

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

MAH 19051547

Date In: 22/04/2019 11:15	Job description	Date & Time Completed	Done by
Ref No: MAH/ACC/9006954	SAS e-filing		
Veh No: 1ST 40834	E-mail (w/plate thrs, AIC thrs)		
D.O.A: 19/04/2019 11:00	I-Motor Claim Form	MT/1041070-001	22/04/2019
OID: TP Reporting Only	I-Motor W/O (Within OD thrs, TP thrs)		12:53
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: WA 3866K	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 ( )	

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

( ) 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: \_\_\_\_\_

Defendant:	Allegation:

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$10/\$45	
	4) FT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	Forfeiting against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	

QC Checked by (Engr-In-Charge):	9) NI: Courtesy Car / Tpr Allowance \$1	
	10) NI: Repair Coordination \$10	
	11) NI: Post Repair Inspection \$25	
	12) NI: DV / Collect Excess Coordination \$5	
	13) NI: TP (Non-INC) \$120	
	14) NI: Idas Mobile \$30	
	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	22/04/2019 11:25
Date Of Accident	19/04/2019 11:00
Exact Location Of Accident	TUAS CHECKPOINT TOWARDS JOHOR BAHRU (BRIDGE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ4083H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL WAFI BIN ABDUL WAHAB
NRIC No	S9402063H
Email Address	WAFIDEBRO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96778212
Alternative Phone No	OTHERS-96778212

### Vehicle Particulars

Manufacturer	SUZUKI
Model	HAYABUSA 1300-1.3
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5084700626-02
Cover Note Number	

### Driver

Name of Driver	ABDUL WAFI BIN ABDUL WAHAB
NRIC No	S9402063H
Date Of Birth	14/01/1994
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2016
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96778212
Fax Number	
Contact Number	OTHERS-96778212
Email Address	WAFIDEBRO@GMAIL.COM

Address	BLK 524 JURONG WEST STREET 52 #03-245
Postcode	640524
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WA3866K (PRIVATE CAR)
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190419/2051

#### 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	WA3866K
Vehicle Make/Model/Colour	HYUNDAI STAREX
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIEW JIA WEI
NRIC/Passport Number	781013065191
Contact Number	91697259
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)  
Passenger 1

5

NAME: :  
GENDER: :

Passenger 2

NAME: :  
GENDER: :

Passenger 3

NAME: :  
GENDER: :

Passenger 4

NAME: :  
GENDER: :

#### DETAILS OF INJURED PERSON 1

Name  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

ABDUL WAFI BIN ABDUL WAHAB  
  
SLIGHT INJURY  
FBJ4083H  
  
NO



## 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: 22/04/19  
1100 hrs

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

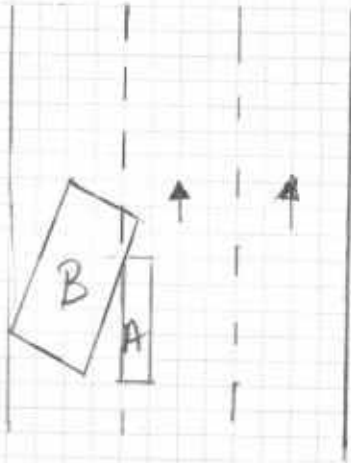
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Tube Check Point (BRIDGE TOWARDS MALAYSIA CHECK POINT)



A) FB3 4083H

B) WA 3866K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT*  
*7/2019049/2051*

DECLARATION

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

Policyholder's Signature

Date & Time: 20/04/2019  
 11.00hrs

Driver's Signature

(If driver is not the policyholder)  
 Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*20/04/2019*  
*[Signature]*





# SINGAPORE POLICE FORCE



T/20190419/2051

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 4

Report No. T/20190419/2051

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/04/2019 15:23		Vide Report No.:		Station Diary No.: 61	
<b>Informant's Particulars</b>					
Name of Informant: ABDUL WAFI BIN ABDUL WAHAB			Address: APT BLK 524 JURONG WEST STREET 52 #03-245 SINGAPORE 640524		
ID Type / ID No.: NRIC NO / S9402063H			Contact No.: Home/Office: Mobile: 96778212		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 14/01/1994	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: MEDIC			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 19/04/2019 11:00	Type of Location:
Location: Along Road 1 JALAN AHMAD IBRAHIM TUAS CHECKPOINT (BRIDGE TOWARDS MALAYSIAN CHECKPOINT)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ4083H	Motorcycle	SUZUKI	GSX1300RA L4 (HAYABUSA ABS)	Red	Slightly Damaged	0
WA3866K	Car	HYUNDAI	STAREX	Grey	Slightly Damaged	4

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ4083H	NTUC Income Insurance Co-Operative Limited	5084700626-02	19/11/2018	18/11/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	ABDUL WAFI BIN ABDUL WAHAB		ID No.	S9402063H
Related Vehicle	FBJ4083H (Motorcycle)		Contact No.	96778212
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	Slight
Driver				
Name	LIEW JIA WEI		ID No.	781013065191
Related Vehicle	WA3866K (Car)		Contact No.	91697259
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 19/4/2019 at about 1100hrs, I was riding my Suzuki motorcycle (FBJ4083H) from Tuas Checkpoint going towards Malaysian Checkpoint. As I was crossing the bridge, I was riding between the centre and the extreme left lane of the 03 lane road. I observed that the traffic was heavy at that time. AS such all the vehicles including myself were travelling at a slow speed. I also observed that there was a big 40 seater bus on the extreme left lane. I then overtake the said bus at slow speed. As I was surpassing the bus, the car in front suddenly turned to the right. I could not stop in time and collided with the front right side of the grey Hyundai car (WA3866K). I then lost balance and jumped off the motorcycle while the motorcycle dropped to the right side. The driver then alighted and we exchanged particulars. I only sustained a small cut at my left palm. Both my right and left fairings were broken. The front right wheel of the car was damaged. The front right bumper was also scratched and damaged. I then called SPF Hotline and they advised me to lodge a traffic accident report in Singapore. There is no camera on my motorcycle.





