

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MM119086J84**

Date In: <b>26/1/05</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MM119086J84</b>	SAS e-filing		
Veh No: <b>PB470299</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>26/1/05-14:35</b>	i-Motor Claim Form	<b>MM11051734-001</b>	<b>26/1/05 15:23</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: **SKP1394**

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 (

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: (

Remarks:-

(INC hotline: 6788 6616)

Date & Time 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

Actions

**NA1904446 / NA1904447**

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est. Bill

Add. Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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

4) FT: Follow-Through Survey \$120

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

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON\*

\*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 \$20

9) N12: Idac 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	03/07/2019 14:09
Date Of Accident	30/06/2019 14:35
Exact Location Of Accident	CHOA CHU KANG WAY TWDS KJE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH7009P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NUR ELINA BINTE MOHAMMED TAHIR
NRIC No	S9319695C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83281933
Alternative Phone No	OFFICE-83281933

#### Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX (HC)
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	5083651080-02
Cover Note Number	

#### Driver

Name of Driver	NUR ELINA BINTE MOHAMMED TAHIR
NRIC No	S9319695C
Date Of Birth	28/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	27/10/2012
Driving Experience	6 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83281933
Fax Number	
Contact Number	OFFICE-83281933
Email Address	NOEMAIL

Address	BLK 768 CHOA CHU KANG STREET 54 #06-33
Postcode	680768
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 - CROSS JUNCTION
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	5
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190702/7006.

#### 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	SKF139Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKR5601H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKG398K  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number FBN5178R  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name NUR ELINA BINTE MOHAMMED TAHIR  
Approximate Age  
Injuries Sustain FACE, SHOULDER & HAND  
Injured person in which vehicle? FBH7009P  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address

Postcode


## SKETCH PLAN

### IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

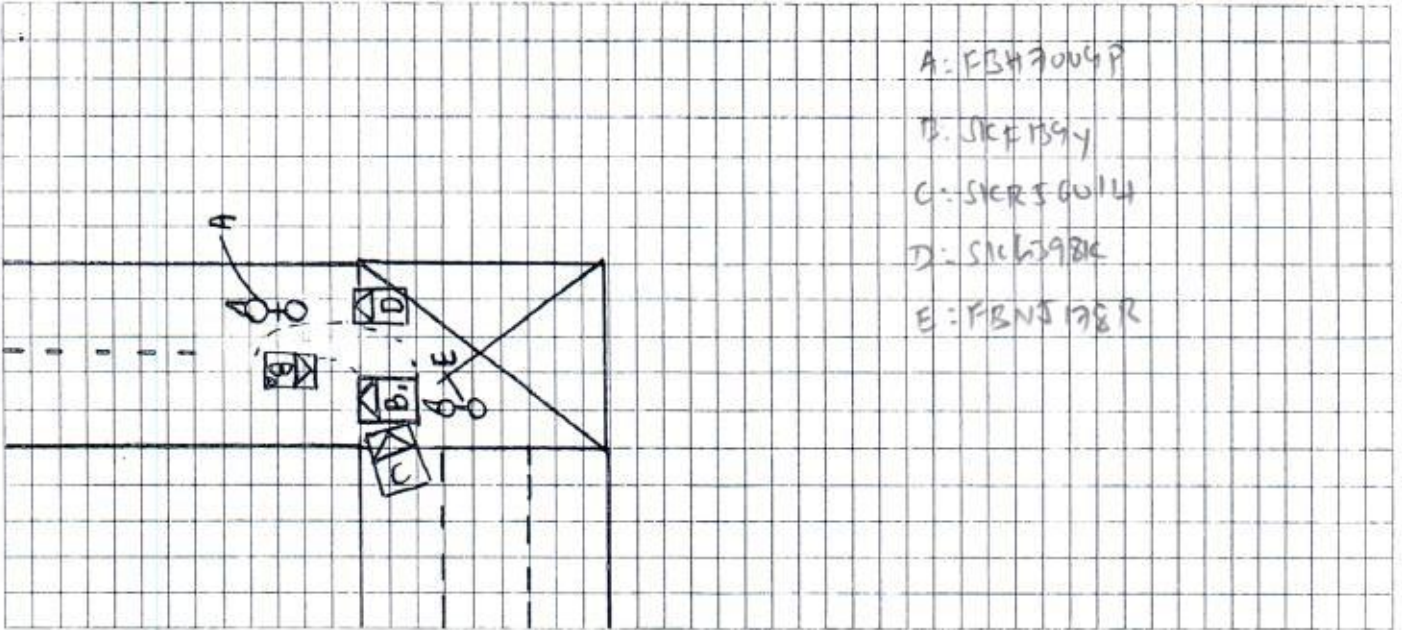
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

  
\_\_\_\_\_  
Policy holder's signature  
Date / time:

\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
\_\_\_\_\_  
reporting centre personnel's Signature  
Date / time:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

## DECLARATION

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

Ed.  
Policy holder's signature  
Date & time:

\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date & time:

[Signature]  
reporting centre personnel's Signature  
NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	30/06/19	(DD/MM/YY)
Time of accident	1435	(HH:MM)
Exact location of accident	Chua Chu Kang way towards KJE	

## DETAILS OF VEHICLE

Vehicle registration number	FBH 7009 P		
Vehicle make and model	Yamaha Jupiter		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input checked="" type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input checked="" type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	Nur Elina Binte Mohammed Tahir	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	S93 19695C		
Contact	8328 1933 // 9430 4884 (Mother) // 9634 3294 (Father)		
Address	Apt Blk 768 Choa Chu Kang Street 54 #06-33 S (680 768)		

## DRIVER

## SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			
Email address			
Date of birth	28/05/1993		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	13/05/2016		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SKF 139Y
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

B

THIRD PARTY VEHICLE 2	
Vehicle registration number	SKR 5601H
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

C

THIRD PARTY VEHICLE 3	
Vehicle registration number	SKG 398K
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

D

THIRD PARTY VEHICLE 4	
Vehicle registration number	FBN 5178R
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

E

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	Nur Elina Binte Mohammed Tahir
Injuries sustained	Face, shoulder, hand
Which vehicle person in?	FBH 7009 P
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



**SINGAPORE  
POLICE FORCE**



T/20190702/7006

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

1 of 3

Report No. T/20190702/7006

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/07/2019 11:29		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NUR ELINA BINTE MOHAMMED TAHIR			Address: APT BLK 768 CHOA CHU KANG STREET 54 #06-33 SINGAPORE 680768		
ID Type / ID No.: NRIC NO / S9319695C			Contact No.: Home/Office:		Mobile: 83281933
Nationality: SINGAPORE CITIZEN			Email: elinatahir93@gmail.com		
Sex: Female	Age: 26	Date of Birth: 28/05/1993	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: ADMIN ASSISTANT			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/06/2019 14:35	Type of Location:
Location: CHOA CHU KANG WAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH7009P	Motorcycle	YAMAHA	JUPITER MX (HC)	Red		0
FBN5178R	Motorcycle					0
SKF139Y	Car					0
SKG398K	Car					0
SKR5601H	Car					0



**SINGAPORE  
POLICE FORCE**



T/20190702/7006

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

2 of 3

Report No. T/20190702/7006

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH7009P	NTUC Income Insurance Co-Operative Limited	5083651080-02	09/09/2018	08/09/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NUR ELINA BINTE MOHAMMED TAHIR	ID No.	S9319695C
Related Vehicle	FBH7009P (Motorcycle)	Contact No.	83281933
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	06	Degree of Injury	Serious

**Brief Details.**

On the stated date and time, I was travelling straight across Choa Chu Kang Way towards KJE with my bike (FBH7009P). When the traffic light turned green, I move off from the traffic junction, I found out that a vehicle (SKR5601H) dashed the red light at his side and collided vehicle (SKF139Y) causing vehicle (SKF139Y) to lose control and spun around and hit my vehicle. I was flung onto the road. My box flew out and hit vehicle (SKG398K). I wish to state that vehicle (SKR5601H) also collided onto vehicle (FBN5178R) which is related to the accident. However vehicle (FBN5178R) does not hit onto my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20190702/7006

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

3 of 3

Report No. T/20190702/7006

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
YAN MINGSHENG DANIEL  
Contact No.: 65476252

Authentication Stamp

NP168

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

Date/Time:  
02/07/2019 11:29

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S9319695C**

Name  
**NUR ELINA BINTE MOHAMMED  
TAHIR**

Birth Date **28 May 1993**

Valid Until **27 Oct 2012**

**For LKK/NAC Use Only**

002117910G

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S9319695C**

Name  
**NUR ELINA BINTE MOHAMMED  
TAHIR**

Race  
**MALAY**

Date of birth **28-05-1993** Sex **F**

Country of birth  
**SINGAPORE**

**For LKK/NAC Use Only**

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

Class	Description	Effective Date
Class 1B	MOTORCYCLES NOT EXCEEDING 200 CC	27 Oct 2012
Class 2A	MOTORCYCLES BETWEEN 200 CC AND 400 CC	05 Nov 2015
Class 2	MOTORCYCLES EXCEEDING 400 CC	12 Nov 2016
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH IN LOAD DOES NOT EXCEED 3500 KILOGRAMS	01 Mar 2015

**For LKK/NAC Use Only**

S / No. 9000261078

NP 423A

License No: S9319695C

4230835

SING No. **S9319695C**

**For LKK/NAC Use Only**

07-06-2008

Address  
**APT BLK 768 CHOA CHU KANG STREET 54  
#06-33  
SINGAPORE 680768**

## THE SCHEDULE

### Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the Insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this Insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5083651080-02
The Policyholder	: NUR ELINA BINTE MOHAMMED TAHIR BLK 768 #06-33 CHOA CHU KANG STREET 54 SINGAPORE 680768

