

NATIONAL Assessment Centre Services

(wef 1 Jan 05) M4119106953-01

Date In: 5/8/19-15:34	Job description	Date & Time Completed	Done by
Ref No: 44/1409014-14/24	SAS e-filing		
Veh No: PDE 8770 H	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 8/8/19-22:05	i-Motor Claim Form	M71057842-001	5/8/19 15:48
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: M4119106953	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

NA1905994	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: 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)		
	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	15/08/2019 15:34
Date Of Accident	08/08/2019 22:05
Exact Location Of Accident	UPP BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8770H
Insured/Policyholder	
Name Of Registered Owner	NUR MOHAMMAD ZULFAKHRI BIN HAJI JUMALI
NRIC No	S9606389Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97765918
Alternative Phone No	OFFICE-97765918

Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R
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
Fleet Policy	NO
Policy Number	5100742626-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SYAZWAN BIN SUWANDI
NRIC No	S9826317I
Date Of Birth	15/08/1998
Occupation	OUTDOOR
Date Of Driving Pass	21/11/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92993436
Fax Number	
Contact Number	OFFICE-92993436
Email Address	NOEMAIL

Address	BLK 508 JELAPANG ROAD #03-102
Postcode	670508
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190812/2075.

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	SMK1213J
Vehicle Make/Model/Colour	HONDA FIT
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 INJURED PERSON 1

Name	MUHAMMAD SYAZWAN BIN SUWANDI
Approximate Age	
Injuries Sustain	LEG, HAND & BACK
Injured person in which vehicle?	FBE8770H
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:

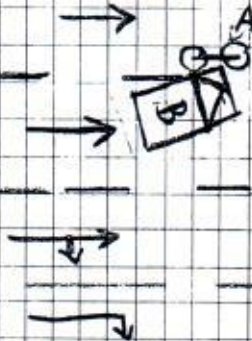
SKETCH PLAN

Along Upper Bukit Timah Rd.

veh A - FBE8770H

Veh B - SMK1213J

Bus lane



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police report

DECLARATION

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

Policy holder's signature
Date & time:

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

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	08/08/2019	(DD/MM/YY)
Time of accident	2209	(HH:MM)
Exact location of accident	Along upper Bukit Timah Road.	

DETAILS OF VEHICLE

Vehicle registration number	FBE 8770H		
Vehicle make and model	Yamaha X1R		
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 type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if no, please select:
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

INSURANCE INFORMATION

Insurance company	NTVC		
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 Mohammad ZulfaKhri Bin Haji jumali Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		
NRIC / Fin / Passport number	S96063892		
Contact	9776 5918		
Address	Blk 516 Jelapang Road #08-243.		

DRIVER

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

Name	Muhammad Syazwan Bin Suwandi Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		
NRIC / Fin / Passport number	S98263171		
Contact	9299 3436		
Address	Blk 508 Jelapang Road #03-102 S(670508)		
Email address			
Date of birth	15/8/1998		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	21/11/2017		

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 checked="" type="checkbox"/> No <input type="checkbox"/> If no, relationship of the driver and insured: <u>Friend</u>
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	<u>1</u> (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	<u>Wkt Panjanger NPL</u>

WITNESS 1	
Name	_____

WITNESS 2	
Name	_____

THIRD PARTY VEHICLE 1	
Vehicle registration number	SMK1213J
Vehicle make model	Honda Fit
Name	
NRIC / Fin / Passport number	
Contact	

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

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

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

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	Muhammad Syazwan Bin Suwandi
Injuries sustained	Leg, Hand, Back.
Which vehicle person in?	riders
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/20190812/2075

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

1 of 3

Report No. T/20190812/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/08/2019 21:24		Vide Report No.: J/20190808/0164	Station Diary No.: 130
Informant's Particulars			
Name of Informant: MUHAMMAD SYAZWAN BIN SUWANDI		Address: APT BLK 508 JELAPANG ROAD #03-102 SINGAPORE 670508	
ID Type / ID No.: NRIC NO / S9826317I		Contact No.: Home/Office: Mobile: 92993436	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 20	Date of Birth: 15/08/1998	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: PIZZAHUT RIDER		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/08/2019 22:05	Type of Location: Straight Road
Location: Along Road 1 UPPER BUKIT TIMAH ROAD Upper Bukit Timah Rd towards Woodlands Rd. Lamp Post Number: 185				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE8770H	Bicycle	YAMAHA	X-1R	Black	Seriously Damaged	0
SMK1213J	Car	HONDA	FIT HYBRID 1.5 AUTO	Purple	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/20190812/2075

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

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Report No. T/20190812/2075

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD SYAZWAN BIN SUWANDI	ID No.	S98263171
Related Vehicle	FBE8770H (Bicycle)	Contact No.	92993436
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	08/08/2019	Date Discharge	09/08/2019
No. of Days granted Medical Leave	11	Degree of Injury	Serious
Driver			
Name	Lee Lian Sheng	ID No.	S9023806Z
Related Vehicle	SMK1213J (Car)	Contact No.	96216388
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 08/08/2019 at about 2205hrs, I was riding my motorcycle FBE8770H along Upper Bukit Timah Rd towards Woodlands Road, heading back home. I was riding on the 3rd lane of the road when the vehicle beside me bearing the registration number SMK1213J traveling along the 2nd lane did not signal left nor check his blind spot on the left side and proceed to lane change into my lane. In doing so, it cause his vehicle to hit onto my motorcycle and made me fall off and skid along the road. Shortly after, the ambulance arrived and helped me to get the particulars of the other driver while I was being conveyed to Ng Teng Fong General Hospital. I sustained bruises all over my body, including fingers, arms, forearms, right elbow, back, hips, both legs.
I was given 11 days mc.



**SINGAPORE
POLICE FORCE**



T/20190812/2075

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

3 of 3

Report No. T/20190812/2075

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /

SC2 TAI HONG XUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/08/2019 21:24

Officer In Charge Of Case:

TP / GIT /

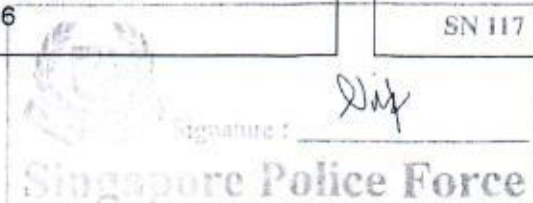
Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Classification Of Case:

SN 117

Authentication Stamp
NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA119106953 Vehicle Registration No: FBE8770H
Name (as shown in NRIC): Muhammad Syazwan Bin Surwand NRIC/FIN/Passport No: S98263171
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: Blk 508 Jelapang Road #03-102 Singapore 670508
Contact (Tel): 9299 3436 Mobile No.: _____
Email Address: _____
Date of Accident: 08/08/2019 Time of Accident: 2205
Place of Accident: Along Upper Bukit Timah Road
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

No camera

Policyholder / Driver's Signature
Date:

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S98263171**

Name: **MUHAMMAD SYAZWAN BIN SUWANDI**

Birth Date: **15 Aug 1998**

Issue Date: **21 Nov 2017**

002745889E

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S98263171**

Name: **MUHAMMAD SYAZWAN BIN SUWANDI**

Race: **MALAY**

Date of birth: **15-08-1998**

Country/Place of birth: **SINGAPORE**

Sex: **M**

5222506

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

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE: **21 Nov 2017**

NP 428A

For LKK/NAC Use Only

Licence No: S98263171

5222506

MVIC No. **S98263171**

Date of issue: **24-09-2013**

Address: **APT BLK 508 JELAPANG ROAD
#03-102
SINGAPORE 670508**

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="08/08/2019 22:05"/>
Vehicle No. (For Motor)	<input type="text" value="FBE8770H"/>	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"/>	5100742626-01		NUR MOHAMMAD ZULFAKHRI BIN HAJI JUMALI	S9606389Z	GMC	Third Party	FBE8770H	FBE8770H	22/07/2019	21/07/2020

Policy Information

Policy No.	5100742626-01	Policyholder Name	NUR MOHAMMAD ZULFAKHRI BI	Policyholder NRIC	S9606389Z
Certificate No.					
Address	BLK 516 #03-243 JELAPANG ROAD SINGAPORE 670516				
Product Name	MOTORCYCLE INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	22/07/2019	Effective Date	22/07/2019 00:00	Expiry Date	21/07/2020 23:59
Excess Type	Per Accident	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	AXIS LINK PTE LTD	Agent Tel.	68419308	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 516 #03-243	Address 2	JELAPANG ROAD	Address 3	SINGAPORE 670516
Address 4		Address Type	Singapore address	Post Code	670516
Unit No.		Related Policy Number	5100742626-01		

Insured Object: FBE8770H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

- Exit

Accident MT/1057847

Policy No.	5100742626-01	Vehicle No.	FB88770H	GST Registration No.	
Certificate No.					
Policyholder Name	NUR MOHAMMAD ZULFAKHRI BIN HAJI JUMAL	Cover Type	Third Party	Policyholder NRIC	S9606389Z
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	97765918	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	15/08/2019 15:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	08/08/2019	Time of Accident (hh:mm)	22:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP BUKIT TIMAH RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 516 #03-243	Address 2	JELAPANG ROAD	Address 3	SINGAPORE 670516
Address 4		Address Type	Singapore address	Post Code	670516
Unit No.		Related Policy Number	5100742626-01		
OI Driver Info					
Driver Name	MUHAMMAD SYAZWAN BIN SUWANDI	Driver Type	Named Driver	Driver DOB	15/08/1998
Unnamed driver Name		Driver NRIC	S9026317I	Driving Experience	1
Register Date of Driver License	21/11/2017	Driver Age	20	Contact No. (Home)	0
Contact No. (Mobile)	92993435	Contact No. (Office)	0	Address 3	SINGAPORE 670508
Address 1	BLK 508	Address 2	JELAPANG ROAD	Post Code	670508
Address 4		Address Type	Singapore address		
Unit No.	03-102				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NUR MOHAMMAD ZULFAKHRI B	Insured NRIC	S9606389Z
Contact No. (Mobile)	97765918	Contact No. (Home)	68926121	Contact No. (Office)	
Email Address	AJULLUJA@GMAIL.COM	OI Vehicle Number	FB88770H	TP Vehicle Number	SMK12133
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FB88770H / SMK12133 ON 8 Aug 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	15/08/2019 15:48	Claim Close Date		Date Received	15/08/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1057847	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Uploaded Date	15/08/2019 15:49
Path *		Category *	
Browse...	Clear	Confidential	Urgency *
	Please Select		Normal
Description *			

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/C"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/C"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/C"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/C"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/C"/>	<input type="text" value="Normal"/>	<input type="text"/>

☐ 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 15 Aug 2019 15:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Aug 2019 15:48	SAS	Normal	SAS 2019-8-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Aug 2019 15:48	Photos	Normal	Photos 2019-8-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Aug 2019 15:48	Photos	Normal	Photos 2019-8-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Aug 2019 15:48	Photos	Normal	Photos 2019-8-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Aug 2019 15:48	Photos	Normal	Photos 2019-8-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Aug 2019 15:48	Photos	Normal	Photos 2019-8-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Aug 2019 15:48	Photos	Normal	Photos 2019-8-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Aug 2019 15:48	Photos	Normal	Photos 2019-8-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Aug 2019 15:48	Photos	Normal	Photos 2019-8-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Aug 2019 15:48	Photos	Normal	Photos 2019-8-15		Edit

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"/>	