

# NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

29 MAR 2008 18:50

Date In: 19/03/2008 18:50	Job description	Date & Time Completed	Done by
Ref No: NBS/2008/014410/4	SAS e-filing		
Veh No: FBE16832	E-mail (Ajitha @nc, AIC @nc)		
D.O.A: 16/03/2008 16:20	I-Motor Claim Form	17/10/2008 19:19	
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: FBB 3845	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 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time:	Activity:

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (ver 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) NI: Idao DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpt Allowance	\$3
*N6: Repair Coordination	\$10
*N7: Post Repair Inspection	\$23
*N8: DV / Collect Excess Coordination	\$3
TP (NI): TP (on INC) against INC	\$20
9) NI: Idao 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	19/08/2019 18:50
Date Of Accident	16/08/2019 16:20
Exact Location Of Accident	ALONG KALLANG BAHRU ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE6833Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMAD FARIHIN QAIYUM BIN UMAR
NRIC No	S9819007D
Email Address	FARIHINQ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90587625
Alternative Phone No	OTHERS-90587625

### Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-135CC (M)
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	5085693111-02
Cover Note Number	

### Driver

Name of Driver	MOHAMAD FARIHIN QAIYUM BIN UMAR
NRIC No	S9819007D
Date Of Birth	17/06/1998
Occupation	OUTDOOR
Date Of Driving Pass	12/10/2016
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90587625
Fax Number	
Contact Number	OTHERS-90587625
Email Address	FARIHINQ@GMAIL.COM

Address	BLK 30 TEBAN GARDENS ROAD #03-207
Postcode	600030
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) involved in the accident	2
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : ILIYA MADIYA GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20190817/7013

#### 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	FBB3845S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MOHD FARIHIN BIN SUDIMAN
NRIC/Passport Number	G8780231R
Contact Number	83184256 (IRMAN)

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name MOHAMAD FARIHIN QAIYUM BIN UMAR  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FBE6833Z  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name ILIYA MADIYA  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FBE6833Z  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode



## 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: 19/8

2:57PM

Driver's Signature

(If driver is not the policyholder)

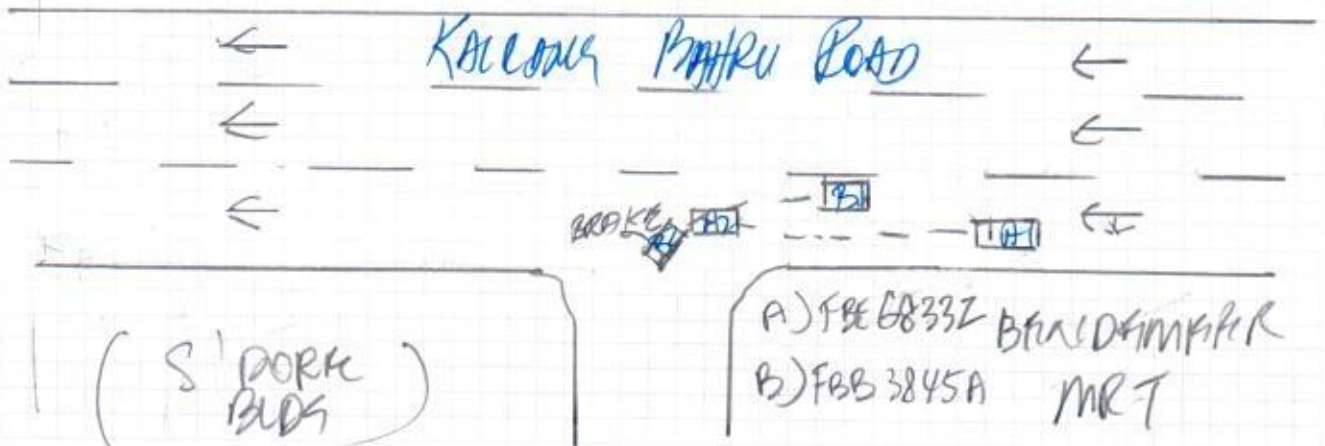
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*RECEIVED POLICE D/20190817/1013*

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.:

*19/08/2019*  
*[Signature]*





# SINGAPORE POLICE FORCE



D/20190817/7013

1 of 2

## POLICE REPORT (NP299)

Report No. D/20190817/7013

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 17/08/2019 16:36	Vide Report No.	Station Diary No.
Name Of Informant MOHAMAD FARIHIN QAIYUM BIN UMAR	Address 30 TEBAN GARDENS ROAD #03-207 SINGAPORE 600030	
ID Type / ID No. NRIC NO / S9819007D	Contact No. Home/Office:	Mobile: 90587625
Nationality SINGAPORE CITIZEN	Email Address FARIHINQ@GMAIL.COM	
Occupation Despatch worker	Sex Male	Age 21
Institution/School Name	Date of Birth 17/06/1998	Race Javanese
Date/Time Of Incident 16/08/2019 16:18 - 16/08/2019 16:18	Location Of Incident bendemmer mrt exit A	

### Brief details.

i was riding along bendemeer mrt station exit A theres a singapore post rider right infront of me. i was riding on the left lane of the road all of a sudden the rider infront of me make a left turn without signalling and he brake out of a sudden he is in the centre of the lane but in left lane that is when i applied emergency brake and collided into his rear tyre. I was with a pillion. i suffered a abrasion on my right hand and it hit a huge impact on my stomach whereas my pillion suffered hairline fracture to the right ribcage and some abrasion. unfortunately there were no witnesses.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/08/2019 16:36
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



