

NATIONAL Assessment Centre Services. (waf 1 Jan 2005) MMA496468.65

Date In: 10/04/2019 17:32	Job description	Date & Time Completed	Done by
Ref No: NBA/INC90060974	SAS e-filing		
Veh No: FBP7137	E-mail (to judge 3hrs, AIC 3hrs)		
D.O.A: 09/04/2019 14:30	1-Motor Claim Form	mt/1039688-001	10/04/2019
OID: TP - Reporting Only	1-Motor W/O (With 1st OD 2hrs, TP 4hrs)		18:02
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: () Tel: Fax: ()

TP Particulars: Vch No: SLV 2091R 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 rep/lor.

() 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: ()

N/A1902663

Driver/Owner:	1) AR: Accident Reporting (330)	
Contact No:	2) DA: Damage Assessment (5100) INC (210)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: 1 Day DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Transport Allowance	\$3
	*NI: Repair Coordination	\$10
	*NI: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$5
	TP (NI): TP (Non INC) e-filing	\$30
	9) NI: 1 Day Mobile	
	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	10/04/2019 17:32
Date Of Accident	09/04/2019 14:30
Exact Location Of Accident	SIMS AVENUE TOWARDS KEMBANGAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP713T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ALFIZ BIN KAMBALI
NRIC No	S8921589G
Email Address	MD.ALFIZ.K@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91818434
Alternative Phone No	OTHERS-91818434

Vehicle Particulars

Manufacturer	HONDA
Model	CB150R-149CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5107304688
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ALFIZ BIN KAMBALI
NRIC No	S8921589G
Date Of Birth	04/07/1989
Occupation	INDOOR
Date Of Driving Pass	19/05/2011
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91818434
Fax Number	
Contact Number	OTHERS-91818434
Email Address	MD.ALFIZ.K@GMAIL.COM

Address	BLK 42 CHAI CHEE STREET #07-40
Postcode	461042
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?	NO
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	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20190409/7029

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	SLV2091R
Vehicle Make/Model/Colour	TOYOTA MARK X
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHNG JOON ANN WILLIAM
NRIC/Passport Number	S0081417B
Contact Number	98173688
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD ALFIZ BIN KAMBALI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBP713T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

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:

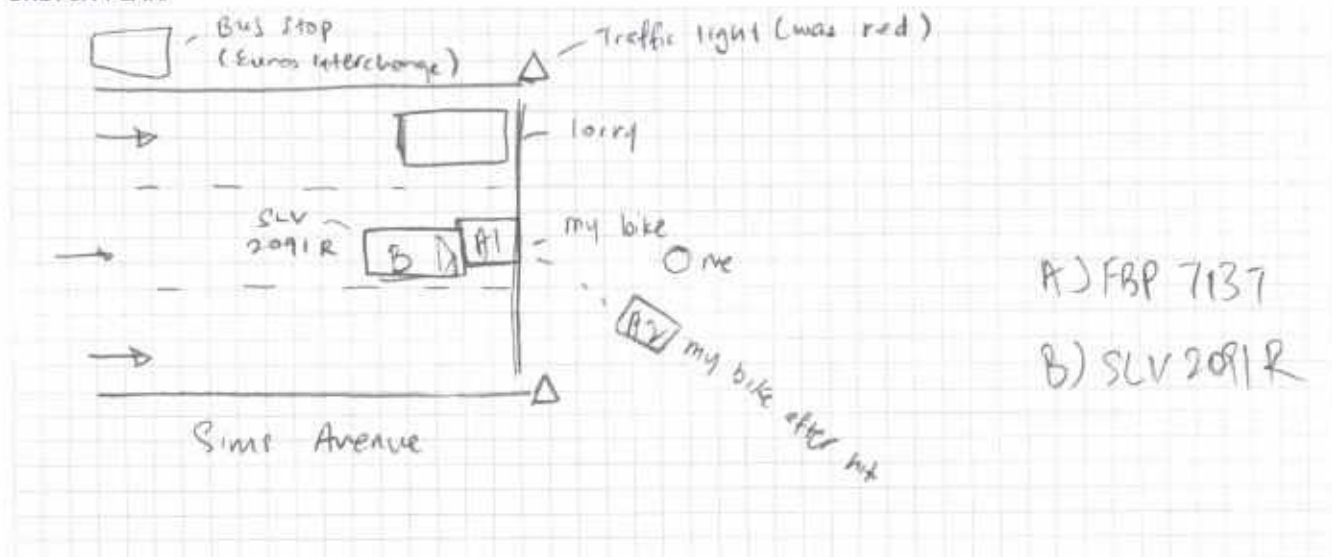
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 10/04/19
Policyholder's Signature
Date & Time:

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

 10/04/2019
Reporting Centre Personnel's Signature
Name: Res. W. A. H. B.
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PG Refd to Police Report
G/2090409/2029

DECLARATION

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

Policyholder's Signature 10/04/19

Policyholder's Signature
Date & Time:

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

an 10/06/2019
Reporting Centre Personnel's Signature
Name: Ross Norton
NRIC/FIN No.:

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



**SINGAPORE
POLICE FORCE**



G/20190409/7029

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POLICE REPORT (NP299)

Report No. G/20190409/7029

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 09/04/2019 18:42	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD ALFIZ BIN KAMBALI	Address APT BLK 42 CHAI CHEE STREET #07-40 SINGAPORE 461042	
ID Type / ID No. NRIC NO / S8921589G	Contact No. Home/Office:	Mobile: 91818434
Nationality SINGAPORE CITIZEN	Email Address md.alfiz.k@gmail.com	
Occupation Project Manager	Sex Male	Age 29
Institution/School Name	Language English	Date of Birth 04/07/1989
Date/Time Of Incident 09/04/2019 14:50 - 09/04/2019 15:35	Race Malay	
	Location Of Incident SIMS AVENUE	

Brief details.

On 9 April 2019, at around 2.50PM, I was riding on my motorbike (Honda CB150R, license plate FBP713T) towards Kembangan on Sims Avenue. At the traffic light junction near the bus stop outside Eunos interchange, I slowed down and made a stop as the light turned red. While stationary, I was hit from behind hard, and was flung from my bike as my bike fell on its side, and me on my back. The vehicle that hit me was a brownish Toyota Mark X with the license plate number SLV2091R. After being flung, a passing motorcyclist helped to lift my bike up and brought it to the side of the road, while some passersby and vehicles on my left and right got out of their vehicles to help me up. The driver then proceeded to

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/04/2019 18:42
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20190409/7029

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190409/7029

move his car to the front and side of the road, assumingly to avoid congestion. After the road was clear, I asked the driver as to what would be the cause for him to hit me so hard at a traffic light junction that has turned red. He then said that his phone rang, and while he was trying to look at his phone, he got distracted and did not realize that the traffic had actually stopped. After changing particulars, the driver in question's identity is a Mr Chng Soon Ann William, S0081417B, and did not sustain any injuries. I then proceeded to the hospital where I suffered some bodily injury and nausea. I was given treatment, dressing, medication, and 3 days medical leave by the doctor and had to pay with my own money. I am not sure if there are street/traffic cameras in the area of incident, but I do have photos of the damages to the car and my bike.

Subjects Involved			
Suspect			
Person Name	Chng Soon Ann William		
ID Type	NRIC NO	ID No	S0081417B
Gender	Male	Age	66-66
Race	Chinese	Language	English
Occupation	not sure	Mobile No	98173688
Relation To Informant	none		
Victim			
Person Name	MUHAMMAD ALFIZ BIN KAMBALI		
ID Type	NRIC NO	ID No	S8921589G
Gender	Male	Age	29
Race	Malay	Language	English
Signature Of Officer Recording The Report:		Signature Of Informant:	
Not applicable		The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter:		Date/Time:	
Not applicable		09/04/2019 18:42	
Officer In-Charge Of Case:		Classification Of Case:	
Authentication Stamp			



**SINGAPORE
POLICE FORCE**



G/20190409/7029

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190409/7029

Occupation	Project Manager	Address Type	
Address	APT BLK 42 CHAI CHEE STREET #07-40 SINGAPORE 461042	Mobile No	91818434
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD ALFIZ BIN KAMBALI (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

09/04/2019 18:42

Classification Of Case:

Authentication Stamp

Claim Handling

Accident MT/1035688

Policy No.	5107304688	Vehicle No.	FBP713T	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD ALFIZ BIN KAMBALI			Policyholder NRIC	S8921589G
Product Code	MOTORCYCLE INSURANCE	Driver Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	91818434	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KTV	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Endowment(%)	0	Private Hire	No

Accident Details

Report Date	10/04/2019 17:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/04/2019	Time of Accident (hr:min)	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMS AVENUE TOWARDS KEMBARANGAN				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TF Standard Excess	0.00
VIED OD Excess	0.00	VIED TF Excess	0.00
Additional Excess		Driver is Covered?	Not Applicable
Total OD Excess Applicable	0.00	Total TF Excess Applicable	0.00