**SINGAPORE  
POLICE FORCE**



T/20190419/2051

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 4

Report No. T/20190419/2051

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20190419/2051

4 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No: T/20190419/2051

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:

J /

Sgt 3 MUHAMMAD FADHIL KAMRODEN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

SN 126

Authentication Stamp

NP168

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:

19/04/2019 15:23

Classification Of Case:



## Claim Handling

Accident MT/1041070

Policy No.	5084700626-02	Vehicle No.	FB4083H	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL WAFI BIN ABDUL WANAB			Policyholder NRIC	S9402063H
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Issuing	IL
Contact No.(Mobile)	96778212	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
RFE	Yes	TCA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No

## Accident Details

Report Date	22/04/2019 12:49	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	19/04/2019	Time of Accident h:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TJAS CHECKPOINT TOWARDS JONOR BAHRU (BRIDGE)				

## Excess

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

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK 524 #01-245	Address 2	JURONG WEST STREET 52	Address 3	SINGAPORE 640524
Address 4		Address Type	Singapore address	Post Code	640524
Unit No.	01-245	Related Policy Number	5084700626-02		

## OT Driver Info

Driver Name	ABDUL WAFI BIN ABDUL WANAB	Driver Type	Main Driver		
Universal driver Name		Driver NRIC	S9402063H	Driver DOB	14/01/1994
Register Date of Driver License	22/02/2013	Driver Age	25	Driving Experience	6
Contact No.(Mobile)	96778212	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 524 #01-245	Address 2	JURONG WEST STREET 52	Address 3	SINGAPORE 640524
Address 4		Address Type	Singapore address	Post Code	640524
Unit No.	01-245				
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	FB4083H	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes	No	

## Modification History

Claim 001 New

Claim Type *	OD-MR	Insured Name	ABDUL WAFI BIN ABDUL WANAB	Insured NRIC	S9402063H
Contact No.(Mobile)	96778212	Contact No. (Home)		Contact No. (Office)	
Email Address	WAFIDE80@gmail.com	Vehicle Number	FB4083H	TP	WAS666K
Claim Description	FB4083H / WAS666K ON 19 Apr 2019				
Preferred Workshop		Insured Liability	Not at Fault		
RAI/AR No.	Yes	Insured Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/04/2019 12:52	Claim Close Date		Data Retrieved	22/04/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1041070	Claim No.	001
Last Doc. Received	Yes No	Upload Date	22/04/2019 12:53
Path *			
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		
Choose File	No file chosen		
Manage Files			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Apr 2019 12:53	Photos	Normal	Photos 2019-4-22	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Apr 2019 12:53	Photos	Normal	Photos 2019-4-22	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Apr 2019 12:53	Photos	Normal	Photos 2019-4-22	

[illegible]

☞ Video List

Uploaded By/Date	Fuller Date	File Name	Source	Action
		<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>		



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9402063H



Name

ABDUL WAFI BIN ABDUL WAHAB

عبدالوفاى بن عبدالوهاب

Race

MALAY

Date of birth

14-01-1994

Sex

M

Country/Place of birth

SINGAPORE



5820841



NRIC No. S9402063H



Date of issue

11-10-2017

Address

APT BLK 524 JURONG WEST STREET 52  
#03-245  
SINGAPORE 640524

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9402063H

ABDUL WAFI BIN ABDUL WAHAB

Birth Date 14 Jan 1994

Issue Date 26 Jun 2013



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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	20 Feb 2013
Class 2A Motorcycles between 201 cc and 400 cc	07 Nov 2014
Class 2 Motorcycles > 400 cc	28 Jan 2016
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	28 May 2017

NP 428A



## ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 04 / 2019) (DD/MM/YYYY), TIME: (11 : 00) (HH:MM)

LOCATION: Tuos check point (Bridge towards Malaysian checkpoint)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB5 4083 H  
b) INSURANCE COMPANY: NIOU  
c) POLICY NUMBER: 5884700626-02  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Suzuki Hayabusa, 1300  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
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 Wahid Bin Abdul Wahid (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9402063H CONTACT: 94778912  
c) ADDRESS: 524 Jurong West Street 52 #03-245  
5640524

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

#### DRIVER

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

\* d) DATE OF BIRTH: (14 / 01 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29/01/2016

### 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: Jurong West Npc

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: WA 3866 K MODEL: Hyundai Starex

b) DRIVER'S NAME: Liew Jia Wei

c) NRIC/FIN/PASSPORT: 781013065191 CONTACT: 91677259

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = wadi debro @ gmail . com

VIDEO



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="19/04/2019 11:24"/>
Vehicle No. (For Motor)	<input type="text" value="FBJ4083H"/>	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"/>	5084700626-02		ABDUL WAFI BIN ABDUL WAHAB	S9402063H	GMC	Third Party, Fire & Theft	FBJ4083H	FBJ4083H	19/11/2018	18/11/2019