

NATIONAL Assessment Centre Services.

(ver 1 Jan 09)

MAA 49046268

Date In: 09/04/2009 15:22	Job description	Date & Time Completed	Done by
Ref No: NPA/ACC/9006271/7	SAS e-illing		
Veh No: FB 1327S	E-mail (Vehicle Mtr, A/C Mtr)		
D.O.A: 25/02/2009 08:40	I-Motor Claim Form	MT103944001	09/04/2009 16:12
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/WRSP		

Preferred Wkup / INC Assign Wkup / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLJ 5605C	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 repeler.		
() 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: ()	
Date: ()	
Time: ()	
Location: ()	
Weather: ()	
Witness: ()	
Signature: ()	

MA/904638	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$20)	
Contact No:	3) TP: Towing Fee \$10/243	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OID:	
	9) NI: Courtesy Car / TP Allowance \$5	
	10) NI: Repair Co-ordination \$10	
	11) NI: Post Repair Inspection \$25	
	12) NI: DV / Collect Excess Coordination \$5	
	13) NI: TP (N/A INC) against INC \$25	
	14) NI: Idao Mobile \$0	
	Fee Charged	
	Invoice dated	
	Fee Charged	
	Invoice dated	

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	09/04/2019 15:23
Date Of Accident	25/02/2019 08:40
Exact Location Of Accident	JUNCTION OF MANDAI ROAD AND MANDAI AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB1327S
Insured/Policyholder	
Name Of Registered Owner	BAHKTIAR BIN MOHAMED
NRIC No	S8003318D
Email Address	MIMIBULLDOZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87482206
Alternative Phone No	OFFICE-87482206

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
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	5064406494-04
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HELMI BIN SUHAIMI
NRIC No	S9509448A
Date Of Birth	21/03/1995
Occupation	INDOOR
Date Of Driving Pass	12/02/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87482206
Fax Number	
Contact Number	OFFICE-87482206
Email Address	MIMIBULLDOZ@GMAIL.COM

Address	BLK 439 YISHUN AVENUE 11 #09-416
Postcode	760439
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190311/2080

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	SLJ5605C
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LI HAO
NRIC/Passport Number	
Contact Number	93899933
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD HELMI BIN SUHAIMI
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBB1327S
Were seat belts worn?	NO
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:

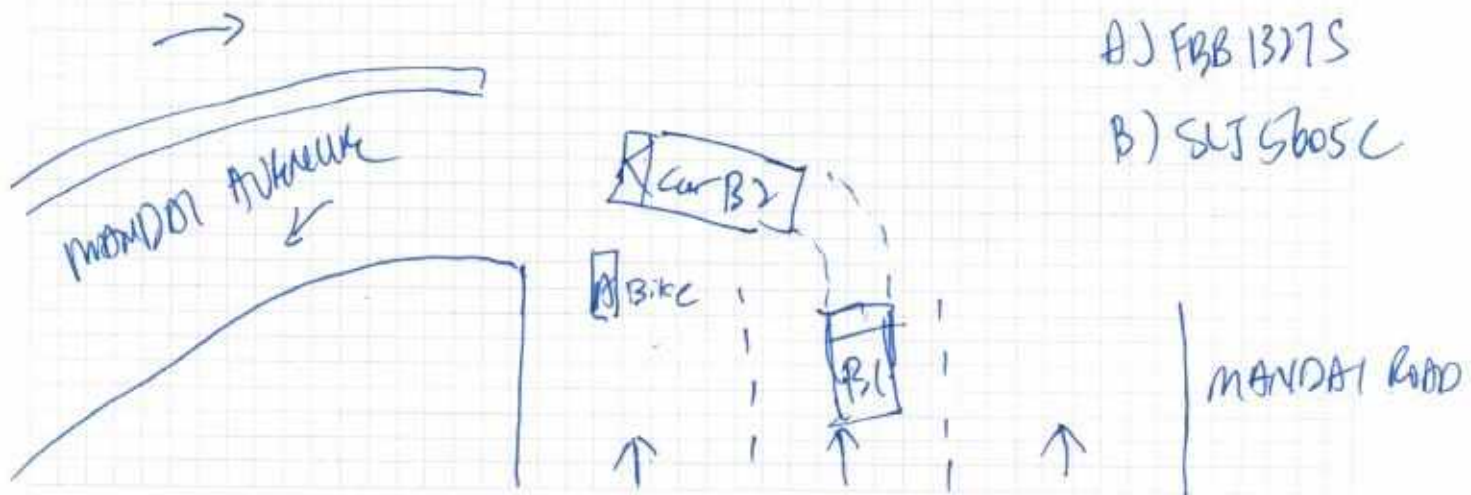
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DIS REFER 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/20190311/2080

