

# NATIONAL Assessment Centre Services.

[Ref: JAR/05]

MM049024383

Date In: 21/02/2019 16:13	Job description	Date & Time Completed	Done by
Ref No: XBA/INC/80032904	SAS e-filing		
Veh No: KL 7261 H	E-mail (Kijula Shrs, AIC 2hrs)		
D.O.A: 13/01/2019 23:50	I-Motor Claim Form	MT/1033045/-001	21/02/2019 16:25
OD / TR: 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: SK9 64952	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: \_\_\_\_\_

## Defects:


## Comments:

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engi-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (own 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idau DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NZ: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$5	
	TP (Nil) : TP (Non INC) against INC \$20	
	9) NI2: Idau 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	21/02/2019 15:41
Date Of Accident	13/01/2019 23:50
Exact Location Of Accident	PIE TOWARDS (TUAS) 18KM NEAR LAMP POST 877
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FL7261H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL SAMAD BIN AHMAD
NRIC No	S8717741F
Email Address	MUDSFB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90914643
Alternative Phone No	OTHERS-90914643

### Vehicle Particulars

Manufacturer	VESPA
Model	EX2P150XE
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	REPORTING ONLY
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	5085278598-01
Cover Note Number	

### Driver

Name of Driver	MAHADHIR BIN AHMAD
NRIC No	S8538428G
Date Of Birth	09/11/1985
Occupation	INDOOR
Date Of Driving Pass	03/01/2005
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90914643
Fax Number	
Contact Number	OTHERS-90914643
Email Address	MUDSFB@GMAIL.COM

Address	BLK 811A CHOA CHU KANG AVENUE 7 #06-657
Postcode	681811
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190115/7022

#### 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	SKG6495Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG WEN FU
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name MAHADHIR BIN AHMAD

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FL7261H

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:

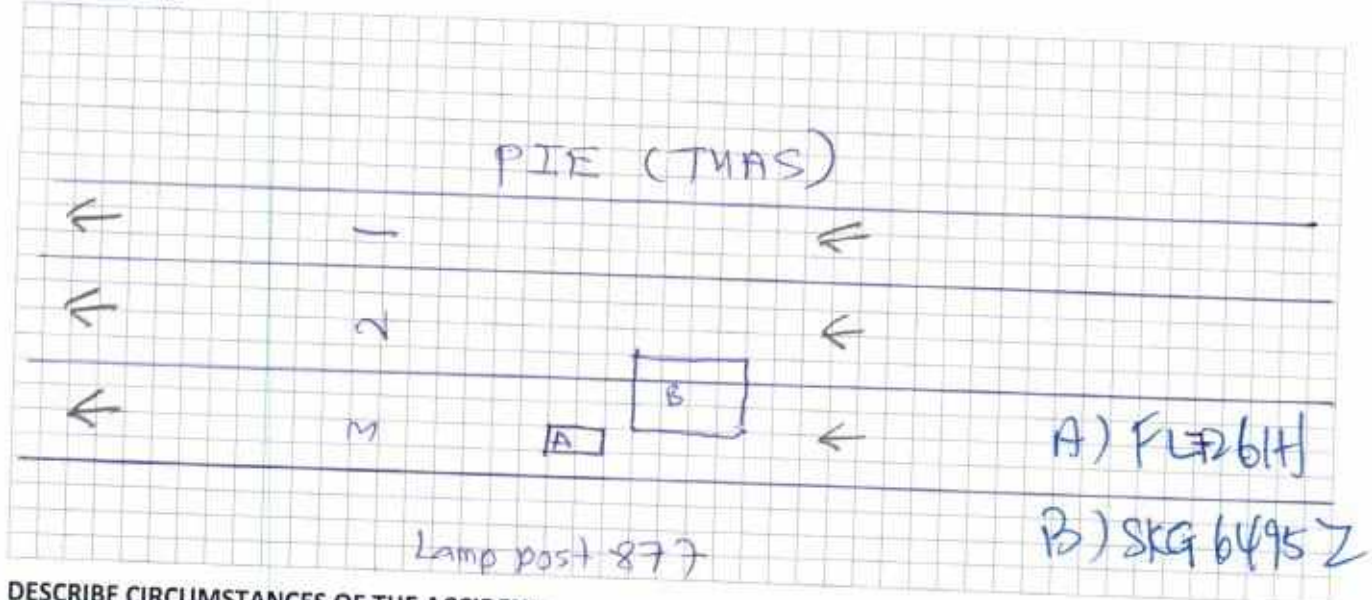
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

