NATIONAL Assessment Centre	Services	1 Jan'os Mh		_		12
Date In: 17/7/8-12:36	Jcb description		Date &Time Completed	1	Done	p.
Ref No: NA/INC/800 4673/24	SAS e-filing		1			
Veh No: EXTY295	E-mail (within Shrs,	AIC 2hrs)				a
D.O.A: 9/3/8-19:35	i-Motor Claim F	orm	M7/0985682	12/3	18	5:29
	i-Motor W/O (wi	thin: OD 2hrs,	TP 4brs)			
OD / TP / Reporting Only	i-Photo Uploade	d		1		1+
TD Innuar	Assessment/Survey	Report	<u> </u>			·
TP Insurer:	Ass't Report by Fa	x / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (VAX - PROFESSION		Tel:	Fax:		
TP Particulars: Veh No: SW19	1990	. INC()/Non-INC()	×		
Owner / Driver: (Tel:)	
Policy No: () Peri	od: ()	Cover Type: ()	
Confirmed by : (A CONTRACTOR OF THE PARTY OF TH	ate:	Time:	1000/1	,	
			%; P: 21-79%. F: 80	7-100%]		
	- Service Control of the Control of	/NO()			
	0()/\$2,000()	www.comescales	(1)31(1)	1, 1,00	-
General Remarks:-	Contract Con Land Con				11.5	-
() Walk-In Customer: Customer's inform	The second secon	intial & Str	ictly NO refer of repaire	···		
() Total Loss Case : to e-mail Insurer						
Drive-In ()/ Towed-In (); Invoice:	YES()/NO() ; To	owing Co: (/
Remarks:- (INC horline: 6788 6616)	100		Date&Time Completed		Done	by
1) Apply for Transport Allowance ()/Co						
2) QC Check / Post Repair Inspection	()			1		
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()	1	-		+ =	
Injury:						750
			TO SECUL	STILL STATE	Siz View	The same of
Date/Time Actions	142		A CONTRACTOR OF THE CONTRACTOR		CHEKY R.F.	
	10 MA					
	1					
3-1			Checkline	TO A CONTRACTOR OF	Anit (S)	Amil (
A1801618		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	paration Checklist	M255 (4	in Bill	Add B
aimant's Particulars :-	1) / 2) 1	AR : Accident DA : Damage	Reporting (\$30); Assessment (\$100); INC	(\$80)		
iver/Owner:	3) 7	F: Towing F		\$40/\$45		
	5))	T : Follow-Ti	hrough Survey hrough Survey (Resurvey)	530		
ntact No:		or claiming a TR: Re-inspec	gainst INC Only (wef 10 Jan 2	(Q5) \$75		-914-1777
maged Portion:	7)1	VI : Idao DA	SMRT Survey	\$160		
	The second secon	NTUC Addition	nal Services:-			
Checked by (Engr-In-Charge):		N5: Courtesy	Car / Tpt Allowance	\$5		
I S Transa La relata a Marsa de Las de Arras de La Recorda de Carta de La Recorda de La Recorda de Carta de La Recorda de Carta d	SOUD CHARGE SERVINGS	N6: Repair C	air Inspection	\$10 \$25		
uditors' Comments :-		NS: DV / Col	lect Excess Coordination	\$3 \$20	a direct	
_1:		P (N11) : TP N12: Idae Mo	(Non INC) against INC	30		
2/3:	The second second second second second	oice dated	Fee Charg		Salt For	artin)
	las	nice dated	Fee Charg	sd B	Server	

Figure 1 car

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

Any false reporting may be referred to the Police for investigation.