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 42 #07-40	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE 461042
Address 4		Address Type	Singapore address	Post Code	461042
Unit No.	07-40	Related Policy Number	5107304688		

OT Driver Info

Driver Name	MUHAMMAD ALFIZ BIN KAMBALI	Driver Type	Main Driver	Driver DOB	04/07/1989
Unnamed Driver Name		Driver NRIC	S8921589G	Driving Experience	7
Register Date of Driver License	19/05/2011	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	91818434	Contact No.(Office)		Address 3	SINGAPORE 461042
Address 1	BLK 42 #07-40	Address 2	CHAI CHEE STREET	Post Code	461042
Address 4		Address Type	Singapore address		
Unit No.	07-40				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	FT713T	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Injured Name	MUHAMMAD ALFIZ BIN KAMBALI	Injured NRIC	S8921589G
Contact No.(Mobile)	91818434	Contact No.(Home)	92461943	Contact No.(Office)	
Email Address		OT Vehicle Number	FBP713T	TP Vehicle Number	SLV2081X
Claim Description	FBP713T / SLV2081X ON 3 Apr 2019			Name of Preferred Workshop	
Preferred Workshop		Injured Liability	Not at Fault		
Relevant No. Finalization	Yes	Relevant No. Report	Optim	Inflamed Workshop, Name unknown	GIA report
Date Registered		Claim Close Date	10/04/2019 18:01	Date Received	10/04/2019 00:00
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1035688	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	10/04/2019 18:02		
Path *					
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Choose File	No file chosen	Clear	Please Select		
Message Read		Clear	Please Select		
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Req. Sent? (CO)
	NAC_BUKIT_HERAH_9006796 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT HERAH) on 10 Apr 2019 18:02	Photos	Normal	Photos 2019-4-10	
	NAC_BUKIT_HERAH_9006796 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT HERAH) on 10 Apr 2019 18:02	Photos	Normal	Photos 2019-4-10	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 18:02	Photos	Normal	Photos 2019-4-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 18:02	Photos	Normal	Photos 2019-4-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 18:02	Photos	Normal	Photos 2019-4-10
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 18:02	Photos	Normal	Photos 2019-4-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 18:01	Photos	Normal	Photos 2019-4-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 18:01	Photos	Normal	Photos 2019-4-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 18:01	Photos	Normal	Photos 2019-4-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 18:01	Photos	Normal	Photos 2019-4-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 18:01	SAS	Normal	SAS 2019-4-10
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 18:01	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-10

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (09 / 04 / 2019) (DD/MM/YYYY). TIME: (14 : 50) (HH:MM)

LOCATION: SIMS AVENUE TOWARDS KEMANGAN, TRAFFIC LIGHT JUNCTION OUTSIDE
ERND'S INTERCHANGE (NEAR BUS STOP)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP 713 T
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5107304688
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA 150R
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: TRANSPORT / WORK
 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: MUHAMMAD ALFIZ BIN KAMBALI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8921589G CONTACT: 91818434
 c) ADDRESS: 42 CHAI CHEE ST, #07-40 (S) 461042

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHAMMAD ALFIZ BIN KAMBALI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8921589G CONTACT: 91818434
 c) ADDRESS: 42 CHAI CHEE ST, #07-40 (S) 461042

* d) DATE OF BIRTH: (04 / 07 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19/05/2011

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: BEDOK DIVISION HQ

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV2091R MODEL: TOYOTA MARK X
 b) DRIVER'S NAME: CHNG JON ANN WILLIAM
 c) NRIC/FIN/PASSPORT: S0081417B CONTACT: 98173688

9. THIRD PARTY VEHICLE

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

* No of passengers
(Including driver)
(1)


* No of passengers
(Including driver)
(1)

* No of passengers
(Including driver)
()

Email = md.alfiz.k@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8921589G**




Name
MUHAMMAD ALFIZ BIN KAMBALI

Race
MALAY


Date of birth
04-07-1989

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE




License Number **S8921589G**

Name
MUHAMMAD ALFIZ BIN KAMBALI

Birth Date **04 Jul 1989**

Issue Date **19 May 2011**

0019654458



5349502



NRIC **S8921589G**



Date of issue
05-09-2014

Address
**APT BLK 42 CHAI CHEE STREET
#07-40
SINGAPORE 461042**


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 1B Motorcycles <= 240 CC	19 May 2011
Class 2A Motorcycles between 241 CC and 400 CC	28 Apr 2017
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and minor tractor/vehicles <= 2500 kg	24 Apr 2017

