

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

NA/901188

Date In: 15/01/2009 12:12	Job description	Date & Time Completed	Done by
Ref No: N/A/NA/900284217	SAS e-filing		
Veh No: FBA 96805	E-mail (3/4 hrs, AIC 2hrs)		
D.O.A: 20/01/2009 10:55	I-Motor Claim Form	MP/11038851-002	15/01/2009 14:58
OID: TP Reporting Only	I-Motor W/O (With: 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: GBC 2999R	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:	TP Insurer:	Date & Time Completed:	Done 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/901188	Invoice Particulars
Client's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2005)
Cal. 1:	6) TR: Re-inspection \$75
2/3:	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
	TE (Nil): TP (Non INC) against INC \$20
	9) N12: 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	15/02/2019 12:12
Date Of Accident	20/01/2019 10:55
Exact Location Of Accident	ALONG DEPOT ROAD TOWARDS HENDERSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG9680S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL AZIZ BIN MOHAMED SHAIB
NRIC No	S9411125J
Email Address	ABDUL.AZIZ.BMS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92393746
Alternative Phone No	OTHERS-92393746

### Vehicle Particulars

Manufacturer	SUZUKI
Model	GSX-R 1000-988CC (M)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5096375955-01
Cover Note Number	

### Driver

Name of Driver	ABDUL AZIZ BIN MOHAMED SHAIB
NRIC No	S9411125J
Date Of Birth	24/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	19/10/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92393746
Fax Number	
Contact Number	OTHERS-92393746
EEmail Address	ABDUL.AZIZ.BMS@GMAIL.COM

Address	BLK 6 TELOK BLANGAH CRESCENT #03-424
Postcode	090006
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190131/2124

#### 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	GBC2999R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name ABDUL AZIZ BIN MOHAMED SHAIB

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBG9680S

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: 15/2/19  
104 hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

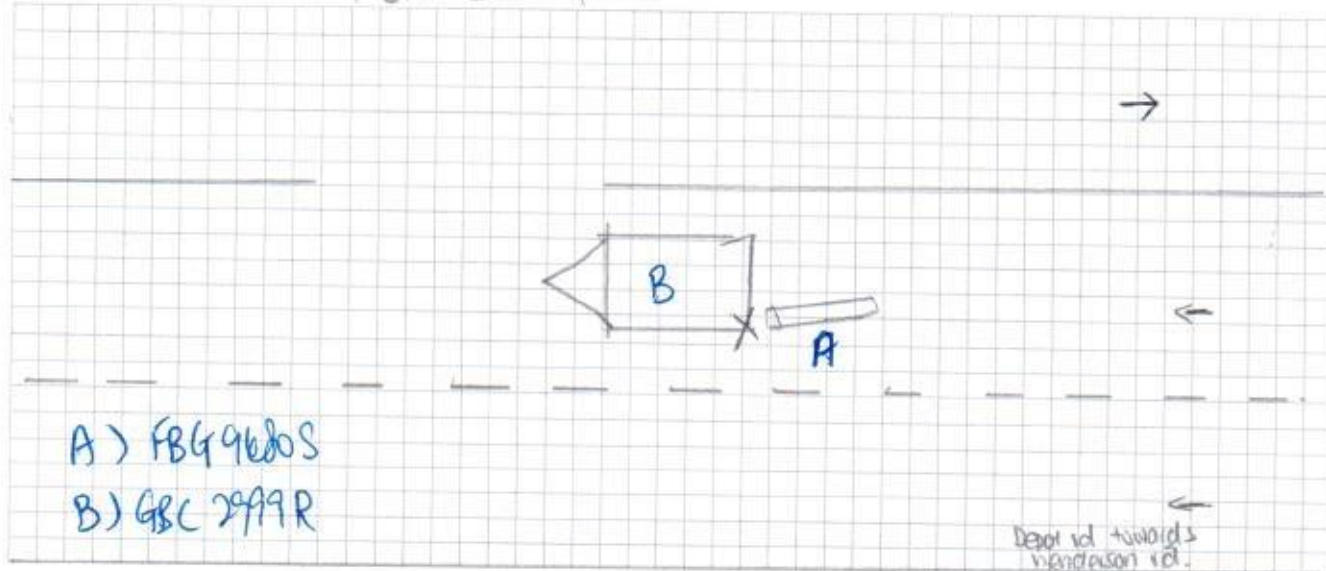
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

CMP B



A) FBG9680S

B) GBC 2999R

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
7/20/90/31/2/24

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 15/12/19  
104 hrs.

