

NATIONAL Assessment Centre Services			
Date In: 13/07/2019 11:03	Job description	Date & Time Completed	Done by
Ref No: NA/INC9012426/Y	SAS e-filing		
Veh No: PA 85262	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 13/07/2019 05:50	I-Motor Claim Form	17/11/053312-001	15/07/2019 10:54
OD: TP 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: UNKNOWN Lorry	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: (\$ )	Landing: \$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

NA/905261	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add. Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Its Inspection \$75		
Cat. 2/3:	7) NI: Idnu DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) NI: NI1: TP (Non INC) against INC \$20		
	10) NI2: Idnu Mobile \$30		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	13/07/2019 17:03
Date Of Accident	13/07/2019 05:50
Exact Location Of Accident	BLK 44 SIMS DRIVE OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8536Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JMJ TRANSPORT SERVICES
Co Reg No	53221303C
Email Address	ARIFFI402_APEK@LIVE.COM
Mobile Phone No	(LOCAL) +65-90061353
Alternative Phone No	OFFICE-90061353

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	VAN WAS PARKED
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102481028
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD ARIFF BIN HAMIS
NRIC No	S8817634C
Date Of Birth	02/06/1986
Occupation	OUTDOOR
Date Of Driving Pass	05/05/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90061353
Fax Number	
Contact Number	OTHERS-90061353
Email Address	ARIFFI402_APEK@LIVE.COM

Address	BLK 44 SIMS DRIVE #03-169
Postcode	380044
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190713/2102

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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**.
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.

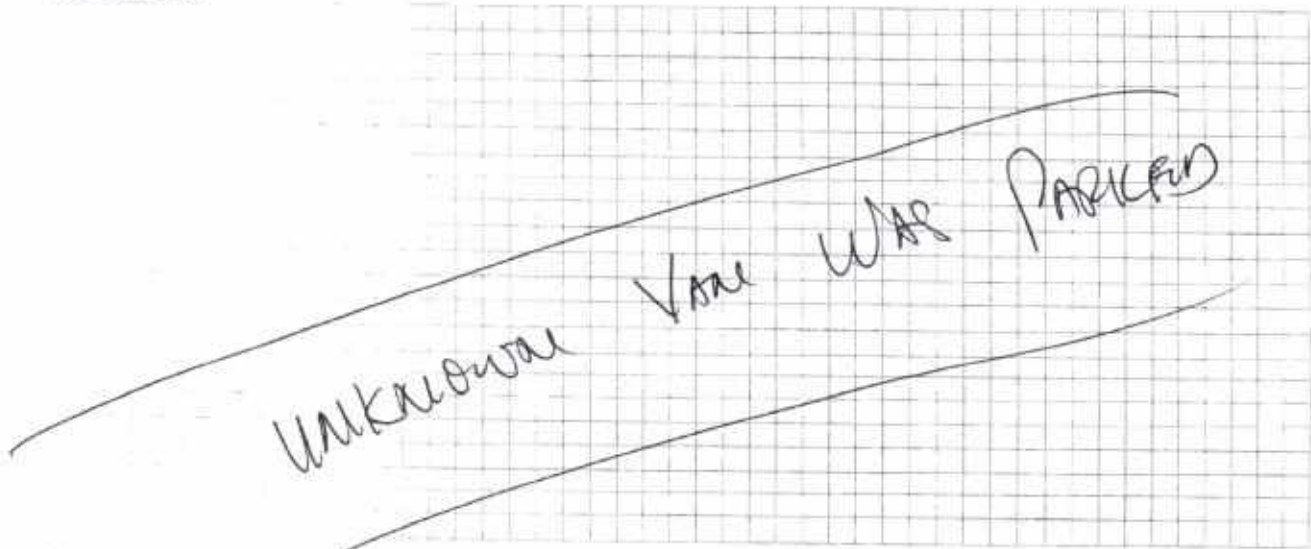


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFERRAL TO POLICE REPORT  
T/20190713/2102

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:  
NRIC/FIN No.:

