

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MA806428

Date In: 08/10/2008 19:44	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/ACC/801808714	E-mail (within 8hrs, AIC 2hrs)		
Veh No: FBK 76672	i-Motor Claim Form	MT/10/4878001	09/10/2008
D.O.A: 09/10/2008 14:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		13:32
OD: 1 Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLR 9372E	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	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	Actions

MA806428

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee 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 willful 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. 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	08/10/2018 19:41
Date Of Accident	07/10/2018 14:10
Exact Location Of Accident	JUNCTION UPP CROSS ST TURN RIGHT TO CLEMENCEAU AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7667Z
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD NUH SHAFIQ BIN ISMAIL
NRIC No	S9031774A
Email Address	APITSHAFIQ@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-91894609
Alternative Phone No	OTHERS-91894609

Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-399CC ABS
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077204977-02
Cover Note Number	

Driver

Name of Driver	MOHAMMAD NUH SHAFIQ BIN ISMAIL
NRIC No	S9031774A
Date Of Birth	07/09/1990
Occupation	INDOOR
Date Of Driving Pass	08/01/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91894609
Fax Number	
Contact Number	OTHERS-91894609
Email Address	APITSHAFIQ@LIVE.COM.SG

Address	BLK 114 PASIR RIS STREET 11 #05-579
Postcode	510114
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	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181008/7010

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	SLR9372E
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG LAY KENG
NRIC/Passport Number	S1683418A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD NUH SHAFIQ BIN ISMAIL
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK7667Z
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.

Policyholder's Signature

Date & Time: 06/07/18

Driver's Signature

(If driver is not the policyholder)

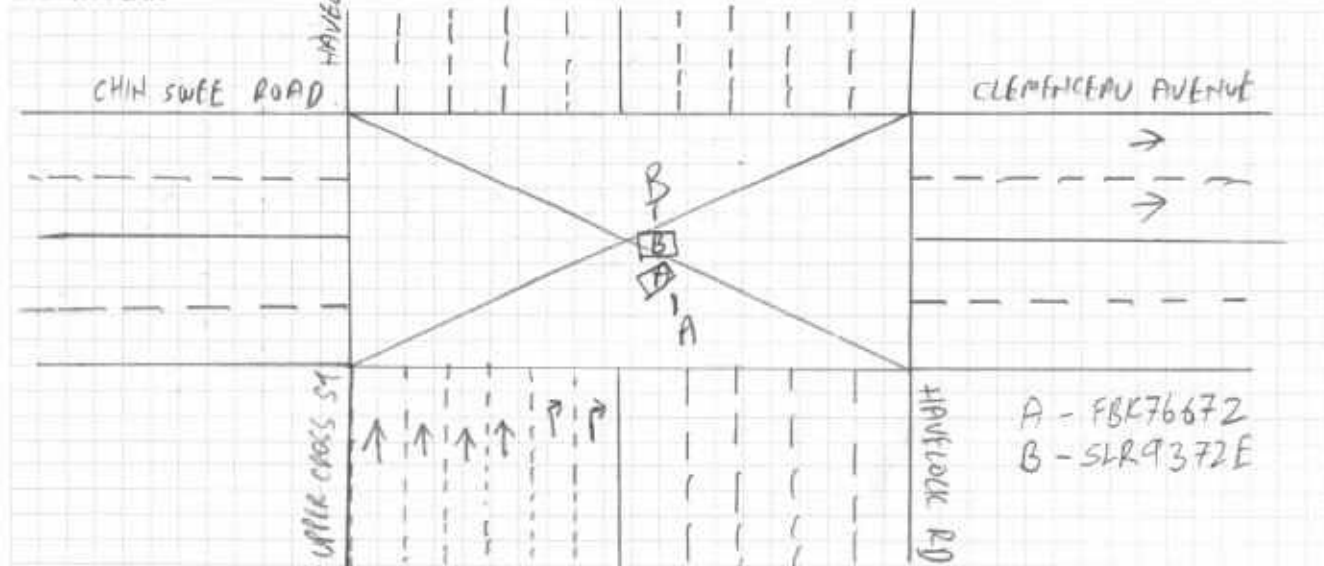
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to Police Report
7/2008/1008/2010

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 08.10.2018

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

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



**SINGAPORE
POLICE FORCE**



T/20181008/7010

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No: T/20181008/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2018 14:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMAD NUH SHAFIQ BIN ISMAIL			Address: APT BLK 114 PASIR RIS STREET 11 #05-579 SINGAPORE 510114		
ID Type / ID No.: NRIC NO / S9031774A			Contact No.: Home/Office: Mobile: 91894609		
Nationality: SINGAPORE CITIZEN			Email: Apitshafiq@live.com.sg		
Sex: Male	Age: 28	Date of Birth: 07/09/1990	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Computer engineer			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/10/2018 14:10	Type of Location: Cross Junction
Location: CLEMENCEAU AVENUE				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK7667Z	Motorcycle	HONDA	CB400X+ABS	Black	Slightly Damaged	0
SLR9372E	Car	MITSUBISHI	Lancer EX	Blue	No Damage	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK7667Z	NTUC Income Insurance Co-Operative Limited	5077204977-02	15/01/2018	14/01/2019



Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD NUH SHAFIQ BIN ISMAIL	ID No.	S9031774A
Related Vehicle	FBK7667Z (Motorcycle)	Contact No.	91894609
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	07/10/2018	Date Discharge	07/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NG LAY KENG	ID No.	S1683418A
Related Vehicle	SLR9372E (Car)	Contact No.	NIL
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.

I rider of vehicle, FBK7667Z, was rider along Upper Cross Street and intending to make a right turn towards Clemenceau Avenue at the traffic light. As I was reaching to the cross junction of Upper Cross Street towards Clemenceau Avenue, I was at the 1st lane from the right wanting to make a right turn. When I made the turn, there was another vehicle, SLR9372E, who was on my left which was at the 2nd lane from the right who was also making a right turn towards Clemenceau Ave. My distance from vehicle SLR9372E was at the rear right side of the vehicle when making the right turn together. As we were approaching around the centre of the junction box, vehicle SLR9372E suddenly tried to make a U turn and collided with me. Vehicle SLR9372E right middle part of the vehicle collided with my left middle and front part of my vehicle FBK7667Z. I manage to not fall off my bike but my left leg was squeezed in between my vehicle FBK7667Z and SLR9372E. After the collision, SLR9372E moved towards Clemenceau Avenue and hand gestured me to settle things there. So I followed the said vehicle, stop by the side of the road just after the finishing the right turn and exchange particulars. Driver of SLR9372E offered assistance and wanted to do private settlement. I told her I will let her know once I have seeing the doctor as I dont know what injuries Im facing. The driver of SLR9372E was Ng Lay Keng, S1683418A. After exchange particulars, the we both went our own ways. I went to see doctor at night of the incident at Central 24 Hr Clinic Bedok and was given 3 days of MC. I sustained injuries to my left upper and lower leg and left arm.



**SINGAPORE
POLICE FORCE**



T/20181008/7010

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20181008/7010

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20181008/7010

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20181008/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476367

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
08/10/2018 14:48

Classification Of Case:

CENTRAL 24-HR CLINIC (BEDOK)
BLK 219 BEDOK CENTRAL #01-124
SINGAPORE 460219

Medical Certificate

Date : 07 Oct 2018
MC No. : 0000238179

This is to certify that :

Name : MOHAMMAD NUH SHAFIQ BIN ISMAIL
NRIC : S9031774A

is Unfit for Duty for 3 days
from 07/10/2018 to 09/10/2018 inclusive.



DOCTOR

For Health News and Updates : <http://news.centralclinic.com.sg>

24-Hour Clinics

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated*

CLEMENTI	Blk 450 Clementi Ave 3 #01-291 Singapore 120450	Tel: 6773 2925
HOUGANG	Blk 681 Hougang Ave 8 #01-831 Singapore 530681	Tel: 6387 6985
JURONG WEST	Blk 492 Jurong West Street 41 #01-54 Singapore 640492	Tel: 6565 7484
PIONEER NORTH	Blk 959 Jurong West Street 92 #01-160 Singapore 640959	Tel: 6251 2775
PASIR RIS	Blk 446 Pasir Ris Drive 6 #01-122 Singapore 510446	Tel: 6582 2640
WOODLANDS	Blk 768 Woodlands Ave 6 #02-06A Woodlands Mart Singapore 730768	Tel: 6365 4895
YISHUN	Blk 701A Yishun Ave 5 #01-04 Singapore 761701	Tel: 6759 7985

10/9/2018

Claim Handling(accident reporting Claim Task)

Claim Handling

Accident MT/1014878

Policy No.	5077204977-02	Vehicle No.	FBK7667Z	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMMAD NUH SHAFIQ BIN ISMAIL			Policyholder NRIC	S9031774A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	91894609	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFR	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	09/10/2018 13:29	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	07/10/2018	Time of Accident (h:mm)	14:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICR No.	
Accident Location	JUNCTION UPP CROSS ST TURN RIGHT TO CLEMENCE RD AVE				

Excess

Dwn.Damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Notification History			

Policyholder Mailing Address

Address 1	BLK 114 #05-579	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510114
Address 4		Address Type	Singapore address		
Unit No.	05-579	Related Policy Number	5077204977-02	Post Code	510114

OI Driver Info

Driver Name	MOHAMMAD NUH SHAFIQ BIN ISMAIL	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9031774A	Driver DOB	07/09/1990
Register Date of Driver License	20/10/2011	Driver Age	28	Driving Experience	6
Contact No.(Mobile)	91894609	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 114 #05-579	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510114
Address 4		Address Type	Singapore address	Post Code	510114
Unit No.	05-579				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	FBK7667Z	Driver Insurer Company	MYTC

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Modification History

Claim 001 **NEW**

Claim Type *	OD-MX	Insured Name	MOHAMMAD NUH SHAFIQ BIN ISMAIL	Insured NRIC	S9031774A
Contact No.(Mobile)	91894609	Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address	apitshafiq@live.com.sg	Vehicle Number	FBK7667Z	Vehicle Number	S1R937
Claim Description	FBK7667Z / S1R937ZE ON 7 Oct 2018				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Finalised No.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				Claim Close Date	09/10/2018 13:32
Report Taken By				Date Received	09/10/2018
<input checked="" type="checkbox"/> Print All letter					

Save Submit

Attachment

Accident No.	MT/1014878	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	09/10/2018 13:32
Path *		Category *	
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 Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_80676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 13:32		Photos	Normal	Photos 2018-10-9	M

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 13:32	Photos	Normal	Photos 2018-10-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 13:32	Photos	Normal	Photos 2018-10-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 13:32	Photos	Normal	Photos 2018-10-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 13:32	Photos	Normal	Photos 2018-10-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 13:32	Photos	Normal	Photos 2018-10-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 13:32	Photos	Normal	Photos 2018-10-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 13:32	Photos	Normal	Photos 2018-10-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 13:32	Photos	Normal	Photos 2018-10-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 13:32	Photos	Normal	Photos 2018-10-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 13:32	Photos	Normal	Photos 2018-10-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 13:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Oct 2018 13:32	SAS	Normal	SAS 2018-10-9

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 07/10/2018 (DD/MM/YYYY), TIME: 14:10 (HH:MM)

LOCATION: CROSS JUNCTION FROM UPPER CROSS STREET TURN RIGHT TO CLEMENCEAU AVENUE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK76672
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5077204977-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA CB400X ABS
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL 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: MOHAMMAD NUH SHAFIQ BIN ISMAIL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9031774A CONTACT: 91894609
c) ADDRESS: 114 PASIR RIS ST 11 #05-579

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 07/09/1990 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08/01/2016

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: ONLINE REPORT

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLR9372E MODEL: MITSUBISHI LANCER EX
b) DRIVER'S NAME: NG LAY KENG
c) NRIC/FIN/PASSPORT: S1683418A CONTACT: _____

9. THIRD PARTY VEHICLE

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

EMAIL = APRISHAFIQ@LIVE.COM.SG

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9031774A**



Name
MOHAMMAD NUH SHAFIQ BIN ISMAIL

Race
MALAY

Date of Birth
07-09-1990

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9031774A**



Name
MOHAMMAD NUH SHAFIQ BIN ISMAIL

Birth Date: **07 Sep 1990**

Issue Date: **09 Mar 2017**

002664256A



3768808



NRIC No. **S9031774A**



Date of issue
13-09-2005

APT. BLK 114 PASIR RIS STREET 11 #05-67B
SINGAPORE 510114

Issue No. **S9031774A** Date **17/11/2015**

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	20 Oct 2011
Class 2A Motorcycles between 201 cc and 400 cc	08 Jan 2016
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	09 Mar 2017

NP 428A

Licence No: **S9031774A**



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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/10/2018 17:16"/>
Vehicle No.(For Motor)	<input type="text" value="FBK7667Z"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5077204977-02		MOHAMMAD NUH SHAFIQ BIN ISMAIL	59031774A	GMC	Third Party, Fire & Theft	FBK7667Z	FBK7667Z	15/01/2018	14/01/2019