- 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.

oforesaid.	
to a livery and a second and the second and the second as a second	ACCIDENT STATEMENT
Date Of Report	12/03/2018 12:26
Date Of Accident	09/03/2018 19:35
Exact Location Of Accident	TAMPINES AVE 5 INFRONT OUR TAMPINES HUB
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FX5429S
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ZHAFIR BIN MUHAMMAD NAZAR
NRIC No	S9228123Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90070721
Alternative Phone No	OFFICE-90070721
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400 SF2J 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5083743510-01
Cover Note Number	
Driver	
	ANULANDA CHAMIL PIN MOHAMAD IOHRAI

MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL Name of Driver

S9345216Z NRIC No 29/11/1993 Date Of Birth INDOOR Occupation 06/11/2017 Date Of Driving Pass

0 YEAR AND 4 MONTH Driving Experience

Gender

(LOCAL) +65-90070721 Mobile Number

Fax Number

OFFICE-90070721 Contact Number

NOEMAIL **EMail Address**

BLK 317 TAMPINES STREET 33 Address

#04-58 520317

Postcode

Was driver an employee of the Insured's Company NO

FRIEND If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

2

NO

YES

NO

YES

NO

1

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

TAMPINES EAST NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 263 TAMPINES STREET 21 #01-128, POSTCODE: 520263,

DETAILS OF OTHER VEHICLE PROPERTY 1

Police Station Address COUNTRY: SINGAPORE

TEL NO: 1800-7839999 - FAX NO: 67832500 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180309/2194.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

SLV1999D

YES

NO NO

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 23

DETAILS OF INJURED PERSON 1

MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL Name

Approximate Age

BODY Injuries Sustain FX5429S Injured person in which vehicle? YES

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 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:
 - 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:
 - 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				
-D		nece'den-	-0	
-D	20-0	B Annuty Lur	e crenge	A - F×5 B - SLV
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT		Leport	k
		Police	9/3/00	
	Joy to	201803		
0/5				
DECLARATION I/We declare the foregoing p	particulars are true in every fe	spect.	γ	h
		/	Reporting Centre Personne	l's Signature

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCID	DENT DATE: (9 3 1 2018) (DD/MM/YYYY), TIME: (19 3 3) (HH:MM)
	Town the same same of the larger of
LOCAT	ION.
i	DETAILS OF VEHICLE
	a) VEHICLE NUMBER: PX 5 4 29 S
	b)INSURANCE COMPANY:
£8	D)INSURANCE COMITATION
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	a)POLICY TIPE. (COMI REJIETOTIE? TIME
	e) MAKE & MODEL: f) TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	givenicle Category: [PRIVATE / COMMERCIAL)
	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 ONE)
2.	THE PROJECT HOLDER
	[MALL / Lamital
	b)NRIC/FIN/PASSPORT:CONTACT:
	c)ADDRESS:
W 98	
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
	DRIVER (SEEMALE)
o of passenga:	
ncluding driver)	DINAME:CONTACT:CONTACT: 90070721
(1)	c)ADDRESS:
- 10	
	*d) DATE OF BIRTH: (
¥8	NOCCUPATION: (INDOOR / OUTDOOR)
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY (1657)
	TE NO RELATIONSHIP OF THE DRIVER WITH INSURED.
5	GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS
01.	b)ROAD SURFACE: (DRY / WET / OTHERS
4	WAS ANYBODY INJURED (YES / NO)
9.	a) REPORTED TO POLICE ((YES / NO)
7.0	IF YES, PLEASE STATE WHICH POLICE STATION:
#7 NO	IF TES, PLEASE STATE WITHOUT OCCUPANTION
	THIRD PARTY VEHICLE SLV1999 D MODEL:
of prosevoyer	b) DRIVER'S NAME:
iduding driver)	b) DRIVER'S NAME:CONTACT:
	THIRD PARTY VEHICLE
9.	d) VEHICLE NUMBER:MODEL:
is of passanger	DOMERIC NAME:
	(O) DIVITEIR TO
A till little	CONTRACTOR OF THE PROPERTY OF
nduding driver	f) NRIC/FIN/PASSPORT:CONTACT:

email = muhdshami193@gwail-com
fax = Muhdshami,193@gwail.com
Waiting for Motorcycle Photos?,
art Compound





