

NATIONAL Assessment Centre Services

(part 1 of 2)

MA0419040233

Date In: 27/03/2019 17:54	Job description	Date & Time Completed	Done by
Ref No: MA04190034897	SAS e-filing		
Veh No: FV 8845A	E-mail (by date 8hrs, A/C 2hrs)		
D.O.A: 25/03/2019 12:15	I-Motor Claim Form	MT103747-001	27/03/2019 18:13
OID (TP) Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SHD 6104D

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%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

NA002357

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Ref. 1:

Ref. 2:

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$50)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

• NI: Courtesy Car / TP Allowance \$1

• NI: Repair Coordination \$10

• NI: Post Repair Inspection \$25

• NI: DV / Collect Excess Contribution \$5

• TP (NI) / TP (in INC) \$30

9) NI: 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	27/03/2019 17:54
Date Of Accident	25/03/2019 12:15
Exact Location Of Accident	JURONG EAST ST 21 NEAR BLK 287 OPPOSITE BLK 208
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV8449A
Insured/Policyholder	
Name Of Registered Owner	NORAZRI BIN ABDULLAH
NRIC No	S9106812E
Email Address	NORAZRI_ABDULLAH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91899025
Alternative Phone No	OTHERS-91899025

Vehicle Particulars

Manufacturer	KAWASAKI
Model	KRR ZX150-148CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING FOOD PANDA DELIVERY
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	5072575088-03
Cover Note Number	

Driver

Name of Driver	NORAZRI BIN ABDULLAH
NRIC No	S9106812E
Date Of Birth	22/02/1991
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91899025
Fax Number	
Contact Number	OTHERS-91899025
EMail Address	NORAZRI_ABDULLAH@HOTMAIL.COM

Address	BLK 41 TEBAN GARDENS ROAD #06-345
Postcode	600041
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 - CHANGE/CROSS LANE
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/20190326/2027

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 Witness 1

Name	HASRIN
Phone Number	96390496
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6104D
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM CHEE SENG
NRIC/Passport Number	S1447148J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NORAZRI BIN ABDULLAH

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FV8449A

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:

 27/3/2019
5.53 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

 27/03/2019
Res. L. [Signature]
[Signature]

SKETCH PLAN

TUNJANG ROAD ST 71 NHAH RUK 287 OPPOSITE 208

A) 8449A

B) 810 6104D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note across the form: R/S RUK 208 7/2019 0326/2027

DECLARATION

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

Policyholder's Signature: *[Signature]*
 Date & Time: 27/3/2019 5.53 pm

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

Reporting Centre Personnel's Signature: *[Signature]*
 Name: RASHI LATHIA
 NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190326/2027

1 of 3

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

Report No. T/20190326/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2019 10:36	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: NORAZRI BIN ABDULLAH			Address: APT BLK 41 TEBAN GARDENS ROAD #06-345 SINGAPORE 600041		
ID Type / ID No.: NRIC NO / S9106812E			Contact No.: Home/Office: Mobile: 91899025		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 22/02/1991	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/03/2019 12:15	Type of Location:
Location: Along Road 1 JURONG EAST STREET 21 NEAR BLK 287 OPPOSITE BLOCK 208				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV8449A	Motorcycle	KAWASAKI	KRRZX150	Green		0
SHD6104D	Car	TOYOTA	PRIUS TAXI (SMRT)			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV8449A	NTUC Income Insurance Co-Operative Limited	5072575088-03	23/11/2018	22/11/2019



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

2 of 3
Report No. T/20190326/2027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NORAZRI BIN ABDULLAH	ID No.	S9106812E
Related Vehicle	FV8449A (Motorcycle)	Contact No.	91899025
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/03/2019	Date Discharge	25/03/2019
No. of Days granted Medical Leave	08	Degree of Injury	NIL

Brief Details.

