

NATIONAL Assessment Centre Services

(part 1 of 2)

MA448031140

Date In: 05/03/2018 19:13	Job description	Date & Time Completed	Done by
Ref No: NBS/INC/0004247	SAS e-illing		
Veh No: 4U 629E	E-mail (vehicle sheet, AIO sheet)		
D.O.A: 28/02/2018 18:30	E-Motor Claim Form	mtk984798	05/03/2018 19:45
OD (TP) Reporting Only	E-Motor Y/O (vehicle sheet, TP sheet)		
	E-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Vksp		

Preferred Wksp / INC Assign Wksp / OWI	Tel:	Fax:
TP Particulars	Veh No: SHC 836T	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability:	(Note: Est. Status (WO): NI 0-20%; PI 21-79%; P: 80-100%)	
Year of Registration:	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Rem: () Work-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks	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

MA448031140	Invoice Preparation Grid
Customer/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
C. Checked by (Engr-In-Charge):	4) IT: Follow Through Survey \$150
	5) RT: Follow Through Survey (Resurvey) \$50
	6) TR: Re-inspection \$15
	7) NI: New DA + SMRT Survey \$150
	8) NTUC Additional Services
	9) NI: NI (NI) / TP (NI) / INC (NI) \$10
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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	05/03/2018 19:13
Date Of Accident	28/02/2018 18:30
Exact Location Of Accident	ALONG PUNGGOL RD OUTSIDE SHELL PETROL KIOSK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU629E
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RIZEHAN BIN ABDUL GANI
NRIC No	S9746263A
Email Address	ANTONIO97557@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90147200
Alternative Phone No	OTHERS-90147200

Vehicle Particulars

Manufacturer	KAWASAKI
Model	KRR ZX150-148CC (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
Fleet Policy	NO
Policy Number	5095263643
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RIZEHAN BIN ABDUL GANI
NRIC No	S9746263A
Date Of Birth	31/12/1997
Occupation	INDOOR
Date Of Driving Pass	13/10/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90147200
Fax Number	
Contact Number	OTHERS-90147200
Email Address	ANTONIO97557@GMAIL.COM

Address	BLK 672B EDGEFIELD PLAINS #10-549
Postcode	822672
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	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , 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/20180301/2021

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	SHC836U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHENG TIANG KWANG
NRIC/Passport Number	S1228348B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD RIZEHAN BIN ABDUL GANI
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FU629E
Were seat belts worn?	
Was this Injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


SKETCH PLAN

IMPORTANT NOTICE

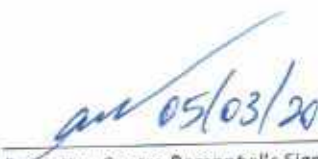

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

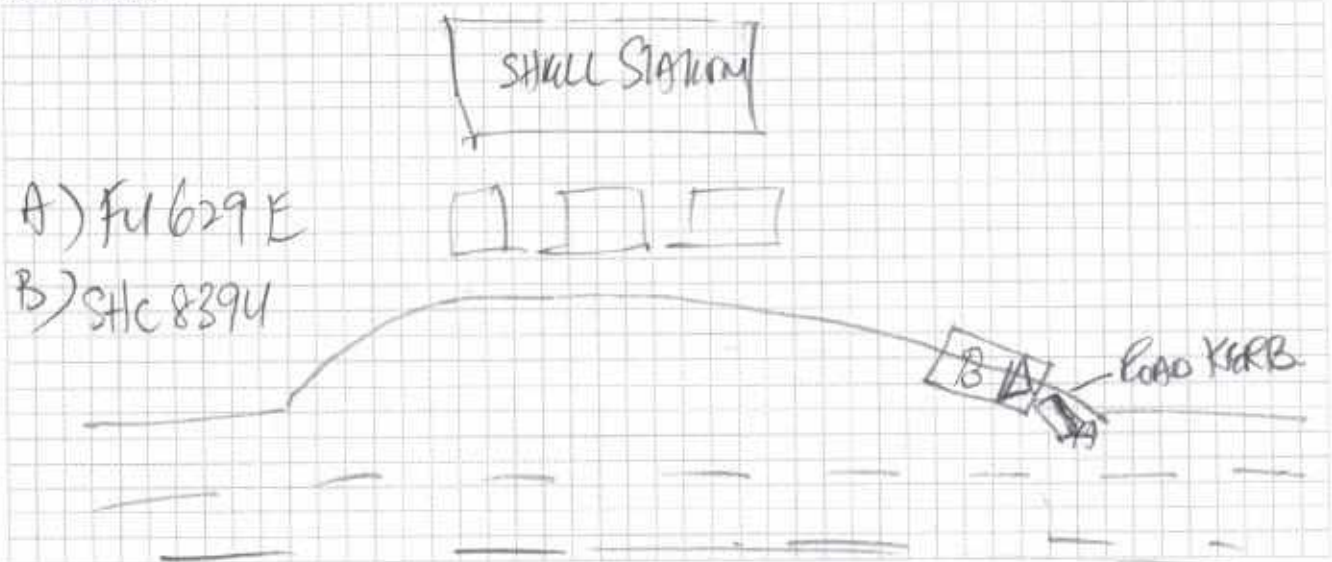
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.

 05/03/18
Policyholder's Signature
Date & Time:

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

 05/03/2018
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer To Police Report

DECLARATION

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

05/03/18

Policyholder's Signature
Date & Time:

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

05/03/2018
Reporting Centre Personnel's Signature
Name: Rishi Wadhwa
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180301/2021

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20180301/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2018 10:06		Vide Report No.: F/20180228/0177		Station Diary No.: 26	
Informant's Particulars					
Name of Informant: MUHAMMAD RIZEHAN BIN ABDUL GANI			Address: APT BLK 672B EDGEFIELD PLAINS #10-549 SINGAPORE 822672		
ID Type / ID No.: NRIC NO / S9746263A			Contact No.: Home/Office: Mobile: 90147200		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 20	Date of Birth: 31/12/1997	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: SAF NSF			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/02/2018 18:30	Type of Location: Bend
Location: Along Road 1 PUNGGOL ROAD Along Punggol Road outside of Shell Petrol kiosk exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU629E	Motorcycle	KAWASAKI	KRRZX150	Silver		0
SHC836U	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FU629E	NTUC Income Insurance Co-Operative Limited	5095263643	26/10/2017	25/10/2018



Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20180301/2021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD RIZEHAN BIN ABDUL GANI	ID No.	S9746263A
Related Vehicle	FU629E (Motorcycle)	Contact No.	90147200
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	Cheng Tiang Kwang	ID No.	S1228348B
Related Vehicle	SHC836U (Car)	Contact No.	NIL
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 28/02/2018 at about 1830hrs, I was at Shell Petrol Kiosk along Punggol Road riding my motorcycle FU629E. While I was about to exit Shell petrol kiosk, there was vehicle on the main road along Punggol Road, as such I came to a stop at the exit of Shell Petrol kiosk.

While I was stopping at the exit of Shell Petrol kiosk, I suddenly felt an impact from the rear and fell to the ground. I was conscious at that time, I turned back and look and noticed that there was a Citycab Taxi bearing registration plate number SHC836U which was behind my motorcycle which had mounted a kerb and hit onto my motorcycle. The taxi uncle only came to me saying sorry but did not help me call for an ambulance or help me get up.

Traffic Police and Ambulance was also at scene. I was then conveyed by ambulance to CGH and was given 7 days of medical leave. I suffered pain on the lower back area, left side of my body. The injuries caused me to be unable to walk properly.



SINGAPORE
POLICE FORCE



T/20180301/2021

3 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20180301/2021

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:

F /

Sgt 2 LIM JIN YEOW, BENNY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Signature Of Informant:

Date/Time:

01/03/2018 10:06

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident MT/0984798

Policy No.	5095263643	Vehicle No.	FU629E	GST Registration No.	
Policyholder Name	MUHAMMAD RIZEHAN BIN ABUL GANI			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	90147200	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(%)	0	Private Hire	No

Accident Details

Report Date	05/03/2018 19:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	28/02/2018	Time of Accident (hh:mm)	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PUNGGOL RD OUTSIDE SHELL PETROL KIOSK EXIT				

