

# NATIONAL Assessment Centre Services.

MAA 119002136

Date In: 05/01/2019 11:28	Job description	Date & Time Completed	Done by
Ref No: MAA 119002136	SAS e-filing		
Veh No: FBK 45265	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 04/01/2019 23:25	I-Motor Claim Form	mt1106544001	05/01/2019 18:00
OID (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SKR 7247J	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: ( )		

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

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

Date/Time	Actions

MAA 119002136	INVOICE REFUNDATION
Comments 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
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2005)
Sat. 1:	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance \$3
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TP (Nil): TP (Non INC) against INC \$20
	9) NI: 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	05/01/2019 17:39
Date Of Accident	04/01/2019 23:25
Exact Location Of Accident	JALAN ANGGEREK ALONG MERPATI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4526S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AHMAD NABIIL SYAFIIQ BIN MOHAMED ANWAR
NRIC No	S9534236A
Email Address	BEEL_121@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90179384
Alternative Phone No	OTHERS-90179384

### Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ135-133CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	5074711706-03
Cover Note Number	

### Driver

Name of Driver	AHMAD NABIIL SYAFIIQ BIN MOHAMED ANWAR
NRIC No	S9534236A
Date Of Birth	17/09/1995
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90179384
Fax Number	
Contact Number	OTHERS-90179384
Email Address	BEEL_121@HOTMAIL.COM

Address	BLK 121 PAYA LEBAR WAY #04-2831
Postcode	381121
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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190105/2106

#### 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	SLK7247J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AJIT MASIH S/O ANAIT MASIH
NRIC/Passport Number	S1458776D
Contact Number	91411963
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	AHMAD NABIIL SYAFIIQ BIN MOHAMED ANWAR
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBK4526S
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: 05 January 2019  
19:30hr

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

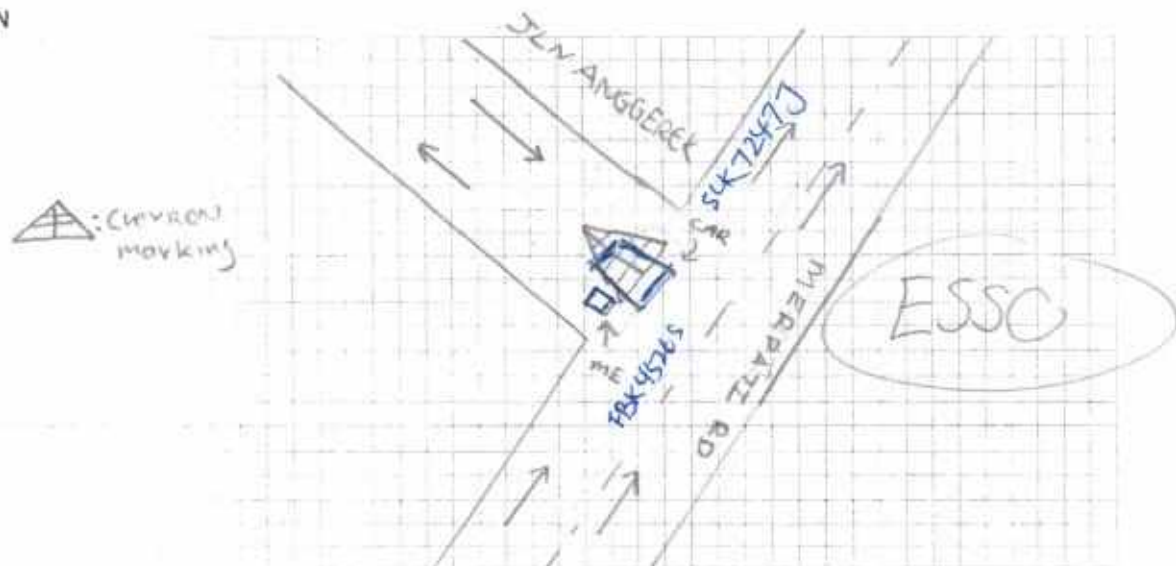
Name:

NRIC/FIN No.:

05/01/2019  
Koh Li Wen



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
 7/28/90/05/2106

## DECLARATION

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

Policyholder's Signature

Date & Time: 5 January 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

05/01/2019  
 Rosli Haris



# SINGAPORE POLICE FORCE



T/20190105/2106

1 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20190105/2106

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/01/2019 16:58	Vide Report No.:	Station Diary No.: 52
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**Informant's Particulars**

Name of Informant: AHMAD NABIIL SYAFIIQ BIN MOHAMED ANWAR			Address: APT BLK 121 PAYA LEBAR WAY #04-2831 SINGAPORE 381121		
ID Type / ID No.: NRIC NO / S9534236A			Contact No.: Home/Office: Mobile: 90179384		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 17/09/1995	Type of Informant: Rider		
Race: Boyanese			Language:		Institution / School Name:
Occupation: SEA FARER			Driving Licence Information: Class: 2B,2A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/01/2019 23:25	Type of Location: Y-Junction
Location: Along Road 1 Traveling Toward Road 2 MERPATI ROAD JALAN ANGGEREK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
FBK4526S	Motorcycle	YAMAHA	RXZ	Blue	Slightly Damaged	0
SLK7247J	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK4526S	NTUC Income Insurance Co-Operative Limited	5074711706-03	06/10/2018	05/10/2019





**SINGAPORE  
POLICE FORCE**



T/20190105/2106

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

2 of 3

Report No. T/20190105/2106

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	AHMAD NABIIL SYAFIIQ BIN MOHAMED ANWAR	ID No.	S9534236A
Related Vehicle	FBK4526S (Motorcycle)	Contact No.	90179384
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Ajit Masih s/o anait masih	ID No.	S1458776D
Related Vehicle	SLK7247J (Car)	Contact No.	91411963
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.**

One 04/01/2019 at about 2325hrs, I was riding along Merpati Road (Near to Aljunied Road), While Turning left into Jln Anggerek. There is a Black car behind me made a sudden turn from the chevron hit the side of my bike which caused me to fell. I suffered a light abrasion on my right knee. The car driver came out of his car and we exchanged particulars. I asked the driver how he want to settle the issue and he said he is unable to pay and he told me to claim insurance. There is some scratches on my bike and his front left rim of this car came out. That is all.





**SINGAPORE  
POLICE FORCE**



T/20190105/2106

3 of 3

Report No. T/20190105/2106

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

**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:

G /

Sgt 1 YIP YONG NAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

05/01/2019 16:58

Classification Of Case:

Authentication Stamp

NP158



SIGNATURE

## Claim Handling

Task Transfer Exit

## Accident MT/1026544

LOS SAL SUB

Policy No.	5074711700-03	Vehicle No.	FBK45265	GST Registration No.	
Certificate No.					
Policyholder Name	AHMAD NABIL SYAFIQ BIN MOHAMED ANWAR			Policyholder NRIC	S9534236A
Product Code	MDTRCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90179384	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

## Accident Details

Report Date	05/01/2019 17:52	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	04/01/2019	Time of Accident (h:mm)	23:25	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	JALAN ANGGEREK ALONG MERPATI ROAD				

## 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 Status Verified	Yes
GST Registration No.					
Modification History					

## Policyholder Mailing Address

Address 1	BLK 121 #04-2831	Address 2	PAYA LEBAR WAY	Address 3	SINGAPORE 381121
Address 4		Address Type	Singapore address	Post Code	381121
Unit No.	04-2831	Related Policy Number	5074711700-03		

## OT Driver Info

Driver Name	AHMAD NABIL SYAFIQ BIN MOHAMED ANWAR	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9534236A	Driver DOB	17/09/1995
Register Date of Driver License	17/09/2015	Driver Age	23	Driving Experience	3
Contact No.(Mobile)	90179384	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 121 #04-2831	Address 2	PAYA LEBAR WAY	Address 3	SINGAPORE 381121
Address 4		Address Type	Singapore address	Post Code	381121
Unit No.	04-2831				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	FBK45265	Driver Insurer Company	NTUC

## Declaration

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

## Investigation

## Claim 001 OD-MX New

## Claim Case Officer

LOS SAL SUB

Claim Type	OD-MX	Insured Name	AHMAD NABIL SYAFIQ BIN MO	Insured NRIC	S9534236A
Contact No.(Mobile)	90179384	Contact No.(Home)		Contact No.(Office)	
Email Address	BEEK_171@HOTMAIL.COM	OT Vehicle Number	FBK45265	TP Vehicle Number	SLK7247J
Claim Description	FBK45265 / SLK7247J ON 4 Jan 2019				
Preferred Workshop	<input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Repair Option	Preferred Workshop Name	Insured Liability report	Not at fault Received
Publication Date Registered	05/01/2019 18:00	Claim Close Date		Date Received	05/01/2019 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Modification History

## Special Claim Creation Approval

Approval	Reason
Remarks	

## Attachment

Accident No.	MT/1026544	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	05/01/2019 00:00

Path \*

- 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





















Category *	Confidential	Urgency *	Description *
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	



Message Read

Send Message Upload

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Jan 2019 17:57	Photos	Normal	Photos 2019-1-5		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Jan 2019 17:57	Photos	Normal	Photos 2019-1-5		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Jan 2019 17:57	Photos	Normal	Photos 2019-1-5		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Jan 2019 17:57	Photos	Normal	Photos 2019-1-5		<a href="#">Edit</a>
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Jan 2019 17:57	Photos	Normal	Photos 2019-1-5		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Jan 2019 17:56	Photos	Normal	Photos 2019-1-5		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Jan 2019 17:56	Photos	Normal	Photos 2019-1-5		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Jan 2019 17:56	Photos	Normal	Photos 2019-1-5		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Jan 2019 17:56	Photos	Normal	Photos 2019-1-5		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Jan 2019 17:56	Photos	Normal	Photos 2019-1-5		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Jan 2019 17:56	Photos	Normal	Photos 2019-1-5		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Jan 2019 17:56	Photos	Normal	Photos 2019-1-5		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Jan 2019 17:56	Photos	Normal	Photos 2019-1-5		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Jan 2019 17:56	Photos	Normal	Photos 2019-1-5		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Jan 2019 17:56	SAS	Normal	SAS 2019-1-5		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Jan 2019 17:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-5		<a href="#">Edit</a>

## Video List

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

## ACCIDENT STATEMENT

ACCIDENT DATE: (04 / 01 / 2019) (DD/MM/YYYY). TIME: (23 : 25) (HH:MM)

LOCATION: Jalan Anggerik along Merpati Rd.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK45265  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: 507471166-03  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMAHA EX2  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: ~~Private~~ on way home  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ YES ☐ NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Ahmad Nabil Syahid (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 59534236A CONTACT: 90120524  
c) ADDRESS: 121 Paya Lekar Way #04-2831  
SC 38121

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

### DRIVER

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

\*d) DATE OF BIRTH: (17 / 05 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17/01/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: employer

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: Anylong N.P.C

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SK 72475 MODEL:  
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:

Email = bce1\_121@hotmail.com

VIDEO



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9534236A



Name

AHMAD NABIIL SYAFIQ BIN  
MOHAMED ANWAR

Race

BOYANESE

Date of birth

17-09-1995

Country of birth

SINGAPORE

Sex

M

S9534236A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensee Number S9534236A



AHMAD NABIIL SYAFIQ BIN  
MOHAMED ANWAR

Birth Date: 17 Sep 1995

Valid Date: 17 Sep 2015



4824772

NRIC No. S9534236A



Date of issue

13-08-2010

Address

APT BLK 121 PAYA LEBAR WAY  
#04-2031  
SINGAPORE 381121

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

EFFECTIVE DATE

17 Sep 2015  
17 Jan 2016

Class

Class 1B  
Class 1A

Motorcycles <= 200 CC  
Motorcycles between 201 CC and 400 CC

S / No. 9000304838

S9534236A



NP 438A

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## Policy Query

Policy No.  Date of Accident   
Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5074711706-03		AHMAD NABIIL SYAFIIQ BIN MOHAMED ANWAR	S9534236A	GMC	Third Party	FBK4526S	FBK4526S	06/10/2018	05/10/2019