NATIONAL Assessment Centre	Services. Wes	1 Jan'05 JH79 20(1		. Donala	
Date In: 30 17 12- 13: 11	Jeb description	Date	&Time Completed	Done b	i,
Rel No: 49/14(220/475/124	SAS e-filing	1		1	
Vch No: \$82.65949	E-mail (within 8hrs,			1-1-1	*
D.O.A: 2/11/22/9:00	i-Motor Claim F	orm M1	11126-8-001	30/11/25	7:15
	i-Motor W/O (W	ithin: OD 2hrs, TP 4hrs)		
OD FP 'Reporting Only	i-Photo Uploade	ed			
	Assessment/Surve	y Report			
TP Insurer:	Ass't Report by F	ax / Hand to Owns	er/Wksp	<u></u>	
Preferred Wksp / INC Assign Wksp / QW: (Tel:		Fax:	
TP Particulars: Veh No: 14 C3	104K		Non-INC()		
Owner / Driver: (Tel			
Policy No: () Peri	od: (Time:		
Confirmed by : (Tote-Est. Status (WC	Date:)-100%]	
11104111)/NO()			
Teal of Registration.)/140()			
Excess: (\$) Loading: \$1,00	7 32,000 (
General Remarks:-	tion absorbs Confi	Carlo C. september and the contract of the con	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRESS		
() Walk-In Customer : Customer's infor	mation strictly Confi				
() Total Loss Case : to e-mail Insure		(); Towing	Co: ()
Drive-In () / Towed-In (); Invoice:	YES () / NO		36	Done	by
Remarks: (INC hotline: 6788 6616)		Date	&Time Completed	Dono	, L'y
1). Lpp1) 10. 11	ourtesy Car ()		*		
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()				
Injury:			· · · · · · · · · · · · · · · · · · ·		************
Date/Time Actions					<u></u> -
Date/Time Actions					
		· .			
,				Anit (S)	Amt (3)
Mar.	19	Invoice Prepara		fitBill	Add Bill
MANSOZGY ':		1) AR : Accident Report 2) DA : Damage Assess	ting (\$30); ment (\$100); IN	C (\$80)	
Claimant's Particulars:		3) TF : Towing Fee		\$40/\$45 \$120	
Driver/Owner:		4) FT : Follow-Through 5) FT : Follow-Through	Survey (Resurvey)	\$30	ļ
Contact No:		For claiming against	INC Only (wef 10 Jan	\$131	
Damaged Portion:		6) TR: Re-inspection 7) N1: Idac DA + SM	RT Survey	. \$160	
	3	8) NTUC Additional S	ervices:-		
QC Checked by (Engr-In-Charge):	٧	*NS: Courtesy Car /	Tpt Allowance	\$5 \$10	
		*N6: Repair Co-ord *N7: Post Repair In	spection	\$25	
Auditors! Comments::		+N8: DV / Collect E	excess Coordination	\$35 \$20	٠,
Cat. 1:	1.	TP (N11): TP (Nor 9) N12: Idae Mobile		30	DAY OF THE PARTY OF
2at. 2 / 3:		Invoice dated	Fee Cha Fee Cha	DESCRIPTION OF	-
CW (- 1)		Invoice dated	• • • •	and the second	

۲.

SN0920CU000G / National Assessment Centre Services [408933] ENTRY DATE & TIME: 30/12/2020 17:11 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (30/12/2020 17:11 (SGT))



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 witholding 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 30/12/2020 17:11 (SGT) Date of Accident 24/12/2020 19:00 (SGT) Exact Location of Accident Bukit Timah Rd, Singapore Additional Location Information twds upp bukit timah rd before balmoral rd Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ6594A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MUHAMMAD SYAFIQ BIN SALAMON NRIC No SXXXX145J Email Address fiqiesiksin98@gmail.com Mobile Phone No (Phone) +65-86544745

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Yamaha Model Mx king t150 Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Private use

No - Claiming third party Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5119917042 Cover Note Number

DRIVER

MUHAMMAD SYAFIQ BIN SALAMON Name of Driver NRIC No SXXXX145J Date Of Birth 24/01/1998 Occupation Indoor

24/10/2019 Date Of Driving Pass Driving experience 1 YEAR AND 2 MONTHS Gender Mobile Number (Phone) +65-86544745 Alt. Phone Number Email Address figiesiksin98@gmail.com Address 62 FLORA DRIVE Address complement #08-42 Postcode 506859 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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? DETAILS OF POLICE ACTION Was the accident reported to the police? Pasir Ris Neighbourhood Police Centre Police Station Name Police Station Phone No (Phone) +65-18005852999 Alt. Police Station Phone No (Fax) +65-65855261 1 Pasir Ris Drive 4 #01-01 Singapore 519457 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201224/2129. 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 SHC5909K Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi Name of Driver Contact Number

Address	0°=
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD SYAFIQ BIN SALAMON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBQ6594A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 insurers) 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:
 - 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A- FBQ 6594A B-SHC5909K

	B-5HC59
SKETCH PLAN	
Balmad RI 7 1 Balist	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
on the mentioned dele or the	I may
travelling along Bulling Timah Rd	l lowerdy
Upper Belit Timah Rd before	Bulmord Rd.
It was a sed light so I s	up my bile
when southerly I felt as Impac	e contry from
my rour, and I fell down. I	got up and
realize that a red tax culli.	led entrany
rear. The rid tax bears a card	olale SIEC 590911

DECLARATION

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

Policyholder's Signature

 $S(A(t)) \subset S(opt_1(A)) \otimes_{\mathcal{O}} f_{\mathcal{O}}(op_1(a))$

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

 The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

Accident details				
Date and time of accident	Date: 24 /12/2020 (DD/MM/YY) Time: (9 700 (HH:MM)			
Exact location of accident	Butit Tomah Rd tomads Upp Butit Timah			
Details of vehicle	to before Balmoral Rd.			
Vehicle registration number	FBQ 6594 A.			
Vehicle make and model				
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:			
Vehicle category	Private Commercial Motorcycle			
Purpose of using at said time				
Are you claiming under your	Yes No if no, please select:			
own insurance company?	Third part claim Reporting only □			
Insurance information				
Insurance company	NTVL			
Policy number				
Type of policy	Comprehensive Third party fire & theft TP only			
Insured / Policy holder				
Name	MUHAMMAD SHAFIO BIN SALAMON Male & Female 1			
NRIC / Fin / Passport number	598021453			
Contact	8654 4745			
Address	62 FLORA DRIVE #08-42 C 506859			
<u>Driver</u>	Same as insured above √(skip to D.O.B)			
Name	Male Female			
NRIC / Fin / Passport number				
Contact	2			
Address				
Email address				
Date of birth	24 JANUARY 2019AB			
Occupation	Indoor Outdoor			
Driving date pass				

General information of the accident

Was driver an employee of the insured's company?		lo⊿ enship of the o	driver and insured:	owner
Accident captured by camera?	Yes 🗆 N	lo 🗆		
Weather condition	Clear	Raining	Others:	
Road surface	Dry W	/et 🗆		
No of passenger	1.			(Inclusive of driver)

Passenger 1

Name	Muham	mad Syan	Cia	922	Salamon.	
Gender	Male	Female 🗆 🔻	L			390000000000000000000000000000000000000

Passenger 2

Name		
Gender	Male □	Female 🗆

Passenger 3

Name		
Gender	Male 🗆	Female □

Passenger 4

Name		
Gender	Male □	Female □

Passenger 5

Name		
Gender	Male 🗆	Female □

Passenger 6

Name		
Gender	Male 🗆	Female

Other information

Was anybody injured?	Yes p	No 🗆
Was other vehicle damaged?	Yes	No 🗆

Details of police action

Reported to police?	Yes	No 🗆	If yes, please state which police station.
Police station name	TPH	9.	

Third party vehicle 1

Name	5HC 5909K.
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
·	

Witness 2

	·
■ 4 manufacture	
Name	
Hanne	

Injured person 1

Name	Muhammed Staffa Bin Salamon.
Injuries sustained	Body / Les.
Which vehicle person in?	FBQ 6594 A-
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes No p

Injured person 2

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

Injured person 3

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆





T/20201224/2129

1 of 3 Report No. T/20201224/2129

Police Station Of Origin: Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 24/12/2020		ide:	Vide Report No.:	Station Diary No.: 89			
Informant	s Particul	ars	A CONTRACTOR OF THE CONTRACTOR	The state of the s			
Name of In	formant:		Address:				
MUHAMM	AD SYAFI	Q BIN	62 FLORA DRIVE #08-42 SIN	IGAPORE 506859			
SALAMON	The second second second			3.1.2.00000			
ID Type / II	D No.:		Contact No.:				
NRIC NO /	S9802145	5J	Home/Office:	Mobile: 86544745			
Nationality: SINGAPOR		N	Email:				
Sex: Male	Age: 22	Date of Birth: 24/01/1998	Type of Informant:				
Race:			Language:	Institution / School Name:			
Malay				The state of the s			
Occupation			Driving Licence Information:				
ADMIN OF	FICER		Class: 2B	Date of Expiry:			

Type of Accident:	Non-Injury Others	Drive:	Date/Time of Accident: 24/12/2020 19:00	Type of Location Straight Road
Location:				
STEVENS RO	DAD			
Weather:		Road Surface:	Do	
Company of the Compan		Dry	Ro	ad Speed Limit:
Clear Traffic Flow: One Way		The second secon	Tra	affic Volume:

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
FBQ6594A	Motorcycle	YAMAHA	MX KING T150 MANUAL	Blue	Slightly Damaged	0		
SHC5909K	Car				No Damage	0		

Details of Vehicle Insurance	
Vehicle No. Insurance Company	Insurance No Effective Expiry Date





2 of 3

Report No. T/20201224/2129

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

CONTINUATION OF REPORT

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
FBQ6594A	NTUC Income Insurance Co-Operative Limited	5119917042						

Details of Perso	n Involved				-	ender the control	
Any Pedestrian II	nvolved: No						
No. of Pedestriar	ns Injured: NIL	1	Use of Pe	Pedestrian Crossing: NA			
Rider	The Court of the C				and the same of th		
Name	MUHAMMAD SYAFIQ BIN	ION	ID No		S9802145J		
Related Vehicle	FBQ6594A (Motorcycle)			Conta	ict No.	86544745	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	1	NIL	Data and Data	
No. of Days gran	ted Medical Leave NIL		Degree of	THE RESERVE AND ADDRESS OF THE PARTY OF THE	Sligh		

Brief Details.

On 24/12/2020 at around 1900hrs, I was waiting for the traffic light at junction of Stevens Road in the middle of the line beside a taxi (SHC 5909K). As it was too squeezy, I tried to make way and move in front of the taxi. When the traffic light turned green, I moved off and notice that the taxi was tail gating me.

I then moved to the left lane, and he followed me as well. While I was moving to the right lane, the taxi suddenly sped and overtake me. The taxi driver also switched on his front wiper, spraying water at my visor. When he barged into my lane, I could not control my motorcycle as it was too fast, and I lost my motorcycle (FBQ 6594A) balance and scratched against the curved wall.

I sped up trying catch up to him. And when we reached the junction, I was in front of his taxi, and signaled him to stop at the side. However, he was not cooperative and I tried to take photo of his car plate. I also noticed that he pointed middle finger at me. His vehicle inched out a bit and hit my motorcycle, causing my motorcycle fell to the right. A few of motorcyclist witnessed and helped me with my motorcycle whereas some of them were talking to the taxi driver.

