

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

190448159474

Date In: 10/12/08 16:57	Job description	Date & Time Completed	Done by
Ref No: NBSA/MCC8022191/Y	SAS e-filing		
Veh No: FBG 3026P	E-mail (w/da 2hrs, AIC 2hrs)		
D.O.A: 07/12/2008 12:30	I-Motor Claim Form	MT/102327-001	10/12/08 18:05
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBF 8110R	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%. P: 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: ( )

Reminders:	1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
	2) QC Check / Post Repair Inspection ( )	
	3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: \_\_\_\_\_

Date/Time	Assessor

<p>190448159474</p> <p>Client Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors Comments:</p> <p>Ref: 1:</p> <p>2 / 3:</p>	<p>Invoice Breakdown:</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$50)</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>\$120</td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td colspan="2">For claiming against INC Only (ver 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> </tr> <tr> <td>7) NI: Idac DA + SMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NIUC Additional Services:-</td> <td></td> </tr> <tr> <td>ON:</td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> </tr> <tr> <td>*N6: Repairs Coordination</td> <td>\$10</td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> </tr> <tr> <td>TP (Nil): TP (N-in INC) against INC</td> <td>\$20</td> </tr> <tr> <td>9) N12: Idac Mobile</td> <td>\$0</td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	1) AR: Accident Reporting (\$30)		2) DA: Damage Assessment (\$100)	INC (\$50)	3) TP: Towing Fee	\$40/\$45	4) PT: Follow-Through Survey	\$120	5) PT: Follow-Through Survey (Resurvey)	\$30	For claiming against INC Only (ver 10 Jan 2005)		6) TR: Re-inspection	\$75	7) NI: Idac DA + SMRT Survey	\$160	8) NIUC Additional Services:-		ON:		*N5: Courtesy Car / Tpt Allowance	\$5	*N6: Repairs Coordination	\$10	*N7: Post Repair Inspection	\$25	*N8: DV / Collect Excess Coordination	\$5	TP (Nil): TP (N-in INC) against INC	\$20	9) N12: Idac Mobile	\$0
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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 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	10/12/2018 16:51
Date Of Accident	07/12/2018 12:30
Exact Location Of Accident	JUNCTION OF NORTH BRIDGE ROAD & COLEMAN LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG3626P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NOOR HASHIM BIN AHMAD KHALIL
NRIC No	S7325183D
Email Address	73HASHIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83380130
Alternative Phone No	OTHERS-83380130

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5075895523-02
Cover Note Number	

### Driver

Name of Driver	NOOR HASHIM BIN AHMAD KHALIL
NRIC No	S7325183D
Date Of Birth	26/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	11/05/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83380130
Fax Number	
Contact Number	OTHERS-83380130
Email Address	73HASHIM@GMAIL.COM

Address	BLK 109 SERANGOON NORTH AVENUE 1 #07-647
Postcode	550109
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 - MAJOR/MINOR RD
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	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/20181208/2064 (TYPE OF COLLISION IS HEAD TO SIDE)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF3110R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHANDIRAN PRASATHKUMAR
NRIC/Passport Number	G7931254T
Contact Number	98992048
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

#### DETAILS OF INJURED PERSON 1

Name	NOOR HASHIM BIN AHMAD KHALIL
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG3626P
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.

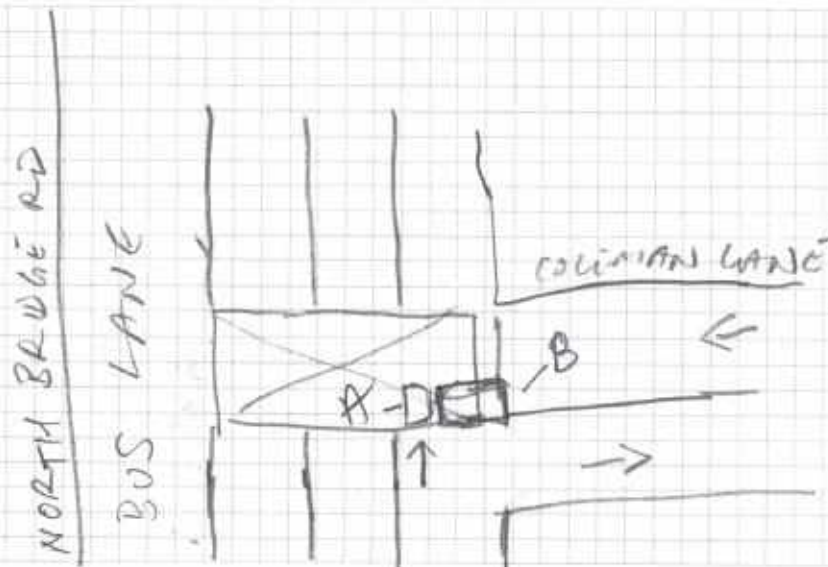
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

- A) FBGT 3626P
- B) GBE 3110R



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT  
 1/2018/208/2064

## DECLARATION

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

 10.12.18

Policyholder's Signature  
 Date & Time:

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

 10/12/2018  
 Reporting Centre Personnel's Signature  
 Name: Reeli Nathan  
 NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20181208/2064

1 of 3

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

Report No. T/20181208/2064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/12/2018 12:56	Vide Report No.:	Station Diary No.: 42
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**Informant's Particulars**

Name of Informant: NOOR HASHIM BIN AHMAD KHALIL			Address: APT BLK 109 SERANGOON NORTH AVENUE 1 #07-647 SINGAPORE 550109	
ID Type / ID No.: NRIC NO / S7325183D			Contact No.: Home/Office: Mobile: 83380130	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 45	Date of Birth: 26/06/1973	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: DISPATCH RIDER			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/12/2018 12:30	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 NORTH BRIDGE ROAD SOUTH BRIDGE ROAD Yellow box at junction of Coleman Lane and North Bridge Road				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG3626P	Motorcycle	YAMAHA	YZF-R15	Red	Slightly Damaged	0
GBF3110R	Van				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG3626P	NTUC Income Insurance Co-Operative Limited	5075895523-02	13/12/2017	12/12/2018



# SINGAPORE POLICE FORCE



T/20181208/2064

2 of 3

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

Report No. T/20181208/2064

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NOOR HASHIM BIN AHMAD KHALIL	ID No.	S7325183D
Related Vehicle	FBG3626P (Motorcycle)	Contact No.	83380130
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	08/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Name			
CHANDIRAN PRASATHKUMAR	ID No.	G7931254T	
Related Vehicle	NIL	Contact No.	98992048
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 07/12/2018 at about 1230hrs, I was riding on my motorcycle FBG3626P along North Bridge Road towards South Bridge Road, at the junction of North Bridge Road and Coleman Lane, lane splitting on the left side of the right lane, when a van GBF3110R suddenly drove out of Coleman Lane to make a right turn into North Bridge Road. As I could not stop in time, my motorcycle collided with the front left side of the van. The collision caused dents on my motorcycle's tank, bends and scratches on signal light, right pedal and front bracket. It also caused minor scratches on the front left side of the van below the left signal light. Subsequently, as the traffic flow was heavy I could immediately pick up my motorcycle and move to the side of the road and exchanged particulars with the other driver. On 08/12/2018 I went for a check up at Shalom Clinic & Surgery for a strained right shoulder and multiple abrasions on my right knee and thigh areas. I was also given a medical certificate for five days from 08/12/2018 to 12/12/2018. I will be using this report for my insurance claim.





**SINGAPORE  
POLICE FORCE**



T/20181208/2064

3 of 3

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

Report No. T/20181208/2064

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:  
D /  
Sgt 2 MUHAMMAD YUSOFF BIN MOHD RASID

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

Signature Of Informant:

Date/Time:  
08/12/2018 12:56

Classification Of Case:

SH 19

SIGNATURE

## Claim Handling

Accident MT/1023277

Policy No.	5075895523-02	Vehicle No.	PBG3626P	GST Registration No.	
Certificate No.					
Policyholder Name	NOOR HASHIM BIN AHMAD KHALIL	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S7325183D
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	83380130	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="text" value="No"/>
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	10/12/2018 17:56	Accident Report Within 34 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	07/12/2018	Time of Accident (h:mm)	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF NORTH BRIDGE ROAD & COLEMAN LANE				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 109 #07-647	Address 2	SERANGOON NORTH AVENUE 1	Address 3	HWT YOH VILLE
Address 4	SINGAPORE 550109	Address Type	Singapore address	Post Code	550109
Unit No.		Related Policy Number	5075895523-03		
<b>01 Driver Info</b>					
Driver Name	NOOR HASHIM BIN AHMAD KHALIL	Driver Type	Main Driver	Driver DOB	26/06/1973
Unnamed driver name		Driver NRIC	S7325183D	Driving Experience	3
Register Date of Driver License	11/05/2015	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	83380130	Contact No.(Office)		Address 3	HWT YOH VILLE
Address 1	BLK 109 #07-647	Address 2	SERANGOON NORTH AVENUE 1	Post Code	550109
Address 4	SINGAPORE 550109	Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	PBG3626P	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MK	Insured Name	NOOR HASHIM BIN AHMAD KHA	Insured NRIC	S7325183D
Contact No.(Mobile)	83380130	Contact No.(Home)	62911612	Contact No.(Office)	
Email Address	T3HASHIM@GMAIL.COM	CI Vehicle Number	PBG3626P	TP Vehicle Number	UBF31
Claim Description	PBG3626P / GBF3116N ON 7 Dec 2018				
Preferred Workshop		Inured Liability	Not at Fault		
Repair Option	Preferred	Preferred Workshop, Name unknown			
Date Registered		GSA report	Received		
Report Taken By		Claim Close Date		Date Received	10/12/
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1023277	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	10/12/2018 18:05
Path *			
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 *
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 18:05		Photos	Normal
Description			
Photos 2018-12-10			



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 18:05	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 18:05	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 18:05	Photos	Normal	Photos 2018-12-10
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 18:04	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 18:04	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 18:04	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 18:04	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 18:04	Photos	Normal	Photos 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 18:04	SAS	Normal	SAS 2018-12-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2018 18:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-10

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>	

## ACCIDENT STATEMENT

ACCIDENT DATE: (7/12/18) (DD/MM/YYYY), TIME: (12:30) (HH:MM)

LOCATION: NORTH BRIDGE RD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 3626 P  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: V2F R15  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
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: NOOR HASHIM B. AHMAD KHAULI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7325183D CONTACT: 83380130  
c) ADDRESS: BLK 109 SERANGOON NORTH AVE 1  
#07-647 SINGAPORE 550109

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

#### DRIVER

- a) NAME: NOOR HASHIM B. AHMAD KHAULI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7325183D CONTACT: 83380130  
c) ADDRESS: BLK 109 SERANGOON NORTH AVE 1  
#07-647 SINGAPORE 550109

\*d) DATE OF BIRTH: (26/06/1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11.5.2015

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: QUEENSTOWN NPC

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GRF 3110R MODEL:  
b) DRIVER'S NAME: CHANDIRAN PRASATH KUMAR  
c) NRIC/FIN/PASSPORT: S79312547 CONTACT: 98997048

### 9. THIRD PARTY VEHICLE

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

\* No of passengers  
(Including driver)  
( )

\* No of passengers  
(Including driver)  
( )


\* No of passengers  
(Including driver)  
( )

email = 73hashim@gmail.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7325183D



Name  
NOOR HASHIM BIN AHMAD  
KHALIL

Race  
MALAY

Date of birth  
26-06-1973

Country/Place of birth  
SINGAPORE

Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE


Identity No. S7325183D

NOOR HASHIM BIN AHMAD  
KHALIL

Birth Date 26 Jun 1973

Issue Date 30 Jun 2016

002818482C



5766615



NRIC No. S7325183D



Date of issue  
23-06-2017

Address  
APT BLK 109 SERANGOON NORTH AVENUE 1  
#07-647  
SINGAPORE 550109

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	11 May 2015
Class 2A	Motorcycles between 201 cc and 400 cc	30 Oct 2017

NP 428A

Licence No: S7325183D



Hello, NAC\_BUKIT\_MERAH\_800676

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My Desktop

Notice of Loss

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/12/2018 15:45"/>
Vehicle No.(For Motor)	<input type="text" value="FBG3626P"/>	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="radio"/>	5075895523-02		NQOR HASHIM BIN AHMAD KHALIL	57325183D	GMC	Third Party, Fire & Theft	FBG3626P	FBG3626P	13/12/2017	12/12/2018