

# NATIONAL Assessment Centre Services

MAH48032270

Date In: 07/03/2018 17:58	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/INC48004437	E-mail (within 3hrs, A/C 2hrs)		
Veh No: 2 2348 G	1-Motor Claim Form	mtl0985160	07/03/2018
D.O.A: 03/03/2018 13:00	1-Motor W/O (within 24 hrs, TP 1hr)		18:28
OD: TP / Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI:	Tel:	Fax:
TP Particulars: Yell No: SKE 4929R	INC ( ) / Non-INC ( )	
Owner / Driver:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( )	% (Note: B/L Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Rem: ( ) Walk-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: ( )

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

Injury: ( )

Date/Time	Action

NA1801538

Human Particulars	In Site Preparation Checklist	Value	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$40)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$12	
	4) FT: Follow Through Survey	\$120	
	5) FT: Follow Through Survey (Resurvey)	\$20	
	6) TR: At-Ispection	\$32	
	7) NI: 14w DA + SMAT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance	\$3	
	10) NI: Repair Coordination	\$10	
	11) NI: Post Repair Inspection	\$13	
	12) NI: DY / Collision Update Coordination	\$1	
	13) NI: 111 / TP (Kin INC) against INC	\$10	
	14) NI: 111 / 111	\$0	
	Invoiced Total		
	Net 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	07/03/2018 17:34
Date Of Accident	03/03/2018 13:00
Exact Location Of Accident	ALONG WEST COAST WALK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ2398G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD SHAHEED BIN ABDUL MALIK
NRIC No	S9736463Z
Email Address	SHAHEED_246@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98501151
Alternative Phone No	OTHERS-98501151

### Vehicle Particulars

Manufacturer	HONDA
Model	CBR150R-150CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5093400666
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SHAHEED BIN ABDUL MALIK
NRIC No	S9736463Z
Date Of Birth	07/10/1997
Occupation	OUTDOOR
Date Of Driving Pass	25/07/2017
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98501151
Fax Number	
Contact Number	OTHERS-98501151
Email Address	SHAHEED_246@HOTMAIL.COM

Address	BLK 362 CLEMENTI AVENUE 2 #06-393
Postcode	120362
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 ON COLLISION
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?	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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180306/2173 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	SLE4929B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PAULUS IRWANTO HIDAYAT
NRIC/Passport Number	S2670316F
Contact Number	98766474
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD SHAHEED BIN ABDUL MALIK
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FZ2398G
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:

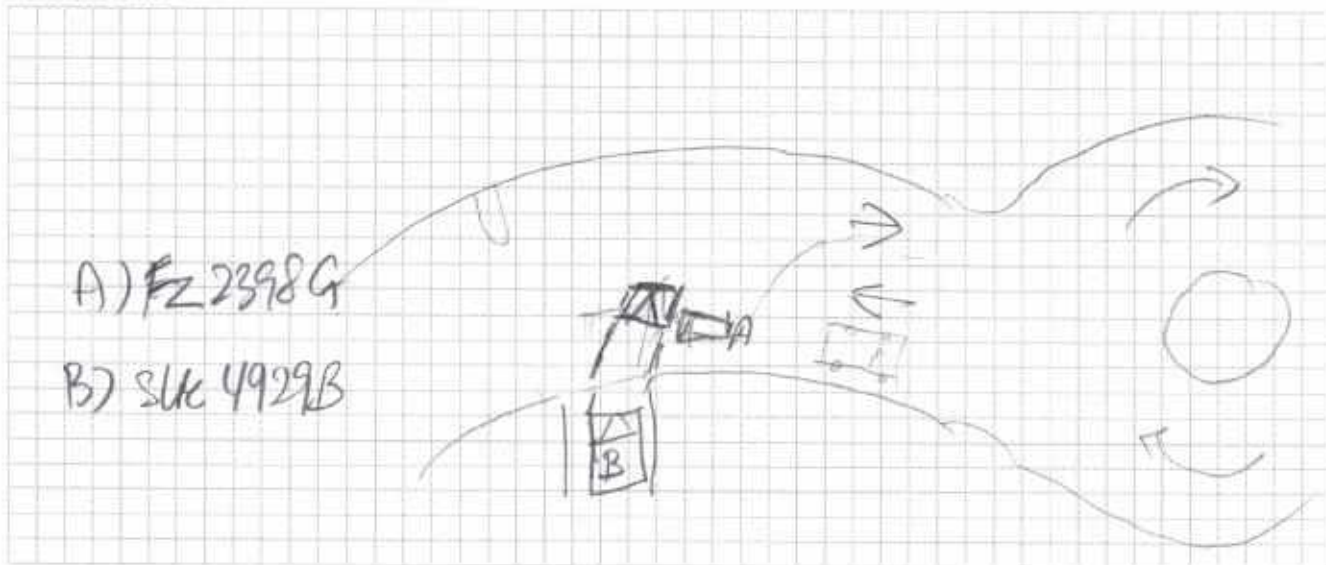
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 07/03/2018  
Policyholder's Signature  
Date & Time:

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

 07/03/2018  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PIS RUFER W POLICE REPORT  
7/2018 0306/2173

## DECLARATION

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

*[Signature]*

07/03/2018

Policyholder's Signature  
Date & Time:

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

*[Signature]* 08/03/2018

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

Rosli WARTAB





# SINGAPORE POLICE FORCE



T/20180306/2173

1 of 4

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20180306/2173

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/03/2018 19:05		Vide Report No.:		Station Diary No.: 148	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD SHAHEED BIN ABDUL MALIK			Address: APT BLK 362 CLEMENTI AVENUE 2 #06-393 SINGAPORE 120362		
ID Type / ID No.: NRIC NO / S9736463Z			Contact No.: Home/Office: Mobile: 98501151		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 20	Date of Birth: 07/10/1997	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name: SINGAPORE POLYTECHNIC
Occupation: Student			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2018 13:00	Type of Location: Bend
Location: Along Road 1 WEST COAST WALK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ2398G	Motorcycle	HONDA	CBR150R M	Grey	Seriously Damaged	0
SLE4929B	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FZ2398G	NTUC Income Insurance Co-Operative Limited	5093400666	12/08/2017	11/08/2018



**SINGAPORE  
POLICE FORCE**



T/20180306/2173

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20180306/2173

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD SHAHEED BIN ABDUL MALIK	ID No.	S9736463Z
Related Vehicle	FZ2398G (Motorcycle)	Contact No.	98501151
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/03/2018	Date Discharge	06/03/2018
No. of Days granted Medical Leave	13	Degree of Injury	Slight
<b>Driver</b>			
Name	PAULUS IRWANTO HIDAJAT	ID No.	S2670316F
Related Vehicle	SLE4929B (Car)	Contact No.	98766474
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 03/03/2018 at about 1300hrs, I was riding along West Coast Walk towards West Coast Road. As the car which is in front of me stop, I then overtake the said car. Out of a sudden, a car appeared right in front of me. I had no time to apply emergency brake and collided into the right side of the said car.

At that point of time, I suffered strains on my neck and suffer several scratches on my arms. The said driver assisted me and we exchanged particulars. Both of us agreed on a private settlement.

On 05/03/2018, I then engaged a tow truck to send my motorcycle to a workshop to give me a quotation on the cost of the repairs. Once I received the quotation, I then called the driver who then informed that he could not afford for to pay for the repair. He could only afford to pay S\$300/- which I rejected.

On 06/03/2018, I went to NTFGH where I was given 13 days of MC and I suffered a hairline fracture on my collarbone.

I have decided to claim from the other party's insurance.





**SINGAPORE  
POLICE FORCE**



T/20180306/2173

3 of 4

Report No. T/20180306/2173

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20180306/2173

4 of 4

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20180306/2173

**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 MUHAMMAD SYAHMI BIN SENIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/03/2018 19:05

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE  
POLICE FORCE

SN 37

SIGNATURE



## Claim Handling

Accident MT/0985160

Policy No.	S093400666	Vehicle No.	F22398G	GST Registration No.	
Policyholder Name	MUHAMMAD SHAHEED			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	98501151	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	07/03/2018 18:02	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	03/03/2018	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG WEST COAST WALK				

**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 362 #06-393	Address 2	CLEMENTI AVENUE 2	Address 3	
Address 4	SINGAPORE 120362	Address Type	Singapore address	Post Code	
Unit No.	06-393	Related Policy Number	S093400666		

**Q1 Driver Info**

Driver Name	MUHAMMAD SHAHEED	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S97364832	Driving Experience	
Register Date of Driver License	25/07/2017	Driver Age	20	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1	BLK 362 #06-393	Address 2	CLEMENTI AVENUE 2	Address 3	
Address 4	SINGAPORE 120362	Address Type	Singapore address	Post Code	
Unit No.	06-393				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	F22398G	Driver Insurer Company	

