

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 | 30/01/2018 18:38 |
| Date Of Accident | 29/01/2018 15:40 |
| Exact Location Of Accident | STIRLING ROAD OUTSIDE QUEENSTOWN STADIUM |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------------|
| Vehicle Registration Number | FBC3222S |
| Insured/Policyholder | |
| Name Of Registered Owner | MUHAMMAD AL SHUAIB BIN MOHAMED SHAIB |
| NRIC No | S9201781H |
| Email Address | MUHD.SHUAIB.92@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91875795 |
| Alternative Phone No | OTHERS-91875795 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | CB400-399CC |
| 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 |
| Fleet Policy | NO |
| Policy Number | 5091117300 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------------------|
| Name of Driver | MUHAMMAD AL SHUAIB BIN MOHAMED SHAIB |
| NRIC No | S9201781H |
| Date Of Birth | 13/01/1992 |
| Occupation | INDOOR |
| Date Of Driving Pass | 14/02/2014 |
| Driving Experience | 3 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91875795 |
| Fax Number | |
| Contact Number | OTHERS-91875795 |
| EMail Address | MUHD.SHUAIB.92@GMAIL.COM |

| | |
|---|---|
| Address | BLK 6 TELOK BLANGAH CRESCENT #03-424 |
| Postcode | 090006 |
| 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 | 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/20180130/2101

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 | GV2858E |
| Vehicle Make/Model/Colour | MITSUBISHI L300 |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | SEAH CHENG YEONG |
| NRIC/Passport Number | S1412409H |
| Contact Number | 81112752 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

| | |
|---|--------------------------------------|
| Name | MUHAMMAD AL SHUAIB BIN MOHAMED SHAIB |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | FBC3222S |
| 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: 30/1/18 16:40:19

Driver's Signature

(If driver is not the policyholder)

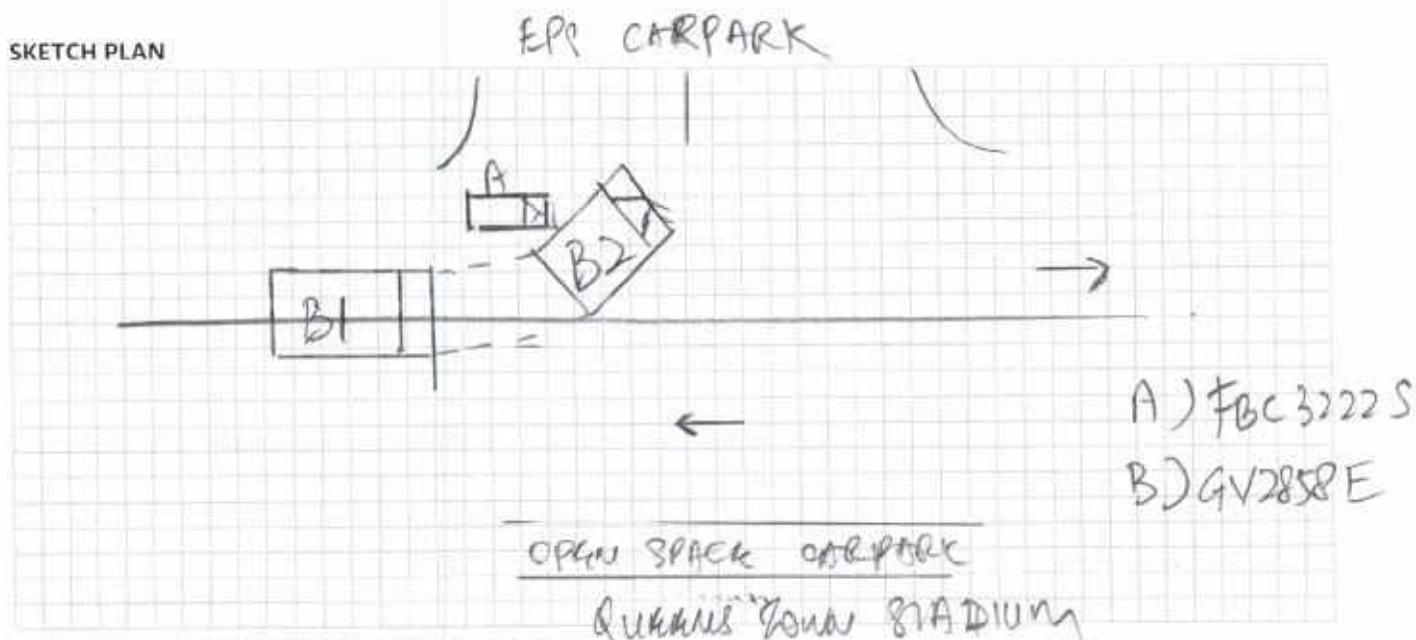
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO Police Report
T/20180130/2101