S / No. 9000302136

S8921589G

License No. S8921589G





**Changi
General Hospital**
SingHealth



Mon-Fri 9.00am-5.30pm (Excl. Public Holidays)
636 6012 / 6936 6013 Email: billing@egh.com.sg

PAGE: 1 /

09.04.2019 17:48 hrs

EFDA1

RN/NRIC : S8921589G
CASE NUMBER : 6919338473Z
/STOMER : 3022170236
AE VISIT : 09.04.2019 16:04

GST Registration No.: M2-0088821-9

Bill To MUHAMMAD ALFIZ BIN KAMBAL
42 CHAI CHEE STREET
#07-40 SINGAPORE 461042



LI A&E REGISTRATION
2 SIMEI STREET 3
LEVEL 1 MB A&E REGISTRATION
SINGAPORE 529889

Name of Patient

MUHAMMAD ALFIZ BIN I

Service Descripti

DRUGS / PRESCRIPTIONS / INJECTIO
A&E ATTENDANCE FEE
A&E PROCEDURES

TOTAL CHARGES
LESS : GOVERNMENT GRANT

AMOUNT PAYABLE BEFORE TAX
ADD : 7% GST

AMOUNT PAYABLE AFTER TAX
LESS : GST ABSORBED BY THE GOVERNMENT

NET AMOUNT PAYABLE

PAYMENT

MUHAMMAD ALFIZ BIN KAMBALI

AMOUNT DUE

MUHAMMAD ALFIZ BIN KAMBALI

FOR INFORMATION:

ST: P SN: S8921589G

PAYMENT DETAILS

NAME

MUHAMMAD ALFIZ BIN KAMBALI

DATE

09.04.2019

AMOUNT PAYMENT TYPE
129.35 VISA/MASTERCARD

DATE/TIME: 09/04/19 17:47:44
MID: 000001050637765
TID: 51512945 INV: 005809
BATCH: 000713 TRACE: 008068
S/W: 2311.00.01.4
APPR CODE: 008674
CONTACTLESS SALE
MASTERCARD OFFUS
***** 5190
ENT: PAYPASS
REF NUM: 000041008068

BASE : S\$ 129.35

TOTAL : S\$ 129.35

Amount (S\$)

Total Charges Before	Total Amt Payable
Govt Grant	After Govt Grant
5.30	3.35
256.00	126.00
25.00	0.00
286.30	
156.95-	
	129.35
	9.05
	138.40
	9.05-
	129.35
	129.35-
	0.00

"VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statements Section B» Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg> FAQ» Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers» Services» Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan." Payment may be made at DBS (Banking ANS or NUS station, via Visa/MasterCard/NETS direct debit at <https://services.healthhub.sg/public-payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO/02-003.R1

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".

Please mail to Tampines Central Post Office PO Box 500 Singapore 915217.

09.04.2019

17:48 hrs

Amount Enclosed : S\$
8921589G MUHAMMAD ALFIZ BIN KAMBALI

Cheque No./Bank :

MRN/NRIC : S8921589G
CASE NUMBER : 6919338473Z
ADMISSION DATE : 09.04.2019



ORIGINAL

MEDICAL CERTIFICATE

EMD201968687

Name MUHAMMAD ALFIZ BIN KAMBALI		NRIC No. S8921589G
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>09-Apr-2019</u> to <u>11-Apr-2019</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<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 Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 09-Apr-2019	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. NARAIN PURUSHOTORMAN , 61952C



MUHAMMAD ALFIZ BIN KAMBALI



MLHCC 58921589G

MALAY

04-07-1988

SINGAPORE

M

2019



05-09-2019

Address
APT BLK 42 CHAI CHEE STREET
#07-40
SINGAPORE 461042



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5107304688 Cover : Third Party, Fire & Theft

- | | |
|-----------------------------------------------------|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FB7713T |
| Chassis Number | : MLHCC2889J5031772 |
| 2. Name of Policyholder | : MUHAMMAD ALFIZ BIN KAMBALI |
| 3. Effective Date of Insurance | : 29 Jan 2019 |
| 4. Expiry Date of Insurance | : 28 Jan 2020 |
| 5. Persons or Classes of Persons entitled to drive: | |

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use:

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MUHAMMAD ALFIZ BIN KAMBALI
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE PTE. LTD. (00000572842)
Date of Issue : 29 Jan 2019 09:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive