

# NATIONAL Assessment Centre Services.

Print 1 Jan 2005

17/05/2015

Date In: 21/08/2019 18:16	Job description	Date & Time Completed	Done by
Ref No: N/A 190147184	SAS e-filing		
Veh No: FBW 545P	E-mail (3 days, AIC 2 hrs)		
D.O.A: 16/08/2019 22:30	I-Motor Claim Form	17/10/2018 2:00	21/08/2019
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:43
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vicar		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 8BS 646/P	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: ( )		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury:		
Date and Time:	Location:	Other:

21/01/2019 06:35	1) Alt: 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	
6) TR: Re-inspection	\$75	
7) NI: Issue DA + EMRT Survey	\$160	
8) NTUC Additional Services:		
9) NI: Issue Mobile		
10) NI: Issue Mobile		
11) NI: Issue Mobile		
12) NI: Issue Mobile		
13) NI: Issue Mobile		
14) NI: Issue Mobile		
15) NI: Issue Mobile		
16) NI: Issue Mobile		
17) NI: Issue Mobile		
18) NI: Issue Mobile		
19) NI: Issue Mobile		
20) NI: Issue Mobile		



### 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	21/08/2019 18:16
Date Of Accident	16/08/2019 22:30
Exact Location Of Accident	ALONG TAMPINES CENTRAL 1 BESIDE TAMPINES BUS INT
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM5645P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL HAKIM BIN ABDUL WAHID
NRIC No	S9327878Z
Email Address	ABDULHAKIMWAHID@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92201343
Alternative Phone No	OTHERS-92201343

#### Vehicle Particulars

Manufacturer	BAJAJ
Model	DOMINAR 400
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5096845970-01
Cover Note Number	

#### Driver

Name of Driver	ABDUL HAKIM BIN ABDUL WAHID
NRIC No	S9327878Z
Date Of Birth	04/08/1993
Occupation	OUTDOOR
Date Of Driving Pass	12/05/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92201343
Fax Number	
Contact Number	OTHERS-92201343
Email Address	ABDULHAKIMWAHID@HOTMAIL.COM

Address	BLK 174 WOODLANDS STREET 13 #02-345
Postcode	730174
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190817/2120

#### 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	SBS6461P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	LEONG WAI SEAM
NRIC/Passport Number	S7485518J
Contact Number	85434218
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	ABDUL HAKIM BIN ABDUL WAHID
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBM5645P
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:

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

21/08/2019  
Reporting Centre Personnel's Signature  
Name: *Roshan Govindaraj*  
NRIC/FIN No.:

Traffic light RED

Stop line.

SKETCH PLAN

Bus turning left.



Tempinas Cannon 1 Bus Interchange



A) FBM 564SP

B) SBS 6461P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(stationary position)

As per to Police Report  
1/20/2019/120

DECLARATION

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

Policyholder's Signature

Date & Time:

21/08/2019  
12:31 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

21/08/2019  
Rosa Wong





# SINGAPORE POLICE FORCE



T/20190817/2120

1 of 3

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

Report No. T/20190817/2120

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2019 19:30		Vide Report No.:		Station Diary No.: 300
<b>Informant's Particulars</b>				
Name of Informant: ABDUL HAKIM BIN ABDUL WAHID		Address: APT BLK 174 WOODLANDS STREET 13 #02-345 SINGAPORE 730174		
ID Type / ID No.: NRIC NO / S9327878Z		Contact No.: Home/Office: Mobile: 92201343		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 26	Date of Birth: 04/08/1993	Type of Informant: Rider	
Race: Malay		Language: English	Institution / School Name:	
Occupation: Technician		Driving Licence Information: Class: 2B,2A,3A Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 16/08/2019 22:30	Type of Location: Roundabout
Location: Along Road 1 TAMPINES CENTRAL 1  Along Tampines Central 1 beside Tampines Bus interchange.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM5645P	Motorcycle	BAJAJ CHETAK	DOMINAR 400	Black	Slightly Damaged	0
SBS6461P	Bus/Coach/Mi nibus				No Damage	15

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM5645P	NTUC Income Insurance Co-Operative Limited	5096845970-01	19/12/2018	18/12/2019



Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	ABDUL HAKIM BIN ABDUL WAHID	ID No.	S9327878Z
Related Vehicle	FBM5645P (Motorcycle)	Contact No.	92201343
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	LEONG WAI SEAM	ID No.	S7485518J
Related Vehicle	SBS6461P (Bus/Coach/Minibus)	Contact No.	85434218
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 16/08/2019 at about 2230hrs I was riding my bike (FBM5645P) along Tampines Central Road 1 while waiting for the traffic light to turn green a SBS bus (SBS6461P) wanted to turn left into Tampines Bus Interchange however while she was turning the rear of right of hit the left rear side of my bike, the impact was quite loud however she did not stop and continue to drive off and I decided to follow up, after I caught her with her and talk to her about the incident she admit she was aware of the impact however did not stop and told me that SBS will be follow up and contact me the next day, she also informed me that there are camera in-front and the rear of the bus, after that we exchanged particulars and drove off.

After the incident I went to see a doctor and was given a 3 days MC.

I have video footage of the incident and SBS haven contacted me on any follow up hence I'm making this report.





