

NATIONAL Assessment Centre Services

[ver 1 Jan 03]

SN 0920 C00005

Date In: 12/12/20 10:06	Job description	Date & Time Completed	Done by
Ref No NA/INC 200138871h4	SAS e-Ming		
Veh No FB2 4463 J	E-mail (within 3hrs, AIC 2hrs)		
ICIA 4/12/20 16:25	1-Motor Claim Form	MT/1113363-001	12/12/20 14:14
UD: <input checked="" type="radio"/> Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
	1-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: SLR 9180 S	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 repolar.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC/Non-INC: 0708/0616)	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	Assessment

NA2100343

Claimants Particulars:	Invoice/Registration Classification	Am (C)	Ass (C)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/543		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$3		
	*NG: Repair Co-ordination \$10		
	*NT: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$3		
	TP (NI1): TP (Non-INC) against INC \$20		
	9) NI2: Idao Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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 Submission: 12/12/2020 10:06 (SGT)
Date of Accident: 04/12/2020 16:25 (SGT)
Exact Location of Accident: River Valley Rd, Singapore
Additional Location Information: -
Country/State of Loss: Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number: FBL4463J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner: DR DELIVERY PTE LTD
Company Reg No: 2XXXXX099M
Email Address: DRDELIVERYDD@GMAIL.COM
Mobile Phone No: (Phone) +65-88330051
Alternative Phone No: +65-88330051

VEHICLE PARTICULARS

Manufacturer: Yamaha
Model: SNIPER T150
Variant: -
Exact purpose for which vehicle was being used at time of accident: Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category: Motorcycle

INSURANCE COMPANY

Name of Insurance Company: NTUC
Type of Coverage: ThirdParty
Fleet Policy: No
Policy Number: 5117265590
Cover Note Number: -

DRIVER

Name of Driver: RIDZWAN ZULKARNAEN BIN ROZ AZMAN
NRIC No: SXXXX902G
Date Of Birth: 29/08/1994
Occupation: Outdoor

Date Of Driving Pass	27/01/2019
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86204280
Alt. Phone Number	-
Email Address	RIDZWANROZ@GMAIL.COM
Address	BLK 137 YISHUN RING RD #03-146
Address complement	-
Postcode	760137
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201205/7066 & T/20201210/2078.

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	SLR9180S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDZWAN ZULKARNAEN BIN ROZ AZMAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBL4463J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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.

X


Policyholder's Signature
Date & Time:

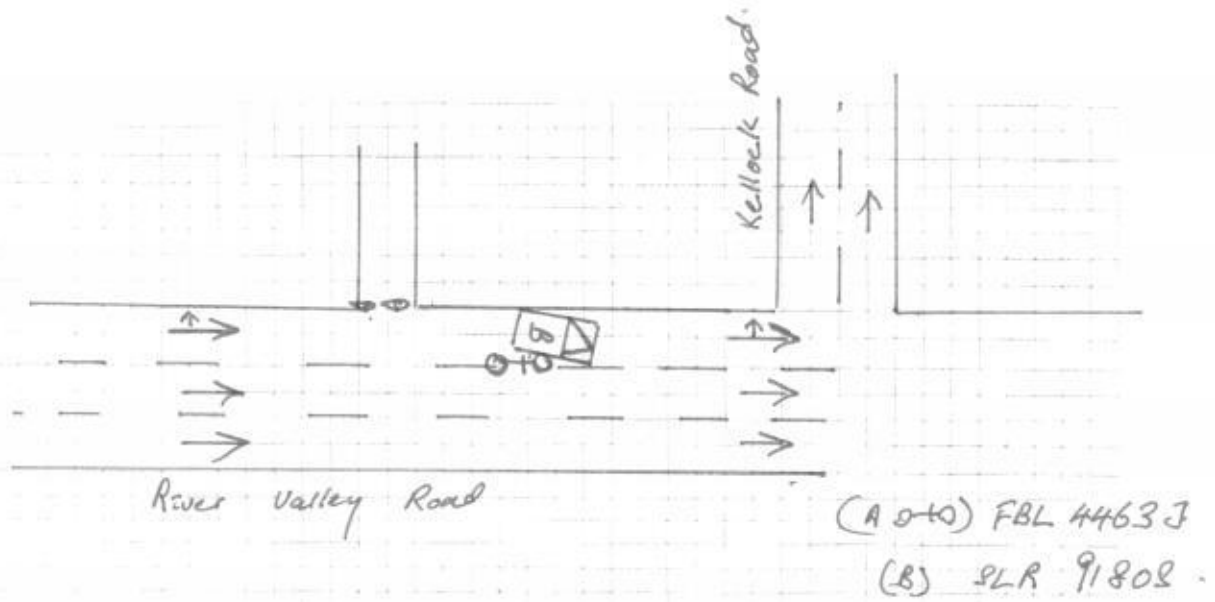


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Plz refer To Police Report

No: T/20201205/7066. &

& T/20201210/2078.

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.:



SINGAPORE POLICE FORCE



T/20201205/7066

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201205/7066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2020 13:16		Vide Report No.: E/20201204/0118		Station Diary No.:	
Informant's Particulars					
Name of Informant: RIDZWAN ZULKARNAEN BIN ROZ AZMAN			Address: 137 YISHUN RING ROAD #03-146 SINGAPORE 760137		
ID Type / ID No.: NRIC NO / S9432902G			Contact No.: Home/Office: Mobile: 86204280		
Nationality: SINGAPORE CITIZEN			Email: ridzwanroz@gmail.com		
Sex: Male	Age: 26	Date of Birth: 29/08/1994	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Despatch worker			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/12/2020 16:25	Type of Location: Straight Road
Location: RIVER VALLEY ROAD				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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	Conditio	No of
FBL4463J	Motorcycle					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201205/7066

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20201205/7066

CONTINUATION OF REPORT

Rider			
Name	RIDZWAN ZULKARNAEN BIN ROZ AZMAN	ID No.	S9432902G
Related Vehicle	FBL4463J (Motorcycle)	Contact No.	86204280
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	04/12/2020	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious

Brief Details.

After moving on the green light off the cross junction along River Valley road near al- across restaurant. I notice a blue vehicle that is stationary on the left most side of the road.

I then proceed towards the right side of the stationary vehicle to surpass it.

As I was about to surpass the stationary vehicle at its rear right door, the vehicle inched out of the lane and bumped me on my left side.

I lost control of my motorcycle and fell towards my right then started to skid along the road.

After coming to a stop, I was in a lot of pain that I could not get up, there were many passerby who helped me.

The driver of the stationary vehicle also helped me, who took my number but I Did not take down any of his particulars as I was too occupied by my injury.

Shortly after, the ambulance arrived and I was rushed to the hospital.



**SINGAPORE
POLICE FORCE**



T/20201205/7066

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20201205/7066

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

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

Date/Time:
05/12/2020 13:16

Classification Of Case:



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2020 18:13	Vide Report No.: E/20201204/0118	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars

Name of Informant: RIDZWAN ZULKARNAEN BIN ROZ AZMAN			Address: APT BLK 137 YISHUN RING ROAD #03-146 SINGAPORE 760137		
ID Type / ID No.: NRIC NO / S9432902G			Contact No.: Home/Office: Mobile: 86204280		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 29/08/1994	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Despatch worker			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: 04/12/2020 16:25	Type of Location: Straight Road
Location: RIVER VALLEY ROAD				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
FBL4463J	Motorcycle				Slightly Damaged	0
SLR9180S	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201210/2078

CONTINUATION OF REPORT

Rider			
Name	RIDZWAN ZULKARNAEN BIN ROZ AZMAN	ID No.	S9432902G
Related Vehicle	FBL4463J (Motorcycle)	Contact No.	86204280
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	04/12/2020	Date Discharge	10/12/2020
No. of Days granted Medical Leave	11	Degree of Injury	Serious
Name			
Name	Unknown	ID No.	NIL
Related Vehicle	SLR9180S (Car)	Contact No.	NIL
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.

AFTER THE CROSS JUNCTION ALONG AL-AFROSE RESTAURANT, I NOTICE A BLUE VEHICLE THAT IS STATIONARY ON THE LEFT LANE OF THE ROAD BY THE ROAD SHOULDER. I WAS AT THE LEFT LANE GOING TO THE MIDDLE LANE. WHEN I WAS ABOUT TO PASS THE VEHICLE, IT INCHED OUT AND BUMPED MY LEFT SIDE. I LOST CONTROL OF MY MOTORCYCLE AND FELL DOWN ON MY RIGHT THEN SKIDDED ALONG THE ROAD. I WAS IN A LOT OF PAIN WHEN IT CAME TO A STOP. MANY PASSERBY HELPED ME UP. THE DRIVER OF THE VEHICLE THAT BUMPED ME ALSO HELPED ME UP. HE TOOK DOWN MY MOBILE NUMBER BUT I COULD NOT TAKE DOWN ANY OF HIS PARTICULARS AS I WAS INJURED. I WAS THEN CONVEYED TO SINGAPORE GENERAL HOSPITAL.

IO IC MARIAH BINTE ZAKARIA 65476433
THAT IS ALL.



SINGAPORE
POLICE FORCE



T/20201210/2078

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20201210/2078

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:
TP /
SC MUHAMMAD ZAIM BIN MUHAMMAD ZAINI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/12/2020 18:13

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5117265590-000018

Cover : Third Party

- | | |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : FBL4463J |
| Chassis Number | : MH3UG0740G0031005 |
| 2. Name of Policyholder | : DR DELIVERY PTE LTD |
| 3. Effective Date of Insurance | : 07 Sep 2020 |
| 4. Expiry Date of Insurance | : 06 Sep 2021 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
- This Policy does not cover
- | |
|--|
| (a) Use for hire or reward. |
| (b) Use for racing, pace-making, reliability trial or speed-testing. |
| (c) Use for the carriage of goods (other than samples) in connection with any trade or business. |
| (d) Use for any purpose in connection with the Motor Trade. |

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : B.A.S. INSURANCE AGENCY (00000573236)

Date of Issue : 05 May 2020 05:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Vehicle Registration Details

Vehicle No. FBL4463J	Make/ Model YAMAHA/SNIPER T150	Vehicle Scheme -
Current Propellant Petrol	Chassis No. MH3UG0740G0031005	Vehicle Type Passenger Motorcycle /Autocycle/Moped

Owner's Details

Owner Name:

DR DELIVERY PTE. LTD.

