

NATIONAL Assessment Centre Services.

Print 1 Jan 2021

24/08/2021 10008

Date In: 18/01/2021 17:11	Job description	Date & Time Completed	Done by
Ref No: N3A/INC200083814	SAS e-illing		
Veh No: PBS 642Z	E-mail (Egula 3hrs, AIG 3hrs)		
D.O.A: 18/01/2021 01:50	I-Motor Claims Form	mt/11/7791-00	18/01/2021 17:38
OD: TP Reporting Only	I-Motor W/O (W/In: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Pnx/Hand to Owner/Witness		

Preferred Wkep / INC Assgn Wkep / QW: (Tel:	Fax:
TP Handicaps:	Veh No:	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	[Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

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

Injury: _____

Driver/Owner:	1) Alt: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TT: Towing Insurance	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services	
	9) NI: Idea Mobile	\$3
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	100) NI: Idea Mobile	\$3

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	18/01/2021 17:11 (SGT)
Date of Accident	18/01/2021 07:50 (SGT)
Exact Location of Accident	100 Pasir Panjang Rd, Singapore 118518
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS642Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMAD KAIRUL UMAM BIN AHDON
NRIC No	SXXXX921G
Email Address	m_kairulpaduka@hotmail.com
Mobile Phone No	(Phone) +65-94790119
Alternative Phone No	+65-94790119

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX 155 ABS CVT
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	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5120460590
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD KAIRUL UMAM BIN AHDON
NRIC No	SXXXX921G

Date Of Driving Pass	12/10/2002
Driving experience	18 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94790119
Alt. Phone Number	+65-94790119
Email Address	m_kairulpaduka@hotmail.com
Address	BLK 36 TEBAN GARDENS ROAD #07-295
Address complement	-
Postcode	600036
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

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?	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?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20210118/2110

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	SJB3527Z
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YONG YEW KEE

Contact Number	(Phone) +65-97435388
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	EK9988L
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KATHERINE LIM
Contact Number	(Phone) +65-96452500
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	MOHAMMAD KAIRUL UMAM BIN AHDON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBS642Z
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**.
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 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.
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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

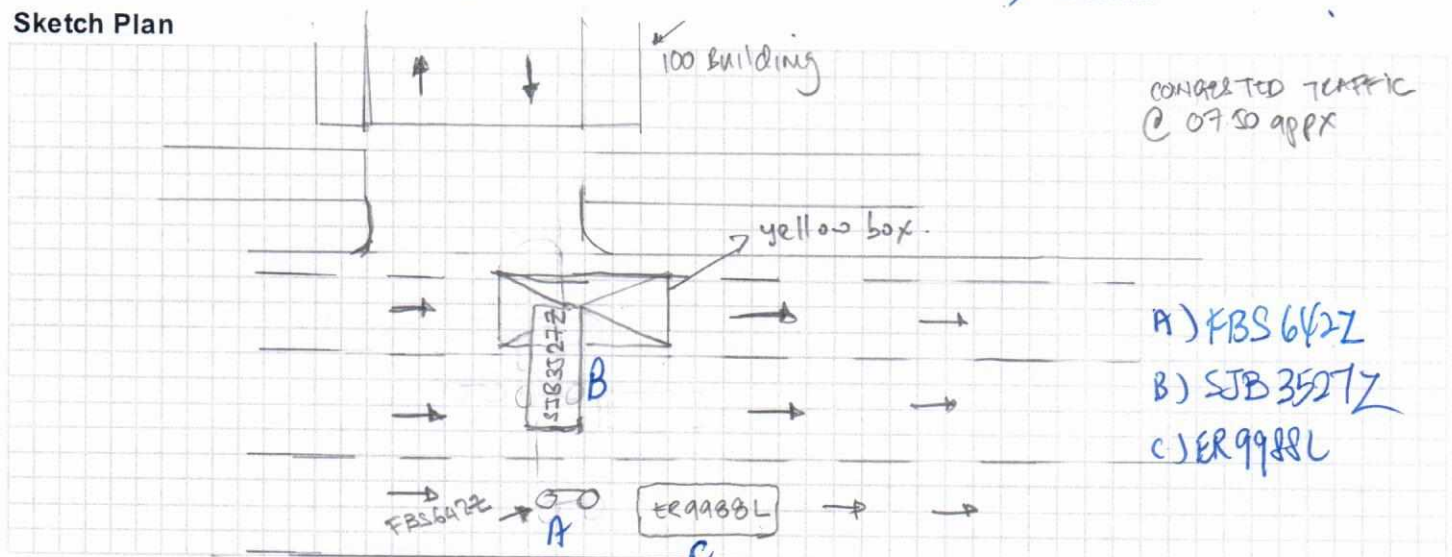
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