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20190311/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2019 13:22	Vide Report No.:	Station Diary No.: 111
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Informant's Particulars

Name of Informant: MUHAMMAD HELMI BIN SUHAIMI			Address: APT BLK 439 YISHUN AVENUE 11 #09-416 SINGAPORE 760439	
ID Type / ID No.: NRIC NO / S9509448A			Contact No.: Home/Office:	Mobile: 87482206
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 23	Date of Birth: 21/03/1995	Type of Informant: Rider	
Race: Javanese			Language:	Institution / School Name:
Occupation: AMBULANCE MEDIC			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/02/2019 08:40	Type of Location: T-Junction
Location: Along Road 1 MANDAI ROAD MANDAI AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB1327S	Motorcycle	YAMAHA	SPARK135 M	Black	Seriously Damaged	0
SLJ5605C	Car	SUBARU	SUBARU XV 1.6I-S AWD CVT	Blue	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20190311/2080

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD HELMI BIN SUHAIMI	ID No.	S9509448A
Related Vehicle	FBB1327S (Motorcycle)	Contact No.	87482206
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/02/2019	Date Discharge	01/03/2019
No. of Days granted Medical Leave	19	Degree of Injury	Serious
Driver			
Name	LI HAO	ID No.	NIL
Related Vehicle	SLJ5605C (Car)	Contact No.	93899933
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 25/02/2019 at 0840hrs, I was riding my motorcycle bearing vehicle registration number FBB1327S, along Mandai Road towards BKE. I was riding on the most left lane and as I was approaching the junction of Mandai Road and Mandai Avenue, a car bearing vehicle registration number SLJ5605C, suddenly changed into my lane abruptly. As a result, I could not stopped my vehicle in time and collided into the front left fender of the car. Due to the collision, I fell onto the ground and the driver of the car and a witness came to render assistance. Traffic Police and ambulance attended to the incident and I was conveyed to Khoo Teck Puat Hospital. My motorcycle was towed by Traffic Police and suffered damages on the side and front of the motorcycle. Due to the incident, I suffered fracture on my right thumb, open wound on right foot, abrasions on both arms and right knee, and broken eye socket bone. I was hospitalized on the same day and was only discharged on 01/03/2019. I was also given 19 days of MC starting from 25/02/2019. I wish to state that the driver of the car, Li Hao (HP: 93899933), had admitted verbally that he did not signal his intention to change lane and did so abruptly as he had missed the filter left lane and wanted to turn left at the junction instead.



**SINGAPORE
POLICE FORCE**



T/20190311/2080

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No: T/20190311/2080

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:

L /

Sgt 2 LOW WEI DE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL

Contact No.: 65476131

Signature Of Informant:

Date/Time:

11/03/2019 13:22

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident RT/1029474

Policy No.	5064405494-04	Vehicle No.	FB013275	GST Registration No.	
Certificate No.					
Policyholder Name	BAHKTAR BIN MOHAMED			Policyholder NRIC	58003318D
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	87482208	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	Yes = No	TCA	Yes = No	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	09/04/2019 16:00	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	25/02/2019	Time of Accident hh:mm	08:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF MANDAL ROAD AND MANDAL AVENUE				

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

Policyholder Mailing Address

Address 1	BLK 627 #04-03	Address 2	VISHUN STREET 61	Address 3	SINGAPORE 760627
Address 4		Address Type	Singapore address	Post Code	760627
Unit No.		Related Policy Number	5107700779		

