NATIONAL Assessment Centre Services. (wef 1 Jan'09). NAUA4190528?2

Date In: 24/04/2019 12:28	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/9007352/4	SAS e-filing		
Veh No: SLH 2072 L	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 15/04/2019 07.25	I-Motor Claim Form	WH1104179?-002 26/04/2019	
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)	10.41	
	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: PC9665S. 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 ( )

General Remarks

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

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

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

Completion Follow-up	Date Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Date/Time Remarks

NA1903058

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Cat. II

2/3:

Invoice Particulars			
1) AR: Accident Reporting ($30);			
2) DA: Damage Assessment ($100); INC ($50)	$40/$45		
3) TF: Towing Fee	$120		
4) FT: Follow-Through Survey	$30		
5) FT: Follow-Through Survey (Resurvey)			
For claiming against INC Only (wef 10 Jan 2009)	$75		
6) TR: Re-Inspection	$160		
7) N1: Idac DA + SMRT Survey			
8) NTUC Additional Services:-			
OD:			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP(N11): TP (Non INC) against INC	$30		
9) N12: Idac Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

10-DEC-2018 MON 08:09

MNA419052982 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 24/04/2019 12:28
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 25/04/2019 17:37

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 witholding 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	24/04/2019 12:28
Date Of Accident	15/04/2019 07:25
Exact Location Of Accident	ALONG WOODLANDS STREET 41
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH207L

Insured/Policyholder

Name Of Registered Owner	SITI NADIA BINTE ZAINOL ABIDIN
NRIC No	S8606025F
Email Address	ZZAINAL86@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93667434
Alternative Phone No	OTHERS-81814434

Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094253143-01
Cover Note Number	

Driver

Name of Driver	ZAINAL ZAINUDIN BIN AMININ
NRIC No	S8636816A
Date Of Birth	16/12/1986
Occupation	INDOOR
Date Of Driving Pass	09/12/2005
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81814434
Fax Number	
Contact Number	OTHERS-93667434
EMail Address	ZZAINAL86@GMAIL.COM

Address	BLK 894D WOODLANDS DRIVE 50 #08-35
Postcode	733894
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	NO
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)	2
Passenger 1	NAME: : SITI NADIA BINTE ZAINOL ABIDIN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	PC9665S
Vehicle Make/Model/Colour	YU TONG
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YU ZHI YONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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

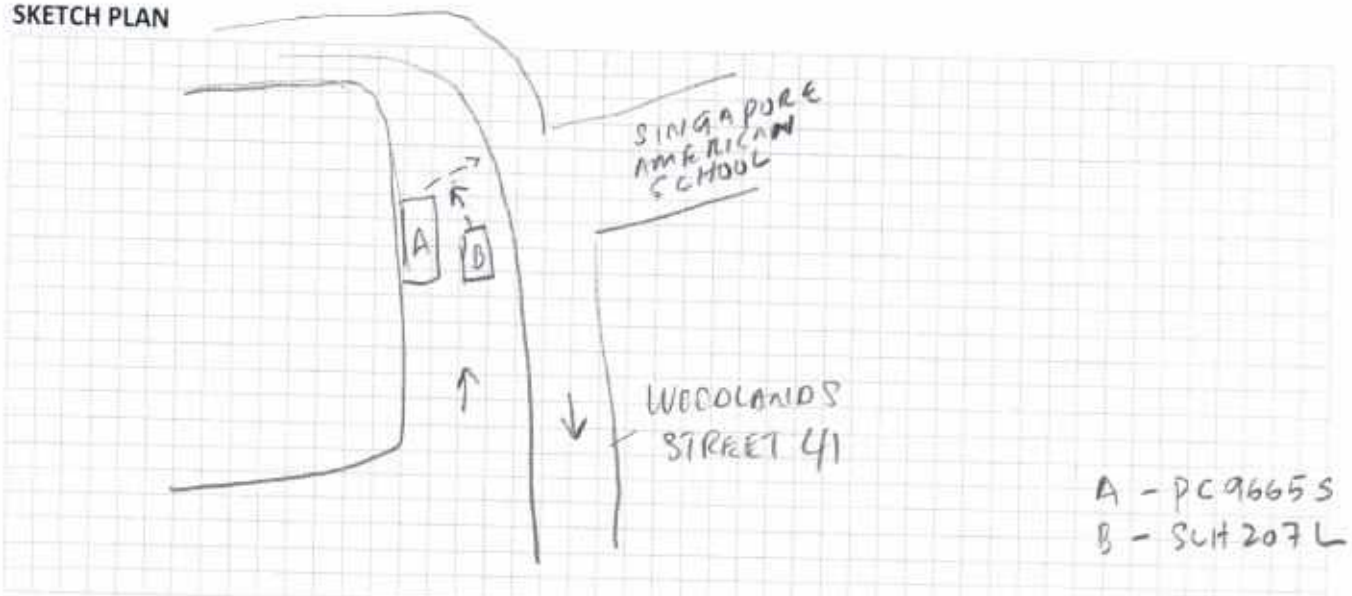
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 23/4/2019

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 25/04/2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 15/4/2019, I was travelling along WOODLANDS ST 41 Infront of me a Yellow (Yutong) Bus. It is Stationary. When I ~~did~~ decided to overtake on the Right, the bus make a move not allowing me ~~to~~ pass through. Causing both our Vehicle to collide.