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 30/1/18 16:40 hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 30/01/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature] ROSLI WAHAB



SINGAPORE POLICE FORCE



T/20180130/2101

1 of 3

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

Report No. T/20180130/2101

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|--|--------------------------|------------------------------------|
| Date/Time Report Made: 30/01/2018 16:00 | | Vide Report No.: | | Station Diary No.: 58 | |
| Informant's Particulars | | | | | |
| Name of Informant: MUHAMMAD AL SHUAIB BIN MOHAMED SHAIB | | | Address: APT BLK 6 TELOK BLANGAH CRESCENT #03-424 SINGAPORE 090006 | | |
| ID Type / ID No.: NRIC NO / S9201781H | | | Contact No.: Home/Office: Mobile: 91875795 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 26 | Date of Birth: 13/01/1992 | Type of Informant: Rider | | |
| Race: Indian | | | Language: English | | Institution / School Name: MDIS |
| Occupation: Student | | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|-----------------------|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 29/01/2018 15:40 | Type of Location: Straight Road |
| Location: Along Road 1 STIRLING ROAD Outside Queenstown Stadium | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: | | Traffic Volume: |
| 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 |
|-------------|------------|-------|-------|-------|-----------|-----------------|
| FBC3222S | Motorcycle | HONDA | CB400 | Red | | 0 |
| GV2858E | Van | | | | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|--------------|------------|-------------|
| FBC3222S | NTUC Income Insurance Co-Operative Limited | 5091117300 | 20/05/2017 | 24/01/2019 |



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

Report No. T/20180130/2101

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|--------------------------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | MUHAMMAD AL SHUAIB BIN MOHAMED SHAIB | ID No. | S9201781H |
| Related Vehicle | FBC3222S (Motorcycle) | Contact No. | 91875795 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | SEAH CHENG YEONG | ID No. | S1412409H |
| Related Vehicle | GV2858E (Van) | Contact No. | 81112752 |
| 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 the above mentioned, date, time and location. I was riding out of MDIS towards Queensway Stadium. I saw that a red van (GV2858E) stopped along centre white line. I was approaching on his left when he suddenly made a left turn into the car park which resulted in a collision with me.

The van hit the right handle bar of my motor cycle and I fell off the motorcycle and slide forward. I suffered abrasion on my left elbow, right arm and left forearm. Motorcycle suffer dent to the tank, lever guard head faring and my meter cover was broken. I then went to 18 Jalan Membina #02-05, Chua & Partners Family Clinic Pte Ltd, to seek medical attention and was given 3 days MC due to the injuries.

There is no injuries on the other driver. His vehicle suffer dent at the front left door and his side mirror came off.



**SINGAPORE
POLICE FORCE**



T/20180130/2101

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

3 of 3

Report No. T/20180130/2101

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 TIO JUN LONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476423

Signature Of Informant:

Date/Time:

30/01/2018 16:00

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident MT/0980208

| | | | | | |
|---------------------|---|---------------------|---|----------------------|---------------|
| Policy No. | 5091117300 | Vehicle No. | FBC32225 | GST Registration No. | |
| Policyholder Name | MUHAMMAD AL SHUAIB BIN MOHAMED SHAIB | | | Policyholder NRIC | |
| Product Code | MOTORCYCLE INSURANCE | Cover Type | Third Party | Loading | |
| Contact No.(Mobile) | 91875795 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | |
| KTX | <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(%) | 15 | Private Hire | Not available |

Accident Details

| | | | | | |
|-------------------|--|-------------------------------|-------|---------------------|------------|
| Report Date | 30/01/2018 18:32 | Accident Report Within 24 hrs | Yes | Accident Type | Side Swipe |
| Date of Accident | 29/01/2018 | Time of Accident hh:mm | 15:40 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | STIRLING ROAD OUTSIDE QUEENSTOWN STADIUM | | | | |

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 6 #03-424 | Address 2 | TELOK BLANGAH CRESCENT | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | |
| Unit No. | | Related Policy Number | 5091117300 | | |

