

# NATIONAL Assessment Centre Services.

(over 1 Jan 2003)

MAA 48167657

Date In: 3/12/2008 14:00	Job description	Date & Time Completed	Done by
Ref No: N/A/INC00233574	SAS e-filing		
Veh No: FB99202P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/11/2008 18:10	I-Motor Claim Form	MT/1021558-002	3/12/2008 15:02
OID: 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/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SJS892Z	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: ( )		

General Remarks:	INC/Non-INC ( )	Complete 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

Claimant's Particulars:	Invoice Details:
Driver/Owner:	1) AL: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TF: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey) \$30
Ref. 1:	For claiming against INC Only (over 10 Jan 2003)
2/3:	6) TR: Re-inspection \$75
	7) NI: IDao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance \$5
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (N11): TP (N-in INC) against INC \$20
	9) N12: Idea Mobile \$0
	Invoice dated
	Invoice dated

Fee Charged

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	31/12/2018 14:46
Date Of Accident	08/11/2018 18:10
Exact Location Of Accident	ALONG PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG9202P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOPIWALA MURTUZA KUTUBUDDIN
NRIC No	S8262540B
Email Address	MURTAZAT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96710193
Alternative Phone No	OTHERS-96710193

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
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	5087154662-01
Cover Note Number	

### Driver

Name of Driver	TOPIWALA MURTUZA KUTUBUDDIN
NRIC No	S8262540B
Date Of Birth	05/10/1982
Occupation	INDOOR
Date Of Driving Pass	30/12/2009
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96710193
Fax Number	
Contact Number	OTHERS-96710193
EMail Address	MURTAZAT@HOTMAIL.COM

Address	55 TAMPINES CENTRAL 7 #13-08
Postcode	528617
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 (including own vehicle) 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	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 /20181121/7037 AND T/20181121/7019

#### 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	SJS892Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GAN MENG KIONG
NRIC/Passport Number	S7223797H
Contact Number	81985692
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### DETAILS OF INJURED PERSON 1

Name

TOPIWALA MURTUZA KUTUBUDDIN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBG9202P

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:   
NRIC/FIN No.: 

# SKETCH PLAN

PASIR PANJANG ROAD

A) FBG 9202P  
B) SJS 892Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLEASE REFER TO POLICE REPORT  
D/2018/121/7037 & T/2018/121/7019*

## DECLARATION

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

*[Signature]*  
Policyholder's Signature

Date & Time:

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

*[Signature]* 31/12/2018  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



D/20181121/7037

1 of 3

**POLICE REPORT (NP299)**

Report No. D/20181121/7037

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 21/11/2018 21:00	Vide Report No.		Station Diary No.	
Name Of Informant TOPIWALA MURTUZA KUTUBUDDIN	Address 55 TAMPINES CENTRAL 7 #13-08 SINGAPORE 528617			
ID Type / ID No. NRIC NO / S8262540B	Contact No. Home/Office:		Mobile: 96710193	
Nationality SINGAPORE CITIZEN	Email Address murtazat@hotmail.com			
Occupation Information technology project manager	Sex Male	Age 36	Date of Birth 05/10/1982	Race Indian
Institution/School Name	Language English			
Date/Time Of Incident 08/11/2018 18:10	Location Of Incident PASIR PANJANG ROAD			

**Brief details.**

This incident happened on 8th November 18:10 while i was returning back home from office...I was riding on a motorbike going towards Alexandra road, the car in front suddenly turned left without checking the blind spot and giving any indicator..I was coming from behind on the left and banged into the front door of the car.. Fell off from the motorbike with the bike on my right leg...The impact was so bad that my motorcycle handle broke into half . I had bruises on my hand and leg, my right foot had little swelling but i was able to walk and parked my bike into the car park..I exchanged the particulars with the driver and he went away.. After an hour my right foot was swollen and i couldn't walk at all, i called my friend who drove me to Changi General Hospital for medical assistance.. Xrays were taken and it turned out to be a

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/11/2018 21:00
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



D/20181121/7037

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20181121/7037

fracture on the foot, since then i'm bed ridden and the doctor advised for a complete bedrest for 4-6 weeks before i could walk again..I'm trying to contact the car driver through whatsapp, he did not have a courtesy to check on me despite me sending multiple messages on WA which he has read..

I would like to file a report against the driver for his negligence and want this to be investigated, the particulars of the driver is as below..

Driver Name : Gan Meng Kiong

ID Number :S7223797H

Subjects Involved			
Suspect			
Person Name	Gan Meng Kiong		
ID Type	NRIC NO	ID No	S7223797H
Gender	Male	Age	46
Race	Chinese	Language	English
Victim			
Person Name	TOPIWALA MURTUZA KUTUBUDDIN		
ID Type	NRIC NO	ID No	S8262540B
Gender	Male	Age	36
Race	Indian	Language	English
Occupation	Information technology project manager	Address Type	

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

21/11/2018 21:00

Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



D/20181121/7037

3 of 3

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. D/20181121/7037

Address	55 TAMPINES CENTRAL 7 #13-08 SINGAPORE 528617	Mobile No	96710193
Is Informant A Victim?	Yes		
Person Name	TOPIWALA MURTUZA KUTUBUDDIN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

21/11/2018 21:00

Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



T/20181121/7019



# SINGAPORE POLICE FORCE



T/20181121/7019

1 of 4

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

Report No. T/20181121/7019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/11/2018 21:28		Vide Report No.: D/20181121/7037		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TOPIWALA MURTUZA KUTUBUDDIN			Address: 55 TAMPINES CENTRAL 7 #13-08 SINGAPORE 528617		
ID Type / ID No.: NRIC NO / S8262540B			Contact No.: Home/Office: Mobile: 96710193		
Nationality: SINGAPORE CITIZEN			Email: murtazat@hotmail.com		
Sex: Male	Age: 36	Date of Birth: 05/10/1982	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Information technology project manager			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/11/2018 18:10	Type of Location: Straight Road
Location:  PASIR PANJANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 30 Km/h
Traffic Flow: One 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
FBG9202P	Motorcycle	BAJAJ CHETAK	PULSAR+20 0+NS+MAN UAL	Black	Seriously Damaged	1
SJS892Z	Car	MITSUBISHI		Red	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20181121/7019

2 of 4

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

Report No. T/20181121/7019

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG9202P	NTUC Income Insurance Co-Operative Limited	5087154662-01	02/01/2018	01/01/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	TOPIWALA MURTUZA KUTUBUDDIN		ID No.	S8262540B
Related Vehicle	FBG9202P (Motorcycle)		Contact No.	96710193
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/11/2018		Date Discharge	08/11/2018
No. of Days granted Medical Leave		30	Degree of Injury	Serious
Driver				
Name	Gan Meng Kiong		ID No.	S7223797H
Related Vehicle	SJS892Z (Car)		Contact No.	81985692
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

**Brief Details.**

This incident happened on 8th November 18:10 while i was returning back home from office...I was riding on a motorbike going towards Alexandra road, the car in front suddenly turned left without checking the blind spot and giving any indicator..I was coming from behind on the left and banged into the front door of the car.. Fell off from the motorbike with the bike on my right leg...The impact was so bad that my motorcycle handle broke into half . I had bruises on my hand and leg, my right foot had little swelling but i was able to walk and parked my bike into the car park..I exchanged the particulars with the driver and he went away.. After an hour my right foot was swollen and i couldn't walk at all, i called my friend who drove me to Changi General Hospital for medical assistance.. Xrays were taken and it turned out to be a fracture on the foot, since then i'm bed ridden and the doctor advised for a complete bedrest for 4-6 weeks before i could walk again..I'm trying to contact the car driver through whatsapp, he did not have a courtesy to check on me despite me sending multiple messages on WA which he has read..

- Pictures of the incidents are available
- Traffic light turning left to Mapletree business city
- Pasir Panjang Road



**SINGAPORE  
POLICE FORCE**



T/20181121/7019

3 of 4

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

Report No. T/20181121/7019

**CONTINUATION OF REPORT**

I would like to file a report against the driver for his negligence and want this to be investigated, the particulars of the driver is as below..

Driver Name : Gan Meng Kiong  
ID Number :S7223797H





**SINGAPORE  
POLICE FORCE**



T/20181121/7019

4 of 4

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

Report No. T/20181121/7019

**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.: 65476204

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:  
21/11/2018 21:28

Classification Of Case:

## Claim Handling

Accident MT/1021558

Policy No.	5067154662-01	Vehicle No.	FBG9202P	GST Registration No.	
Certificate No.					
Policyholder Name	TOPIWALA MURTUZA KUTUBUDDIN			Policyholder NRIC	582625408
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## Accident Details

Report Date	27/11/2018 12:43	Accident Report Within 24 hrs	Yes	Accident Type	Side Smp.
Date of Accident	08/11/2018	Time of Accident hh:mm	18:20	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	Yes	ICM No.	3753325
Accident Location	30 PASIR PANJANG RD TWOS MAPLE TREE BUSINESS CITY				

## Excess

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			

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	51 TAMPAINES AVENUE 1	Address 2	#02-04 THE TROPICA	Address 3	SINGAPORE 529771
Address 4		Address Type	Singapore address	Post Code	529771
Unit No.	02-04	Related Policy Number	5067154662-01		

## OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	DD-MX	Insured Name	TOPIWALA MURTUZA KUTUBUDDIN	Insured NRIC	582625408
Contact No.(Mobile)	96710193	Contact No. (Home)		Contact No. (Office)	
Email Address		OI		TP	
Claim Description		Vehicle Number	FBG9202P	Vehicle Number	BJS892
Preferred Workshop			FBG9202P / 5158922 ON 8 Nov 2018	Name of Preferred Workshop	
Insured Liability	Not at Fault				
Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered	31/12/2018 14:44	Claim Close Date		Date Received	31/12/
Report Taken By	BOSLI WAHAB				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1021558	Claim No.	002
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	31/12/2018 15:02
Path *		Category *	
Choose File No file chosen		Confidential	<input type="checkbox"/> NO <input type="checkbox"/> YES
Choose File No file chosen		Urgency *	<input type="checkbox"/> Normal <input type="checkbox"/> High
Choose File No file chosen			
Choose File No file chosen			
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	File
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 31 Dec 2018 15:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-31	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 31 Dec 2018 15:02	SAS	Normal	SAS 2018-12-31	



12/31/2018

## Claim Handling( Claim Task )



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 14:45

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Dec 2018 14:45

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Video List

Uploaded By/Date

Folder Date

File Name



Source

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## ACCIDENT STATEMENT

ACCIDENT DATE: 08/11/2018 (DD/MM/YYYY). TIME: 18:10 (HH:MM)

LOCATION: PASIR PANJANG ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 9202 P  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5087154662-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BAJAJ PULSAR NS 200  
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: Topikale Murtaza Kutubuddin (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 58265408 CONTACT: 96710193  
c) ADDRESS: #13-08, Block 55, Citylife @ Tampines, Tampines  
Central 7, 5528617

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

#### DRIVER

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

\*d) DATE OF BIRTH: 05/10/1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Clementi Division

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJS 8922 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: GAN MENG KIONG  
c) NRIC/FIN/PASSPORT: S7223797H CONTACT: 81985692

### 9. THIRD PARTY VEHICLE

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

email = murtazat@hotmail.com  
VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8262540B



Name  
TOPIWALA MURTUZA  
KUTUBUDDIN

Race  
INDIAN  
Date of birth  
05-10-1982  
Country of birth  
INDIA

Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8262540B

Holder  
TOPIWALA MURTUZA  
KUTUBUDDIN

Birth Date 05 Oct 1982

Issue Date 21 Dec 2010



4928505

NRIC No. S8262540B



Date of issue  
24-01-2013

55 TAMPINES CENTRAL 7 #13-08  
SINGAPORE 528817

NRIC No. S8262540B Date: 12/05/2018

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

EFFECTIVE DATE

Class 2B Motorcycles  $\leq$  200 cc 30 Dec 2009  
Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver, and other motor vehicles  $\leq$  2500kg 30 Dec 2009



Licence No: S8262540B

NP 428A

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## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="08/11/2018 13:41"/>
Vehicle No. (For Motor)	<input type="text" value="FBG9202P"/>	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"/>	5087154662-01		TOPIWALA MURTUZA KUTUBUDDIN	S8262540B	GMC	Third Party	FBG9202P	FBG9202P	02/01/2018	01/01/2019