NATIONAL Assessment Centre Services	441 Jarren MMA419088813	
Date to: Ollo 200 1045 Ich description	Date & Time Completed	Done by
Ref No: MBA MCCGOLXXXV SAS e-Ming		
Veh No. Phy 63682 E-mail (wildow #	hrs, AtC 2hrs;	
D.O.A : 28/06/2005 Of 35 1-Motor Claim	1 Form M1051406-00	2 09/07/20
OD : The Reporting Only i-Photo Uploa	(Within: OD 2hrs. TP 4les) deti !	10:42
TP Insurer: Ass't Report by	Vey Report Fax / Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F:	ix:)
TP Particulars: Veh No: SMG 207M	. INC()/Non-INC().	
Owner / Driver: (Tel:)
Policy No: () Period: () Cover Type: ()
Constrmed by : (Date: Time:)
Insured/Driver Liability: (%) [Note-Est. Status (W	O): N: 0-20%; P: 21-79%. F: 80-1	00%]
Year of Registration: () Wattanty: YES ()/NO()	
Excess: (S) Londing: \$1,000 () / \$2,000		
General Remarks	是分分型。是是使物面至6人生,	
() Walk-In Customar : Customer's information strictly Cor	fidential & Strictly NO rafer of repairer.	
() Total Loss Case : to e-mail Insurer URGENTLY.		
Drive-ln()/Towed-ln(); Invoice: YES()/N	O(); Towing Co: (
Remarks:4 - 7 (INC norline: 6788 (616)	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] (5	
Injury:		
Drief Pime / Actions		#14.3600 191.46210.4515
	In the County areas wood for the Arthur of	Anit(5) Anit(5)
MA1905(12 "	Invalue Preparation Chiefelist	IN BILL Med 1811
Lumant's Particulars :-	1) AR : Accident Reporting (\$30);	7/0
A THE SHADE AND A COLLECTION PROPERTY AND ADDRESS OF A PARTY AND ADD	2) DA: Dumoge Assosament (\$100); INC (3) TF: Towing Fee S	40/545
Oriver/Owner:	4) FT : Fellow-Through Survey	5120
Contact No:	5) FT : Fallow-Through Survey (Resurvey) For cleimlus acquest INC Only (wef 10 Jan 20)	(5)
Damaged Portion:	7) NI : Ideo DA + SMRT Survey	\$160
	8) NTUC Additional Servines:-	
QC Checked by (Engr-In-Charge):	*N3: Courteay Car / Tpt Allowands	
	*N6; Report Co-ordination	\$10
Additors Comments:	*N7: Fost Repair Inspection N8: DV / Collect Excess Coordination	525
Dat. J.:	TR (NII) : TF (N in INC) against INC	\$20
	1) N12: Idna Nishile Invoice doted For Charge	30
Int. 2/3: 1/1 'd	For Charge	
1 1 .9		7-MAY-2018 18:39

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.

- 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

oforesaid.	
SULTED STREET STREET, STREET	ACCIDENT STATEMENT
Date Of Report	08/07/2019 10:45
Date Of Accident	28/06/2019 08:20
Exact Location Of Accident	PIE TOWARDS CHANGI BEFORE LORNIE EXIT
Country/State of Loss	SINGAPORE
大大型市 医马特斯姆氏病 的复数多数	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ6368Z
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ZAFRAN BIN MOHAMED NAZIM
NRIC No	T0003094A
Email Address	ZAFRANNAZIN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97307104
Alternative Phone No	OTHERS-97307104
Vehicle Particulars	
Manufacturer	HONDA
Model	CBR150R-150CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO SCHOOL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5110407474
Cover Note Number	
DOMEST	

Driver

Name of Driver MUHAMMAD ZAFRAN BIN MOHAMED NAZIM

 NRIC No
 T0003094A

 Date Of Birth
 07/02/2000

 Occupation
 INDOOR

 Date Of Driving Pass
 03/06/2019

Driving Experience 0 YEAR AND 0 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97307104

Fax Number

Contact Number OTHERS-97307104

EMail Address ZAFRANNAZIN@YAHOO.COM

Address

BLK 277 TOH GUAN ROAD

#10-175

Postcode

600277

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)

2

involved in the accident

NO

Was any body injured in the Accident?
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)

diamen

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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 (BIKE ALREADY DISMANTLE WENT COME TO MAKE REPORT)

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

SMG207M

Vehicle Make/Model/Colour

SUZUKI SWIFT

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

96417741

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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:

Meporting Centre Personnel's Signatu

NRIC/FIN No

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ou -	time, l	nence	resultin	y in	me	colliding	towards

DECLARATION

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

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature
Name: RoPL WAR

Accident HT/1051406							
usey NV.	5010407474	(venice No.	FR063887		GST Registration No.		
erifican No.	prinental	VALUE OF THE PARTY	7.6093004		Genorem and Con		
ulicyholder Name	HUHAMMAD ZAFRAN BIN HOHAMED NAZIM				PalayNotter ANIC	T0003094A	
Viduct Code	HOTORCYCLE INSURANCE	Cover Type	Third Party, Fee & TI	heft	Loading	n	
Contact No. (Mobile)	NA	Contact No.(Office)			Contact No.(Home)	-	
Crneil Address		Special Remark	560M976M648		eCode	740. *	
ene.	= NoYes	TEA	- No. Yes		eCode Research	100	
NCD Protection	No	NCO Entitlement(%)	0		TOWNS HAVE	1,000	
♥ Accident Detaile	01/07/2019 19:26	Accident Report Within 24 hrs	Yes		Accident Eyee	Unknown	
Report Date Date of Accident	28/56/2019	Time of Azoldent Nhumm	We 30		Country of Assistant	Singapore	
Reporting Centre	28/06/2019	Grange Force	3000,400		SCH No.	31006000000	
Auditent Liscation	PAG	2000 22000					
→ Total Excess Applicable							
Excess Type	Per Accident	Weithcreen Excess					
NAMES AND ASSESSMENT OF THE PARTY OF T							
DO Standard Excess	0.00	TP Standard Excess		0.00			
YIED OD Excess		YEED TP Excess			DYMER IS COVERED	Hert Applicable	
Additional Excess	arran	and the second of the second		2.44			
Total CO Excess Applicable	0.00	Total TF Eccess Applicable		11.00			
→ Benefits → EST Registered Inform	NECOVIED						
GST Registered Information	No		657 Region	ration Eate			
GST Registration No.	C79.		GST Status		Yes		
Middlication History							
Policyholder Halling Ad	dress	MESSILER			Trucking the		
Address 1	BLK 277 #10-178	Address Z	TOH GUAN AGAD		Address 3	TOH GUAN VIEW	
Address 4	NINGAPORE BUGZY?	Actives Type	Singapore address		Post Code	400277	
Une No.	30-475	Related Policy Number	5110407474				
		Driver Type					
Driver Name Unnamed driver Name		Oniver NI3C			Ortver DOB		
Register Date of Driver Usenae		Enver Age			Driving Experience		
Contact No.(Hubble)		Centact No. (Office)			Contact No.(Horrer)		
Address 1		Address 2			Address 3		
Address 4		Address Type	Tureign address		Pust Caste		
Line No.							
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.			Driver Trauter Company		
Claim Type *				ор-нх	Insured MUHAMMAD ZA	FRAN BUN MONA TORSICHO	70023094A
				AND DESCRIPTION OF THE PERSON	Contact	Cortact	
Contact No.(Metale)				97307304	No. (Home)	[No. (DMcs)	
Email Address					Vehicle PRISSERZ	TP Webicle	SHG207H
LEWIN DWINE					Number	Asimbar Asima iri	ign-w
Claim Description				PBJ62662 / SPIG207H (0/4 28 Tun 2018	Preferred Workshop	
Preferred	Insured Liebets Fully at Fault						
Workshop flatoict no. Yes Finelization	Posterenti Preferred Workshop, Ner		red *	1			
Date Registered	Option	report (Naces	95	29/07/2019 10:41	Dem	Date Received	09/07/2019 00:00
Regart Taken By				WOSLI WAHAS	Date		
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			Save Submit				
Attachment							
*							
Accident No.	HT71051406	Claim No.		662			
Last Doc, Reserved	* Yes Wa	Uplead Date		09/07/2019 10:43			
CHANNEL STATE	Pain *	A STATE OF THE STA		Category *	Confidential	Urgency *	Description *
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* Attachment List							
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400							
NAC	BURIT_MERAN_BOOG76(NATIONAL ASSESSMENT CE 5 (BURIT MERAH)) on 09 Jul 2019 10:42	NTRE SERVICE Photos		somal	Photos 2019	219	
Market St.	en seman transposition as en ense, 4M/de/						
NAC	BUNIT_MERAH_800676; NATIONAL ASSESSMENT CR	HTRE SERVICE Photos		Normal .	Phobas 2019	7.9	
Mark No.	S (BUKIT MERAH)) on CV 3UF 2019 10:41						

7/9/2019 Claim Handling(Claim Task) NAC_BUXIT_MERAH, BUDEPK; NATIONAL ASSESSMENT CENTRE SERVICE 5 (BLM3T MERAH)) on 99 No 2019 30:41 Normat Phohas 2019-7-9 NAC_BURIT_HIRRAH_BDDCYN; NATIONAL ASSESSMENT CENTRE SERVICE S (BLINIT HERAH)) on GS 3/2 2019 10:41 Photos Photos 2019-7-9 RAC_BURIT_MERAH_BD0676(NATIONAL ASSESSMENT CENTRE SERVICE 8 (BURIT MERAH)) on 00 Jul 2019 (0:41 SAS Normal SAS 2019-7-9 NAC_BURIT_MERAPL_BOSE76(NATIONAL ASSESSMENT CENTRE SERVICE FRICT DRIVING LICENSE S (BURIT MERAPI)) OF 09 3/8 2019 10:41 NRIC/ Driving License 2019-7-9 Uploaded By/Date Folder Date File Name Ÿ

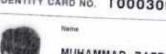
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ACCIDENT STATEMENT

ACCIDENT DATE: 50 1.6 7019 1(DD)MMV	YYY TIME! 8 20 MUNIN
ACCIDENT DATE: 28 . 6 . 2019 (DD/MM/Y	(HILLIAM)
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: FBJ63682	
	me
CIPOLICY NUMBER: 5110407474	+
d)POLICY TYPE: (COMPREHENSIVE / THIRD	
OMAKE & MODEL: Honda CBR 150	P ARTIFICE ATTENT
/)TYPE:(SALOON / COUPE / MPV /VAN / LO	DREY (MOTORCYCLE) (OTHERS)
g)VEHICLE CATEGORY: (PRIVATE / COMME	PCIAL (MOTORCYCLE)
THE ORPOSE OF USING AT ACCIDENT TIME	· He Personal use on the
JAKE YOU CLAIMING UNDER YOUR OWN IN	JULIDANICE IVER INIOI
" NO. FLEASE STATE (THIRD PARTY CLAIM	REPORTING ONLY)
Z. MASSIRED / POLICY HOLDER	
AINAME: Muhammand Zafran	(MALE) FEMALE)
b)NRIC/FIN/PASSPORT: T0003094A	CONTACT: 9730 7104
CLADDRESS: Toh Guan Road Blac	k 277 410-175
* CONTINUE TO 2 due para de la continue de la conti	N 2 75 1
No of passanges DRIVER DRIVER ALSO POUCY	HOLDER
Including 1 3 g) NAME: As above.	PACKAMATERI S-WARRAS DISCUSSIVO
Including driver) a) NAME: AS above. b) NRIC/FIN/PASSPORT:	(MALE / FEMALE)
CJADDRESS:	CONTACT:
*d) DATE OF BIRTH: (07 , 02 , 2000) (DE	D/MM/YYYYI +
e)OCCUPATION: (INDOOR / OUTDOOR)	** *** *** ***
FIDATE OF DRIVING PACC 03 Ju	ine 2019 .
4. WAS DRIVER AN EMPLOYEE OF THE INSU	RED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WI	ITH INSURED:
GIVENTHER CONDITION: (CLEAR) RAINING	/ OTHERS
b)ROAD SURFACE: (DRY) WET / OTHERS	* *.
6. WAS ANYBODY INJURED (YES (NO) 7. a) REPORTED TO POLICE (YES (NO)	W 24
IF YES, PLEASE STATE WHICH POLICE STATION	25
	Ni
of passinger a) VEHICLE NUMBER COMA 2021A	MODEL SUZUKI SWIFT
duding driver) b) DRIVER'S NAME:	MODEL: SAZONI SWILL
() NRIC/FIN/PASSPORT:	CONTACT: 9641 7741
9. THIRD PARTY VEHICLE	- contract terrates a few allowed a few
o of passenger d) VEHICLE NUMBER: As about	MODEL:
of passenger of VEHICLE NUMBER: As about	MODEL:
of passenger d) VEHICLE NUMBER: AS about	MODEL:

email = V1080

REPUBLIC OF SINGAPORE IDENTITY CARD NO. T0003094A



MUHAMMAD ZAFRAN BIN MOHAMED NAZIM

For LKK/NAC Use Only

MALAY Date of best 07-02-2000 Country/Place of both

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE T0003094A MUHAMMAD ZAFRAN BIR MOHAMED ***** 21 Nov 2018

5452558



For LKK/NAC Use Only

09-04-2015

APT BLK 277 TOH GUAN ROAD #10-175 SINGAPORE 600277

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

EFFECTIVE DATE

Motorcycles =< 200 GC 03 Jun 2019 Motor cars =< 3000 kg with =< T pestangers, exclusive of the driver; and inclor tractorsively live == 2500 kg

For LKK/NAC Use Only

T0001094A

S / No.9000338215

NP 428A

• eBao Tech								Genera	alClaim		
Hello, NAC_BUKIT_MERAH_800676							• Change	e Languag	e • Chan	ge Password	• Log Ou
	Poli	Policy Query									
	Policy N	No.				Date	of Accident		28/06/2019	10:44	
	Vehicle	No.(For Motor)	FBJ636	8Z		Certi	ficate Numbe	r .			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	٠	5110407474		MUHAMMAD ZAFRAN BIN MOHAMED NAZIM	T0003094A	GMC	Third Party, Fire & Theft	FB363682		13/06/2019	12/06/2020
				1110988220		Continue	ī				