

NATIONAL Assessment Centre Services

[ver 1 Jan 2003]

NA 49014038

Date In: 29/01/2009 19:53	Job description	Date & Time Completed	Done by
Ref No: NPA/INC/9001985/Y	SAS e-filing		
Veh No: FL7321T	E-mail (w/da 8hrs, AIC 2hrs)		
D.O.A: 29/01/2009 11:10	I-Motor Claim Form	MT11030212-001	30/01/2009 16:30
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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHD 7087M	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: ()		

Remarks:	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

NA/900835	Invoice Information
Client Particulars:	1) AR: Accident Reporting (\$30); INC (\$50)
Driver/Owner:	2) DA: Damage Assessment (\$100); \$40/\$45
Contact No:	3) TP: Towing Fee \$120
Damaged Portion:	4) FT: Follow-Through Survey \$30
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (ver 10 Jan 2003)
Auditors Comments:	6) TR: Re-inspection \$75
Date 1:	7) NI: Idao DA + SMRT Survey \$160
Date 2/3:	8) NTUC Additional Services:-
	ON:
	*N5: Courtesy Car / Tpt Allowance \$3
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$23
	*N8: DV / Collect Excess Coordination \$3
	TP (Nil): TP (Non INC) against INC \$20
	9) N12: Idao Mobile 30
	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	29/01/2019 19:53
Date Of Accident	29/01/2019 11:10
Exact Location Of Accident	TEMASEK BOULEVARD (SUNTEC) TOWARDS ROCHOR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FL7321T
Insured/Policyholder	
Name Of Registered Owner	KAMIS BIN NOHBI
NRIC No	S1042036I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83486717
Alternative Phone No	OTHERS-83486717

Vehicle Particulars

Manufacturer	VESPA
Model	RED
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	5091275923-01
Cover Note Number	

Driver

Name of Driver	KAMIS BIN NOHBI
NRIC No	S1042036I
Date Of Birth	16/08/1944
Occupation	OUTDOOR
Date Of Driving Pass	30/09/1976
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83486717
Fax Number	
Contact Number	OTHERS-83486717
Email Address	NOEMAIL

Address	BLK 2 DOVER ROAD #04-328
Postcode	130002
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 (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	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190130/2067

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	SHD7087M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SOO LAY SENG
NRIC/Passport Number	S1637119Z
Contact Number	91129132
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KAMIS BIN NOHBI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FL7321T

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: 29/1/19
3:55 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 3:55 PM

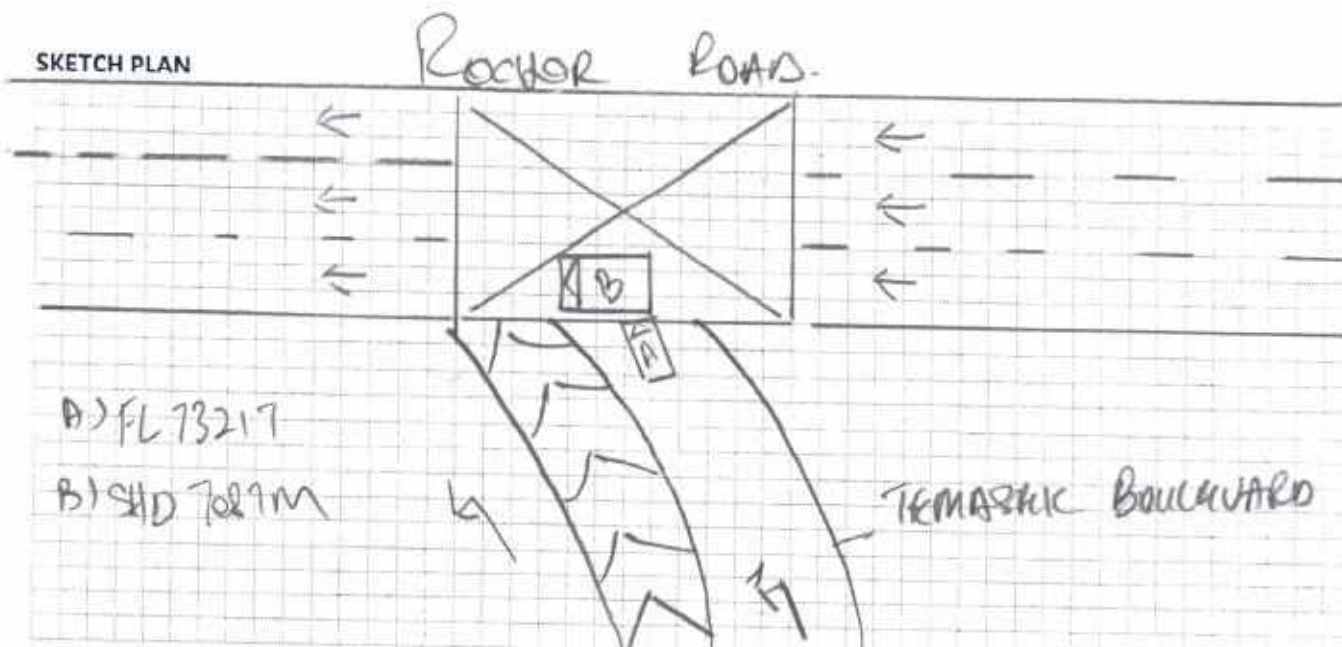
29/1/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 29/01/2019 AT ABOUT 11:10HRS I WAS AT TEMASEK BOULEVARD
 I WANTED TO TURN LEFT INTO ROCHOR ROAD. BEFORE REACHING THE JUNCTION
 I SLOW DOWN BECAUSE I SAW A TAXI ON MY RIGHT AT ROCHOR RD.
 SO WHEN REACHING THE JUNCTION I SLOW DOWN & MOVE ON THINKING
 THAT THE TAXI HAS GONE BUT NOT THE TAXI STOP AT THE YELLOW
 BOX & I COULD NOT BRAKE ON TIME & HIT THE LEFT REAR OF THE
 TAXI THAT'S ALL.