I pushed my motorcycle to the side, and the next moment, I noticed that the taxi driver went back into his vehicle and drove off. I noticed that there were scratches on the left side of my motorcycle.

I wish to state that I am only suffering from abrasions on my left arm and leg. I will be proceeding to consult the doctor after lodging the report.





3 of 3 Report No. T/20201224/2129

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

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: G / Sgt 2 Lee Wan Jing	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/12/2020 21:49
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Staff Sgt WONG SIEU LUI Contact No.: 65476151	
Authentication Stamp	

BNATURE



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 : 5119917042

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

4. Expiry Date of insurance

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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.

: FBQ6594A

: 23 Nov 2020 : 22 Nov 2021

: MH3UG0750KK033763

Cover : Third Party, Fire & Theft

: MUHAMMAD SYAFIQ BIN SALAMON

- 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

EXCESS (THEFT OUTSIDE SINGAPORE) : PLEASE REFER OVERLEAF

INSURE WITH COE : YES

NAMED DRIVER (1) : MUHAMMAD SYAFIQ BIN SALAMON

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : LIBERTY CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : PEOPLES INSURANCE AGENCY PTE LTD (00000614852)

Date of Issue : 23 Nov 2020 09:09 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Hello, NAC_PAYA_UBI_8000	501						• Change	Language	· Chang	ge Password	› Log Ou
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date o	of Accident	24	4/12/2020 1	9:00	
	Vehicle	No.(For Motor)	FBQ659	4A		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5119917042		MUHAMMAD SYAFIQ BIN SALAMON	S9802145J	GMC	Third Party, Fire & Theft	FBQ6594A	FBQ6594A	23/11/2020	22/11/2021

olicy No.	5119917042	Policy	holder	MUHAMMAD	SYAFIQ BIN SALAM	Policyholder NRIC	S9802145J	
Certificate								
Address	62 FLORA DRIVE #08	8-42 PARC OLYMP	IA SINC	SAPORE 5068	59			
Product Name	MOTORCYCLE INSUR	ANCE Plan				Group Policy Flag	N	
Policy ssue Date	23/11/2020	Effec Date	tive	23/11/2020	00:00	Expiry Date	22/11/2021 2	3:59
Excess Type	Per Accident	All CI Exce						
Third Party Excess	0	Own dama Exce		0		Windscreen Excess		
Additional Excess		OS Prem	ium	0				
Outside Singapore OD Excess			de apore ccess				Young	g/Inexperience Driver Excess
Agent	PEOPLES INSURANCE	E AGENCY F Agen	t Tel.	62630555		GST Flag	Y	
agent.	All and All and a second second							
Co- insurance Flag	No							
Co- insurance								
Co- insurance Flag Open Policy Info Certificate Info	No							
Co- nsurance Flag Open Policy Info Certificate Info		ess					Address	CINCADORE E06050
Co- insurance Flag Open Policy Info Certificate Info	No		Addre	ess 2	#08-42 PARC OLYN	иріа	Address 3	SINGAPORE 506859
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1	No nolder Mailing Addre			ess 2 ess Type	#08-42 PARC OLYN Singapore address	1PIA	Address 3 Post Code	SINGAPORE 506859 506859
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4	No nolder Mailing Addre		Addre	ess Type ed Policy		ИРІА		
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Addre 62 FLORA DR	RIVE	Addre	ess Type ed Policy	Singapore address	ИРІА		
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Addre 62 FLORA DR 08-42 d Object: FBQ65944	RIVE	Addre	ess Type ed Policy	Singapore address	ИРІА		
Co- nsurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure	nolder Mailing Addre 62 FLORA DR 08-42 d Object: FBQ6594/	A Endorsement	Addre Relat Numl	ess Type ed Policy	Singapore address 5119917042 t Type	1PIA Endorsemen ement Take E	Post Code	

cident MT/1115648	E110017042	Vehicle No.	FBQ6594A	GST Registration No.	ENGLISHED SEE	
icy No.	5119917042	venicle No.				
rtificate No.					S9802145)	
licyholder Name	MUHAMMAD SYAFIQ BIN SALAMON			Policyholder NRIC	0	
oduct Code		Cover Type	Third Party, Fire & Theft	Loading	0	
entact No.(Mobile)	86544745	Contact No.(Office)	0	Contact No.(Home)	NC V	
mail Address		Special Remark		eCode	ruc 🗸	
FK .	No ○ Yes	TCA	No ○Yes	eCode Reason		
CD Protection	No	NCD Entitlement(%)	10	Private Hire	No	
Accident Details						
eport Date	30/12/2020 17:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear	
ate of Accident	24/12/2020	Time of Accident hh:mm	19:00	Country of Accident	Singapore	
	24/12/2020	Orange Force		ICM No.		
eporting Centre		and the second second second				
ccident Location	Bukit Timah Rd					
Total Excess Applicable		Control of the Contro				
cess Type	Per Accident	Windscreen Excess				
D Chandard Europe	0.00	TP Standard Excess	0.00			
D Standard Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered	
IED OD Excess	0.00	TIED IF EXCESS				
dditional Excess	Property of the Control of the Contr	Total TO Success Assessed	0.00			
otal OD Excess Applicable	0.00	Total TP Excess Applicable	0.00			
▽ Benefits						
GST Registered Informa	tion					
ST Registered	No		GST Registration Date			
ST Registration No.			GST Status Verified	Yes		
odification History						
 Policyholder Mailing Ad 	dress					
Address 1	62 FLORA DRIVE	Address 2	#08-42 PARC OLYMPIA	Address 3	SINGAPORE 506859	
Address 4		Address Type	Singapore address	Post Code	506859	
Init No.	08-42	Related Policy Number	5119917042			
OI Driver Info						
Driver Name	MUHAMMAD SYAFIQ BIN SALAMON	Driver Type	Main Driver			
Jonamed driver Name	PRODESTINATION OF THE STATE OF	Driver NRIC	\$98021453	Driver DOB	24/01/1998	
Register Date of Driver License	24/10/2019	Driver Age	22	Driving Experience	1	
		Contact No.(Office)	0	Contact No.(Home)	0	
Contact No.(Mobile)	86544745			Address 3	SINGAPORE 506859	
Address 1	62 FLORA DRIVE	Address 2	PARC OLYMPIA			
Address 4		Address Type	Singapore address	Post Code	506859	
Unit No.	08-42					
Does he own a Singapore	○ Yes No	Driver Vehicle No.		Driver Insurer Company		
Registered car?						
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	● Yes ○ No			
teading?						
Modification History						
Claim 001 New						
Cidilli 601						
Claim Type *	OD-MX	Insured Name	MUHAMMAD SYAFIQ BIN SALAM	Insured NRIC	S9802145J	
Contact No.(Mobile)	94779757	Contact No.(Home)	AND THE RESERVE OF THE PERSON	Contact No.(Office)		
		OI Vehicle Number	FBQ6594A	TP Vehicle Number	SHC5909K	
mail Address			Please Select			
	Please Select	Type of Benefit *	Fiedde Select			
Claimant Type Claimant Type •		Type of Benefit * Claimant NRIC *				
Claimant Type Claimant Type * Claimant Name .*	Please Select ✓					
Claimant Type Claimant Type * Claimant Name .* Claimant Address	>>		Production of the second of th	Name of Preferred Workshop		
Email Address Claimant Type Claimant Type * Claimant Name .* Claimant Address Claim Description		Claimant NRIC *		Name of Preferred Workshop		
Claimant Type Claimant Type * Claimant Name .* Claimant Address Claim Description Preferred Workshop Contact	>>		Not at Fault			
Claimant Type Claimant Type * Claimant Name .* Claimant Address Claim Description Preferred Workshop Contact No.	>>	Claimant NRIC *		Name of Preferred Workshop	Received	
Claimant Type Claimant Type * Claimant Name .* Claimant Address	≥≥ FBQ6594A / SHC5909K ON 24 Dec 2020	Claimant NRIC * Insured Liability *	Not at Fault		Received 30/12/2020 00:00	
Claimant Type * Claimant Name .* Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	≥≥ FBQ6594A / SHC5909K ON 24 Dec 2020 Yes	Claimant NRIC * Insured Liability * Preferered Repair Option	Not at Fault	GIA report		
Dalmant Type *Claimant Type *Claimant Name .* Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	≥≥ FBQ6594A / SHC5909K ON 24 Dec 2020 Yes 30/12/2020 17:15	Claimant NRIC * Insured Liability * Preferered Repair Option	Not at Fault	GIA report		
Dalmant Type *Claimant Type *Claimant Name .* Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	≥≥ FBQ6594A / SHC5909K ON 24 Dec 2020 Yes 30/12/2020 17:15	Claimant NRIC * Insured Liability * Preferered Repair Option	Not at Fault	GIA report	•	
Dalmant Type *Claimant Type *Claimant Name .* Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	≥≥ FBQ6594A / SHC5909K ON 24 Dec 2020 Yes 30/12/2020 17:15	Claimant NRIC * Insured Liability * Preferered Repair Option	Not at Fault	GIA report	•	
Dalmant Type Claimant Type * Claimant Name .* Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	≥≥ FBQ6594A / SHC5909K ON 24 Dec 2020 Yes 30/12/2020 17:15	Claimant NRIC * Insured Liability * Preferered Repair Option	Not at Fault Preferred Workshop, Name unknown	GIA report		
Dalmant Type *Claimant Type *Claimant Name .* Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	≥≥ FBQ6594A / SHC5909K ON 24 Dec 2020 Yes 30/12/2020 17:15	Claimant NRIC * Insured Liability * Preferered Repair Option	Not at Fault Preferred Workshop, Name unknown	GIA report	•	
Claimant Type Claimant Type * Claimant Name .* Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	≥≥ FBQ6594A / SHC5909K ON 24 Dec 2020 Yes 30/12/2020 17:15	Claimant NRIC * Insured Liability * Preferered Repair Option	Not at Fault Preferred Workshop, Name unknown	GIA report	•	
Claimant Type Claimant Type * Claimant Name .* Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	PBQ6594A / SHC5909K ON 24 Dec 2020 Yes 30/12/2020 17:15 Jackson	Claimant NRIC * Insured Liability * Preferered Repair Option	Not at Fault Preferred Workshop, Name unknown	GIA report	•	
Claimant Type Claimant Type * Claimant Name .* Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No.	>> FBQ6594A / SHC5909K ON 24 Dec 2020 Yes	Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No.	Not at Fault Preferred Workshop, Name unknown Save Submit	GIA report	•	
Claimant Type Claimant Type Claimant Name Claimant Name Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No.	≥≥ FBQ6594A / SHC5909K ON 24 Dec 2020 Yes	Insured Liability * Preferered Repair Option Claim Close Date	Not at Fault Preferred Workshop, Name unknown Save Submit 001 30/12/2020 17:16	GIA report Date Received	30/12/2020 00:00	
Claimant Type Claimant Type Claimant Name Claimant Name Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No.	>> FBQ6594A / SHC5909K ON 24 Dec 2020 Yes	Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date	Not at Fault Preferred Workshop, Name unknown Save Submit 001 30/12/2020 17:16 Category *	GIA report Date Received Confidential Urger	30/12/2020 00:00 (iii)	
Claimant Type Claimant Type Claimant Name Claimant Name Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No.	≥≥ FBQ6594A / SHC5909K ON 24 Dec 2020 Yes	Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No.	Not at Fault Preferred Workshop, Name unknown Save Submit 001 30/12/2020 17:16 Category *	GIA report Date Received Confidential Urger NO V Normal	30/12/2020 00:00	
Claimant Type Claimant Type Claimant Name Claimant Name Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No.	≥≥ FBQ6594A / SHC5909K ON 24 Dec 2020 Yes	Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date	Not at Fault Preferred Workshop, Name unknown Save Submit 001 30/12/2020 17:16 Category * i.e., Clear Please Select	GIA report Date Received Confidential Urger	30/12/2020 00:00 (iii)	
Claimant Type Claimant Type Claimant Name Claimant Name Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No.	≥≥ FBQ6594A / SHC5909K ON 24 Dec 2020 Yes	Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Brows	Not at Fault Preferred Workshop, Name unknown O1 30/12/2020 17:16 Category * i.e., Clear Please Select Lear Please Select	GIA report Date Received Confidential Urger NO V Normal	30/12/2020 00:00	
Claimant Type Claimant Type Claimant Name Claimant Name Claimant Address Claim Description Preferred Workshop Contact to Claimant	≥≥ FBQ6594A / SHC5909K ON 24 Dec 2020 Yes	Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Brows Brows Brows	Not at Fault Preferred Workshop, Name unknown O01 30/12/2020 17:16 Category * Ge Clear Please Select Ge Clear Please Select Ge Clear Please Select	GIA report Date Received Confidential Urge: V NO V Normal NO V Normal NO V Normal	30/12/2020 00:00	
Claimant Type Claimant Type Claimant Name Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	≥≥ FBQ6594A / SHC5909K ON 24 Dec 2020 Yes	Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Brows Brows	Not at Fault Preferred Workshop, Name unknown O01 30/12/2020 17:16 Category * i.e Clear Please Select	GIA report Date Received Confidential Urge: NO	30/12/2020 00:00 (a)	

			ay in New Window		Scan and uploading	1	
	Uploaded By/Date Folder D	Pate	Fi	ile Name		Source	
Video List	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT C CES) on 30 Dec 2020 17:15	CENTRE SERVI	Photos		Normal	Photos 2020-12-30	
T	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT C CES) on 30 Dec 2020 17:15	CENTRE SERVI	Photos		Normal	Photos 2020-12-30	
V	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT C CES) on 30 Dec 2020 17:15	CENTRE SERVI	Photos		Normal	Photos 2020-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT C CES) on 30 Dec 2020 17:15	ENTRE SERVI	Photos		Normal	Photos 2020-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT C CES) on 30 Dec 2020 17:15	ENTRE SERVI	Photos		Normal	Photos 2020-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT C CES) on 30 Dec 2020 17:15	ENTRE SERVI	Photos		Normal	Photos 2020-12-30	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT C CES) on 30 Dec 2020 17:15	ENTRE SERVI	Photos		Normal	Photos 2020-12-30	
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N.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CI CES) on 30 Dec 2020 17:15	ENTRE SERVI	Photos		Normal	Photos 2020-12-30	
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N.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CE CES) on 30 Dec 2020 17:16	ENTRE SERVI	Photos		Normal	Photos 2020-12-30	
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	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CE CES) on 30 Dec 2020 17:16	ENTRE SERVI NRIC/ D	riving License	Y	Normal	NRIC/ Driving License 2020-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CE CES) on 30 Dec 2020 17:16	ENTRE SERVI NRIC/ D	riving License	Y	Normal	NRIC/ Driving License 2020-12-30	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CE CES) on 30 Dec 2020 17:16	NTRE SERVI NRIC/ D	riving License	Y	Normal	NRIC/ Driving License 2020-12-30	
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CE CES) on 30 Dec 2020 17:16	NTRE SERVI NRIC/ Dr	riving License	Y	Normal	NRIC/ Driving License 2020-12-30	
ttachment	Uploaded By/Date	Ca	tegory	9	Urgency	Description	Msg Sent? (CO)