

NATIONAL Assessment Centre Services.

(ver 1 Jan'00)

NA4190/5063

Date In: 31/01/2009 17:53	Job description	Date & Time Completed	Done by
Ref No: XBA/INC/90020827	SAS e-filing		
Veh No: FBE 7949L	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 29/01/2009 20:45	I-Motor Claim Form	MT/1030394-001	31/01/2009 18:15
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMD 6355R	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:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

NA1900946	Invoice
Claimant 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 (ver 10 Jan 2003)
Cal 1:	6) TR: Re-inspection \$75
2/3:	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*N5: Courtesy Car / Tpl Allowance \$5
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	*N9: DV / Collect Excess Coordination \$20
	TP (Nil) : TP (Non INC) against INC \$0
	9) NI2: Idao Mobile
	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	31/01/2019 17:53
Date Of Accident	29/01/2019 20:45
Exact Location Of Accident	ALONG YUAN CHING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF7949L
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	UMAIRAHZAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93589912
Alternative Phone No	OFFICE-93589912

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (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	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	5100726122
Cover Note Number	

Driver

Name of Driver	UMAIR BIN AHZAMSHAH
NRIC No	T0005259G
Date Of Birth	11/02/2000
Occupation	INDOOR
Date Of Driving Pass	31/12/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93589912
Fax Number	
Contact Number	OTHERS-93589912
EEmail Address	UMAIRAHZAM@GMAIL.COM

Address	BLK 140A CORPORATION DRIVE #15-24
Postcode	611140
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	2
Passenger 1	NAME: : MUHAMMAD BIN AHZAMSHAH GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 158 YUNG LOH ROAD , POSTCODE: 610158 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2659999 - FAX NO: 62664987
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/2019130/2088

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	SMD6345R
Vehicle Make/Model/Colour	NISSAN SYLPHY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUGAWARA HIRO YUKI
NRIC/Passport Number	G3494521M
Contact Number	96435298

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UMAIR BIN AHZAMSHAH

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBF7949L

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.



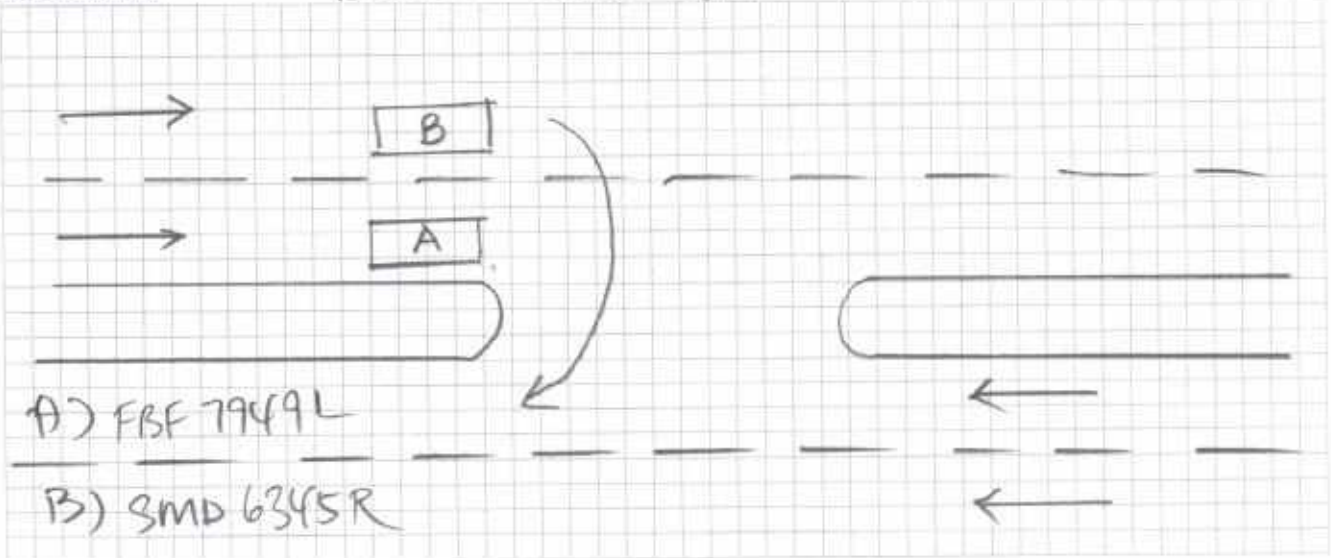
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 31/1/2019 4:37 P.M

Reporting Centre Personnel's Signature
Name: ROSLI WATIN
NRIC/FIN No.:

SKETCH PLAN

Along Yuen Chai Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
1/20/2019/2018

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 31/1/2019 4:37 P.M.

