

NATIONAL Assessment Centre Services. (with access)

7544 48031510

| | | | |
|----------------------------|--|-----------------------|------------|
| Date In: 06/03/2018 14:41 | Job description | Date & Time Completed | Date by |
| Ref No: N80/Jul/18004296/Y | SAS e-filing | | |
| Vel No: SSG 2850 U | E-mail (with/without, All/None) | | |
| P.O.A: 05/03/2018 22:50 | E-Motor Claim Form | m10984963 | 06/03/2018 |
| OD (TP) Reporting Only | E-Motor W/O (with/without, TP/Other) | | 16:12 |
| | E-Photo Uploaded | | |
| TP Insured: | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/Wksp | | |

| | | | | | |
|--|---------------------|--|--|-----------------|--|
| Preferred Wksp / INQ Assign Wksp / OWI () | | Tel: () | | Fax: () | |
| TP Particulars () | Yell No: SJF 6588 K | INC () / Non-INC () | | | |
| Owner / Driver: () | | Tel: () | | | |
| Policy No: () | | Period: () | | Cover Type: () | |
| Confirmed by: () | | Date: () | | Plur: () | |
| Insured/Driver Liability: () | | %(Note: B/L Stand (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: ()

| Removals | IN | Deadline | 6/8/2016 | Date Time Completed | Done by |
|---|----|----------|----------|---------------------|---------|
| 1) Apply for Transport Allowance () / Courtesy Car () | | | | | |
| 2) QC Check / Post Repair Inspection () | | | | | |
| 3) Upload Recovery Photo (Repair Cost > \$3000) () | | | | | |

[illegible]

| Union's Particulars | | Invoice Preparation Check List | | Amount | |
|---------------------|--|---|-------------|--------|-----------|
| | | | | B | Adm. Bill |
| Driver/Owner: | | 1) AR: Accident Reporting (\$30) | | | |
| Project No: | | 2) DA: Damage Assessment (\$100) | INC (\$10) | | |
| Damaged Portion: | | 3) TP: Towing Fee | \$400.00 | | |
| | | 4) PT: Follow-Through Survey | \$120 | | |
| | | 5) RT: Follow-Through Survey (Recovery) | \$30 | | |
| | | Excludes repair INC Only (over 10 Jan 2005) | | | |
| | | 6) TR: Re-inspection | \$25 | | |
| | | 7) N1144 DA + SMRT Survey | \$160 | | |
| | | 8) NTUC Additional Services | | | |
| | | Oil: | | | |
| | | *N1: Chassis Oil / Tpl Allowance | \$5 | | |
| | | *N1: Repair Coordination | \$10 | | |
| | | *N1: Post Repair Inspection | \$25 | | |
| | | *N1: DV / Collision Cases Coordination | \$5 | | |
| | | IE (N11) / TP (Non INC) against INC | \$70 | | |
| | | 9) N1144 Mobile | 10 | | |
| | | Invoice dated | Not Charged | | |
| | | Invoice paid | 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 | 06/03/2018 14:41 |
| Date Of Accident | 05/03/2018 22:50 |
| Exact Location Of Accident | AT SIMPANG LODGE 2C DORMITORY OPEN CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------------|
| Vehicle Registration Number | SJG2850U |
| Insured/Policyholder | |
| Name Of Registered Owner | SHEIKH MD ALI BIN SHEIKH ABU BAKAR |
| NRIC No | S1630670C |
| Email Address | ZAFIQ.SIMPANGLODGE2@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-83303074 |
| Alternative Phone No | OTHERS-83637709 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | KIA |
| Model | CERATO |
| Exact Purpose for which vehicle was being used at time of accident | CAR WAS PARKED |
| 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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5081484296-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------|
| Name of Driver | MUHAMMAD ZAIFIQ S/O SUPPIAH |
| NRIC No | S8852985E |
| Date Of Birth | 07/11/1988 |
| Occupation | INDOOR |
| Date Of Driving Pass | 14/09/2016 |
| Driving Experience | 1 YEAR AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83637709 |
| Fax Number | |
| Contact Number | OTHERS-83303074 |
| Email Address | ZAFIQ.SIMPANGLODGE2@GMAIL.COM |

| | |
|---|--|
| Address | BLK 852 WOODLANDS STREET 83 #02-248 |
| Postcode | 730852 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | RELATIVE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|---|
| Type Of Accident | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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? | NO |
| 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) | 0 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-3689999 - FAX NO: 63682383 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180306/2077

Attachment(s)

| | |
|---|------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH OWNER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|------------------|
| Vehicle Registration Number | SJF6578K |
| Vehicle Make/Model/Colour | TOYOTA CAMRY 2.0 |
| Details Of Properties | |
| Vehicle Category | PRIVATE HIRE |
| Name of Driver | ONG KOK TIONG |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

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:

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

Handwritten text in blue ink, slanted across the lined area:

PLS REFER TO POLICE REPORT
7/20/80306/2077

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



SINGAPORE POLICE FORCE



T/20180306/2077

1 of 3

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

Report No: T/20180306/2077

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 06/03/2018 13:28 | Vide Report No.: | Station Diary No.: 11 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|---|------------|------------------------------|---|----------------------------|
| Name of Informant: MUHAMMAD ZAIFIQ S/O SUPPIAH | | | Address: APT BLK 852 WOODLANDS STREET 83 #02-248 SINGAPORE 730852 | |
| ID Type / ID No.: NRIC NO / S8852985E | | | Contact No.: Home/Office: | Mobile: 83637709 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 29 | Date of Birth: 07/11/1988 | Type of Informant: Driver | |
| Race: Indian | | | Language: | Institution / School Name: |
| Occupation: Private security officer | | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| | | | |
|--|------------------------------------|--|-------------------------------------|
| Type of Accident: Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 05/03/2018 22:50 | Type of Location: Car Park |
| Location: Along Road 1 YISHUN AVENUE 7 AT SIMPANG LODGE 2C DORMITORY (S768930), OPEN CARPARK. | Weather: Clear | Road Surface: Dry | Road Speed Limit: |
| Traffic Flow: | Traffic Control: Not Controlled | Traffic Volume: No Traffic | Anyone conveyed by ambulance: No |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SJF6578K | | | | | Slightly Damaged | 1 |
| SJG2850U | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | Use of Pedestrian Crossing: NA |
| No. of Pedestrians Injured: NIL | |



**SINGAPORE
POLICE FORCE**



T/20180306/2077

2 of 3

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

Report No. T/20180306/2077

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------------|--|---------------------------------|
| Driver | | | |
| Name | MUHAMMAD ZAIFIQ S/O SUPPIAH | ID No. | S8852985E |
| Related Vehicle | NIL | Contact No. | 83637709 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 05/03/2018 at 2015hrs, I parked my personal vehicle (SJG2850U) at Simpang Lodge 2C open space car park and everything was intact. However on the same day at 2250hrs, my staff namely Muhammad Syariffudin (HP: 8393 9759) had book a Grab driver (SJF6578K) and saw the said driver had accidentally collided onto my vehicle. My staff told the driver that he had accidentally hit onto a car but the driver denied of such act and continue to drive off without checking. My staff informed me about the matter and quickly make a check on my vehicle. My vehicle sustain scratches and some damages on its front right bumper. I called Grab company about the matter and requested for the said driver contact number but they refuse to provide. There is CCTV footage capture the incident. My staff was inside the said vehicle and witness the whole incident.



**SINGAPORE
POLICE FORCE**



T/20180306/2077

3 of 3

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

Report No. T/20180306/2077

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:

J /

Sgt 1 MUHAMMAD SHARIN BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/03/2018 13:28

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident MT/0984963

| | | | | | |
|---------------------|---|---------------------|---|----------------------|----|
| Policy No. | S081484296-01 | Vehicle No. | SIG28500 | GST Registration No. | |
| Policyholder Name | SHEIKH MD ALI BIN SHEIKH ABU BAKAR | | | Policyholder NRIC | |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | |
| Contact No.(Mobile) | 83303074 | 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(%) | 50 | Private Hire | No |

Report Date

06/03/2018 16:07

Accident Report Within 24 hrs

Yes

Accident Type

Damaged whilst

Date of Accident

05/03/2018

Time of Accident hh:mm

22:50

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

AT SIMPANG LODGE 2C DORMITORY OPEN CARPARK

Benefits

Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--------|-------------------|--|
| Own damage Excess | 600.00 | Additional Excess | 0.00 | Windscreen Excess | |
| Unnamed Driver Excess | 500.00 | Outside Singapore OD Excess | 600.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |

GST Registered Information

GST Registered

No

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

Yes

Policyholder Mailing Address

Address 1

BLK 722 #02-305

Address 2

YISHUN STREET 71

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

Related Policy Number

S081484296-01

Q1 Driver Info

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Driver DOB

Unnamed driver Name

MUHAMMAD ZAIFIQ S/O SUPPU

Driver NRIC

586529858

Driving Experience

29

Register Date of Driver License

14/09/2016

Driver Age

29

Contact No.(Mobile)

83637709

Contact No.(Office)

Address 1

BLK 852 #02-248

Address 2

WOODLANDS STREET 83

Address 3

Address 4

Address Type

Foreign Address

Post Code

Unit No.

02-248

Does he own a Singapore Registered car?

☒ Yes ☐ No

Driver Vehicle No.

SIG28500

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☒ Yes ☐ No

Modification History

Claim 001

New

| | | | | | |
|--------------------------------|-----------------------------------|-------------------------|----------------------------------|---------------------|--|
| Claim Type * | OD-MX | Insured Name | SHEIKH MD ALI BIN SHEIKH AB | Insured NRIC | |
| Contact No.(Mobile) | 83303074 | Contact No.(Home) | NIL | Contact No.(Office) | |
| Email Address | | Q1 Vehicle Number | SIG28500 | TP Vehicle Number | |
| Claim Description | SIG28500 / SJF6578K ON 5 Mar 2018 | | | | |
| 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 | 06/03/2018 16:11 | Claim Close Date | | | |
| Report Taken By | RIZALI WAHAB | | | | |

☒ Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/0984963 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 06/03/2018 16:12 |
| Path * | | Category * | Confidential |
| | | Urgency | Normal |

Browse...

Clear

Please Select

Confidential

Urgency

| | | | | |
|---------------------------------------|--------------------------------------|---------------|----|--------|
| <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 | De |
|---|---|-----------------------|---------|---------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Mar 2018 16:12 | NRIC/ Driving License | Normal | NRIC/ Driving |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Mar 2018 16:12 | SAS | Normal | SAS |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Mar 2018 16:11 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Mar 2018 16:11 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Mar 2018 16:11 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Mar 2018 16:11 | Photos | Normal | Photo |
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|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Mar 2018 16:11 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Mar 2018 16:11 | Photos | Normal | Photo |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Mar 2018 16:11 | Photos | Normal | Photo |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|--|---|
| | | <input type="button" value="Display in New Window"/> | <input type="button" value="Scan and uploading"/> |

ACCIDENT STATEMENT

ACCIDENT DATE: 05 / 03 / 2018 (DD/MM/YYYY), TIME: 22:51 (HH:MM)

LOCATION: SIMPANG LODGE 2C

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 3JG 2850 U
 b) INSURANCE COMPANY: NTUC INCOME INSURANCE CO-OPERATIVE LTD
 c) POLICY NUMBER: 5081484296-01
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: KIA CERATO
 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: SHAIKH MD ALI BIN SHAIKH ABU BAKAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 9 1630670 C CONTACT: 83303074
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
()

- DRIVER
 a) NAME: MUHAMMAD ZAIFIR SO SUPPIAH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 8852985 E CONTACT: 83637709
 c) ADDRESS: BLK 652 WOODLANDS ST 83 # 02-248
(SPORE 730852)

* d) DATE OF BIRTH: 07 / 11 / 1988 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR
 f) DATE OF DRIVING PASS 14/09/2017

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

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: BUKIT PANJANG NORTH APP

3. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: 3YF 6578 K MODEL: TOYOTA CAMRY 2.0
 b) DRIVER'S NAME: ONG KOK TIONG CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____


4. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

Email: ZAIFIR-SIMPANG LODGE 2C @ GMAIL
 Fax: _____
 Video: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8852985E





Name
MUHAMMAD ZAIFIQ S/O
SUPPIAH

Race
INDIAN

Date of birth
07-11-1988

Country of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S8852985E

Name
MUHAMMAD ZAIFIQ S/O SUPPIAH

Birth Date: 07 Nov 1988

Issue Date: 14 Sep 2016




002609436C

3433674



WIC No. S8852985E



Date of issue
24-11-2003

0192

APT BLK 852 WOODLANDS STREET 83 #02-248
SINGAPORE 730852

S8852985E 10/02/2014 (R)

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

EFFECTIVE DATE 14 Sep 2016

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

Licence No: S8852985E



NP 428A

eBaoTech

GeneralClaim

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Policy Query

| | | | | | | | | | |
|---|---------------------------------------|------------------------------------|---|---------|---------------|-------------|----------------|---------------|-------------|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="05/03/2018 14:39"/> | | | | | | |
| Vehicle No. (For Motor) | <input type="text" value="SJG2850U"/> | | | | | | | | |
| <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"/> | 5061484296-01 | SHEIKH MD ALI BIN SHEIKH ABU BAKAR | S1630670C | GPC | drive CLASSIC | SJG2850U | SJG2850U | 25/06/2017 | 25/06/2018 |
| <input type="button" value="Continue"/> | | | | | | | | | |