  
21 FEB 2019 3:24pm  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Handwritten note across the section:*  
 pub pm 1/2019/15/2022 to police report

## 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:

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





# SINGAPORE POLICE FORCE



T/20190115/7022

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

1 of 3

Report No. T/20190115/7022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/01/2019 22:00		Vide Report No.: E/20190113/0208		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MAHADHIR BIN AHMAD			Address: APT BLK 811A CHOA CHU KANG AVENUE 7 #06-657 SINGAPORE 681811		
ID Type / ID No.: NRIC NO / S8538428G			Contact No.: Home/Office: Mobile: 90914643		
Nationality: SINGAPORE CITIZEN			Email: mudsfb@gmail.com		
Sex: Male	Age: 33	Date of Birth: 09/11/1985	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Electrical engineer (general)			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/01/2019 23:50	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FL7261H	Motorcycle	VESPA		Green	Totally Damaged	0
SKJ6495Z (Not Accurate)	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190115/7022

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

2 of 3

Report No. T/20190115/7022

**CONTINUATION OF REPORT**

Rider			
Name	MAHADHIR BIN AHMAD	ID No.	S8538428G
Related Vehicle	FL7261H (Motorcycle)	Contact No.	90914643
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	13/01/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious

**Brief Details.**

On 13th Jan 2019 at about 2350, I was riding my motorcycle FL7261H along Lane 3 of PIE (Tuas) 18km, Lamppost 877 when suddenly I felt a violent impact from the back of my motorcycle. Due to the impact, I fell and rolled for a few times before stopping. The vehicle that hit onto me did not stop but drove away. I tried to wave to signal for help until a few minutes later a couple and an uncle stopped to assist me. Ambulance and Traffic Police came to the scene. I was conveyed to Tan Tock Seng Hospital by ambulance and was given 5 days of MC. I wish to state that I suffered serious injuries due to the accident namely a fractured clavicle and several large abrasions to my back, upper and lower limbs. My iPhone was also badly damaged due to the accident. I was later informed that I/O Nor Affendy is in charge of my case and he informed me the vehicle number is SKJ 6495 Z.

SKJ 6495Z





**SINGAPORE  
POLICE FORCE**



T/20190115/7022

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

3 of 3

Report No. T/20190115/7022

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MOHAMED HUSNUL TAUFIQ BIN MD YUSOF  
Contact No.: 65476358

Authentication Stamp  
NP168

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

Date/Time:  
15/01/2019 22:00

Classification Of Case:

## Claim Handling

Accident RT/1033085

Policy No.	5083278358-01	Vehicle No.	FL7261H	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL SAMAD BIN AHMAD	Cover Type	Third Party	Policyholder NRIC	88717741F
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90914843	Special Remark		Contact No.(Home)	
Email Address		TCA	Yes	eCode	No
KFK	Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	23/02/2019 13:53	Accident Report Within 24 hrs	Yes	Accident Type	CyReim - road to Rsr
Date of Accident	13/02/2019	Time of Accident hh:mm	23:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PDE TOWARDS (TUAS) 18KM NEAR LAHP POST 877				

## 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 103 #05-172	Address 2	COMMONWEALTH CRESCENT	Address 3	CRESCENT GREEN
Address 4	SINGAPORE 140103	Address Type	Singapore address	Post Code	140103
Unit No.	05-172	Related Policy Number	5083278358-01		

## OT Driver Info

Driver Name	NAMADHAR BIN AHMAD	Driver Type	Named Driver	Driver DOB	11/11/1985
Unnamed driver Name		Driver NRIC	50510428G	Driving Experience	9
Register Date of Driver License	01/01/2010	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	90914843	Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	FL7261H	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes	No	
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## Modification History

Claim 001 OD-MX

NEW

Claim Type *	OD-MX	Insured Name	ABDUL SAMAD BIN AHMAD	Insured NRIC	88717741F
Contact No.(Mobile)	90914843	Contact No.(Office)		Contact No.(Home)	
Email Address	ICM_SAMAD87@HOTMAIL.COM	OT Vehicle Number	FL7261H	TP Vehicle Number	SK06495Z
Claim Description	FL7261H / SK06495Z ON 13 JAN 2019				
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	
Report No. Finalisation	Yes	Super Option	Preferred Workshop, Name unknown		
Date Registered	23/02/2019 16:12	Claim Close Date		Date Received	21/02/2019 16:09
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but repaired	

Print AK letter

Save Submit

## Attachment

Accident No.	RT/1033085	Claim No.	001
Last Desc. Received	Yes No	Upload Date	21/02/2019 16:25
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 16:25	SAS	Normal	SAS 2019-2-21	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 16:09	SAS	Normal	SAS 2019-2-21	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Feb 2019 16:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-21	

Send Message



## ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 01 / 2019) (DD/MM/YYYY). TIME: (23 : 50) (HH:MM)

LOCATION: PIE (TUAS) Lamp post 877

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FL7261H  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: 5085278598-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: VESPA 8 EX 150XE  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: ON THE WAY 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 SAMAD BIN AHMAD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8717741 F CONTACT: \_\_\_\_\_  
c) ADDRESS: BLK 103 Commercial Th

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

### DRIVER

- a) NAME: MAHADHIR B. IN AHMAD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S85384286 CONTACT: 90914643  
c) ADDRESS: BLK 811A CHON CHU KANG AVENUE 7  
#06-657 Singapore 621811

\* d) DATE OF BIRTH: (07 / 11 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23 JAN 2005

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

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: TRAFFIC POLICE

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKJ 6495 Z MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: NG WEN FU  
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 = mndsfb@gmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8538428G



Name

MAHADHIR BIN AHMAD

ماحاضر بن احمد

Race

MALAY

Date of birth

09-11-1985

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8538428G



MAHADHIR BIN AHMAD

Birth Date: 09 Nov 1985

Issue Date: 03 Jan 2005



001311235A

5539959



NRIC No. S8538428G

Date of issue

11-12-2015

APT BLK 811A CHOA CHU KANG AVENUE 7 #06-657  
SINGAPORE 661811

NRIC No. S8538428G

Date: 16/08/2016

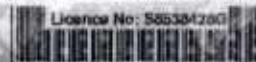
PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 2B Motorcycles <200 CC  
Class 2A Motorcycles between 201 CC and 400 CC  
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

03 Jan 2005  
11 Jul 2006  
28 Aug 2008

S / No. 9000079595



Licence No: S8538428G



My Desktop  
Notice of Loss

• Change Language • Change Password • Log Out

## 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"/>	5085278598-01		ABDUL SAMAD BIN AHMAD	S8717741F	GMC	Third Party	FL7261H	FL7261H	01/03/2018	28/02/2019

**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 : NYA419024383 Vehicle Registration No: FL7261H

Name (as shown in NRIC) : MOHAMMAD BIN AHMAD NRIC/FIN/Passport No : S85384289

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 90914643

Email Address : \_\_\_\_\_

Date of Accident : \_\_\_\_\_ Time of Accident : 13/01/2019 23:50 HRS

Place of Accident : PKR TOWARDS (MAS) 18KM NEAR LAMP POST 877

Insurance Company : NRUC

### (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:

DATE OF ACCIDENT SHOULD BE 13/01/2019

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Roshan  
NRIC/FIN No.: U000000000  
Date: 21/02/2019