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



SINGAPORE POLICE FORCE



T/20190130/2088

1 of 3

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20190130/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2019 14:03		Vide Report No.: J/20190129/0126		Station Diary No.: 29	
Informant's Particulars					
Name of Informant: UMAIR BIN AHZAMSHAH			Address: APT BLK 140A CORPORATION DRIVE #15-24 SINGAPORE 611140		
ID Type / ID No.: NRIC NO / T0005259G			Contact No.: Home/Office: Mobile: 93589912		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 18	Date of Birth: 11/02/2000	Type of Informant: Rider		
Race: Boyanese			Language:		Institution / School Name:
Occupation: STUDENT			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/01/2019 20:45	Type of Location: Straight Road
Location: Along Road 1 YUAN CHING ROAD 1 YUAN CHING ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF7949L	Motorcycle	YANMAR	FZ 16	Red	Seriously Damaged	1
SMD6345R	Car	NISSAN	SYLPHY 1.6 CVT	White	Slightly Damaged	0

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



SINGAPORE POLICE FORCE



T/20190130/2088

2 of 3

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20190130/2088

CONTINUATION OF REPORT

Rider			
Name	UMAIR BIN AHZAMSHAH	ID No.	T0005259G
Related Vehicle	NIL	Contact No.	93589912
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SUGAWARA HIROYUKI	ID No.	G3494521M
Related Vehicle	NIL	Contact No.	96435298
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 the 29/01/2019 at about 2045hrs, I was riding on my motorcycle (FBF7949L) with my brother sitting at the rear along Yuan Ching Road on the first lane. There was one vehicle (SMD6345R) travelling at the second lane and he signalled to the left. Suddenly, he made a right turn towards the U-turn point and collided onto my motorcycle.

Presence of both Traffic Police and Ambulance. I was conveyed by the ambulance to Ng Teng Fong Hospital and was given three days of MC. I was diagnosed with some abrasions on my right knee and right elbow. My brother was not injured.



**SINGAPORE
POLICE FORCE**



T/20190130/2088

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

3 of 3

Report No. T/20190130/2088

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:

J /
Sgt 1 LIM JUNJIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

IN 124

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

30/01/2019 14:03

Classification Of Case:

Singapore Police Force

Claim Handling

Accident HT/1030394

Policy No.	5100726122	Vehicle No.	PBF7949L	GST Registration No.	23414700L
Certificate No.					
Policyholder Name	SOUTHERN MOTOR			Policyholder NRIC	23414700L
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	93589912	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No
K/R	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	31/01/2019 17:47	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	26/01/2019	Time of Accident (hh:mm)	20:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	ALONG NO.1 YUAN CHENG ROAD				
Excess					
Own damage Excess	0.00	Additional Excess		Whidemeet Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	18/06/2001		
GST Registration No.	23414700L	GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 1006 #01-10	Address 2	BUKIT MERAH LANE 7	Address 3	SINGAPORE 359762
Address 4		Address Type	Singapore address	Post Code	359762
Unit No.		Related Policy Number	5100726122		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	IMAJE BIN AHZAMSHAH	Driver NRIC	TD0553258G	Driver DOB	11/02/2000
Regular Date of Driver License	31/12/2018	Driver Age	28	Driving Experience	0
Contact No. (Mobile)	93589912	Contact No. (Office)		Contact No. (Home)	
Address 1	BLK 140A #15-24	Address 2	CORPORATION DRIVE	Address 3	YUNG HO SPRING 1
Address 4	SINGAPORE 611140	Address Type	Foreign address	Post Code	611140
Unit No.	15-24				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	PBF7949L	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 OD-MX

Task

Claim Type *	OD-MX	Insured Name	SOUTHERN MOTOR	Insured NRIC	23414700L
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	93589912
Email Address	bjumotor@signet.com.sg	GS Vehicle Number	PBF7949L	TP Vehicle Number	SM06345R
Claim Description	PBF7949L / SHD6145R ON 26 Jan 2019				
Preferred Workshop	Insured Liability	Not at Fault		Name of Preferred Workshop	
RAIWAIR No. Finalisation	Yes	Report Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	31/01/2019 17:52	Claim Close Date		Date Retrieved	31/01/2019 17:53
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss But Reported	