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 672B #10-54B	Address 2	EDGEFIELD PLAINS	Address 3	
Address 4	SINGAPORE 822672	Address Type	Singapore address	Post Code	
Unit No.	10-549	Related Policy Number	5095263643		

DI Driver Info

Driver Name	MUHAMMAD RIZEHAN BIN ABUL GANI	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S9746263A	Driving Experience	
Regater Date of Driver License	13/10/2016	Driver Age	20	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	BLK 672B #10-54B	Address 2	EDGEFIELD PLAINS	Post Code	
Address 4	SINGAPORE 822672	Address Type	Singapore address		
Unit No.	10-549				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FU629E	Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MUHAMMAD RIZEHAN BIN ABD	Insured NRIC		
Contact No.(Mobile)	90147200	Contact No.(Home)		Contact No.(Office)		
Email Address		DI Vehicle Number	FU629E	TP Vehicle Number		
Claim Description	FU629E / SHC836T ON 28 Feb 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received		
Date Registered	05/03/2018 19:35	Claim Close Date		Total Loss but Repaired		
Report Taken By	RDSLI WAHAB	Workshop Repairer				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0984798	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/03/2018 19:45

Path *






Category *

Confidential ☐ Urgency ☐

Browse... Clear Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 19:45	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 19:45	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 19:44	NRIC/ Driving License	Normal	NRIC/ Drivin
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Mar 2018 19:43	SAS	Normal	SAS

Video List

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

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 02 / 2018 (DD/MM/YYYY), TIME: 18.30 (HH:MM)

LOCATION: Along Punggol Road outside of Shell Petrol kiosk exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F0629E
 b) INSURANCE COMPANY: NTUL
 c) POLICY NUMBER: 5095263643
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: KAWASAKI NER 250
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE 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: MUHAMMAD RIZWAN BIN ABUL GANI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 9974261A CONTACT: 90147200
 c) ADDRESS: 500 FIELD ROAD #10-549 S(822672)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
()

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

* d) DATE OF BIRTH: 31 / 12 / 1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 13 Oct 16

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

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: 21A TEBING LANE S(828837)

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: SHE836U MODEL: TAXI
 b) DRIVER'S NAME: CHENG ZHANG KWANG
 c) NRIC/FIN/PASSPORT: 512285486 CONTACT: _____

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

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

email = antonio 97557 @ gmail . com

fax =

✓ 1000

SINGAPORE ARMED FORCES
IDENTITY CARD

Name
**MUHAMMAD RIZEHAN
BIN ABDUL GANI**

NRIC No
S9746263A

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S9746263A**

Name:
MUHAMMAD RIZEHAN BIN ABDUL GANI

Birth Date: **31 Dec 1997**
Valid Until: **13 Oct 2016**

002619433A

00000050275708

NRIC No / Colour
S9746263A / PINK

Race
BOYANESE

Date Of Birth
31/12/1997

Service Status
NSF

Address
**Blk 672B EDGEFIELD PLAINS
#10-549 SINGAPORE 822672**

Blood Group
O (+)

Country Of Birth
SINGAPORE

Military Rank / Status
ENLISTEE

Sex
M

RIZEHAN

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

EFFECTIVE DATE
13 Oct 2016

Class 28 Motorcycles <= 200 cc

NP 428A

Licence No: S9746263A

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="28/02/2018 14:58"/>						
Vehicle No. (For Motor)	<input type="text" value="FU629E"/>								
<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"/>	S095263643	MUHAMMAD RIZEHAN BIN ABDUL GANI	S9746263A	GMC	Third Party	FU629E	FU629E	26/10/2017	25/10/2018
<input type="button" value="Continue"/>									

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA418031140 Vehicle Registration No: FU 629 E
Name (as shown in NRIC) : MUHAMMAD RIZKHOY NRIC/FIN/Passport No : S9746263A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 90147200
Email Address : _____
Date of Accident : 28/08/2018 Time of Accident : 18:30
Place of Accident : Alone's Puncture Rd outside SHC Park Kiosk Pay 17
Insurance Company : XIN L

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

T/P Vehicle number from SHC 836 T To SHC 836 U

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rashid Yusoff
NRIC/FIN No.: 06103/2018
Date: