

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	16/08/2019 12:11
Date Of Accident	29/07/2019 15:00
Exact Location Of Accident	ALONG JALAN BAHAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK789B
Insured/Policyholder	
Name Of Registered Owner	NOR DINIE BIN MOHAMAD NOR
NRIC No	S9301298D
Email Address	DINNIEMATEEN19@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81729126
Alternative Phone No	OFFICE-81729126

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER LC135-135CC
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	5103270805
Cover Note Number	

Driver

Name of Driver	NOR DINIE BIN MOHAMAD NOR
NRIC No	S9301298D
Date Of Birth	19/01/1993
Occupation	INDOOR
Date Of Driving Pass	22/06/2011
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81729126
Fax Number	(LOCAL) +65-81729126
Contact Number	OFFICE-81729126
Email Address	DINNIEMATEEN19@GMAIL.COM

Address	APT BLK 510 JELAPANG ROAD #04-70 SINGAPORE
Postcode	670510
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 - 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 STATEMENT.

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	XD4155E
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name	NOR DINIE BIN MOHAMAD NOR
Approximate Age	
Injuries Sustain	WRIST TO FOREARM FRACTURE
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	APT BLK 510 JELAPANG ROAD SINGAPORE
Postcode	670510

SKETCH PLAN

IMPORTANT NOTICE

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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:

16/9/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

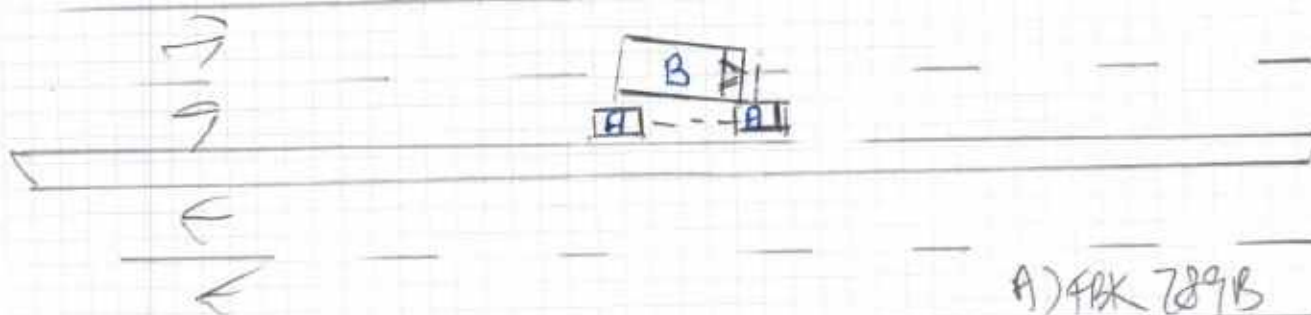
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

ALONG JALAN BAHAR



A) 4PK 789B

B) YD 4155E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT.
7/20190730/2007

DECLARATION

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

Policyholder's Signature
Date & Time: 16/9/2019

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

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



SINGAPORE POLICE FORCE



T/20190730/2007

1 of 3

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

Report No. T/20190730/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2019 01:10	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: NOR DINIE BIN MOHAMAD NOR				Address: APT BLK 510 JELAPANG ROAD #04-70 SINGAPORE 670510	
ID Type / ID No.: NRIC NO / S9301298D				Contact No.: Home/Office: Mobile: 81129126	
Nationality: SINGAPORE CITIZEN				Email:	
Sex: Male	Age: 26	Date of Birth: 19/01/1993		Type of Informant: Rider	
Race: Malay				Language:	Institution / School Name:
Occupation: PART TIME DISPATCH 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: 29/07/2019 15:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JALAN BAHAR JALAN BOON LAY Along Jalan Bahar towards Jalan Boon Lay, before Jurong Divisional HQ.				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK789B	Motorcycle	YAMAHA	JUPITER MX (HC)	Blue		0
XD4155A XD4155E	Trailer					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK789B	NTUC Income Insurance Co-Operative Limited	5103270805	28/08/2018	27/08/2019

