

NATIONAL Assessment Centre Services. (Unit 1/1000) **NA480355**

Date: **30/05/2018** 18:21

Ref No: **NA480355**

Vehicle: **FI 4897B**

DOA: **24/05/2018** 17:30

OD: **0** Reporting Only

TP Insured:

Job description

SAS Billing

E-mail (with file, NCR etc)

Motor Claims Form

Motor V/O (with NCR, etc, etc)

Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/VVH

Date & Time Completed

Done by

**30/05/2018** 18:50

**mt0996532-001**

Preferred Wksp / INC Assign Wksp / OWI:

TP Description

Yell No: **SU 62455**

Owner / Driver:

Policy No:

Period:

Cover Type:

Insured/Driver Usability:

Year of Registration:

Excess:

Loading:

General Remarks:

Work in Customer's Information strictly Confidential & strictly NO later of repair.

Total Loss Case: 1 to e-mail Insurer URGENTLY.

Drive-in / Towed-in:

Invoice YES / NO

Towing Co:

Remarks:

1) Apply for Temporary Allowance / Courtesy Car

2) QC Check / Post Repair Inspection

3) Upload Recovery Photo (Repair Cost > \$3000)

Injury:

Date/Time:

Action:

**NA480341**

Driver/Owner:

Policy No:

Amused Person:

Checked by (Ungr-In-Charge):

Invoice/Receipt/Other:

1) AR Accident Reporting (\$50)

2) DA Damage Assessment (\$100)

3) TP Towing Fee

4) TR Tow Through Survey

5) TR Tow Through Survey (Assessment)

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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	30/05/2018 18:21
Date Of Accident	24/05/2018 17:30
Exact Location Of Accident	ALONG ENKGU AMAN RD TURN RIGHT TO LOR SIREH PINANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT4897B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AHMAD SAUFI IRYANI BIN MASRAN
NRIC No	S9341233H
Email Address	GARFIELDFFY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81704930
Alternative Phone No	OTHERS-81704930

### Vehicle Particulars

Manufacturer	KTM
Model	200 EGS-193CC (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	5091896593
Cover Note Number	

### Driver

Name of Driver	AHMAD SAUFI IRYANI BIN MASRAN
NRIC No	S9341233H
Date Of Birth	17/10/1993
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1993
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81704930
Fax Number	
Contact Number	OTHERS-81704930
Email Address	GARFIELDFFY@GMAIL.COM



Address	BLK 72 REDHILL ROAD #04-41
Postcode	150072
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NUR SABRINA GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180530/2110

#### 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	SJU6245S
Vehicle Make/Model/Colour	KIA CERATO FORTE 1.6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAHMAT
NRIC/Passport Number	S0035411B
Contact Number	92952604
Address	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time: 30/5/2018

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

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

# SKETCH PLAN

ENGKU AMAN ROAD TOWARDS LOR SERAI PINANG



A) FT4897B

B) SJU 6245S

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
1/20180530/2110

## DECLARATION

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

*Imadulham*  
Policyholder's Signature

Date & Time 30/5/2018

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

*ca* 30/5/2018  
Reporting Centre Personnel's Signature  
Name: *Redi*  
NRIC/FIN No.: *Wagab*





# SINGAPORE POLICE FORCE



T/20180530/2110

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

1 of 4

Report No. T/20180530/2110

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/05/2018 16:57	Vide Report No.:	Station Diary No.: 42
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**Informant's Particulars**

Name of Informant: AHMAD SAUFI IRYANI BIN MASRAN			Address: APT BLK 72 REDHILL ROAD #04-41 SINGAPORE 150072		
ID Type / ID No.: NRIC NO / S9341233H			Contact No.: Home/Office: Mobile: 81704930		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 17/10/1993	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: PARAMEDIC			Driving Licence Information: Class: 2B Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/05/2018 17:30	Type of Location: Car Park
Location: Along Road 1 Traveling Toward Road 2 ENGKU AMAN ROAD LORONG SIREH PINANG along Engku Aman Road turning right into Lorong Sireh Pinang, the carpark.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT4897B	Motorcycle	KTM	200 EGS	Orange	Slightly Damaged	1
SJU6245S	Car	KIA	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR	Blue	Slightly Damaged	1



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

Report No. T/20180530/2110

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FT4897B	NTUC Income Insurance Co-Operative Limited	5091896593	13/06/2017	03/08/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Pillion				
Name	NUR SABRINA	ID No.	S9810808D	
Related Vehicle	FT4897B (Motorcycle)	Contact No.	94518605	
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Rider				
Name	AHMAD SAUFI IRYANI BIN MASRAN	ID No.	S9341233H	
Related Vehicle	FT4897B (Motorcycle)	Contact No.	81704930	
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	06	Degree of Injury	Slight	
Driver				
Name	RAHMAT	ID No.	S0035411B	
Related Vehicle	SJU6245S (Car)	Contact No.	92952604	
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	





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

3 of 4

Report No. T/20180530/2110

**CONTINUATION OF REPORT**

**Brief Details.**

On 24/05/2018 at about 1730 hrs, I was riding my motorcycle ( FT4897B) along Engku Aman Road turning right into Lorong Sireh Pinang, the carpark. I had a pillion. The traffic was moving slowly as it was congested. I was waiting behind a car before turning right into the carpark.

Suddenly, I felt a big impact from the left rear of my motorcycle. A car ( SJU6245S) had collided onto my motorcycle. Subsequently, my pillion and I fell to the right side and onto the road. The right side front bumper hit onto my pillion's knee and my knee. The right side mirror of the car hit onto my handlebar which cause me to lose control of my motorcycle.