**Declaration**

Breathalyser 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

New

Claim Type *	OD-MX	Insured Name	MUHAMMAD SHAHEED	Insured NRIC	
Contact No.(Mobile)	98501151	Contact No.(Home)		Contact No.(Office)	
Email Address	SHAHEED_246@HOTMAIL.COM	Q1 Vehicle Number	F22398G	TP Vehicle Number	
Claim Description	F22398G / SLE4929R ON 3 Mar 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	07/03/2018 18:06	Claim Close Date			
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0985160	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/03/2018 18:08
Path *		Category *	Confidential
			Urgency

Please Select

<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 (BUK IT MERAH)) on 07 Mar 2018 18:08	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Mar 2018 18:08	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Mar 2018 18:08	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Mar 2018 18:08	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Mar 2018 18:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Mar 2018 18:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Mar 2018 18:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Mar 2018 18:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Mar 2018 18:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Mar 2018 18:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Mar 2018 18:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Mar 2018 18:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Mar 2018 18:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Mar 2018 18:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Mar 2018 18:06	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 07 Mar 2018 18:06	NRIC/ Driving License	Normal	NRIC/ Drivin

## 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: 13 / 07 / 2018 (DD/MM/YYYY), TIME: 13.00 (HH:MM)

LOCATION: Along Road 1 West coast walk

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FZ2398G  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5093400666  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: HONDA CBR150R M  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: 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: MUHAMMAD SHAHEED BIN ABDUL MALIK (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9736463 Z CONTACT: \_\_\_\_\_  
 c) ADDRESS: BLOCK 362 CLEMENTI AVENUE 2  
# 06-393 SINGAPORE 120362

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

## DRIVER

- a) NAME: MUHAMMAD SHAHEED BIN ABDUL MALIK (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9736463 Z CONTACT: \_\_\_\_\_  
 c) ADDRESS: BLOCK 362 CLEMENTI AVENUE 2  
# 06-393 SINGAPORE 120362

\* d) DATE OF BIRTH: 07 / 10 / 1997 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25 Jul 2017

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: Clementi NPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FZ2398G MODEL: HONDA CBR150R M  
 b) DRIVER'S NAME: MUHAMMAD SHAHEED  
 c) NRIC/FIN/PASSPORT: S9736463 Z CONTACT: 98601151

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLE4929B MODEL: HONDA  
 b) DRIVER'S NAME: PAULUS IRWANTO HIDAJAT  
 c) NRIC/FIN/PASSPORT: S2670316F CONTACT: 98766474

\* No of passengers  
 (including driver)  
(1)

\* No of passengers  
 (including driver)  
(1)

\* No of passengers  
 (including driver)  
(1)

Email: Shahed-246@hotmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9736463Z



Name

MUHAMMAD SHAHEED BIN  
ABDUL MALIK

محمد شهيد بن عبد الملك

Race

INDIAN

Date of birth

07-10-1997

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9736463Z

Name

MUHAMMAD SHAHEED BIN ABDUL  
MALIK

Birth Date: 07 Oct 1997

Issue Date: 09 May 2016



002565284K

8089334



NRIC No. S9736463Z



Date of issue

31-05-2012

Address

APT BLK 362 CLEMENTI AVENUE 2  
#06-393  
SINGAPORE 120362

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 2B: Motorcycles <= 200 CC  
Class 1: Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/trailers <= 2500 kg

28 Jul 2017  
09 Mar 2016

S9736463Z

S / No. 9000269331

NP 428A



Licence No. S9736463Z



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5093400666

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle

: FZ2398G

Chassis Number

: NCB1500022737

2. Name of Policyholder

: MUHAMMAD SHAHEED

3. Effective Date of Insurance

: 12 Aug 2017

4. Expiry Date of Insurance

: 11 Aug 2018

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MUHAMMAD SHAHEED
NAMED DRIVER (2)	: MUHAMMAD HAASHIR
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DIRECT BUSINESS DEPT (00000600280)

Date of Issue : 12 Aug 2017 08:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

**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 : MMAU18032270 Vehicle Registration No: F22888G  
Name (as shown in NRIC) : MUHAMMAD SHAFARUDDIN NRIC/FIN/Passport No : S97364632  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 98501151  
Email Address : \_\_\_\_\_  
Date of Accident : 03/03/2018 Time of Accident : 13.00  
Place of Accident : Along WHST COAST WALK  
Insurance Company: NIC

**(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:

TO FASTER INQUIRY PERSONAL

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rossy  
NRIC/FIN No.: M400017735  
Date: 07/03/2018