Bukit Panjang NPC
1 Segar Road #01-05
Singapore 677738
Tel : 8892 9999



**SINGAPORE
POLICE FORCE**



T/20190730/2007

2 of 3

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

Report No. T/20190730/2007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	NOR DINIE BIN MOHAMAD NOR	ID No.	S9301298D
Related Vehicle	FBK789B (Motorcycle)	Contact No.	81129126
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	29/07/2019	Date Discharge	29/07/2019
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

On 29th July 2019 at about 1500hrs, I just exited to Jalan Bahar from KJE, riding my motorbike (FBK789B) and I was waiting in line to filter to Jalan Bahar. In front of me, there was one trailer (XD4155A). Subsequently the trailer filtered out to the left lane and I filtered out to the right lane. Suddenly this trailer changed lane to the right and collided into me. I then fell off from my motorbike and landed on the kerb side.

There was one Traffic Police nearby and came to my assistance. Awhile later, the Ambulance came and I was conveyed to Ng Teng Fong hospital. I was diagnosed to suffer wrist to forearm fracture and I was given a 14 days of MC. I am required to go back to the hospital for a follow up on 2nd August 2019.

I was given a case card by the Traffic Police to lodge a Traffic Accident Report. Ref J/20190729/0091.

[Signature]
13/8/19
Bukit Panjang NPC
1 Segar Road #01-05
Singapore 677738
Tel: 6892 9999



**SINGAPORE
POLICE FORCE**



T/20190730/2007

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/20190730/2007

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 /

Sgt 3 LUCAS KOH PEI SONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/07/2019 01:10

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID

Contact No.: 65476247

Classification Of Case:

Authentication Stamp

NP108

Singapore Police Force



MEDICAL CERTIFICATE (Ref:57829070)

ORIGINAL

NAME: NOR DINIE BIN MOHAMAD NOR

NRIC: S9301298D

Type of Medical Leave granted: HOSPITALISATION LEAVE

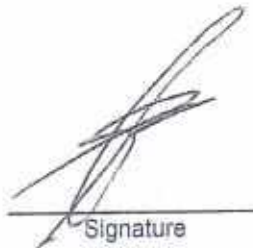
The above named is unfit for duty from 2/8/2019 to 13/9/2019 Inclusive

The certificate is not valid for absence from court attendance.

The above named attended our facility / received treatment on 02/08/2019.

02/08/2019
Date

Dr. Amritpal SINGH (16542E)
Issued by


Signature

Location: A53 ORTHOPAEDICS

Clinic A53
Orthopaedics, Sports & Pain
Ng Teng Fong General Hospital
1 Jurong East Street 21
Singapore 609606



MEDICAL CERTIFICATE (Ref:29532462)

ORIGINAL

NAME: NOR DINIE BIN MOHAMAD NOR

NRIC: S9301298D

Type of Medical Leave granted: HOSPITALISATION LEAVE

The above named is unfit for duty from 29/7/2019 to 12/8/2019 inclusive.

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from 29/07/2019 15:45 to 29/07/2019 19:00.

29/07/2019
Date

Dr. Ren-Hao Michael KWAN (64800J)
Issued by


Signature

Location: NTFGH EMERGENCY

Claim Handling

Accident MY/1058019

Policy No.	5103270805	Vehicle No.	FBK799B	GST Registration No.	
Certificate No.					
Policyholder Name	NOR DINIE BIN MOHAMAD NOR			Policyholder NRIC	9301298D
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	81729126	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPK	- No - Yes	TCA	- No - Yes	eCode Reason	
NCD Protection	No	NCD Endowment(%)	10	Private Hire	No