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: 23/4/2019

26/04/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/1041792

Policy No.	5094253143-01	Vehicle No.	SLH207L	GST Registration No.	
Certificate No.					
Policyholder Name	SITI NADIA BINTE ZAINOL ABIDIN			Policyholder NRIC	S8806025F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93867434	Contact No.(Office)		Contact No.(Home)	
Email Address	snadiab8@gmail.com	Special Remark		eCode	No
KFR	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	26/04/2019 10:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	15/04/2019	Time of Accident hh:mm	07:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG WOODLANDS STREET 41				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	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 405 #10-58	Address 2	WOODLANDS STREET 41	Address 3	SINGAPORE 730405
Address 4		Address Type	Singapore address	Post Code	730405
Unit No.		Related Policy Number	5094253143-01		

01 Driver Info

Driver Name	ZAINAL ZAINUDIN BIN AMIN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8636816A	Driver DOB	16/12/1966
Register Date of Driver License	20/01/2006	Driver Age	32	Driving Experience	13
Contact No.(Mobile)	81814434	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 894D #08-35	Address 2	WOODLANDS DRIVE 50	Address 3	SINGAPORE 733894
Address 4		Address Type	Foreign address	Post Code	733894
Unit No.	08-35				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathaliser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	SITI NADIA BINTE ZAINOL ABID	Insured NRIC	S8806025F
Contact No.(Mobile)	93867434	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	SNADIAB8@GMAIL.COM	OI Vehicle Number	SLH207L	TP Vehicle Number	PC9665S
Claim Description	SLH207L / PC9665S ON 15 Apr 2019			Name of Preferred Workshop	
Preferred Workshop Garage No.		Insured Liability	Not at Fault		
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	IDA report	Received
Date Registered	26/04/2019 10:40	Claim Close Date		Date Received	26/04/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1041792	Claim No.	002
Last Doc. Received	Yes No	Upload Date	26/04/2019 10:41

Path *		Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 10:41	Photos	Normal	Photos 2019-4-26	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 10:41	Photos	Normal	Photos 2019-4-26	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Apr 2019 10:40	Photos	Normal	Photos 2019-4-26	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Apr 2019 10:40	Photos	Normal	Photos 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Apr 2019 10:40	Photos	Normal	Photos 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Apr 2019 10:40	Photos	Normal	Photos 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Apr 2019 10:40	Photos	Normal	Photos 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Apr 2019 10:40	Photos	Normal	Photos 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Apr 2019 10:40	Photos	Normal	Photos 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Apr 2019 10:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Apr 2019 10:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Apr 2019 10:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Apr 2019 10:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 26 Apr 2019 10:40	SAS	Normal	SAS 2019-4-26

Video List

Uploaded By/Date	Folder Date	File Name	?	Source	Action

Display in New Window | Scan and uploading

DRIVING LICENCE

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 4 / 2019) (DD/MM/YYYY), TIME: (7 : 25) (HH:MM)

LOCATION: WOODLANDS ST 41

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SLH 207 L
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: ~~NISSAN X TRAIL~~
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: NISSAN X TRAIL
   f) TYPE: (~~SALOON~~ / ~~COUPE~~ / MPV / ~~VAN~~ / ~~LORRY~~ / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / ~~COMMERCIAL~~ / ~~MOTORCYCLE~~)
   h) PURPOSE OF USING AT ACCIDENT TIME: 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: SITI NADIA BTE ZAINAL ABIDIN (~~MALE~~ / FEMALE)
   b) NRIC/FIN/PASSPORT: S8606025F CONTACT: 9386 7434
   c) ADDRESS: BLK 405 WOODLANDS ST 41 #10-58

WIFE

* No of passenger (including driver) (2)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER
   a) NAME: ZAINAL ZAINUDIN BIN AMIN (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S8636816A CONTACT: 81814434
   c) ADDRESS: BLK 894D WOODLANDS DR 50 #08-35
   *d) DATE OF BIRTH: (16 / 12 / 1986) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 9/12/2005
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (~~YES~~ / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE
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:
8. THIRD PARTY VEHICLE

* No of passenger (Including driver) (__)

   a) VEHICLE NUMBER: PC9665S MODEL: Yutong
   b) DRIVER'S NAME: YU ZHI YONG
   c) NRIC/FIN/PASSPORT: CONTACT:
9. THIRD PARTY VEHICLE

* No of passenger (Including driver) (__)