13/07/2019  
[Signature]





**SINGAPORE  
POLICE FORCE**



T/20190713/2102

1 of 3

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20190713/2102

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/07/2019 16:38	Vide Report No.:	Station Diary No.: 14
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**Informant's Particulars**

Name of Informant: MUHAMMAD ARIFF BIN HAMIS			Address: APT BLK 44 SIMS DRIVE #03-169 SINGAPORE 380044	
ID Type / ID No.: NRIC NO / S8617634C			Contact No.: Home/Office: Mobile: 90061353	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 33	Date of Birth: 02/06/1986	Type of Informant: Vehicle Owner	
Race: Malay			Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/07/2019 05:50	Type of Location: Car Park
Location: Along Road 1 SIMS DRIVE  Blk 44 Sims Drive open carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA8536Z	Van				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190713/2102

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

2 of 3

Report No. T/20190713/2102

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	MUHAMMAD ARIFF BIN HAMIS	ID No.	S8617634C
Related Vehicle	PA8536Z (Van)	Contact No.	90061353
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 the 13/07/2019 at about 1100hrs, I went to my vehicle PA8536Z parked at Blk 44 Sims Drive open carpark, and discovered that there were some damages on my vehicle. The front left headlight and front vehicle cover was cracked, and there were also some scratches on the front left bumper.

I then retrieved the in-car camera footage and saw that on 13/07/2019 at 0551hrs, a grey coloured lorry had hit the front left portion of my vehicle while reversing. The vehicle then drove off. I was unable to see the registration plate number of the lorry due to the angle.





**SINGAPORE  
POLICE FORCE**



T/20190713/2102

3 of 3

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No: T/20190713/2102

**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:

G /

Sgt 3 LIM WEI SIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

13/07/2019 16:38

Classification Of Case:

## Claim Handling

Accident HT/1053312

Policy No.	8102481128	Vehicle No.	RA8536Z	GST Registration No.	
Certificate No.				Policyholder NRIC	S3221303C
Policyholder Name	JHI TRANSPORT SERVICES	Cover Type	Comprehensive	Loading	0
Product Code	BUS INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	90261353	Special Remark		eCode	No
Email Address		TCA	+ No Yes	eCode Reason	
KPIC	+ No Yes	NCD Endowment(%)	0	Private Hire	No
NCD Protection	No				
<b>Accident Details</b>					
Report Date	15/07/2019 10:48	Accident Report Within 24 hrs	Yes	Accident Type	HR and run
Date of Accident	13/07/2019	Time of Accident hh:mm	09:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 44 SIMS DRIVE OPEN CARPARK				
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	500.00
Insured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,000.00	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	15/07/2019 10:52:14 System changed GST Status Verified from No to Yes				

<b>Policyholder Mailing Address</b>					
Address 1	BLK 44 #03-169	Address 2	SIMS DRIVE	Address 3	SIMS VISTA
Address 4	SINGAPORE 390044	Address Type	Singapore address	Post Code	390044
Unit No.	03-169	Related Policy Number	8102481028-01		
<b>DI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/06/1988
Unnamed driver Name	MUHAMMAD ADIFF BEN HAMEE	Driver NRIC	88A17634C	Driving Experience	18
Regular Date of Driver License	09/05/2019	Driver Age	33	Contact No.(Office)	
Contact No.(Mobile)	90261353	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 44 #03-169	Address 2	SIMS DRIVE	Address 3	SIMS VISTA
Address 4	SINGAPORE 390044	Address Type	Foreign address	Post Code	390044
Unit No.	03-169				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	RA8536Z	Driver Insurer Company	NTUC

<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No		
<b>Modification History</b>					

Claim 001 **New**

Claim Type *	GD-MR	Insured Name	JHI TRANSPORT SERVICES	Insured NRIC	S3221303C
Contact No.(Mobile)		Contact No.		Contact No.(Office)	
Email Address		DI		TP	
Claim Description	848536Z / UNKNOWN LORRY ON 13 Jul 2019			Vehicle Number	UNKNOWN LORRY
Preferred Workshop	Insured Liability	Not at Fault		Name of Preferred Workshop	
SCORUM No. Finalisation	Report Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	15/07/2019 10:53	Claim Close Date		Date Received	15/07/2019 00:00
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print A4 letter					
<b>Save Submit</b>					

## Attachment

Accident No.	HT/1053312	Claim No.	001																												
Last Doc. Received	Yes No	Upload Date	15/07/2019 10:54																												
<table border="1"> <thead> <tr> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				Category *	Confidential	Urgency *	Description *	Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal		Please Select	NO	Normal	
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## Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_810676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 10:54	Photos	Normal	Photos 2019-7-15	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 10:54	Photos	Normal	Photos 2019-7-15	
	NAC_BUKIT_MERAH_810676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 10:54	Photos	Normal	Photos 2019-7-15	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 10:54	Photos	Normal	Photos 2019-7-15	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 10:54	Photos	Normal	Photos 2019-7-15	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 10:54	Photos	Normal	Photos 2019-7-15	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 10:54	Photos	Normal	Photos 2019-7-15	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 10:54	Photos	Normal	Photos 2019-7-15	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 10:54	Photos	Normal	Photos 2019-7-15	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 10:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-15	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jul 2019 10:54	SAS	Normal	SAS 2019-7-15	
Video List					
Uploaded By/Date		Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>			



# ACCIDENT STATEMENT

ACCIDENT DATE: (13/07/2018) (DD/MM/YYYY), TIME: (05:50) (HH:MM)

LOCATION: BUK 44 Sime DRIVE APAN COX PORE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PAF536Z  
 b) INSURANCE COMPANY: NTA  
 c) POLICY NUMBER: 5102481928  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA HILUX  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: VAN WAS USED  
 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: SMJ PRINSPOY SERVICES (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 53721303C CONTACT:  
 c) ADDRESS:

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

## DRIVER

- a) NAME: MUHAMMAD ARIFF BIN HAMIS (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 90061353  
 c) ADDRESS:

\* d) DATE OF BIRTH: (02/06/1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: POTO DRIVER

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: FELDER NPP.

## 8. THIRD PARTY VEHICLE

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

## 9. THIRD PARTY VEHICLE

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

\* No of passengers  
 (including driver)  
 (0)

\* No of passengers  
 (including driver)  
 ( )

\* No of passengers  
 (including driver)  
 ( )

email =  
 VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8617634C

**For LKK/NAC Use Only**

  
Name: MUHAMMAD ARIFF BIN HAMIS

  
Race: MALAY  
Date of birth: 02-08-1986  
Country/Place of birth: SINGAPORE

Sex: M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8617634C

  
Name: MUHAMMAD ARIFF BIN HAMIS

**For LKK/NAC Use Only**

Exp. Date: 02 Jun 1986  
Issue Date: 07 Apr 2006



5639278



NRIC No: S8617634C

**For LKK/NAC Use Only**

  
Date of issue: 23-08-2016

Address:  
APT BLK 44 SIMS DRIVE  
#03-169  
SINGAPORE 380044

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS	VEHICLE CLASS	EXPIRY DATE
Class 2	Motorcycles > 400 CC	03 Jun 2019
Class 2A	Motorcycles between 201 CC and 400 CC	26 Aug 2009
Class 2B	Motorcycles < 200 CC	27 Apr 2006
Class 3	Motor cars < 3500 kg with up to 7 passengers, maximum of the driver, and motor tractor vehicles < 2500 kg	26 May 2009
Class 4	Heavy motor cars and motor tractors > 2500 kg	26 May 2009

**For LKK/NAC Use Only**

S / No. 9000323179



NP 425A

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="13/07/2019 16:52"/>
Vehicle No.(For Motor)	<input type="text" value="PA8536Z"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5102481028		JM3 TRANSPORT SERVICES	53221303C	GBS	Comprehensive	PA8536Z	PA8536Z	19/07/2018	18/07/2019