Owner ID Type:

Company

NRIC/Passport/Company Cert No.:

202012099M

Registered Address:

6D MANDAI ESTATE #02-07 M-SPACE
SINGAPORE 729938

Mailing Address:

-

Birth Date:

-

Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

07 Sep 2020

Original Registration Date:

20 Oct 2016

Registration Date:

20 Oct 2016

No. of Transfers:

3

IU Label No.:

715398716

Vehicle Specifications

Engine No.:

G3E6E0222815

Chassis No.:

MH3UG0740G0031005

Year of Manufacture:

2016

Primary Colour:

White

Secondary Colour:

Passenger Capacity:

1

Engine Capacity / Power Rating

150 cc / -

Maximum Power Output

-

Max Unladen Weight

116 kg

Maximum Laden Weight

266 kg

Vehicle Attachment 1

No Attachment

Vehicle Attachment 2

-

Vehicle Attachment 3

-

Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$1,900.00

Additional Registration Fee Rate:

15.00 %

Actual ARF Paid:

\$285.00

Vehicle Lifespan Expiry Date:

No Lifespan

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$6,353.00

COE No.:

2016110106000211G

COE Expiry Date:

19 Oct 2026

COE Category:

D - Motorcycle

COE Registration Category:

D - Motorcycle

Quota Premium (QP) / Prevailing Quota Premium:

\$6,353.00 / -

Actual QP Paid

\$6,353.00

QP (Regn Cat):

\$6,353.00

PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

Vehicle Emissions Details

CO2 Emission:

VEHICLE NO:	FBL 4463 J		MAKE & MODEL:	Yamaha Sniper 150 AUTO / <u>MANUAL</u>	
DATE OF ACCIDENT:	04 / 12 / 2020		CC:	150	
TIME OF ACCIDENT:	1625 HRS				
LOCATION OF ACCIDENT:	River Valley Road before Kellock Road				
EXACT PURPOSE USED AT TIME OF ACCIDENT:	<u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	Dr Delivery				
TEL NO:	H/P: 8833 0051		OFFICE:	HOME:	
NRIC:	202012099M				
ADDRESS:	60 Mandai Estate #02-07 M-Space (S) 729938				
EMAIL:	drdeliverydd@gmail.com				
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY				
FLEET POLICY:	<u>YES</u> / NO?				
INSURANCE COMPANY:	NTUC				
TYPE OF COVERAGE:	Comprehensive / <u>Third Party</u> / Third Party Fire & Theft				
POLICY NO:	5117265590 - 000018				
NAME OF DRIVER:	AS ABOVE / IF NO: Ridzwan Zulkarnaen Bin Roz Azman				
NRIC:	S 9432902 G. ANY PASSENGER: N/A				
DATE OF BIRTH:	29 / 08 / 1994		LICENCE PASSED DATE:	/ /	
OCCUPATION:	<u>OUTDOOR</u> / INDOOR				
GENDER:	<u>MALE</u> / FEMALE				
CONTACT NO:	H/P: 86204280		OFFICE:	HOME:	
ADDRESS:	Blk 137 Yeshun Ring Road #03-146 (S) 760137				
EMAIL:	ridzwanroz@gmail.com				
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> / IF YES, REG NO:				
RELATIONSHIP:	INSURER / OTHER: <u>Employee</u>				
WEATHER CONDITION N:	CLEAR / <u>RAINING</u> / OTHERS:				
ROAD SURFACE:	DRY / <u>WET</u> / OTHER:				
ANY INJURIES:	NO / IF YES, WHO?				
NAME & CONTACT:	Ridzwan Zulkarnaen Bin Roz Azman (H/P: 86204280)				
NAME & CONTACT:					
POLICE REPORT:	NO / IF YES, WHERE? <u>Traffic Police (On line)</u>				
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?				
VEHICLE B REG NO:	SLA 9180 S		ANY PASSENGERS:	Not sure	
NAME OF DRIVER:			CONTACT NO:		
VEHICLE C REG NO:			ANY PASSENGERS:		
VEHICLE D REG NO:			ANY PASSENGERS:		
VEHICLE E REG NO:			ANY PASSENGERS:		
VEHICLE F REG NO:			ANY PASSENGERS:		
VEHICLE G REG NO:			ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>				
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>				
ACCIDENT SCENE PHOTOS TAKEN?	YES / <u>NO</u>				
ACCIDENT PORTION:	Left side				
WORKSHOP PARTICULAR:	moto S1				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Jacky				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				