1 of 3

Report No. T/20180309/2194

Police Station Of Origin: Tampines East NPP 263 Tampines Street 21 #01-138 SINGAPORE 520263 Tel No: 1800-7839999

			CATHOLOGICA PROGRAM IN	The second second second second
DEDORT	OF	Δ	TRAFFIC	ACCIDENT

REPORT O	F A TRAFFIC	ACCIDENT		Station Diary No.:	
Date/Time Report Made: 09/03/2018 22:01			Vide Report No.:	63	
Informa	nt's Particu	ilars			
Name of MUHAM	Informant: MAD SHAN AD IQHBAI	MIL BIN	Address: APT BLK 317 TAMPINES STF 520317	REET 33 #04-58 SINGAPORE	
ID Type			Contact No.: Home/Office:	Mobile: 90070721	
National			Email:		
Sex: Male	Age:	Date of Birth: 29/11/1993	Type of Informant:		
Race: Indian Occupation: NATIONAL SERVICEMAN		8	Language: Institution / School		
		CEMAN	Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/03/2018 19:3	Type of Location Straight Road	
Location: Along Road 1 TAMPINES A Along Tampir Weather:	VENUE 5 nes Ave 5 in front of Our T	ampines Hub Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow:		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Moderate	
Type of Collis	sion: ving Vehicles - Head To R	ear		Anyone conveyed by ambulance: No	

	ehicle Involve	Make	Model	Color	Condition	No of Passenge
Vehicle No.	Type	IVIANE	Wiodci		Totally	0
FX5429S	Motorcycle	揅			Damaged	
					Slightly	0
SLV1999D	Car				Damaged	

Details of Person Involved	A THE RELEASE THE RESERVE THE PARTY OF THE P
Any Pedestrian Involved: No	Consider Consider NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20180309/2194

Police Station Of Origin: Tampines East NPP 263 Tampines Street 21 #01-138 SINGAPORE 520263 Tel No: 1800-7839999

CONTINUATION OF REPORT

Rider			of all 1986	Section 1	WELL.	
Name	MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL			ID No.		S9345216Z
Related Vehicle	FX5429S (Motorcycl	e)		Conta	ct No.	90070721
Hospital/Clinic	NIL			Class of Driving Date of Expiry: NI Expiry Date		Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL Date Disc				NIL	
No. of Days granted Medical Leave NIL			Degree	of Injury	Slight	
Driver						
Name	SUuWanQi			ID No	• 0	S8413120B
Related Vehicle	SLV1999D (Car)			Contact No.		96488111
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dis	scharge	NIL		
	ted Medical Leave	NIL	Degree	of Injury	NIL	

Brief Details.

On the 09/03/2018 at about 1930hrs I was travelling along tampines ave 5 towards tampines ave 10 on the 2nd lane on my motorcycle, FX5429S. A vehicle, SLV1999D abruptly cut in front of me without signaling. She then applied emergency brake. I could not stop in time and tried to swerve to the left and hit onto the left rear of her vehicle. I fell onto the ground, got up and walk over to her vehicle and she told me to wait as she moved her vehicle to the side of the road.

She then told me that in front of her was a van and the van did a emergency brake thus she had to do so also. I confronted her about her changing her lanes without signaling and she denied the claim. I called for ambulance which arrived shortly together with traffic police.

My motorcycle was towed to the nearest carpark as it totally could not start. I suffered abrasion, swelling and deep cuts on my right arms and slight abrasion on my left knee. The ambulance gave me dressing I was not conveyed. The opposite party was not injured at the point of accident. Her vehicle suffered, dent on the left rear bumper and back lights broken.

There was a male passerby who was standing near to the smoking corner in front of Tampines Hub, I went forward made a check if he saw the incident and he said yes and he was willing to be my witness. He left me a number, HP:96407373. I did not manage to get his name.