ON STATED DATE, TIME AND LOCATION,
I WAS ON THE MOST LEFT OF 2 LANE HEADING STRAIGHT WHEN SUDDENLY A TAXI FROM MY RIGHT MADE A SUDDEN LANE CHANGE INTO MY PATH, AS HE WANTED TO ENTER INTO A CARPARK ON MY LEFT. IF IM CORRECT, THE MOST RIGHT LANE IS MEANT TO DRIVE STRAIGHT ONLY. I TRIED TO BRAKE AND AVOID HIM BY SWERVING TO THE LEFT, BUT DID NOT MANAGE TO STOP IT TIME THUS COLLIDED ONTO HIS FRONT LEFT SIDE NEAR TO HIS LEFT TYRE. THE TAXI DRIVER THEN CALLED FOR THE AMBULANCE AND SOME OF THE PASSER BY CAME TO MY AID. SOON AFTER, THE AMBULANCE ARRIVED AND CONVEYED ME TO THE HOSPITAL. ONE OF THE PASSER BY INFORMED ME THAT HE WITNESS THE ACCIDENT AND WILLING TO BE THE WITNESS IF NEEDED.
PARTICULARS OF WITNESS: HASRIN, 96390496.



**SINGAPORE
POLICE FORCE**



T/20190326/2027

3 of 3

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

Report No. T/20190326/2027

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:
TP /
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
26/03/2019 10:36

Classification Of Case:

SINGAPORE
POLICE FORCE
Signature:

Claim Handling

Accident MT/1037747

Policy No.	SD72575006-03	Vehicle No.	FV8449A	GST Registration No.	
Certificate No.					
Policyholder Name	NDRAZRI BIN ABDULLAH	Driver Type	Third Party	Policyholder NRIC	99106812E
Product Code	MTDRICYCLE INSURANCE	Contact No.(Office)		Leading	E
Contact No.(Mobile)	91899025	Special Remark		Contact No.(Home)	
Email Address		TCA	- No Yes	eCode	RD *
KPI	- No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	27/03/2019 18:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross Lane
Date of Accident	25/03/2019	Time of Accident (hh:mm)	12:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALING EAST ST 21 NEAR BLK 187 OPPOSITE BLK 208				
Excess					
Own Damage Excess	0.00	Additional Excess		Wingschout 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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 41 #05-345	Address 2	TEBAN SARONGENS ROAD	Address 3	SINGAPORE 600041
Address 4	*	Address Type	Singapore address	Post Code	600041
Unit No.	05-345	Related Policy Number	SD72575006-03		
Of Driver Info					
Driver Name	NDRAZRI BIN ABDULLAH	Driver Type	Main Driver	Driver DOB	22/02/1981
Uninsured driver Name		Driver NRIC	99106812E	Driving Experience	5
Register Date of Driver License	01/10/2015	Driver Age	38	Contact No.(Home)	
Contact No.(Mobile)	91899025	Contact No.(Office)		Address 3	SINGAPORE 600041
Address 1	BLK 41 #05-345	Address 2	TEBAN SARONGENS ROAD	Post Code	600041
Address 4	*	Address Type	Singapore address		
Unit No.	05-345	Driver Vehicle No.	FV8449A	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No				
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	No - No		

Modification History

Claim 001 **NEW**

Claim Type *	CD-MX	Insured Name	NDRAZRI BIN ABDULLAH	Insured NRIC	99106812E
Contact No.(Mobile)	91899025	Contact No.(Office)	96617419	Contact No.(Home)	
Email Address		Vehicle Number	FV8449A	Vehicle Number	S-061040
Claim Description	FV8449A / SD72575006 ON 25 MAR 2019				
Preferred Workshop		Insured Liability	Not at Fault	Preferred Workshop, Name unknown	
Report for Finalisation	Yes	Report Option	Report	Received	
Date Registered	27/03/2019 18:12	Claim Close Date		Date Received	27/03/2019 18:06
Report Taken By	ROSLI RAHAR				
Print Acknowledgement					