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

*[Signature]* 15/12/2019  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.:





Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20190131/2124

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/01/2019 16:33		Vide Report No.:		Station Diary No.: 48	
<b>Informant's Particulars</b>					
Name of Informant: ABDUL AZIZ BIN MOHAMED SHAIB			Address: APT BLK 6 TELOK BLANGAH CRESCENT #03-424 SINGAPORE 090006		
ID Type / ID No.: NRIC NO / S9411125J			Contact No.: Home/Office: Mobile: 92393746		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 24/03/1994	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: AETOS OFFICER			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/01/2019 10:55	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 DEPOT ROAD HENDERSON ROAD Incident occurred along Depot Road, opposite of CMPB.				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG9680S	Motorcycle	SUZUKI	GSX-R1000 M	White	Totally Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG9680S	NTUC Income Insurance Co-Operative Limited	5096375955-01	28/12/2018	27/12/2019



Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20190131/2124

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	ABDUL AZIZ BIN MOHAMED SHAIB	ID No.	S9411125J
Related Vehicle	FBG9680S (Motorcycle)	Contact No.	92393746
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	20/01/2019	Date Discharge	21/01/2019
No. of Days granted Medical Leave	21	Degree of Injury	Serious

**Brief Details.**

On 20/01/2019 at around 1055hrs, I was riding my motorcycle bearing FBG9680S (Suzuki GSX1000M) along Depot Road towards Henderson Road. I was on the first lane at that point of time. There was a van in front of me had made a sudden brake. I made a swerved towards lane 2 however I could not managed to brake on time and crashed against the vehicle in front me. I could not recall what happened after that. I was conveyed to Singapore General Hospital by ambulance and I was warded for a day. On 21/01/2019 at around 1300hrs, I was discharged from hospital and I was given 21 days hospitalization leave. I am lodging this report for my insurance claim and also as advised by the Traffic police Investigation officer namely IO Sufian.



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Bukit Merah West N.P.C  
400 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



T/20190131/2124

3 of 3

Report No. T/20190131/2124

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 /

Staff Sgt MUHAMMAD RAUF BIN KASMANI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/01/2019 16:33

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt YUS MASTARI I KHAZALI

Contact No.: 65476214

Classification Of Case:

Authentication Stamp

NP168

SN 45

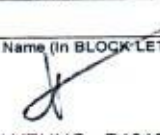
SIG 11/1/19



ORIGINAL

MEDICAL CERTIFICATE

SUR201927412

Name ABDUL AZIZ BIN MOHAMED SHAIB		NRIC No. S9411125J
This is to certify that the above-named is unfit for duty for a period of <u>21</u> days from <u>20-Jan-2019</u> to <u>09-Feb-2019</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : <u>20-Jan-2019</u>	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : <u>21-Jan-2019</u>	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments :		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic  General Surgery  Singapore General Hospital	Ward No. W57 Date 21-Jan-2019	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  LAU HIU YEUNG , P1018C





ORIGINAL

MEDICAL CERTIFICATE

PLS201945503

Name ABDUL AZIZ BIN MOHAMED SHAIB		NRIC No. S9411125J
This is to certify that the above-named is unfit for duty for a period of <u>19</u> days from <u>10-Feb-2019</u> to <u>28-Feb-2019</u> inclusive.		
Type of medical leave granted : <input checked="" type="checkbox"/> Hospitalization Leave Admitted on : _____ Discharged on : _____ <input type="checkbox"/> Outpatient Sick Leave <input type="checkbox"/> Maternity Leave, <input type="checkbox"/> Sterilization Leave, Delivered on : _____ Operated on : _____		
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Singapore General Hospital	Ward No. SGH-SOC Clinic J Date 01-Feb-2019	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. FONG HUI CHAI 18808E

## Claim Handling

Accident MT/1028851

Policy No.	5096375955-01	Vehicle No.	FBG96805	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL AZIZ BIN MOHAMED SHAIR	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S9411125J
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="button" value="No"/>
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	Not available

## ▼ Accident Details

Report Date	21/01/2019 17:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/01/2019	Time of Accident hh:mm	11:10	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	Yes	ICM No.	3854657
Accident Location	DEPOT ROAD NEAR CMPB				

## ▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	BLK 6 #03-424	Address 2	TELUK BLANGAH CRESCENT	Address 3	SINGAPORE 090006
Address 4		Address Type	Singapore address	Post Code	090006
Unit No.	03-424	Related Policy Number	5096375955-01		

## ▼ 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.(Office)	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop  Insured Liability  Preferred Repair Option  GIA report

Date Registered

Report Taken By

Print AK letter

OO-MX	Insured Name	ABDUL AZIZ BIN MOHAMED SH	Insured NRIC	S9411125J
82393746	Contact No.		Contact No.(Office)	
BILLA_AZIZ@HOTMAIL.COM	OI Vehicle Number	FBG96805	TP Vehicle Number	GBC2999R
FBG96805 / GBC2999R ON 20 Jan 2019	Name of Preferred Workshop			
15/02/2019 14:57	Claim Close Date		Date Received	15/02/2019 00:00
ROSLI WAHAB				

Save Submit

## Attachment

Accident No.	MT/1028851	Claim No.	002			
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	15/02/2019 14:58			
Path *		Category *	Confidential	Urgency *	Description *	
<div>Choose File</div> No file chosen		<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen		<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen		<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen		<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
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<div>Choose File</div> No file chosen		<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen		<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	

## ▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	A
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2019 14:58	Photos	Normal	Photos 2019-2-15		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2019 14:58	Photos	Normal	Photos 2019-2-15		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2019 14:58	Photos	Normal	Photos 2019-2-15		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2019 14:58	Photos	Normal	Photos 2019-2-15		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Feb 2019 14:58	Photos	Normal	Photos 2019-2-15		



S (BUKIT MERAH)) on 15 Feb 2019 14:58



NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 15 Feb 2019 14:58

Photos

Normal

Photos 2019-2-15

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 15 Feb 2019 14:58

Photos

Normal

Photos 2019-2-15

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE

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Photos 2019-2-15

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S (BUKIT MERAH)) on 15 Feb 2019 14:58

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NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 15 Feb 2019 14:57

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NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 15 Feb 2019 14:57

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NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE

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Photos

Normal

Photos 2019-2-15

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 15 Feb 2019 14:57

Photos

Normal

Photos 2019-2-15

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 15 Feb 2019 14:57

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-2-15

NAC\_BUKIT\_MERAH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE

S (BUKIT MERAH)) on 15 Feb 2019 14:57

SAS

Normal

SAS 2019-2-15

Video List

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading

# ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 01 / 2019) (DD/MM/YYYY), TIME: (10.55) (HH:MM)

LOCATION: Depot rd (Towards Henderson rd)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 9680S  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: SUZUKI GSXR 1000  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Travelling home  
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: Abdul Aziz Bin Mohamed Shaikh (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9411125 J CONTACT: 92393746  
c) ADDRESS: Block 6, Telok Blangah Crescent #03-424  
S096 090086

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

### DRIVER

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

\* d) DATE OF BIRTH: (24 / 03 / 1994) (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:

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: Bukit merah West.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBC 2999D 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:

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

Email = abdul.aziz.bms@gmail.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9411125J



Name

ABDUL AZIZ BIN MOHAMED  
SHAIB

ابدلا عزز بن محمد شبيب

Race

INDIAN

Date of birth

24-03-1994

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE



Identity Card No. S9411125J

ABDUL AZIZ BIN MOHAMED  
SHAIB

Birth Date 24 Mar 1994

Issue Date 28 Dec 2012



NRIC No. S9411125J



Date of issue

28-08-2009

Address

APT BLK 6 TELOK BLANGAH CRESCENT  
#03-424  
SINGAPORE 090006

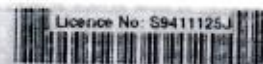
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	28 Dec 2012
Class 2A	Motorcycles between 201 CC and 400 CC	13 Mar 2014
Class 2	Motorcycles > 400 CC	19 Oct 2015
Class 3	Motor cars <= 3400 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	07 Mar 2014
Class 4	Heavy motor cars and motor tractors > 2500 kg	04 Apr 2017
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	04 May 2017

S9411125J

S / No. 9000259253



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## Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5096375955-01		ABDUL AZIZ BIN MOHAMED SHAIB	S9411125J	GMC	Third Party, Fire & Theft	FBG9680S	FBG9680S	28/12/2018	27/12/2019