T/20180309/2194

3 of 3

Report No. T/20180309/2194

Police Station Of Origin: Tampines East NPP 263 Tampines Street 21 #01-138 SINGAPORE 520263 Tel No: 1800-7839999

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
G /
Sgt 2 ANABELLE TEY SOO LIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476365

Authentication Stamp

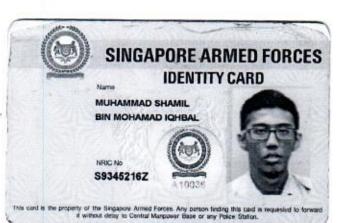
TP / GIT /

NP168

Date/Time:
09/03/2018 22:01

Classification Of Case:

SIGNATURE









GeneralClaim **eBao**Tech Change Password · Log Out Change Language Hello, NAC_PAYA_UBI_800601 My Desktop **Policy Query** Notice of Loss 09/03/2018 19:35 Date of Accident Policy No. Vehicle No.(For Motor) FX5429S Search Vehicle No. Policyholder NRIC Insured Commence Date Policyholder Name Expiry Date Cover Type Product Policy No. Select Object MUHAMMAD ZHAFIR BIN MUHAMMAD NAZAR Third Party, Fire & Theft 5083743510-27/12/2017 26/12/2018 FX5429S FX5429S 592281232 GMC

01

Continue

Police	y information				
Policy No.	5083743510-01	Policyholder Name	MUHAMMAD ZHAFIR BIN MUHAM	Policyholder NRIC	59228123Z
Address	BLK 339 #03-881 UBI AVENUE	1 SINGAPORE	400339		
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/12/2017	Effective Date	27/12/2017 00:00	Expiry Date	26/12/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133	GST Flag	Y
Co- insurance Flag Open Policy Info Certificate Info	No				
	holder Mailing Address				
Address 1	BLK 339 #03-881	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400339
Address 4		Address Type	Singapore address	Post Code	400339
Unit No.	03-881	Related Policy Number	5083743510-01		
▶ Insur	ed Object: FX5429S				
▽ Endor	sements				
Sequer	ce Date of Endorsement	Endors	sement Type Endorseme	ent Status	Endorsement Content
1	13/01/2018 00:00	Basic Infor Endorseme	[18] [18] [18] [18] [18] [18] [18] [18]	ke Effective	Thank you for giving us the opportunity to serve you. We confirm that from 13 Jan 2018, the following amendment(s) is/are made to this policy: INCLUSION OF

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	13/01/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 13 Jan 2018, the following amendment(s) is/are made to this policy: INCLUSION OF NAMED DRIVER 1. MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL DELETION OF NAMED DRIVER 1. MUHAMMAD NAZAR BIN ABDUL HAMID In view of this amendment, an additional premium of \$87.08 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque.

the reverse of the cheque. Alternatively, you could also make payment at any of our

