			NA 11808061	4000	and the second second
Date In: >3/6/18-15:46	Jeb description	n	Date & Time Completed	Dor	e py.
Ref No: NA INC 18611447/24	SAS e-filing				
Veh No: FRH 636A	E-mail (within	Shrs, AIC 2hrs)		///	
D.O.A: (9)6)18-17:00	i-Motor Cla	im Form	M/0999779-001	23/6/18	18:38
	i-Motor W/6	O (Within: OD 2hr			GHWACKEN U
OD TP Reporting Only	i-Photo Uple	oaded			
	Assessment/S	urvey Report			
TP Insurer:	Ass't Report	by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 56	1 8V 75F	INC ()/Non-INC()		
Owner / Driver: (001,00		Tel:)	
	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	Note-Bet Status (***************************************	0%; P: 21-79%. F: 80-	100%]	-
			1. 21-7570. 1. 30-	15070	
Year of Registration: ()	Warranty: YES ()/NO(<u>)</u>		
	1,000 ()/\$2,000				
General Remarks:-				100	s a fa
() Walk-In Customer: Customer's in	nformation strictly Co	onfidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Ins	urer URGENTLY.	84		1	
Drive-In ()/ Towed-In (); Invo	oice: YES () / I	NO();T	owing Co: ()
				PS 45 (8 8 8 5 1 1	W. 2017
Remarks:- (INC hotline: 6788 6616))		Dated:Time Completed	Don	e by
1) Apply for Transport Allowance ()	/ Courtesy Car ()			
		1			
2) QC Check / Post Repair Inspection	()	T	*	
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	()			
3) Upload Resurvey Photo [Repair Cost>	()			
	()			
3) Upload Resurvey Photo [Repair Cost > Injury :	()		Was Conn	
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3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions:	(Ances	Amilé
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	(Invoice Pre	paration Checklist	Anit (S)	0.5000.000.000
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MA1803954	(1) AR : Accident	Reporting (530);	fú Bill	0.5000.000.000
Oate/Time Actions MAI803954 aimant's Particulars:	(1) AR : Accident 2) DA : Damage	Reporting (\$30); Assessment (\$100); INC (\$	fit Bill 80)	0.5000.000.000
Onte/Time Actions NAI 803954 Sumant's Particulars:	(1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$ se \$4 hrough Survey	fú Bill	-0.50m.(s2)
Onte/Time Actions NAI803954 sumant's Particulars:	(1) AR : Accident 2) DA : Damege 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$ ce \$4 hrough Survey hrough Survey (Resurvey)	75 Bill 80) 0/\$45 \$120 \$30	-0.50m.(s2)
Onte/Time Actions MAI 803954 sumant's Particulars:- iver/Owner: ntact No:	(1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 hrough Survey hrough Survey (Resurvey) gainst JNC Only (wef 10 Jen 200)	75 Bill 80) 0/\$45 \$120 \$30	0.5000.000.000
Onte/Time Actions MAI 803954 sumant's Particulars:- iver/Owner: ntact No:	(1) AR: Accident 2) DA: Darriege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming 8 6) TR: Re-inspec 7) N1: Idae DA	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jen 200); tion + SMRT Survey	60 Bill 80)	0.5000.000.000
Onte/Time Actions MAI 803954 sumant's Particulars:- iver/Owner: ntact No:	(1) AR: Accident 2) DA: Darnege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a: 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$ ee \$4 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jen 200); tion + SMRT Survey	19t Bill 80) 0/545 \$120 \$30 5) \$75	0.5000.000.000
July : Date/Time Actions MAI803954 aimant's Particulars: iver/Owner: intact No: maged Portion:	(1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$ see \$4 brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jen 200) thion + SMRT Survey anal Services.	59 Bill 80) 0/545 \$120 \$30 \$5) \$75 \$160	-0.50m/s20
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions MA1803954 aimant's Particulars :- iver/Owner: intact No: maged Portion:	(1) AR: Accident 2) DA: Darnege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For cleiming a: 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Addition OD: *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$ see \$4 brough Survey (Resurvey) gainst INC Only (wef 10 Jan 200) stion + SMRT Survey anal Services:-	19t Bill 80) 0/545 \$120 \$30 5) \$75	-0.50m/s20
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions MA1803954 aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	(1) AR: Accident 2) DA: Darnege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For cleiming a: 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co	Reporting (\$30); Assessment (\$100); INC (\$ see \$4 brough Survey (Resurvey) gainst INC Only (wef 10 Jan 200) stion + SMRT Survey and Services:- Car / Tpt Allowance b-ordination bit Inspection	\$120 \$30 \$30 \$30 \$30 \$31 \$31 \$31 \$31 \$31 \$31 \$31 \$31 \$31 \$31	-0.50 to (52.0)
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions MAI803954 aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): iditors' Comments:-	(1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a: 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Addition OD: *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co *N7: Fost Repair Co *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$ see \$4 brough Survey brough Survey (Resurvey) gainst INC Only (wef 10 Jan 200) which and Services: Car / Tpt Allowance boordination bir Inspection lect Excess Coordination	\$120 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3	Ant (3
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions MA1803954 aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	(1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a: 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Addition OD: *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co *N7: Fost Repair Co *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$ see \$4 brough Survey (Resurvey) gainst INC Only (wef 10 Jan 200) stion + SMRT Survey and Services: Car / Tpt Allowance b-ordination hir Inspection lect Excess Coordination (Non INC) against INC	\$120 \$30 \$30 \$30 \$30 \$31 \$31 \$31 \$31 \$31 \$31 \$31 \$31 \$31 \$31	Action (SEE)

