

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MAA4166497

Date In: 27/12/2018 17:28	Job description	Date & Time Completed	Done by
Ref No: NBA/INC1802292914	SAS e-filing		
Veh No: FT 6704	E-mail (w/da 3hrs, AIC 2hrs)		
D.O.A: 16/11/2018 21:30	I-Motor Claim Form	MT/1025447-001	27/12/2018
OID: TR: Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		18:21
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: SJU 383R	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 repair.
- () Total Loss Case: to e-mail Insurer URGENTLY.
- Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC/Non-INC) (6788/6616)

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

Injury: _____

Date Time Actions

NBA1808512

Claimant's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUG Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*NB: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N11: Idao 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 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	27/12/2018 17:28
Date Of Accident	16/11/2018 21:30
Exact Location Of Accident	JUNCTION OF BOON KENG ROAD AND TOWNER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT6770U
Insured/Policyholder	
Name Of Registered Owner	ISMAIL BIN HUSSIN
NRIC No	S0545422J
Email Address	HI@RLFISM.COM
Mobile Phone No	(LOCAL) +65-97238184
Alternative Phone No	OTHERS-84446494

Vehicle Particulars

Manufacturer	HONDA
Model	CM 125 CR-124CC (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	REPORTING ONLY
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	5052521191-06
Cover Note Number	

Driver

Name of Driver	IBNUR ALIFF BIN ISMAIL
NRIC No	S9127552Z
Date Of Birth	12/08/1991
Occupation	INDOOR
Date Of Driving Pass	18/08/2010
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84446494
Fax Number	
Contact Number	OTHERS-97238184
EMail Address	HI@RLFISM.COM

Address	BLK 421 CLEMENTI AVENUE 1 #05-375
Postcode	120421
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181119/2043

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	SJU383R
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	IBNUR ALIFF BIN ISMAIL
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FT6770U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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: 27 Dec 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: 27 Dec 2018

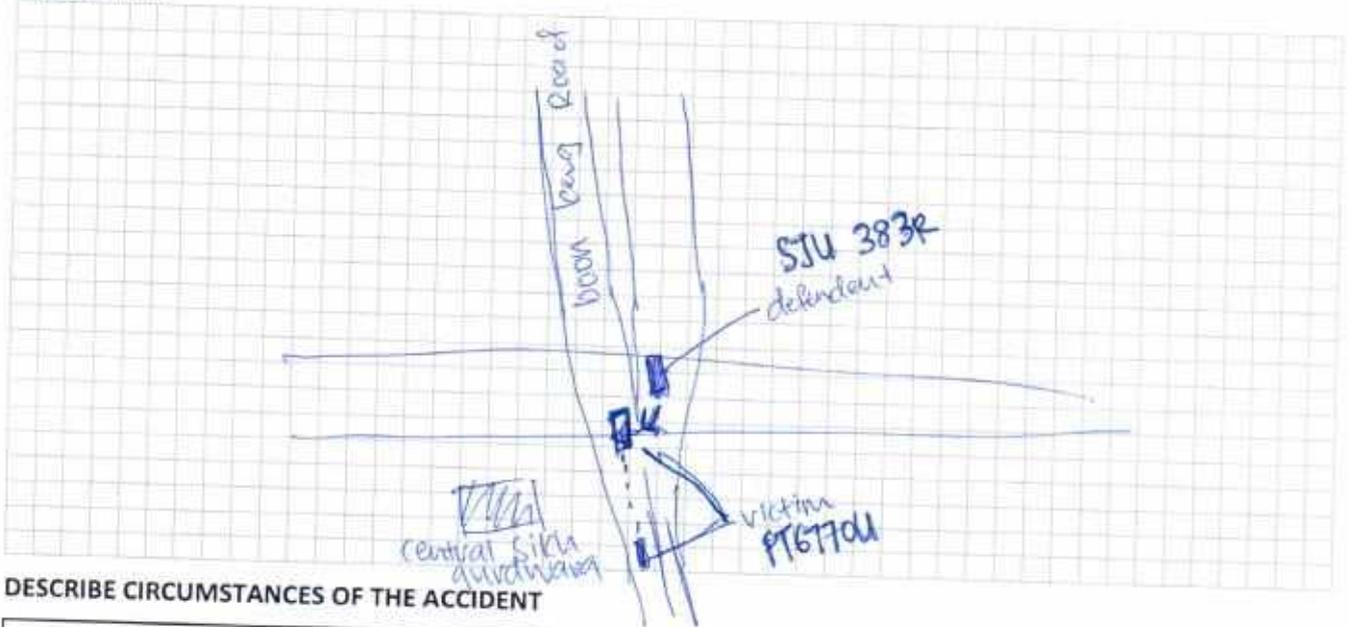
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

27/12/2018
Rashmi Kumar

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLEASE REFER TO POLICE REPORT
7/2018/19/2043*

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: 27 Dec 2018

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 27 Dec 2018

[Signature] 27/12/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20181119/2043

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20181119/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2018 12:01	Vide Report No.:	Station Diary No.: 84
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Informant's Particulars

Name of Informant: IBNUR ALIFF BIN ISMAIL		Address: APT BLK 421 CLEMENTI AVE 1 #05-375 SINGAPORE 120421	
ID Type / ID No.: NRIC NO / S9127552Z		Contact No.:	Mobile: 84446494
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 12/08/1991	Type of Informant: Rider
Race: Javanese		Language: English	Institution / School Name:
Occupation: Graphic designer		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/11/2018 21:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TOWNER ROAD SERANGOON ROAD towards Boon Keng Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT6770U	Motorcycle					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181119/2043

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20181119/2043

CONTINUATION OF REPORT

Rider			
Name	IBNUR ALIFF BIN ISMAIL	ID No.	S9127552Z
Related Vehicle	FT6770U (Motorcycle)	Contact No.	84446494
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/11/2018	Date Discharge	17/11/2018
No. of Days granted Medical Leave	04	Degree of Injury	Serious

Brief Details.

On 16/11/2018 at about 2130hrs, I was riding my motorcycle along Towner Road towards Boon Keng Road.

As I was going through the junction of Towner Road and Serangoon Road, I noted that the traffic light had turned amber when I was halfway through. Suddenly, a vehicle from the opposite direction, turned right from Boon Keng Road towards Serangoon Road and collided into my right side.

Due to the impact, I fell from my motorcycle and was rolling towards my left. A passerby then carried me over to side of the road, near to the traffic light. Some other passerby helped to bring up my motorcycle and gathered my box. I noticed that I was bleeding from my right leg. I felt pain shooting down my left jaw when I clenched it, I was unable to turn my head fully to the left.

Shortly after, the ambulance arrived and paramedics attended to me. While I was inside the ambulance, the traffic police came and took down my particulars. I was advised to lodge a police report later on.

I wish to state that I also suffered bruises on my right shoulder and left elbow area.



**SINGAPORE
POLICE FORCE**



T/20181119/2043

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20181119/2043

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 PAY ZHIQIN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	

Signature Of Informant:	
Date/Time:	19/11/2018 12:01
Classification Of Case:	

Authentication Stamp NP158 SINGAPORE POLICE FORCE SN 37 SIGNATURE

Claim Handling

Accident MT/1025447

Policy No.	5052521191-06	Vehicle No.	FT6770U	GST Registration No.	
Certificate No.					
Policyholder Name	ISMAL BIN HUSSIN	Cover Type	Third Party	Policyholder NRIC	50545422J
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97238184	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	No *
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	27/12/2018 18:10	Accident Report Within 24 hrs	Yes	Accident Type	Contains - Head on collision
Date of Accident	16/11/2018	Time of Accident hh:mm	21:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF BUON KENG ROAD AND TOWNER ROAD				

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			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 421 #05-375	Address 2	CLEMENTS AVENUE 1	Address 3	SINGAPORE 120421
Address 4		Address Type	Singapore address	Post Code	120421
Unit No.		Related Policy Number	5052521191-06		

Q1 Driver Info

Driver Name	IBNUR ALIFF BIN ISMAIL	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S91275522	Driver DOB	12/06/1991
Register Date of Driver License	18/06/2010	Driver Age	27	Driving Experience	8
Contact No.(Mobile)	84446694	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	FT6770U	Driver Insurer Company	NTUC

Declaration

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

Claim 001 **Save**

Claim Type *

Contact No.(Mobile)	97238184	DD-MK	Injured Name	ISMAL BIN HUSSIN	Injured NRIC	50545422J
Email Address		Contact No.(Home)	Contact No.(Office)			
Claim Description	FT6770U / SRV363R DM 16 Nov 2018					
Preferred Workshop		Insured Liability	Not at Fault	Vehicle Number	SRV363R	
Insured Repair Option		Preferred Workshop, Name unknown	GIA report	Name of Preferred Workshop		
Date Registered		Report Taken By	KOSLI WAHAB	Claim Close Date		
				Date Received	27/12/18	

Print All letter

Save Submit

Attachment

Accident No.	MT/1025447	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	27/12/2018 18:21
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	RC
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) ON 27 Dec 2018 18:21		Photos	Normal	Photos 2018-12-27	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 18:21	Photos	Normal	Photos 2018-12-27
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 18:21	Photos	Normal	Photos 2018-12-27
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 18:20	Photos	Normal	Photos 2018-12-27
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 18:20	Photos	Normal	Photos 2018-12-27
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 18:20	Photos	Normal	Photos 2018-12-27
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 18:20	Photos	Normal	Photos 2018-12-27
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 18:20	Photos	Normal	Photos 2018-12-27
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 18:20	Photos	Normal	Photos 2018-12-27
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 18:19	Photos	Normal	Photos 2018-12-27
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 18:19	Photos	Normal	Photos 2018-12-27
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 18:19	Photos	Normal	Photos 2018-12-27
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 18:19	Photos	Normal	Photos 2018-12-27
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 18:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-27
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Dec 2018 18:19	SAS	Normal	SAS 2018-12-27

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 11 / 2018) (DD/MM/YYYY). TIME: (09 : 30) (HH:MM)

LOCATION: BOON KENG ROAD JUNCTION

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FT6770U
- b) INSURANCE COMPANY: # NTUC
- c) POLICY NUMBER: 5052521191-06
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: 1
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: transportation
- 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: ISMAIL BIN HUSSIN (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: S05454223 CONTACT: 97238184
- C) ADDRESS: Cementi Ave 1 Bk 421 #05-375

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: IBNUH ALIFF BIN ISMAIL (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S9127522 CONTACT: 84446494
- c) ADDRESS: Cementi Ave 1 Bk 421 #05-375

* d) DATE OF BIRTH: (12 / 08 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 18 Aug 2010

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: Cementi Headquarter

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJU383 MODEL: Mercedes
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email = hi@rlfism.com

VIDEO

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S9127552Z



Name
 IBNUR ALIFF BIN ISMAIL

ابنور اليف بن اسمعيل

Race
 JAVANESE

Date of birth
 12-08-1991

Sex
 M

Country of birth
 SINGAPORE





REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9127552

Name
 IBNUR ALIFF BIN ISMAIL

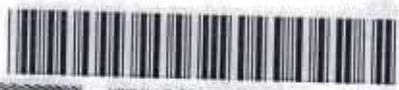
Birth Date: 12 Aug 1991

Issue Date: 18 Aug 2010

001004640A




4267565



NRIC No: S9127552Z



Date of issue
 04-08-2008

APT BLK 421 CLEMENTI AVE 1 #05-375
 SINGAPORE 120421

NRIC No: S9127552Z Date: 08/09/2012 No: 7184140

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

Class	Vehicle Description	Effective Date
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	18 Aug 2010
Class 2	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS	28 Jun 2010

S / No. 9000262215

NP 428A

License No: S9127552Z



Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5052521191-06		ISMAIL BIN HUSSIN	50545422	GMC	Third Party	FT6770U	FT6770U	17/01/2018	16/01/2019

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