   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email = zzaina186@gmail.com

VIDEO

SINGAPORE POLICE FORCE

J/20180522/2040

Report No. J/20180522/2040

POLICE REPORT (NP322)

Police Station Of Origin
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Date/Time Report Made	Vide Report No.	Station Diary No.
22/05/2018 11:03		46

Name Of Informant ZAINAL ZAINUDIN BIN AMIN	Address APT BLK 894D WOODLANDS DRIVE 50 #08-35 SINGAPORE 733894			
ID Type / ID No. NRIC NO / S8636816A	Contact No. Home/Office	Mobile 81814434		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation TECHNICAL OFFICER	Sex Male	Age 31	Date of Birth 16/12/1986	Race Javanese
Institution/School Name	Language			
Date/Time Of Incident 21/05/2018 12:00	Location Of Incident 700B ANG MO KIO AVENUE 6 AMK CENTRAL HEIGHTS SINGAPORE 562700 Vicinity of Ang Mo Kio Ave 6			

Brief details.

On the above mentioned date time and location I discovered that I lost the below mentioned items. I made a search for it however it was to no avail. That's all.

Property Information

Signature Of Officer Recording The Report:
J / Sgt 2 MUHAMMAD SUFI BIN MOHD HUSSIN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Woodlands West N.P.C. /
Insp CHIENG KWOK SHENG
Contact No.: 67910000

Authentication Stamp

SN 117

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:
22/05/2018 11:03

Classification Of Case:

FUPO hotline number: 68429645

SINGAPORE POLICE FORCE

J/20180522/2040

POLICE REPORT (NP322) CONTINUATION OF REPORT

Report No. J/20180522/2040

5	Credit Card / Debit Card/ ATM Card	Lost	MAYBANK			1		One MAYBANK Debit ATM Card
6	Credit Card / Debit Card/ ATM Card	Lost	CIMB BANK			1		One CIMB Bank Credit Card
7	Credit Card / Debit Card/ ATM Card	Lost	AMERICA EXPRESS			1		One America Express Credit Card
8	Cash	Lost				1		Cash amounting to S$200/-
9	General property	Lost				4		Caltex, Shell, Esso, SPC Petrol Card
10	General property	Lost				1		One dark green with black trim Mont Blanc wallet
11	CashCard	Lost				2		Two Cashcards

Signature Of Officer Recording The Report:

J / Sgt 2 MUHAMMAD SUFI BIN MOHD HUSSIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/05/2018 11:03

Officer In-Charge Of Case:
J / Woodlands West N.P.C. /
Insp CHIENG KWOK SHENG
Contact No.: 67910000

Classification Of Case:

Authentication Stamp

SN 117

Signature :

Police Force

FUPO hotline number: 68429645

SINGAPORE POLICE FORCE

J/20180522/2040

POLICE REPORT (NP322) CONTINUATION OF REPORT Report No. J/20180522/2040

12	General property	Lost				1		One NTUC Card

Signature Of Officer Recording The Report:
J / Sgt 2 MUHAMMAD SUFI BIN MOHD HUSSIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/05/2018 11:03

Officer In-Charge Of Case:
J / Woodlands West N.P.C. /
Insp CHIENG KWOK SHENG
Contact No.: 67910000

Classification Of Case:

FUPO hotline number: 68429645

Authentication Stamp SN 117

Signature :

Singapore Police Force

SINGAPORE POLICE FORCE

J/20180522/2040

POLICE REPORT (NP322) CONTINUATION OF REPORT Report No. J/20180522/2040

S/N	Item	Type	Brand/ Account/ Property/ Security-Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Identity Card	Lost	SINGAPORE NRIC		S8636816A	1		One Pink NRIC bearing name ZAINAL ZAINUDIN BIN AMIN
2	Identity Card	Lost	SAF 11B		S8636816A	1		One SAF 11B bearing name ZAINAL ZAINUDIN BIN AMIN
3	Licence	Lost	Qualified Driving Licence		S8636816A	1		One Singapore Driving Licence
4	Credit Card / Debit Card/ ATM Card	Lost	POSB BANK			1		One POSB Bank Debit ATM Card

Signature Of Officer Recording The Report:
J / Sgt 2 MUHAMMAD SUFI BIN MOHD HUSSIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/05/2018 11:03

Officer In-Charge Of Case:
J / Woodlands West N.P.C. /
Insp CHIENG KWOK SHENG
Contact No.: 67910000

Classification Of Case:

Authentication Stamp

SN 117

Signature :

Singapore Police Force

FUPO hotline number: 68429645

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8636816A**

Name

ZAINAL ZAINUDIN BIN AMIN

زينل زين الدين بن امين

Race

JAVANESE

Date of birth

16-12-1986

Sex

M

Country/Place of birth

SINGAPORE

5959624

NRIC No. **S8636816A**

Date of issue

30-05-2018

Address

APT BLK 894D WOODLANDS DRIVE 50
#08-35
SINGAPORE 733894