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 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.
- 5. 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.	ACCIDENT STATEMENT
AND THE RESIDENCE OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	23/06/2018 15:46
Date Of Accident	19/06/2018 17:00
Exact Location Of Accident	JUNC COMPASSCVALE ST & PUNGGOL RD
Country/State of Loss	SINGAPORE
Source of the Control	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH636A
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HAMDAN BIN DUL JALIL
NRIC No	S9106328Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91159643
Alternative Phone No	OFFICE-91159643
Vehicle Particulars	
Manufacturer	PIAGGIO
Model	GILERA RUNNER ST 200
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	5086035319-01
Cover Note Number	
Driver	
Name of Drives	MINIMAR AND SHARES

Name of Driver	MUHAMMAD ALIF BIN IDRIS	
NRIC No	S8808960Z	
Date Of Birth	18/03/1988	
Occupation	INDOOR	

11/09/2008

Driving Experience 9 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85990432

Fax Number

Date Of Driving Pass

Contact Number OFFICE-85990432

EMail Address NOEMAIL

Address BLK 291B COMPASSVALE STREET

#02-240

Postcode 542291

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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?

Was any other material or property damaged? YES
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? YES

If Yes, Please state which Police Station

Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE

NO

NO

Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE:

545025 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180620/2124 & T/20180622/2166.

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

PATRICK

Vehicle Registration Number SGL8435E

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

Vehicle Category PRIVATE CAR

NRIC/Passport Number

Contact Number 93658293

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD ALIF BIN IDRIS

Approximate Age

Injuries Sustain

BACK

Injured person in which vehicle?

FBH636A

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.
- 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 (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;
 - (lii) 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

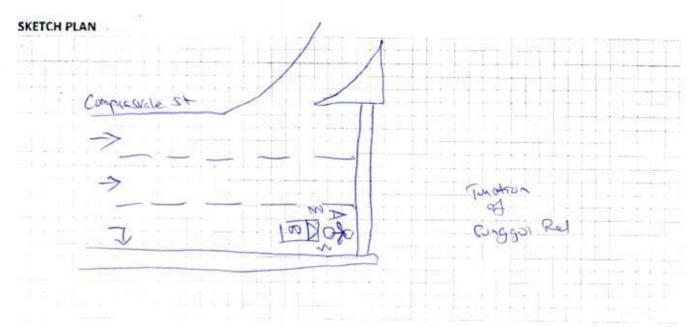
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A - FBH GBB A B- SGL 8435E	ts pe	Potra apat No: 720180620 2124 and 7 20180622 21
B- SEL 843SE		A - FBH GZ b A
		B- SEL 8435E

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.:

Vehicle No.	FBH 636A Model/Make & Gilera ST200				
Date of Accident	191618				
Time of Accident	17 HRS				
Location of Accident	Compasivate St. x Ringgs Rd				
Exact purpose use during ac	cident 8x 438				
Name of Owner	MuHammad Handon BG QUL Jatt				
Telephone No.	H/P: 91159643 Home: 67858669 Office:				
NRIC	591063287				
Address	BIK 962, Tempres St 93, 1# 04-406. SISZOE62)				
Claim type	OD (THIRD PARTY) REPORTING ONLY				
Insurance Company	MUL				
Type of Coverage	Comprehensive / Third Party / Third Party / Fire /Theft				
Policy No.	586035319-41				
Name of Driver	As Above If No, Inhamad Alt Bro Fidis				
NRIC	S880405 Any Passengers: M				
Date of birth	183 1088				
Occupation	Outdoor / (Indoor)				
Driving License Pass Date	11/9/2003				
Gender	(Male) / Female				
Contact No.	H/P: 95990+32 Home: Office:				
Address	BR 2918, Companies Ct, 402-246, SISHZZ91)				
Driver have any own vehicle					
Relationship	Employee, If no, state Grand				
Weather condition	Clear Raining Other				
Road Surface	Dry Wet Other				
Any Injuries	No, If Yes, Who?				
Name And Contact No.	Muhamid KILL In Javis				
Name And Contact No.	<u>d</u>				
Police Report	No, If Yes, Where?				
Vehicle B No.	SGL 8435E Any Passengers: NT				
Name of Driver	Contact No.: 9 9315 8283				
Vehicle C No.	Any Passengers :				
Vehicle D No.	Any Passengers :				
Vehicle E no.	Any Passengers :				
Vehicle F No.	Any Passengers :				
Vehicle G No.	Any Passengers :				
Witness Name	Witness Contact :				
Accident Portion	Rear putter and fall onto the 15th side				
Camera Recorder	Yes /No				
Email Address	mund Alifes @ gmail.com / Lannhamdono lahotmail.com.				
HAVE YOU BEEN APPROACH	BY UNKNOWN PERSON SOLICITING /				
OFFERING ACCIDENT CLAIM	IS ASSISTANCE? Yes / No				
PARTICULAR WORKSHOP	Motosi PIL				
CONTACT NO.	6842 0051 / 6744 0510				
CONTACT PERSON	HUNT				





1 of 3

Report No. T/20180620/2124

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No .: Station Diary No.: 20/06/2018 17:15 120

20/00/2010 17:13				120	
Informa	nt's Partici	ulars			
Name of Informant: MUHAMMAD ALIF BIN IDRIS			Address: APT BLK 291B COMPASSVALE STREET #02-240 SINGAPORE 542291		
ID Type / ID No.: NRIC NO / S8808960Z			Contact No.: Home/Office:	Mobile: 85990432	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Age: Date of Birth: Male 30 18/03/1988			Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: HOTEL FRONTDESK PERSONNEL		SK PERSONNEL	Driving Licence Information: Class: 2B,2A,2	Date of Expiry: (15)	

Seneral Infor	mation of the Accide	nt			
Type of Accident: Injury Others		Drink Drive: No	Date/Time of Accident: 19/06/2018 17:00	Type of Location X-Junction	
Location: Junction of Ro COMPASSVA PUNGGOL R Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic	
Type of Collis Between Mov	ion: ring Vehicles - Head T	o Rear		Anyone conveyed by ambulance:	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
FBH636A	Motorcycle		GILERA ST200	Black	Seriously Damaged		

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



2 of 3

Report No. T/20180620/2124

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Rider		Control State of the	AT THE RESIDENCE OF THE PARTY O	The second		
Name	MUHAMMAD ALIF BIN IDRIS				•	S8808960Z
Related Vehicle	FBH636A (Motorcycle)				ct No.	85990432
Hospite /Clinic	SUNBEAM MEDICAL CLINIC				of g ce & / Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	19/06/2018 Date Dis			harge	19/00	5/2018
No. of Days granted Medical Leave 03			Degree o	f Injury	Sligh	t

Brief Details.

On 19/06/2018 at about 1700hrs, I was riding my motorcycle FBH636A along Compassvale Street. At the cross junction of Compassvale Street and Punggol Road, I was at the extreme right lane. The traffic light was red as such I was at halt. No other vehicle was there. Suddenly, a gold color Toyota car, from the rear did not stop and hit me and my motorcycle. The impact was strong that my motorcycle inch in front and I fell off from my bike. I sustained back pain however I was able to move. The driver namely Patrick, tel: 93658293, informed me that he was not focusing and apologized to me for causing the accident. We agreed on private settlement and exchanged numbers. I am unsure of his vehicle number.

Due to the accident, the handlebar was damaged, right side fairing was scratched, petrol compartment was damaged causing a leakage, brake pump was also leaking. The bike was brought to workshop for further check and repair.

On the same day at about 1830hr, I went to Sunbeam Medical Clinic at Anchorvale and was given 3 days of MC. There was an in-car camera in the involving car, however there was no camera on my bike.





/20180620/2124

3 of 3

Report No. T/20180620/2124

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

Sketch Plan

Informant is not able to provide sketch plan

Singapore Police Force

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: F / Norashikin Kamsan Staff Sgt ABDUL YAZID BIN SAMSI Sengkang NPC	Signature Of Informant
Signature Of Interpreter.	Date/Time:
Not applicable	20/06/2018 17:15
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	
Authentication Stamp	





T/20180622/2166

1 of 3

Report No. T/20180622/2166

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2018 21:27			Vide Report No.: T/20180620/2124	Station Diary No.: 123	
Informa	nt's Partic	ulars			
Name of	Informant:		Address:		
MUHAM	MAD ALIF	BIN IDRIS	APT BLK 291B COMPASSVA SINGAPORE 542291	ALE STREET #02-24()	
TO SECURE AND ASSESSMENT OF THE PARTY OF THE	/ ID No.:		Contact No.:		
NRIC N	O/S88089	50Z	Home/Office: Mobile: 85990432		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 30 18/03/1988			Type of Informant: Rider		
Race: Malay			Language: Institution / School Nam		
Occupation: HOTEL FRONTDESK PERSONNEL			Driving Licence Information: Class:	Date of Expiry:	

seneral inform	mation of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2018 17:00	Type of Locatio X-Junction		
Location: Along Road 1 COMPASSVA PUNGGOL R Weather:	ALE STREET	Road Surface:		Road Speed Limit:		
Clear Traffic Flow:		Traffic Control: Traffic Light - Wo	rking	Traffic Volume:		
Type of Collis Between Mov	ion: ring Vehicles - Head To R			Anyone conveyed by ambulance:		

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No Passenge	
FBH636A	Motorcycle		GILERA ST200	Black	Seriously Damaged	0	
SGL8435E	Car	TOYOTA		Gold	Slightly Damaged	0	

Details of Person Involved	。 第15章 "大学"的"大学"的"大学"的"大学"的"大学"的"大学"的"大学"的"大学"的
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999



T/20180622/2166

2 of 3

Report No. T/20180622/2166

CONTINUATION OF REPORT

Rider		102				
Name	MUHAMMAD ALIF BIN IDRIS			ID No.		S8808960Z
Related Vehicle	NIL			Conta	ct No.	85990432
Hospital/Clinic	NIL			Class Drivin Licen- Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days gran	NIL	Degree o	finjury	NIL		

Brief Details.

I had had lodge a report reference T/20180680/2124. I wish to amend the registration plate number SGL8435E in the traffic accident as such, I am lodging this report. I had had lodge a report reference T/20180630/2124





Report No. T 0180622/2166

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If y don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording Th F / Sgt 1 TENG WEI KANG	ne Report:	Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 22/06/2018 21:27
Officer In Charge Of Case:		Classification Of Case:
Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	(S)	SN 085
Authentication Stamp	VS BAS SIG	gnature:

Singapore Police Force

Owner

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9106328Z





Name

MUHAMMAD HAMDAN BIN DUL JALIL

محمد حمدان بن دول جليل

JAVANESE Date of pixth

Sex

101053202

4572573

20-02-1991 M Country of birth SINGAPORE

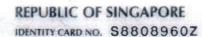
NRIC No. S9106328Z

Date of leave 15-04-2010

Address

APT BLK 862 TAMPINES STREET 83 #04-406 SINGAPORE 520862







MUHAMMAD ALIF BIN IDRIS

MALAY Date of Birth

18-03-1988 Country of Birth

SINGAPORE



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

Class 2B Motorcycles = 200 CC Class 2A Motorcycles between 201 CC and 600 CC Class 2 Motorcycles - 400 CC