Period of Insurance	: 09 Sep 2018 To 08 Sep 2019
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (Inclusive GST)	: S\$423.84

#### Interest Insured

Cover Type	: Third Party, Fire & Theft	
Named Driver (1)	: NUR ELINA BINTE MOHAMMED TAHIR	
Named Driver (2)	: MOHAMMED TAHIR BIN KASIRAN	
Make/Model	: YAMAHA/JUPITER MX (HC)	
Capacity	: 135cc	Number of Seater : 2
Registration Number	: FBH7009P	Registration Year : 2013
Chassis Number	: MH350C004DK611894	Insure with COE : YES
Excess (Section 1)	: N/A	NCD Entitlement : 20%
Excess (Section 2)	: N/A	
Hire Purchase Company	: N/A	

**Memo A:** To extend policy to include food delivery services.

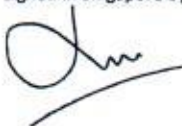
#### Endorsement Operative: M2

Agency	: TELESALLES-DIRECT MARKETING (00000601661)
Date of Issue	: 27 Aug 2018 16:04 hrs
Reprint	: 27 Aug 2018 16:05 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[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="30/06/2019 14:35"/>							
Vehicle No.(For Motor)	<input type="text" value="FBH7009P"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5083651080-02		NUR ELINA BINTE MOHAMMED TAHIR	S9319695C	GMC	Third Party, Fire & Theft	FBH7009P	FBH7009P	09/09/2018	06/09/2019
<input type="button" value="Continue"/>										

## Policy Information

Policy No.	5083651080-02	Policyholder Name	NUR ELINA BINTE MOHAMMED	Policyholder NRIC	S9319695C
Certificate No.					
Address	BLK 768 #06-33 CHOA CHU KANG STREET 54 SINGAPORE 680768				
Product Name	MOTORCYCLE INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	27/08/2018	Effective Date	09/09/2018 00:00	Expiry Date	08/09/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess	OS Premium 0				
Outside Singapore OD Excess	Outside Singapore TP Excess				
					Young/Inexperience Driver Excess
Agent	TELESALES-DIRECT MARKETIN	Agent Tel.	GST Flag Y		
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 768 #06-33	Address 2	CHOA CHU KANG STREET 54	Address 3	SINGAPORE 680768
Address 4		Address Type	Singapore address	Post Code	680768
Unit No.	06-33	Related Policy Number	5083651080-02		

Insured Object: FBH7009P

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue Cancel</div>				

## Claim Handling

Accident MT/1051734

Exit

Policy No.	5083651080-02	Vehicle No.	FBH7009P	GST Registration No.	
Certificate No.					
Policyholder Name	NUR ELINA BINTE MOHAMMED TAHIR	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S9319695C
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	83281933	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	03/07/2019 15:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	30/06/2019	Time of Accident hh:mm	14:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHOA CHU KANG WAY TWDS KJE				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 768 #06-33	Address 2	CHOA CHU KANG STREET 54	Address 3	SINGAPORE 680768
Address 4		Address Type	Singapore address	Post Code	680768
Unit No.	06-33	Related Policy Number	5083651080-02		
<b>01 Driver Info</b>					
Driver Name	NUR ELINA BINTE MOHAMMED TAHIR	Driver Type	Main Driver	Driver DOB	28/05/1993
Unnamed driver Name		Driver NRIC	S9319695C	Driving Experience	6
Register Date of Driver License	27/10/2012	Driver Age	26	Contact No. (Home)	0
Contact No. (Mobile)	83281933	Contact No. (Office)	0	Address 3	SINGAPORE 680768
Address 1	BLK 768	Address 2	CHOA CHU KANG STREET 54	Post Code	680768
Address 4		Address Type	Singapore address		
Unit No.	06-33				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim OD1 New

Claim Type *	CO-NX	Insured Name	NUR ELINA BINTE MOHAMMED	Insured NRIC	S9319695C
Contact No. (Mobile)	96343294	Contact No. (Home)		Contact No. (Office)	
Email Address		01 Vehicle Number	FBH7009P	TP Vehicle Number	SKF139Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBH7009P / SKF139Y ON 30 Jun 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/07/2019 15:23	Claim Close Date		Date Received	03/07/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1051734	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/07/2019 15:24
Path *			
	Browse...	Clear	Category *
			Please Select
	Browse...	Clear	Confidential
			No
	Browse...	Clear	Urgency *
			Please Select
			No
			Normal
			Description *

Browse...

Browse...

Browse...

Clear

Please Select

100

Normal

Clear















Please Select

100

Normal

☐ Send Message

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 15:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 15:24	SAS	Normal	SAS 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 15:24	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 15:24	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 15:24	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 15:24	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 15:24	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 15:24	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 15:24	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 15:24	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 15:24	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 15:24	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 15:24	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 03 Jul 2019 15:24	Photos	Normal	Photos 2019-7-3		<a href="#">Edit</a>

**Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				