The driver did not stop upon collision and drove off. My pillion got up and with the help of passerby managed to stop the car at the slip road of Haig Road. We subsequently exchanged handphone number and I managed to get his particulars.

The damages to my motorcycle are scratches on handlebar and the frame. My motorcycle could not start after the collision which I believed due to the damaged gear and gear lever.

On the same day, I went to Changi General Hospital for medical treatment. I sustained swollen left knee and ankle. I was given 6 days of MC. On 25/05/2018, my pillion went to Shalom Clinic & Surgery as she sustained swollen right knee and also hip injury and was given 5 days of MC.

No Ambulance or Traffic Police at scene. No government property damaged.





**SINGAPORE  
POLICE FORCE**



T/20180530/2110

4 of 4

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

Report No. T/20180530/2110

**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 HIDAYAT BIN SELAMAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

30/05/2018 16:57

Classification Of Case:

## Claim Handling

Accident MT/0996532

Policy No.	SO41895593	Vehicle No.	FT4897B	GST Registration No.	
Policyholder Name	AHMAD S (RYAN) MASRAN	Cover Type	Third Party	Policyholder NRIC	S9341233H
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81704930	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KPK	No Yes	NCO Entitlement(%)	0	eCode Reason	No
NCD Protection	No			Private Fire	No

## Accident Details

Report Date	30/05/2018 18:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/05/2018	Time of Accident (approx)	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		TCM No.	
Accident Location	ALONG ENGGU AMAN RD TURN RIGHT TO LOR SEREH PINANG				

## Benefit

## Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured 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 72 #04-41	Address 2	REDHILL ROAD	Address 3	SINGAPORE 150072
Address 4		Address Type	Singapore address	Post Code	150072
Unit No.	04-41	Related Policy Number	S096321046		

## 01 Driver Info

Driver Name	Ahmad Saufi Iryani Bin Masran	Driver Type	Main Driver	Driver DOB	17/10/1993
Unnamed driver Name		Driver NRIC	S9341233H	Driving Experience	3
Register Date of Driver License	28/05/2018	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	81704930	Contact No.(Office)		Address 3	SINGAPORE 150072
Address 1	BLK 72 #04-41	Address 2	REDHILL ROAD	Post Code	150072
Address 4		Address Type	Singapore address		
Unit No.	04-41				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FT4897B	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No
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## Modification History

Claim 001

New

Claim Type *	OD-MR	Insured Name	AHMAD S (RYAN) MASRAN	Insured NRIC	S9341233H
Contact No.(Mobile)	81704930	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	GARFIELDFFY@GMAIL.COM	01 Vehicle Number	FT4897B	TP Vehicle Number	SU062435
Claim Description	FT4897B / SJUR255 ON 24 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	YES	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	30/05/2018 18:49	Claim Close Date		Date Received	30/05/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AX letter

Save Submit

## Attachment

Accident No.	MT/0996532	Claim No.	001
Last Doc. Received	Yes No	Upload Date	30/05/2018 18:50
Path *		Category *	Confidential Urgency *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Reply		Send Message	Upload

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 30 May 2018 18:50	Photos	Normal	Photos 2018-5-30		Edit
	NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 30 May 2018 18:50	Photos	Normal	Photos 2018-5-30		Edit
	NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 30 May 2018 18:50	Photos	Normal	Photos 2018-5-30		Edit



# ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 5 / 2018 (DD/MM/YYYY), TIME: 17 : 30 (HH:MM)

LOCATION: ENHAI AMAN RD / LORONG SITI PINANG

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FT4877B  
 b) INSURANCE COMPANY: NTMC INCOME  
 c) POLICY NUMBER: 5091896593  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: KTM 440 JCC  
 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: AMMO SITI (IZYANI BIN MUBRAN) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S934113341 CONTACT: 8704930  
 c) ADDRESS: 72 REDHILL ROAD #04-41 S (150072)

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

## 3. DRIVER

- a) NAME: AS ABOVK (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (17 / 10 / 1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28/5/2014

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: QUEENSTOWN NPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 951 6245 S MODEL: KIA CERATO 1.8T  
 b) DRIVER'S NAME: RAHMAT BIN HAMZAH  
 c) NRIC/FIN/PASSPORT: S0035411B CONTACT: 92952604

## 9. THIRD PARTY VEHICLE

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

(F) Pillion

(2)

NUMBER OF  
PASSENGER  
INCLUDING DRIVER

(2)

NUMBER OF  
PASSENGER  
INCLUDING DRIVER

( )

NUMBER OF  
PASSENGER  
INCLUDING DRIVER

1) EMAIL : garfieldfy@gmail.com

2) VIDEO :

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9341233H



Name

AHMAD SAUFI IRYANI BIN  
MASRAN

Race

MALAY

Date of birth

17-10-1993

Country of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9341233H

Name

AHMAD SAUFI IRYANI BIN  
MASRAN

Birth Date 17 Oct 1993

Issue Date 28 May 2014



4317705

NRIC No. S9341233H



Date of issue

03-12-2008

APT BLK 72 REDHILL ROAD #04-41  
SINGAPORE 150072

NRIC No: S9341233H

Date: 10/01/2010 (R)

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

EFFECTIVE DATE

28 May 2014

Class 2B Motorcycles <= 200 cc



NP 428A



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## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091896593	AHMAD S IRYANI MASRAN	S9341233H	GMC	Third Party	FT4897B	FT4897B	13/06/2017	03/08/2018