POLICE REPORT T/20190130/2067
 ON 30/01/2019, I WENT TO NG LEEH FONG FOR CHECK UP AS I
 FELT PAIN ON MY LEFT SHOULDER. THE DOCTOR TOLD ME I HAD
 A FRACTURED LEFT SHOULDER & GAVE ME 14 DAYS.

DECLARATION

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

Policyholder's Signature

Date & Time: 29/1/19 3:55 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190130/2067

1 of 3

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

Report No. T/20190130/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2019 12:38	Vide Report No.:	Station Diary No.: 9
--	------------------	-------------------------

Informant's Particulars

Name of Informant: KAMIS BIN NOHBI			Address: APT BLK 2 DOVER ROAD #04-328 SINGAPORE 130002	
ID Type / ID No.: NRIC NO / S10420361			Contact No.: Home/Office:	Mobile: 83486717
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 74	Date of Birth: 16/08/1944	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: DISPATCH RIDER			Driving Licence Information: Class: 2B,2A,2,3	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: 29/01/2019 11:10	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 TEMASEK BOULEVARD ROCHOR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FL7321T	Motorcycle	VESPA	T5	Blue	Seriously Damaged	0
SHD7087M	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FL7321T	NTUC Income Insurance Co-Operative Limited	5091275923-01	23/05/2018	31/03/2019



Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KAMIS BIN NOHBI	ID No.	S1042036I
Related Vehicle	FL7321T (Motorcycle)	Contact No.	83486717
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/01/2019	Date Discharge	30/01/2019
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Driver			
Name	SOO LAY SENG	ID No.	S1637119Z
Related Vehicle	NIL	Contact No.	91129132
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 29/01/2019 at about 1110hrs, I was at Temasek Boulevard and wanted to turn left into Rochor Road. Before reaching the junction, I slowed down because I saw a taxi on my right at Rochor Road. So when reaching the junction, I slow down and move on thinking that the taxi move but the taxi stop at the yellow box and I could not brake in time and hit the left rear of the taxi. I fell to my left together with the motorcycle. The taxi driver alighted to check if I'm alright. He also helped to bring my bike up. My front mud guard was dented. I checked the taxi and saw a left rear bumper dented. We exchanged particulars and left.

On 30/01/2019, I went to Ng Teng Fong Hospital for check up as I felt pain on my left shoulder. The doctor told me I had a fractured left shoulder and gave me 14 days MC. The details of the accident are listed above.