Print AK letter

Save Submit

Attachment

Accident No.	HT/1030394	Claim No.	001
Last Doc. Received	Yes No	Upload Date	31/01/2019 18:15
Page *		Category *	Confidential Urgency *
Choose File	No file chosen	Please Select	NO Normal
Choose File	No file chosen	Please Select	NO Normal
Choose File	No file chosen	Please Select	NO Normal
Choose File	No file chosen	Please Select	NO Normal
Choose File	No file chosen	Please Select	NO Normal
Choose File	No file chosen	Please Select	NO Normal
Choose File	No file chosen	Please Select	NO Normal
Message Read			

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	May Sent? (CO)
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 31 Jan 2019 18:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-31	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 31 Jan 2019 18:15	SAS	Normal	SAS 2019-1-31	
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 31 Jan 2019 17:53	Photos	Normal	Photos 2019-1-31	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 17:53	Photos	Normal	Photos 2019-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 17:53	Photos	Normal	Photos 2019-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 17:53	Photos	Normal	Photos 2019-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 17:53	Photos	Normal	Photos 2019-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 17:53	Photos	Normal	Photos 2019-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 17:53	Photos	Normal	Photos 2019-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 17:53	Photos	Normal	Photos 2019-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 17:53	Photos	Normal	Photos 2019-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 17:53	Photos	Normal	Photos 2019-1-31
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2019 17:53	Photos	Normal	Photos 2019-1-31

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>				

NBA/INC(9002082.1)

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 1 / 2019) (DD/MM/YYYY), TIME: (20 : 45) (HH:MM)

LOCATION: Along Yuan Ching Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF7949L
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 53 00 726 122
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha FZ 16
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: Southern Motor (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Umair Bin Khazamshah (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: T0005259G CONTACT: 9358 9912
c) ADDRESS: 814 140A Corporation Dr #15-24
S(61149)

* d) DATE OF BIRTH: (11 / 02 / 2000) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 31/12/2018

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Renting

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: Jurong NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMD 6345 R MODEL: NISSAN SYLPHY
b) DRIVER'S NAME: SUGAWARA Hiro YUKI
c) NRIC/FIN/PASSPORT: 03494521 M CONTACT: 9643 5298

9. THIRD PARTY VEHICLE

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

Email = Umairahzam@gmail.com

VIDEO


MOHAMMAD BIN
AHZAMSHAH

* No of passenger
(Including driver)
(2)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. T0005259G



Name
UMAIR BIN AHZAMSHAH

عمر بن احزامشاه

Race
BOYANESE

Date of birth
11-02-2000

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



NAME: T0005259G

UMAIR BIN AHZAMSHAH

Exp. Date: 11 Feb 2000

Valid Until: 31 Dec 2018



002886738G

5483994



NRIC No: T0005259G



Date of issue
12-06-2015

APT BLK 140A CORPORATION DRIVE #15-24
SINGAPORE 611140

NRIC No: T0005259G Date: 16/11/2018

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

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE

31 Dec 2018

NF 428A



Policy Information

Policy No.	5100726122	Policyholder Name	SOUTHERN MOTOR	Policyholder NRIC	23414700L
Certificate No.					
Address	BLK 1006 #01-10 BUKIT MERAH LANE 2 SINGAPORE 159762				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	14/05/2018	Effective Date	15/05/2018 00:00	Expiry Date	06/05/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 1006 #01-10	Address 2	BUKIT MERAH LANE 2	Address 3	SINGAPORE 159762
Address 4		Address Type	Singapore address	Post Code	159762
Unit No.		Related Policy Number	5100726122		

Insured Object: FBF7949L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	15/05/2018 00:00	Basic Information Endorsement	000001286819831	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows:</p> <p>VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. FBM8969K 18-05-2018 \$550.01 In view of this amendment, an additional premium of \$550.01 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	25/05/2018 00:00	Basic Information Endorsement	000001286824870	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows:</p> <p>VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. FBEL765U 24-05-2018 \$540.69 In view of this amendment, an additional premium of \$540.69 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
3	28/05/2018 00:00	Basic Information Endorsement	000001286826495	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows:</p> <p>VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. FBM7893B 28-05-2018 \$534.47 In view of this amendment, an additional premium of \$534.47 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
4	05/06/2018 00:00	Basic Information Endorsement	000001286832365	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows:</p> <p>VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. FBM7893B 28-05-2018 \$534.47 In view of this amendment, an additional premium of \$534.47 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>