Accident Details

Report Date:	16/08/2019 17:32	Accident Report Worth 34 hrs	No	Accident Type	Collision - Change / Cross lane
Date of Accident	29/07/2019	Time of Accident (h:mm)	15:00	Country of Accident	Singapore
Reporting Centre	Administrator	Orange Force	No	ICM No.	
Accident Location	ALONG JALAN BESAR				

Excess

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			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 513 #04-70	Address 2	JELAPANG ROAD	Address 3	SINGAPORE 670510
Address 4		Address Type	Singapore address	Post Code	670510
Unit No.	04-70	Related Policy Number	5103270805		

OI Driver Info

Driver Name	NOR DINIE BIN MOHAMAD NOR	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	9301298D	Driver DOB	19/01/1993
Register Date of Driver License	22/06/2011	Driver Age	26	Driving Experience	8
Contact No.(Mobile)	81729126	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 513 #04-70	Address 2	JELAPANG ROAD	Address 3	SINGAPORE 670510
Address 4		Address Type	Singapore address	Post Code	670510
Unit No.	04-70				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FBK799B	Driver Insurer Company	ACTIC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	NOR DINIE BIN MOHAMAD NOR	Insured NRIC	9301298D
Contact No.(Mobile)	81129126	Contact No. (Home)		Contact No. (Office)	
Email Address		Vehicle Number	FBK799B	TP Vehicle Number	FD4155E
Claim Description	FBK799B / FD4155E ON 29 Jul 2019				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Consent No. Finalisation	Yes	Endorsed Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/08/2019 18:32	Claim Close Date		Date Received	22/08/2019 14:45
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MY/1058019	Claim No.	001
Last Doc. Received	Yes No	Upload Date	22/08/2019 14:45
File *		Category *	Confidential
Choose File No file chosen		Urgency *	Description *
Choose File No file chosen		Please Select *	NO *
Choose File No file chosen		Please Select *	NO *
Choose File No file chosen		Please Select *	NO *
Choose File No file chosen		Please Select *	NO *
Choose File No file chosen		Please Select *	NO *
Choose File No file chosen		Please Select *	NO *
Choose File No file chosen		Please Select *	NO *
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (GO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Aug 2019 14:45	SAS	Normal	SAS 2019-8-22	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Aug 2019 14:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-22	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Aug 2019 14:45	Photos	Normal	Photos 2019-8-22	

Send Message

	Folder Name	Source	Action
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Aug 2019 14:43	Photos	Normal	Photos 2019-8-22
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Video List

Updated By/Data
Folder Data
File Name
Source
Action

Display in new window
Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (22/07/2017) (DD/MM/YYYY), TIME: (15:00) (HH:MM)

LOCATION: Along Jordan Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: JAK 788 B
 b) INSURANCE COMPANY: MTC
 c) POLICY NUMBER: 5103210806
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA JUPITER
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: ALOR DIK BAI MOHAMAD ALOR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 8129126
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: () (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: OWNER

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: BT PANDAN

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XD 4155E 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:

email = DINNIEMATEEN

VIDEO

DINNIEMATEEN19@GMAIL.COM

views
have not do

No of passenger
(including driver)
()

No of passenger
(including driver)
()

No of passenger
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9301298D

For LKK/NAC Use Only


NOR DINIE BIN MOHAMAD
NOR
نور ديني بن محمد نور
Race: MALAY
Date of birth: 19-01-1993 Sex: M
Country of birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9301298D
Name: NOR DINIE BIN MOHAMAD
NOR

For LKK/NAC Use Only

Birth Date: 19 Jan 1993
Issue Date: 22 Jun 2011

 0019753668

 4188267

NRIC No. S9301298D
For LKK/NAC Use Only

Date of issue: 25-01-2009

Address:
APT LK 510 JELAPANG ROAD
#04-70
SINGAPORE 670610

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

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE: 22 Jun 2011

For LKK/NAC Use Only

NP 428A

 Licence No: S9301298D