aim Handling								
cident MT/6985682		and the second	82.508E	- 1				
cy No.	5083743510-01	Vehicle No.	FX54295		ST Registration No.		592281232	
icyholder Name	MUHAMMAD ZHAFIR BIN MUHAMMAD NAZAR				dicyholder NR3C			
duct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Pire & Theft		ading		0	
ntact No. (Mobile)	90070721	Contact No.(Office)	0	C	ontect No.(Home)		0	
ell Address		Special Remark		40	Code	I	No V	
	(e) No ○ Yes	TCA	® No ○ Yes	e	ode Reason			
D Protection	No	NCD Entitlement(%)	10	Pr	wate Hire		No	
Accident Details	CONTRACTOR SACR	Academ Report Within 24 hrs	Yes	A	ccident Type	3	Collision - Change / (Cross lane
ort Date	12/03/2018 15:26						Cinnanasa	
e of Accident	09/03/2018	Time of Accident hhomm	19:35		ountry of Accident		Singapore	
porting Centre		Orange Force		10	M No.			
	TAMPINES AVE 5 INFRONT OUR TAMPINES HU	8						
ident Location	THE PROPERTY OF THE PARTY OF TH	21)						
Benefits								
Excess				-	Andscreen Excess			
in damage Excess	8.00	Additional Excess		100	indscreen dayess			
named Driver Excess		Outside Singapore OD Excess						
ind Party Excess	0.00	Outside Singapore TP Excess						
GST Registered Informa	ation							
T Registered	No		GST Registration Date					
t Registration No.			GST Status Verified		Yes			
dification History								
Policyholder Mailing Ad	dress				ALCO S		SINGAPORE 400339	
dress 1.	BCK 339 #03-881	Address 2	UBI AVENUE 1		ddress 3			
dress 4		Address Type	Singapore address	P	ost Code		400339	
it No.	03-881	Related Policy Number	5083743510-01					
	03-801							
OI Driver Info			Named Driver					
wer Name	MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL	Oriver Type		336	Priver DOB		29/11/1993	
inamed driver Name		Driver NRIC	59345216Z				0	
gater Date of Driver License	06/11/2017	Driver Age	24		oriving Experience			
ntact No.(Mobile)	90070721	Contact No.(Office)	0		Contact No.(Home)		0	
ddress 1	BLK 317	Address 2	TAMPINES STREET 33		Iddress 3		SINGAPORE 520317	
	BLK 317				ost Code		520317	
adress 4		Address Type	TAMPINES STREET 33 Singapore address					
scheck 4 nit No.	04-58	Address Type			Post Code	any		
adress 4 nt No. pes he own a Singapore						any		
odress 4 Nrt. No. Des he own a Singapora gistered cai?	04-58	Address Type			Post Code	any		
odracis 4 nut.No. pes he own a Singapore rgistered car? claration reathalyser or Blood Test	04-58 ○ Yes ® No	Address Type Driver Vahide No.	Singapore address		Post Code	any		
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ddress I ddress 4 nit No. oes he own a Singapore agistered cai? eclaration eclaration Teatholyser or Blood Teat eading?	04-58 ○ Yes ® No	Address Type Driver Vahide No.	Singapore address		Post Code	any		
odress 4 nst. No. oes he own a Singapore egistered Cai? eclaration reatthalyser or (Bood Test	04-58 ○ Yes ® No	Address Type Driver Vahide No.	Singapore address		Post Code	any		
idiness 4 nit No. bes he own a Singapore registered car? Iclaration reatmlyser or (Hood Test addication History	04-58 ○ Yes ® No	Address Type Driver Vahide No.	Singapore address		Post Code	any		
dress 4 at No. es he own a Singapore gatered car? claration eathelyser or (Bood Test adding) dification Rettory	04-58 ○ Yes ® No	Address Type Driver Vahide No.	Singapore address		Post Code	any		
idrecs 4 at No. bes he own a Singapore gistered car? claration eather/seer or (Bood Test adding) diffication History	04-58 ○ Yes	Address Type Driver Vehicle No. Any injury?	Singapore address ® Yes ○ No		Code Code	any	520317	
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Attachment	U	ploaded By/Date	Category	P	Urgency	Description	Sent? Action (CD)
-7 MG	NAC_PAYA_UB1_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 12 Ma y 3018 15:30	NR3C/ Driving License		Normal	NRIC/ Driving License 2018-3-12	Edit
443	NAC_PAYA_UB1_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 15:30	SAS		Normal	SAS 2018-3-12	Edit
22	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 12 Me r 2018 15:29	Photos		Normal	Phocos 2018-3-12	Edit
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100	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 15:29	Photos		Normal	Photos 2018-3-12	Edit
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7	NAC_PAYA_UBI_BOOSDI(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 15: 29	Photos		Normal	Phonos 2018-3-12	Edit
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30	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018:15:29		Photos		Normal	Photos 2016-3-12	Edit
3	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Ma r 2018 13:29		Photos		Normal	Photos 2018-3-12	Edit
.34	NAC_PAYA_UBI_B00601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 12 Ma + 2018 15:29	Photos		Normal	Photos 2018-3-12	Edit
♥ Video List	Uploaded By/Date	Folder Date	Rie Name		?	Source	Action