

NATIONAL Assessment Centre Services			
Date In: 03/04/2020 09:55	Job description	Date & Time Completed	Done by
Ref No: NPA/INC20004885/4	SAS e-filing		
Veh No: FBA 3304A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/03/2020 12:05	i-Motor Claim Form	MT/1090584-001	03/04/2020
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:29
	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: SLN 1167E	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel: (	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: (	% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: ( )
-------------

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	
		Tr Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
	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:-		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TR (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	02/04/2020 17:44
Date Of Accident	29/03/2020 12:05
Exact Location Of Accident	ALONG ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA3304A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD RASUL BIN ABDULLAH
NRIC No	SXXXX634D
Email Address	MD_ISKANDAR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87505800
Alternative Phone No	OTHERS-89051412

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5061636114-06
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD ISKANDAR BIN ZAINUDDIN
NRIC No	SXXXX634D
Date Of Birth	05/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	23/06/2015
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87505800
Fax Number	
Contact Number	OTHERS-89051412
Email Address	MD_ISKANDAR@HOTMAIL.COM

Address	BLK 16 GHIM MOH ROAD #04-49
Postcode	270016
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BROTHER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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	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 T/20200401/2113

#### 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	SLN1167E
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN SOON LYE
NRIC/Passport Number	SXXXX630E
Contact Number	98535272
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD ISKANDAR BIN ZAINUDDIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBA3304A
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:

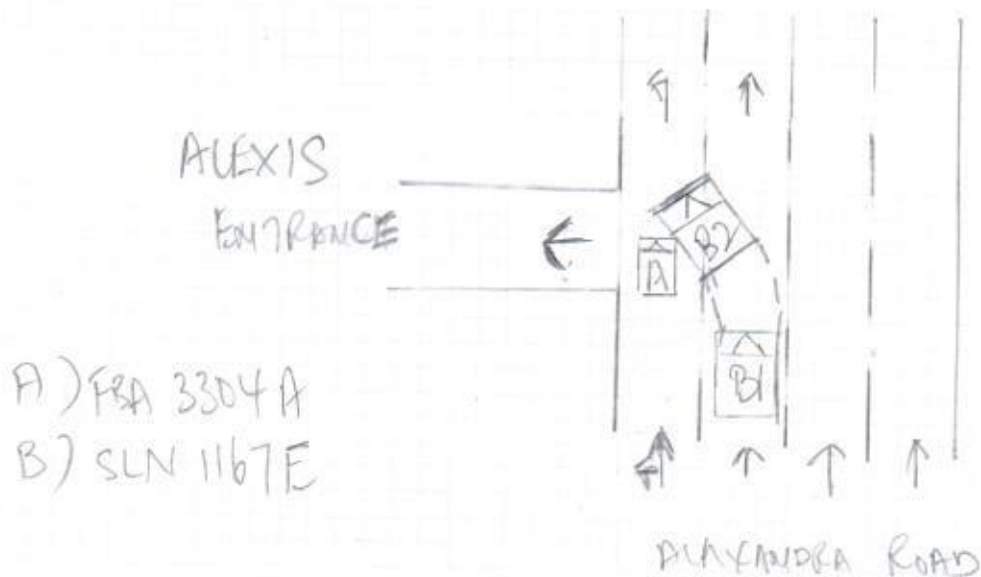
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 02/04/20 14:23

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

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20200401/213

## 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: *Les L. W.*  
NRIC/FIN No.:

## ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 03 / 2020) (DD/MM/YYYY), TIME: (12 : 05) (HH:MM)

LOCATION: Alexandra Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA 3304 A  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 506636114-06  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: SPARK 1.35  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
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: MUHAMMAD BASUL BIN ABDULLAH (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8332634D CONTACT: 87505800  
c) ADDRESS: BLK 16 GHIM MOH ROAD #04-49  
SINGAPORE 270016

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

#### DRIVER

- a) NAME: MUHAMMAD ISKANDAR BIN ZAHNODIN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9503166H CONTACT: 89051412  
c) ADDRESS: BLK 16 GHIM MOH ROAD #04-49  
SINGAPORE 270016

\* d) DATE OF BIRTH: (25 / 01 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23/06/2015

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

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: CLEMENTI HQ

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLN 1167 E MODEL: TOYOTA VIOS  
b) DRIVER'S NAME: CHAN SOON LYE  
c) NRIC/FIN/PASSPORT: S1698630 E CONTACT: 9853 5272

### 9. THIRD PARTY VEHICLE

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

Email = md\_iskandar@hotmail.com

VIDEO



# SINGAPORE POLICE FORCE



T/20200401/2113

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 3

Report No. T/20200401/2113

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2020 18:01		Vide Report No.: T/20200329/2029		Station Diary No.: 126	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD ISKANDAR BIN ZAINUDDIN			Address: APT BLK 16 GHIM MOH ROAD #04-49 SINGAPORE 270016		
ID Type / ID No.: NRIC NO / S9503166H			Contact No.: Home/Office: Mobile: 89051412		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 25/01/1995	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: SAF - NSF			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2020 12:05	Type of Location:
Location: Along Road 1 ALEXANDRA ROAD				
Entrance of Alexis				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

### Brief Details.

I am lodging this traffic accident report with reference to T/20200329/2029 as I have amendments to the facts.

On 29/03/2020 at about 1205hrs, I was riding my motorcycle bearing registration plate number FBA3304A on the most left lane (3rd lane) of Alexandra Road towards Commonwealth Ave West. A car bearing registration plate number SLN1167E was travelling in front of me. While I was approaching the filter lane of Alexandra Road turning into Commonwealth Ave West, I managed to ride past SLN1167E on the filter lane while SLN1167E was still in the 3rd lane.

Suddenly, near to the drop off point entrance of Alexis, SLN1167E make a sharp left turn and the left of his car hit the front of my motorcycle.



**SINGAPORE  
POLICE FORCE**



T/20200401/2113

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

2 of 3

Report No. T/20200401/2113

**CONTINUATION OF REPORT**

This is all I have to amend.



SINGAPORE  
POLICE FORCE



T/20200401/2113

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3

Report No. T/20200401/2113

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:  
D /  
Sgt 2 WONG WAI CHONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Signature Of Informant:

Date/Time:  
01/04/2020 18:01

Classification Of Case:

Authentication Stamp  
NP168

SINGAPORE  
POLICE FORCE

SIGNATURE

Claim Handling


















Accident NT/1090584

Exit

Policy No.	5261636114-06	Vehicle No.	FBA3304A	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD RASUL BIN ABDULLAH			Policyholder NRIC	58332634D
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	87505800	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	03/04/2020 10:24	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	29/03/2020	Time of Accident (hh:mm)	13:05	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	ALONG ALEXANDRA ROAD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration No.		GST Registration Date	
GST Registration No.				GST Status Verified	Yes
Modification History					
Policyholder Mailing Address					
Address 1	BLK 16 J04-49	Address 2	GHEH MOH ROAD	Address 3	SINGAPORE 270016
Address 4		Address Type	Singapore address	Post Code	270116
Unit No.	04-49	Related Policy Number	5261636114-06		
Q1 Driver Info					
Driver Name	MUHAMMAD ISKANDAR BIN ZAINUDDIN	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	58503166H	Driver DOB	25/03/1995
Register Date of Driver License	01/01/2016	Driver Age	25	Driving Experience	4
Contact No.(Mobile)	89951432	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered Car?	Yes No	Driver Vehicle No.	FBA3304A	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					

Claim 001 New

Claim Type *	DD-MX	Insured Name	MUHAMMAD RASUL BIN ABDULLAH	Insured NRIC	58332634D
Contact No.(Mobile)	87505800	Contact No. (Home)		Contact No. (Office)	
Email Address	ysp80@gmail.com	Vehicle Number	FBA3304A	TP	SLN1167E
Claim Description	FBA3304A / SLN1167E ON 29 Mar 2020				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Preferred Workshop		Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered				Claim Close Date	03/04/2020 10:27
Report Taken By				Date Received	03/04/2020 00:00
Print AK letter					
Save Submit					
Attachment					
Accident No. NT/1090584 Claim No. 001					
Last Doc. Received * Yes No					
Upload Date 03/04/2020 10:29					
Path *					
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					
Choose File No file chosen					
Message Read					
Attachment List					
Send Message Upload					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2020 10:29	Photos	Normal	Photos 2020-4-3	Admin
	NAC_BUKIT_MERAH_800670( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2020 10:29	Photos	Normal	Photos 2020-4-3	Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2020 10:28	Photos	Normal	Photos 2020-4-3	Edit

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2020 10:28	Photos	Normal	Photos 2020-4-3	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2020 10:28	Photos	Normal	Photos 2020-4-3	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2020 10:28	Photos	Normal	Photos 2020-4-3	<a href="#">Edit</a>	
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2020 10:28	Photos	Normal	Photos 2020-4-3	<a href="#">Edit</a>	
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2020 10:28	Photos	Normal	Photos 2020-4-3	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2020 10:27	Photos	Normal	Photos 2020-4-3	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2020 10:27	Photos	Normal	Photos 2020-4-3	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2020 10:27	Photos	Normal	Photos 2020-4-3	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2020 10:27	Photos	Normal	Photos 2020-4-3	<a href="#">Edit</a>	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2020 10:27	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-3	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Apr 2020 10:27	SAS	Normal	SAS 2020-4-3	<a href="#">Edit</a>	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	

**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 : XMA42039453 Vehicle Registration No: FBA 33E4 H  
Name (as shown in NRIC) : MUHAMMAD ISKANDAR NRIC/FIN/Passport No : SXX684D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 89051412  
Email Address : \_\_\_\_\_  
Date of Accident : 29/03/2020 Time of Accident : 12:05  
Place of Accident : Block Alexandra Road  
Insurance Company : NIUC

**(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:

RIDER NAME TO MUHAMMAD ISKANDAR BIN ZAHUDDIN

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

03/04/2020  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Rosa Lim  
NRIC/FIN No.: \_\_\_\_\_  
Date:

My Desktop  
Notice of Loss

Policy Query

Policy No.

Date of Accident

29/03/2020 10:40

Vehicle No.(For Motor)

FBA3304A

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="checkbox"/>	5061636114-06		MUHAMMAD RASUL BIN ABDULLAH	S6332634D	GMC	Third Party, Fire & Theft	FBA3304A	FBA3304A	08/10/2019	06/10/2020

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