D/20190817/7013

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190817/7013

Subjects Involved			
Victim			
Person Name	ililya nadiya		
ID Type	NRIC NO	ID No	S9710611H
Gender	Female	Age	22
Race	Malay	Language	English
Address	116 JALAN BUKIT MERAH #05-1649 TIONG BAHRU ORCHID SINGAPORE 160116		Mobile No 88187488
Relation To Informant	friend		
Person Name	MOHAMAD FARIHIN QAIYUM BIN UMAR		
ID Type	NRIC NO	ID No	S9819007D
Gender	Male	Age	21
Race	Javanese	Language	English
Occupation	Despatch worker	Address	30 TEBAN GARDENS ROAD #03-207 SINGAPORE 600030
Mobile No	90587625	Is Informant A Victim?	Yes
Person Name	MOHAMAD FARIHIN QAIYUM BIN UMAR (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

17/08/2019 16:36

Classification Of Case:



## Claim Handling

Accident MT/1058425

Policy No.	S085693111-02	Vehicle No.	FB668332	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD FARHIN QAIYUM BIN UMAR			Policyholder NRIC	S9619007D
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90587625	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	Yes	TCA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

## Accident Details

Report Date	19/08/2019 19:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/08/2019	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG KALLANG BAHRU ROAD				

## 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 Status Verified	Yes
GST Registration No.					
Modification History					

## Policyholder Mailing Address

Address 1	BLK 30 #03-207	Address 2	TEBAN GARDENS ROAD	Address 3	SINGAPORE 600030
Address 4		Address Type	Singapore address	Post Code	600030
Unit No.	03-207	Related Policy Number	S085693111-02		

## OI Driver Info

Driver Name	MUHAMMAD FARHIN QAIYUM BIN UMAR	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9619007D	Driver DOB	17/06/1998
Register Date of Driver License	12/10/2016	Driver Age	21	Driving Experience	2
Contact No.(Mobile)	90587625	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 30 #03-207	Address 2	TEBAN GARDENS ROAD	Address 3	SINGAPORE 600030
Address 4		Address Type	Singapore address	Post Code	600030
Unit No.	03-207				
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	FB668332	Driver Insurer Company	NTUC

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes	No	

Modification History

Claim 001

New

Claim Type *	OO-MX	Insured Name	MUHAMMAD FARHIN QAIYUM BIN	Insured NRIC	S9619007D
Contact No.(Mobile)	90587625	Contact No. (Home)		Contact No. (Office)	
Email Address	FARHINQ@GMAIL.COM	DI Vehicle Number	FB668332	TP Vehicle Number	FB338455
Claim Description	FB668332 / FB338455 ON 16 Aug 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Estimate No.	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered				Claim Close Date	19/08/2019 19:18
Report Taken By				Date Received	19/08/2019 00:00

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1058425	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	19/08/2019 19:19		
Path *		Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	ND	Normal
Choose File	No file chosen	Clear	Please Select	ND	Normal
Choose File	No file chosen	Clear	Please Select	ND	Normal
Choose File	No file chosen	Clear	Please Select	ND	Normal
Choose File	No file chosen	Clear	Please Select	ND	Normal
Choose File	No file chosen	Clear	Please Select	ND	Normal
Message Read		Clear	Please Select	ND	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 19:19	Photos	Normal	Photos 2019-8-19	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 19:19	Photos	Normal	Photos 2019-8-19	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 19:19	Photos	Normal	Photos 2019-8-19	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 19:19	Photos	Normal	Photos 2019-8-19
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 19:19	Photos	Normal	Photos 2019-8-19
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 19:19	Photos	Normal	Photos 2019-8-19
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 19:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-19
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 19:19	SAS	Normal	SAS 2019-8-19

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	



# ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 08 / 2019) (DD/MM/YYYY), TIME: (16 : 18) (HH:MM)

LOCATION: BENDOMEER MRT Exit A - Along Kallang Borev Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE68332  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Yamaha XIR  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: H:10 PM  
 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: Farhin Gaiyum (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9819007D CONTACT: 90587625  
 c) ADDRESS: 81K 30 TEBAN GARDEN ROAD #03-207

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

### DRIVER

- a) NAME: As ABOVE (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: Cantonment

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBB 3845A MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: MOHD FARIN BIN SUDIMAN  
 c) NRIC/FIN/PASSPORT: G8780231R CONTACT: 8318 4256 (18MAN)

## 9. THIRD PARTY VEHICLE

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

ILYA MADYA  
(F)

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Email = Farhin9@gmail.com  
VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9819007D



Name

MOHAMAD FARIHIN QAIYUM BIN  
UMAR

Race

JAVANESE

Date of birth

17-06-1998

Country/Place of birth

SINGAPORE

Sex

M



For LKK/NAC/Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9819007D

Name

MOHAMAD FARIHIN QAIYUM BIN  
UMAR

Birth Date: 17 Jun 1998

Issue Date: 12 Oct 2016



For LKK/NAC/Use Only



5702553



NRIC No. S9819007D



Date of issue

31-01-2017

Address

APT BLK 30 TEBAN GARDENS ROAD  
#03-207  
SINGAPORE 600030

For LKK/NAC/Use Only

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

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE

12 Oct 2016

For LKK/NAC/Use Only



NP 428A



Hello, NAC\_BUKIT\_MERAH\_800676

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="16/08/2019 14:53"/>
Vehicle No.(For Motor)	<input type="text" value="FBE6833Z"/>	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="checkbox"/>	5085693111-02		MOHAMAD FARIHIN QAIYUM BIN UMAR	S9819007D	GMC	Third Party	FBE6833Z	FBE6833Z	19/11/2018	18/11/2019