GI Driver Info

Driver Name	MUHAMMAD HELMI BIN SUHAIMI	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	93509448A	Driver DOB	21/02/1995
Register Date of Driver License	12/02/2015	Driver Age	23	Driving Experience	4
Contact No.(Mobile)	87482208	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 627 #04-03	Address 2	VISHUN STREET 61	Address 3	SINGAPORE 760627
Address 4		Address Type	Singapore address	Post Code	760627
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	FB013275	Driver Insurer Company	NTUC

Destination

Serumalysylar or Blood Test Reading?	0 mg	Any injury?	Yes = No		
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Modification History

Claim 001 New

Claim Type *	CO-POI	Insured Name	BAHKTAR BIN MOHAMED	Insured NRIC	58003318D
Contact No.(Mobile)	87482208	Contact No.(Home)	87331940	Contact No.(Office)	
Email Address	unfauahmedid@yahoo.com	GI Vehicle Number	FB013275	TP Vehicle Number	SL7605C
Claim Description	FB013275 / SL7605C ON 25 Feb 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Estimated No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered		Claim Close Date	09/04/2019 16:11	Date Received	09/04/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment



















Accident No.	RT/1029474	Claim No.	001
Last Doc. Received	Yes No	Upload Date	09/04/2019 16:12

Path *	Category *	Confidential	Urgency *	Description *
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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 16:12	Photos	Normal	Photos 2019-4-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 16:12	Photos	Normal	Photos 2019-4-9	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 16:12	Photos	Normal	Photos 2019-4-9	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 16:12	Photos	Normal	Photos 2019-4-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 16:11	Photos	Normal	Photos 2019-4-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 16:11	Photos	Normal	Photos 2019-4-9
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 16:11	Photos	Normal	Photos 2019-4-9
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 16:11	Photos	Normal	Photos 2019-4-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 16:11	SAS	Normal	SAS 2019-4-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 16:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 16:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 16:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-9
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 09 Apr 2019 16:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-9

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 25/02/2019 (DD/MM/YYYY), TIME: 03:40 (HH:MM)

LOCATION: JUNCTION OF MONSIEUR BOON / MONSIEUR BUKHAR

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB13275
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5064906494-04
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha LC 135
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: Bahktiar Bin Mohamed (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S80033180 CONTACT: _____
 c) ADDRESS: Block 627 Yishun Street 61
#04-83

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Helmi Bin Suberini (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S95044684 CONTACT: 87482206
 c) ADDRESS: Block 439 Yishun Ave 11
#04-916

* d) DATE OF BIRTH: 21/03/1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12 Feb 2015

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: Yishun North N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: S235605C MODEL: _____
 b) DRIVER'S NAME: Zihao
 c) NRIC/FIN/PASSPORT: _____ 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)
 ()

* No of passengers
 (Including driver)
 ()

Email = Mimi bulldoz@gmail.com

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9509448A



Name

MUHAMMAD HELMI BIN
SUHAIMI

Race

JAVANESE

Date of birth

21-03-1995

Sex

M

Country of birth

SINGAPORE



S9509448A

4600188



NRIC No. S9509448A

Date of issue

07-07-2010

APT BLK 439 YISHUN AVENUE 11 #09-416
SINGAPORE 760439

NRIC No: S9509448A

Date: 14/04/2014

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S9509448A**

Name:

**MUHAMMAD HELMI BIN
SUHAIMI**

Birth Date: **21 Mar 1995**

Issue Date: **12 Feb 2015**



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

Class 2B Motorcycles =< 200 CC

EFFECTIVE DATE

12 Feb 2015

S9509448A

S / No. 9000290447

NP 428A



Licence No: S9509448A

Hello, NAC_BUKIT_MERAH_800676

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text"/>
Vehicle No. (For Motor)	<input type="text" value="FBB1327S"/>	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 checked="" type="radio"/>	5064406494-04		BAHKTAR BIN MOHAMED	58003318D	GMC	Third Party	FBB1327S	FBB1327S	08/06/2018	07/06/2019