**SINGAPORE  
POLICE FORCE**



T/20190817/2120

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

3 of 3

Report No. T/20190817/2120

**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: L / Sgt 2 TAN KIAN LEONG
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204

Signature Of Informant:
Date/Time: 17/08/2019 19:30
Classification Of Case:

Authentication Stamp  
NP168

## Claim Handling

Accident MT/1058832

Policy No.	3096845678-CT	Vehicle No.	7BM5645P	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL HAKIM BIN ABDUL WAHID	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S93278782
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Licensing	0
Contact No. (Mobile)	92201343	Special Remark		Contact No. (Home)	
Email Address		TCA	< No > Yes	eCode	No
OK	< No > Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	21/08/2019 18:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Road to Road
Date of Accident	16/08/2019	Time of Accident (h:mm)	22:30	Country of Accident	Singapore
Reporting Centre		Orange Perce		ICN No.	
Accident Location	ALONG TAMPAINE CENTRAL & RESIDE TAMPAINE BUS INT				

## Excess

Own damage Excess	0.00	Additional Excess		Written down Excess	
Unnamed Driver Excess		Outside Singapore OO Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK 795 #02-15	Address 2	WOODLANDS DRIVE 77	Address 3	SINGAPORE 730795
Address 4		Address Type	Singapore address	Post Code	730795
Unit No.	Q2-15	Related Policy Number	3096845678-01		

## OT Driver Info

Driver Name	ABDUL HAKIM BIN ABDUL WAHID	Driver Type	Main Driver	Driver DOB	04/08/1993
Unnamed driver Name		Driver NRIC	S93278782	Driving Experience	4
Register Date of Driver License	11/08/2015	Driver Age	26	Contact No. (Home)	
Contact No. (Mobile)	92201343	Contact No. (Office)		Address 3	SINGAPORE 730795
Address 1	BLK 795 #02-15	Address 2	WOODLANDS DRIVE 77	Post Code	730795
Address 4		Address Type	Singapore address		
Unit No.	Q2-15				
Does he own a Singapore Registered car?	Yes < No	Driver Vehicle No.	7BM5645P	Driver Insurer Company	NTUC

## Declaration

Breakdown at Road Test Reading?	0 mg	Any Injury?	Yes < No
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## Modification History

Claim 001 New

Claim Type *	OD-MR	Insured Name	ABDUL HAKIM BIN ABDUL WAHID	Insured NRIC	S93278782
Contact No. (Mobile)	92201343	Contact No. (Home)		Contact No. (Office)	
Email Address	ABDULHAKIMWAHID@HOTMAIL	OT Vehicle Number	7BM5645P	TP Vehicle Number	SR55461P
Claim Description	7BM5645P 2 SR55461P DN 16 Aug 2019				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Contact No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown		
Date Registered	21/08/2019 18:42	Claim Close Date		Date Received	21/08/2019 00:00
Report Taken By	RDSLI WANAB				

Print AR letter

Save Submit

## Attachment

Accident No.	MT/1058832	Claim No.	001
Last Doc. Received	Yes < No	Upload Date	21/08/2019 18:43
Path *			
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Recd			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 18:43	Photos	Normal	Photos 2019-8-21	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 18:43	Photos	Normal	Photos 2019-8-21	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 18:43	Photos	Normal	Photos 2019-8-21	



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 18:43	Photos	Normal	Photos 2019-8-21	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 18:43	Photos	Normal	Photos 2019-8-21	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 18:43	Photos	Normal	Photos 2019-8-21	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 18:43	Photos	Normal	Photos 2019-8-21	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 18:43	Photos	Normal	Photos 2019-8-21	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 18:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-21	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 18:43	SAS	Normal	SAS 2019-8-21	
<a href="#">Video List</a>					
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: (16 / 08 / 2019) (DD/MM/YYYY), TIME: (20 : 30) (HH:MM)

LOCATION: Tampines Central 1 Bus Interchange

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 5645 P  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5096845970-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BAJAJ DOMINAR 400  
 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: ABDUL HAKIM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S93278782 CONTACT: 92201343  
 c) ADDRESS: BLK 174 WOODLANDS STREET 13 S (73074)  
 #02-345

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

DRIVER As above

- d) NAME: (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\* d) DATE OF BIRTH: (09 / 08 / 1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 12 MAR 2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Other

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: Woodlands West N.P.C.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SB 56461 P MODEL:  
 b) DRIVER'S NAME: Leong wai sean  
 c) NRIC/FIN/PASSPORT: S7485512J CONTACT: 2543 4218

## 9. THIRD PARTY VEHICLE

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

No of passenger  
 (including driver)  
 (1)

No of passenger  
 (including driver)  
 ( )

No of passenger  
 (including driver)  
 ( )

email = abdulhakimwahid@hotmail.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9327878Z



ABDUL HAKIM BIN ABDUL  
WAHID

عبدالحكيم بن عبد الواحد

Race  
MALAY

Date of birth 04-08-1993 Sex M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S9327878Z



ABDUL HAKIM BIN ABDUL  
WAHID

For LKK/NAC Use Only

Birth Date 04 Aug 1993

Issue Date 01 Dec 2012



4264584

NRIC No. S9327878Z

For LKK/NAC Use Only



Date of issue  
15-08-2008

APT BLK 174 WOODLANDS STREET 13 #02-345  
SINGAPORE 730174

NRIC No: S9327878Z

Date 08/03/2019

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B Motorcycles <= 200 CC  
Class 2A Motorcycles between 201 CC and 400 CC  
Class 3A Motor cars without clutch pedals <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals <= 2500 kg

13 Aug 2015  
12 May 2017  
01 Dec 2012

For LKK/NAC Use Only

S9327878Z

S / No. 9000259414

NP 628A



## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="16/08/2019 12:16"/>
Vehicle No.(For Motor)	<input type="text" value="FBM5645P"/>	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"/>	S096845970-01		ABDUL HAKIM BIN ABDUL WAHID	S9327878Z	GMC	Third Party, Fire & Theft	FBM5645P	FBM5645P	19/12/2018	18/12/2019