OI Driver Info

| | | | | | |
|---|---|---------------------|------------------------|------------------------|--|
| Driver Name | MUHAMMAD AL SHUAIB BIN MOHAMED SHAIB | Driver Type | Main Driver | | |
| Unnamed driver Name | | Driver NRIC | S9201781H | Driver DOB | |
| Register Date of Driver License | 23/06/2010 | Driver Age | 26 | Driving Experience | |
| Contact No.(Mobile) | | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 6 #03-424 | Address 2 | TELOK BLANGAH CRESCENT | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes <input checked="" type="radio"/> No <input type="radio"/> | Driver Vehicle No. | FBC32225 | 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 AL SHUAIB BIN MO | Insured NRIC | | |
| Contact No.(Mobile) | 91875795 | Contact No.(Home) | NIL | Contact No.(Office) | | |
| Email Address | MUHD.SHUAIB.92@GMAIL.COM | OI Vehicle Number | FBC32225 | TP Vehicle Number | | |
| Claim Description | FBC32225 / GV285BE ON 29 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 | 30/01/2018 18:36 | Claim Close Date | | Date Received | | |
| Report Taken By | ROSLI WAHAB | Workshop Repairer | | Total Loss but Repaired | | |

☒ Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|--|
| Accident No. | MT/0980208 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 30/01/2018 18:56 |
| Path * | | Category * | Confidential <input type="radio"/> Urgency <input type="radio"/> |
| | | Browse... | Clear Please Select |

Keywords: child sexual abuse; disclosure; social support

Attachment List

<http://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do?stype=1&saction=&od...> 30/1/2018

|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 18:34 | Photos | Normal | Photo |
|---|---|-----------------------|--------------------|-------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 18:34 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 18:34 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 18:34 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Jan 2018 18:34 | Photos | Normal | Photo |
| Video List | | | | |
| Uploaded By/Date | Folder Date | File Name | ? | Sour |
| | | Display in New Window | Scan and uploading | |

ACCIDENT STATEMENT

ACCIDENT DATE: 29 / 1 / 2016 (DD/MM/YYYY), TIME: 15 : 40 (HH:MM)

LOCATION: STIRLING ROAD OUTSIDE GUANBARO STATION

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 3222S
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA CB400
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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 AL SHUAIB (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 99201781H CONTACT: 91675741
 c) ADDRESS: BLK 6 TELOK BLANCAH CRESCENT

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHAMMAD AL SHUAIB (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 99201781H CONTACT: _____
 c) ADDRESS: BLK 6 TELOK BLANCAH CRESCENT #03-424
5090006

* d) DATE OF BIRTH: 13 / 01 / 1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14 Feb 2014

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)

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: QUEENSTOWN

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GV2858E MODEL: MITSUBISHI L300

b) DRIVER'S NAME: SEAH CHENG YEONG

c) NRIC/FIN/PASSPORT: S1412409H CONTACT: 81112752

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = muhd.shuaib.92@gmail.com

fax =

V1060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9201781H




Name
MUHAMMAD AL SHUAIB BIN
MOHAMED SHAIB
محمد الشوايب بن محمد شايب

Race
INDIAN

Date of birth
13-01-1992

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9201781H

Name
MUHAMMAD AL SHUAIB BIN
MOHAMED SHAIB

Birth Date: 13 Jan 1992

Issue Date: 23 Jan 2015




SG
50

4372555



NRIC No: S9201781H



Date of issue
20-03-2009

Address
APT BLK 5 TELOK BLANGAH CRESCENT
#03-424
SINGAPORE 090006

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

| | | EFFECTIVE DATE |
|----------|--|----------------|
| Class 2B | MOTORCYCLES NOT EXCEEDING 200 CC | 13 Jan 2010 |
| Class 2A | MOTORCYCLES BETWEEN 200 CC AND 400 CC | 14 Feb 2014 |
| Class 2 | MOTORCYCLES EXCEEDING 400 CC | 09 Aug 2016 |
| Class 3 | MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS | 15 Apr 2014 |

S / No 9000262900

NR 428A

License No: S9201781H



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="29/01/2018 16:17"/> | | | | | | |
| Vehicle No.(For Motor) | <input type="text" value="FBC32225"/> | | | | | | | | |
| <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"/> | 5091117300 | MUHAMMAD AL SHUAIB BIN MOHAMED SHAIB | S9201781H | GMC | Third Party | FBC32225 | FBC32225 | 28/05/2017 | 24/01/2019 |
| <input type="button" value="Continue"/> | | | | | | | | | |