	5077182065-01	15/02/2017	14/02/2018

Brief Details.

On the 24/1/2018 at about 0905hrs, I was riding my bike (AX6889A) along Clementi Ave 6 and the traffic was very heavy. The cars all stopped. The motorcycles were riding in between the cars. Out of a sudden, the motorcycle (FBK3450H) suddenly did a jam break just in front of me to avoid a car that abruptly swerved out from the most right lane. I braked but did not have time to react and collided into the rear of the motorcycle's rear. The motorcycle FBK3450H also collided into a car (SLE6015A). The rider namely Siva, S7321226Z, 98985211 fell on the floor and suffered injuries on his hands and private area. He was then conveyed to the hospital by ambulance. The car owner is Denis Lai, S6970592H, 96725746. I was not injured and my vehicle suffered no damages.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20180124/2048

3 of 3

Report No. T/20180124/2048

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 ROGER GOH XIN YAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476365

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

24/01/2018 12:46

Classification Of Case:

Claim Handling

Accident MT/0979335

Policy No.	5077182065-01	Vehicle No.	AX6889A	GST Registration No.	
Policyholder Name	MUHAMMAD DANIAL BIN AMIR			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	93801707	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	24/01/2018 16:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	24/01/2018	Time of Accident hh:mm	09:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTI AVENUE 6 OPPOSITE MAJU CAMP				
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 121 #02-437	Address 2	BUKIT BATOK CENTRAL	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5077182065-01		
OI Driver Info					
Driver Name	MUHAMMAD DANIAL BIN AMIR	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S9231817P	Driving Experience	
Register Date of Driver License	24/10/2013	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	93801707	Contact No.(Office)		Address 3	
Address 1	BLK 121 #02-437	Address 2	BUKIT BATOK CENTRAL	Post Code	
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	AX6889A	Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001

New

Claim Type *	OD-MX	Insured Name	MUHAMMAD DANIAL BIN AMIR	Insured NRIC	
Contact No.(Mobile)	93801707	Contact No.(Home)	55185779	Contact No.(Office)	
Email Address	DANNNN@LIVE.COM.SG	OI Vehicle Number	AX6889A	TP Vehicle Number	
Claim Description	AX6889A / FBK3450H ON 24 Jan 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	24/01/2018 16:19	Claim Close Date			
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AX letter					

Save Submit

Attachment

Accident No.	MT/0979335	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/01/2018 16:23	Category *	Confidential
Path *				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 List

Attachment	Uploaded By/Date	Category	Urgency	Doc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 10:21	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 16:20	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 16:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 16:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 16:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 16:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 16:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 16:20	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 16:19	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 16:19	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 16:19	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 16:19	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 24 Jan 2018 16:19	Photos	Normal	Photo

Video List

Uploaded By/Date	Folder Date	File Name	Source
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ACCIDENT STATEMENT

ACCIDENT DATE: (24/1/18) (DD/MM/YYYY), TIME: (09:05) (HH:MM) am
LOCATION: Clementi Ave 6 (opposite Maju Camp)

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: AX 6889 A
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5077182065 - 01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA FZ 16
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Riding 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: MOHAMMAD DANIAL BIN AMIR (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S92318177 CONTACT: 9380 1707
C) ADDRESS: B1K 121, BUKIT BATOK CENTRAL #02-437
S (650121)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(2)

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

* d) DATE OF BIRTH: (06/09/1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24 OCT 2013

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DRY CLEAR
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: QUEENSTOWN POLICE HQ

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
(1)

a) VEHICLE NUMBER: FBK 3450H MODEL:
b) DRIVER'S NAME: SIVA
c) NRIC/FIN/PASSPORT: S7321226Z CONTACT: 9898 5211

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
(1)

d) VEHICLE NUMBER: SLE 6015A MODEL:
e) DRIVER'S NAME: DENNIS LAH
f) NRIC/FIN/PASSPORT: S6970592H CONTACT: 9672 5746

Email: dannnnn@live.com.sg

Fax:

V1080

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9231817F



Name

MOHAMMAD DANIAL BIN AMIR

Race

MALAY

Date of birth

06-09-1992

Country of birth

SINGAPORE

Sex

M



4424576

NRIC No. S9231817F



Date of issue

04-07-2009

Address

APT BLK 121 BUKIT BATOK CENTRAL
#02-437
SINGAPORE 650121

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9231817F

Name

MOHAMMAD DANIAL BIN AMIR

Birth Date 06 Sep 1992

Issue Date 07 Feb 2012



002040795H

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

EFFECTIVE DATE

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 CC	24 Oct 2012
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	07 Feb 2012

S9231817F

S / No. 9000181023



Licence No. S9231817F

NP 429A

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="24/01/2018 14:57"/>						
Vehicle No.(For Motor)	<input type="text" value="AX6889A"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5077182065-01	MUHAMMAD DANIAL BIN AMIR	S9231817F	GMC	Third Party, Fire & Theft	AX6889A	AX6889A	15/02/2017	14/02/2018
<input type="button" value="Continue"/>									