**SINGAPORE
POLICE FORCE**



T/20190130/2067

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

3 of 3

Report No. T/20190130/2067

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 3 MUHAMMAD FAUZY BIN HUSAIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/01/2019 12:38

Officer In Charge Of Case:

TP / AEIT /

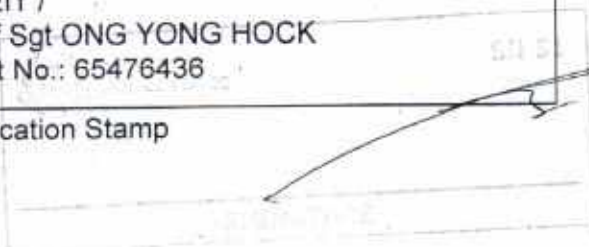
Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168



Claim Handling

Accident MT/1030213

Policy No.	5091275923-01	Vehicle No.	PL7321T	GST Registration No.	
Certificate No.				Policyholder NRIC	S10420361
Policyholder Name	KAMIS BIN NOHBI	Cover Type	Third Party	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	83486717	Special Remark		eCode	No
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	10	Private Hire	No
NCD Protection	No				
▼ Accident Details					
Report Date	10/01/2019 16:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	29/01/2019	Time of Accident hh:mm	11:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	TERASER BOULEVARD (SUNTEC) TOWARDS ROCHOR 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		GET Status Verified	Yes
GST Registration No.					
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 2 #04-128	Address 2	DOVER ROAD	Address 3	SINGAPORE 130002
Address 4		Address Type	Singapore address	Post Code	130002
Unit No.		Related Policy Number	5091275923-01		
▼ OT Driver Info					
Driver Name	KAMIS BIN NOHBI	Driver Type	Main Driver	Driver DOB	15/08/1948
Unnamed driver Name		Driver NRIC	S10420361	Driving Experience	17
Register Date of Driver License	01/01/2002	Driver Age	74	Contact No.(Home)	
Contact No.(Mobile)	83486717	Contact No.(Office)		Address 3	SINGAPORE 130002
Address 1	BLK 2 #04-128	Address 2	DOVER ROAD	Post Code	130002
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	PL7321T	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Modification History

Claim 001 **NEW**

Claim Handling

Accident MT/1090213

Policy No.	5091275923-01	Vehicle No.	PL7321T	GST Registration No.	
Certificate No.				Policyholder NRIC	S10420361
Policyholder Name	KAMIS BIN NOHBI	Cover Type	Third Party	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	83486717	Special Remark		eCode	No
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	10	Private Hire	No
NCD Protection	No				
▼ Accident Details					
Report Date	30/01/2019 16:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	29/01/2019	Time of Accident hh:mm	11:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	TERASER BOULEVARD (SUNTEC) TOWARDS ROCHOR ROAD				
▼ Excess					
Total Excess Applicable					
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			
Excess Type		Windscreen Excess			
All Claims Excess		Driver is Covered?			
YIED All Claim Excess					
Total All Claim Excess Applicable					
OD Standard Excess		TP Standard Excess			
YIED OD Excess		YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable		Total TP Excess Applicable			
▼ Benefits					
▼ GST Registered Information					
▼ Policyholder Mailing Address					
Address 1	BLK 2 #04-128	Address 2	DOVER ROAD	Address 3	SINGAPORE 130002
Address 4		Address Type	Singapore address	Post Code	130002
Unit No.		Related Policy Number	5091275923-01		
▼ OT Driver Info					
Driver Name	KAMIS BIN NOHBI	Driver Type	Main Driver	Driver DOB	15/08/1948
Unnamed driver Name		Driver NRIC	S10420361	Driving Experience	17
Register Date of Driver License	01/01/2002	Driver Age	74	Contact No.(Home)	
Contact No.(Mobile)	83486717	Contact No.(Office)			

Address 1	BLK 2 404-12B	Address 2	DOVER ROAD	Address 3	SINGAPORE 130002
Address 4		Address Type	Singapore address	Post Code	130002
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	FL7321T	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Searched?	G mg	Any injury?	Yes = No		