PASS DATE

11 Sep 2008 24 Aug 2010 27 Jan 2012

S / No. 9000143055

NP 428A

180 No. S8808960Z

29-03-2003

APT BLK 291B COMPASSVALE STREET #02 - 240 SINGAPORE 542291 NRIC No: \$88089602 Date: 10/03/2009

Date: 10/03/2009

No: 619018

3349951



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AN MOTOR VEHICLES (THIRD PARTY RISKS AN ROAD TRANSPORT ACT, 1987 (MALAYSIA MOTOR VEHICLES (THIRD PARTY RISKS) R	
Certificate Number : 5086035319-01	Cover : Third Party
Index mark and Registration Number	
Chassis Number	: ZAPM4640100007045
Name of Policyholder	: MUHAMMAD HAMDAN BIN DUL JALIL
Effective Date of Insurance	: 17 Apr 2018
Expiry Date of Insurance	: 17 Mar 2019
5. Persons or Classes of Persons entitled	And the state of t
(a) Named Driver(s) Only.	to diven
the Motor Vehicle or has been so	is permitted in accordance with the licensing or other laws or regulations to drive permitted and is not disqualified by order of a Court of Law or by reason of any sehalf from driving the Motor Vehicle.
	sure purposes and in connection with the Policyholder's business or profession.
This Policy does not cover	or proposes and in connection with the Policyholder's dusiness or profession.
(a) Use for hire or reward.	
(b) Use for racing, pace-making, relia	bility trial or speed-testing.
	ner than samples) in connection with any trade or business.
(d) Use for any purpose in connectio	
EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	MUHAMMAD HAMDAN BIN DUL JALIL
NAMED DRIVER (2)	: MUHAMMAD ALIF BIN IDRIS
HIRE PURCHASE COMPANY	: H L CYCLE PTE LTD
SUM INSURED	: N/A
Vehicles (Third Party Risks and Compensa	ich this Certificate relates is issued in accordance with the provisions of the Motor tion) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) NCE AGENCIES PTE LTD (00000614933) 17:34 hrs For NTUC INCOME INSURANCE CO-OPERATIVE LIMITE
Countersigned By:	rised Officer Chief Executive

eBao Tech				Gene						
Hello, NAC_PAYA_UBI_80	0601					,	Change Lar	iguage ·	Change Passwo	rd Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	Policy No.				Date of Accident		19/06	2018 17:00	3
	Vehicle	No.(For Motor)	FBH636A							
					1	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5086035319- 01	MUHAMMAD HAMDAN BIN DUL JALIL	S9106328Z	GMC	Third Party	FBH636A	FBH636A	17/04/2018	17/03/2019
						Continue				

Policy Information Policyholder Policyholder Policy No. 5086035319-01 MUHAMMAD HAMDAN BIN DUL. S9106328Z Name NRIC Address BLK 862 #04-406 TAMPINES STREET 83 SINGAPORE 520862 Product Group MOTORCYCLE INSURANCE Plan Name Policy Flag Policy Effective 17/04/2018 issue 17/04/2018 00:00 Expiry Date 17/03/2019 23:59 Date Date Excess All Claim Туре Excess Third Own Windscreen 0 Party damage Excess Excess Excess Additional Excess Premium Outside Outside Singapore OD Singapore Young/Inexperience Driver Excess TP Excess Excess Agent WTT INSURANCE AGENCIES PTF Agent Tel. 62965445 **GST Flag** Coinsurance No Flag Open Policy Info Certificate Policyholder Mailing Address Address 1 BLK 862 #04-406 Address 2 TAMPINES STREET 83 Address 3 SINGAPORE 520862 Address 4 Address Type Singapore address Post Code 520862 Related Policy Unit No. 5086035319-01 Number D Insured Object: FBH636A Sequence Date of Endorsement **Endorsement Type Endorsement Status** Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 11 May 2018. the following amendment(s) is/are made to this policy: NAMED DRIVER 1: MUHAMMAD ALIF BIN IDRIS In view of this amendment, an additional premium of \$26.75 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Basic Information 11/05/2018 00:00 Endorsement Take Effective 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. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS. Continue Cancel

cident MT/D999779							
ticy No.	5086035319-01	Vehicle No.	FBH636A	GST Registration No			
licyholder Name	MUHAMMAD HAMDAN BIN DUL JALJE			Policyholder NR1C		1063262	
oduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0	2770175	
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		Relitted Policy Number	5086035319-01				
OI Driver Info							
ver Name	MUHAMMAD ALIF BIN IDRIS	Driver Type	Named Driver				
named driver Name		Driver NRIC	\$8808960Z	Driver DOS	18/	03/1988	
yster Date of Driver Licensi	11/09/2008	Driver Age	30	Driving Experience	9		
tact No.(Mobile)	85990432	Contact No.(Office)	٥	Contact No.(Home)	0		
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