Save Submit

Attachment

Accident No.	MT/1037747	Claim No.	001
Last Date Received	* Yes No	Upload Date	27/03/2019 18:13
Attachments			
Choose File	No file chosen	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		
Message Board			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE 3 (BUKIT MERAH)) on 23 Mar 2019 18:11	Photos	Normal	Photos 2019-3-23	
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 27 Mar 2019 18:13	Photos	Normal	Photos 2019-3-27	
	NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 27 Mar 2019 18:13	Photos	Normal	Photos 2019-3-27	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Mar 2019 18:13	Photos	Normal	Photos 2019-3-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Mar 2019 18:13	Photos	Normal	Photos 2019-3-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Mar 2019 18:13	Photos	Normal	Photos 2019-3-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Mar 2019 18:13	Photos	Normal	Photos 2019-3-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Mar 2019 18:13	Photos	Normal	Photos 2019-3-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Mar 2019 18:13	Photos	Normal	Photos 2019-3-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Mar 2019 18:13	Photos	Normal	Photos 2019-3-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Mar 2019 18:13	Photos	Normal	Photos 2019-3-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Mar 2019 18:13	Photos	Normal	Photos 2019-3-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Mar 2019 18:13	SAS	Normal	SAS 2019-3-27
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 27 Mar 2019 18:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-27

Video List

Uploaded By/Date	Folder Date	File Name	1	Source	Action
Display in New Window Scan and uploading					

ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 3 / 2019) (DD/MM/YYYY). TIME: (12 : 10) (HH:MM)

LOCATION: Jurong east street 21 near block 287

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FV8449A

b) INSURANCE COMPANY: NTUC

c) POLICY NUMBER:

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL: Kawasaki KRR ZX 150 CC

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: WORKING FOOD PANDA Delivery

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: NORAZRI BIN ABULLAH

(MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S9106812E

CONTACT: 91899025

c) ADDRESS: TEBAN GARDEN ROAD BLOCK 41

#06-345 5 (600041)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

d) NAME: AS 2 Above

(MALE / FEMALE)

b) NRIC/FIN/PASSPORT:

CONTACT:

c) ADDRESS:

* d) DATE OF BIRTH: (22 / 02 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 03 Oct 2013

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: Traffic Police HQ

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHD61040

MODEL: TOYOTA PRIUS TAXI

b) DRIVER'S NAME: LIM CHEE SENG

c) NRIC/FIN/PASSPORT: S1447148J

CONTACT: -

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER:

MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT:

CONTACT:

* No of passengers
(including driver)
()

* No of passengers
(including driver)
(0)

* No of passengers
(including driver)
()

email = norazri-abdullah@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9106812E



Name

NORAZRI BIN ABDULLAH

Race

MALAY

Date of birth

22-02-1991

Country/Place of birth

SINGAPORE

Sex

M



5246252



NRIC No. S9106812E



Date of issue

22-11-2013

Address

APT BLK 41 TEBAN GARDENS ROAD
#08-345
SINGAPORE 600041

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S9106812E

Passport

NORAZRI BIN ABDULLAH

Birth Date 22 Feb 1991

Issue Date 03 Oct 2013



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class	Description	Effective Date
Class 2B	Motorcycles < 200 CC	03 Oct 2013
Class 2A	Motorcycles between 201 CC and 400 CC	30 Oct 2017
Class 3	Motor cars < 3000 kg with up to 9 passengers, excluding of the driver, and motor tractors < 2500 kg	15 Sep 2015

S9106812E

S / No. 9000310897

NP 12BA



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="25/03/2019 17:48"/>							
Vehicle No.(For Motor)	<input type="text" value="FV8449A"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5072575088-03		NORAZRI BIN ABDULLAH	S9106812E	GMC	Third Party	FV8449A	FV8449A	23/11/2018	22/11/2019
					<input type="button" value="Continue"/>					