Modification History

Claim DD1 DD-MX Right

Claim Type *	GO-908	Insured Name	KAHIS BIN NOHES	Insured NRJC	015430368
Contact No.(Mobile)		Contact No. (Home)	87730838	Contact No. (Office)	
Email Address		OT Vehicle Number	PL7321T	TP Vehicle Number	SHQ7087M
Claim Description	PL7321T / SHQ7087M On 29 Jan 2019				Name of Preferred Workshop
Preferred Workshop	Insured Utility	Fully at fault			
Repair No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered			20/01/2019 15:29	Claim Close Date	Date Received
Report Taken By			EDSLI WANAS	Workshop Register	Total Loss but Salvaged

Print & Save










Save Submit

Attachment

Accident No.	NT/1030312	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/01/2019 16:30

Path *		Category *		Confidential	Urgency *	Description *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	<input type="text"/>
<input type="button" value="Message Read"/>						

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 16:30	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 16:30	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 16:30	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 16:30	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 16:30	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 16:30	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 16:30	Photos	Normal	Photos 2019-1-30	
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 16:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-30	
	NAC_BUKIT_MERAH_800679(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Jan 2019 16:30	SAS	Normal	SAS 2019-1-30	

• **Video List**

Uploaded By/Date	Poster Date	File Name	Source	Action
		<div> <div>Display in new Window</div> <div>Start and uploading</div> </div>		

ACCIDENT STATEMENT

ACCIDENT DATE: (29/1/2019) (DD/MM/YYYY). TIME: (11:10) (HH:MM)

LOCATION: Temasek Blvd Towards Rochford Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FL73217
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5091275923-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: VESPA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private 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: KAMIS BIN NOKBI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S10470367 CONTACT: 83486717
 c) ADDRESS: B1K 2, DRIVER ROAD, #04-328, S'PORE 130002

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (18/08/1944) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 30/9/1976

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: S4D7087M MODEL: Taxi
 b) DRIVER'S NAME: SOR Lay Seng
 c) NRIC/FIN/PASSPORT: S16371192 CONTACT: 91129132

9. THIRD PARTY VEHICLE

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

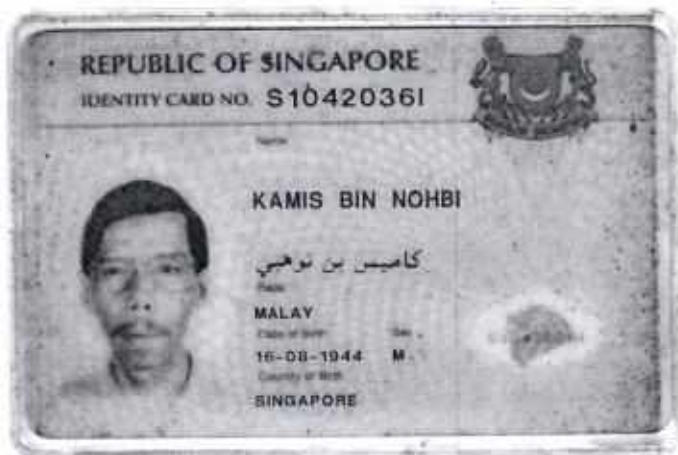
* No of passenger
 (Including driver)
 (1)

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

Email =

VIDEO



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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	30 Sep 1976
Class 2A	Motorcycles between 201 cc and 400 cc	30 Sep 1976
Class 2	Motorcycles > 400 cc	30 Sep 1976
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	12 Dec 1973

NP 428A



Hello, NAC_BUKIT_MERAH_800676

• Change Language

• Change Password

• Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="29/01/2019 15:35"/>
Vehicle No.(For Motor)	<input type="text" value="FL7321T"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5091275923-01		KAMIS BIN NOHBI	S10420361	GMC	Third Party	FL7321T	FL7321T	23/05/2018	31/03/2019

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNAY19014029 Vehicle Registration No: FL 73217
Name (as shown in NRIC) : KAMIS Bina MOHBI NRIC/FIN/Passport No : S10420261
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 83486717
Email Address : _____
Date of Accident : 29/01/2019 Time of Accident : 11:10
Place of Accident : TEMASEK BOULEVARD (SUMMIT TOWARDS ROADER ROAD)
Insurance Company : NTRC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

FROM PROPRIETOR TO THIRD PARTY CLAIMS
WITH INJURED LEFT SHOULDER FRACTURE

Policyholder / Driver's Signature

Date: 31/1/19

Reporting Centre/Personnel's Signature

Name: KOSHI WATHAN

NRIC/FIN No.:

Date: 31/1/2019