10/1/21
Policyholder's Signature / Date &
Time 10.05am

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

18/01/2021
Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

I RIDER WAS travelling on PASIR KANGKANG ROAD towards Telok Blangah.
Car plate no. (SJB35272) came out abruptly from my left side and
hit my motorcycle no (FBS6427) and which causing it to collide with
vehicle in front of me (EK9986L). due to the impact.
THE TRAFFIC WAS congested during the accident at about 07:50 app

Declaration

We declare the foregoing particulars are true in every respect.

July 18/1/21

Policyholder's Signature / Date &
Time 10.05am.

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

18/01/2021
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 01 / 2021) (DD/MM/YYYY), TIME: (07 : 50) (HH:MM)

LOCATION: 100' Pasir Panyang Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBS 6422
 b) INSURANCE COMPANY: AFAC INCOME
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: 2020
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: ON THE WAY TO WORK
 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: MOHAMMAD KHAIR UMAM LIAH AHDAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S82419216 CONTACT: 94790119
 c) ADDRESS: BIK 36 TEBAN ARDANS ROAD
 SPIDE 60031

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (20 / 12 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 25-02-2001

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SSB35272 MODEL: HYUNDAI
 b) DRIVER'S NAME: YONG YEW KEE
 c) NRIC/FIN/PASSPORT: S7435045C CONTACT: 97435388

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: EK 9980L MODEL: KIA
 e) DRIVER'S NAME: KATHERINE LIM
 f) NRIC/FIN/PASSPORT: CONTACT: 9645 25 00

* No of passenger
 (Including driver)
 (1)

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

Email = m_kairulpaduka@hotmail.com

VIDEO



**SINGAPORE
POLICE FORCE**



T/20210118/2110

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

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Report No. T/20210118/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2021 16:54	Vide Report No.:	Station Diary No.: 99
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Informant's Particulars

Name of Informant: MOHAMMAD KAIRUL UMAM BIN AHDON			Address: APT BLK 36 TEBAN GARDENS ROAD #07-295 SINGAPORE 600036	
ID Type / ID No.: NRIC NO / S8241921G			Contact No.: Home/Office: Mobile: 94790119	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 38	Date of Birth: 20/12/1982	Type of Informant: Rider	
Race: Boyanese			Language:	Institution / School Name:
Occupation: Electrician			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/01/2021 07:50	Type of Location: Straight Road
Location: PASIR PANJANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS642Z	Motorcycle	YAMAHA	NMAX 155 ABS CVT	White	Seriously Damaged	0
SJB3527Z	Car	HYUNDAI	HD AVANTE 1.6 A	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS642Z	NTUC Income Insurance Co-Operative Limited	5120460590	30/12/2020	29/12/2021



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

T/20210118/2110

Report No. T/20210118/2110

Police Sta
Clementi
20 Clementi
Tel No: 18

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	MOHAMMAD KAIRUL UMAM BIN AHDON	ID No.	S8241921G
Related Vehicle	FBS642Z (Motorcycle)	Contact No.	94790119
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	YONG YEW KEE	ID No.	S7435045C
Related Vehicle	SJB3527Z (Car)	Contact No.	97435388
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.

On 18/01/2021 at about 0750hrs, I was riding my motorcycle, registration number FBS642Z, along 100 Pasir Panjang Rd towards Telok Blangah while proceeding to my workplace, which is located at Singapore Powers, 501 Telok Blangah Rd. While I was riding on the most right lane, a car (V1), registration number SJB3527Z, was exiting from Blk 100 Pasir Panjang and turning into the main road and cut into the most right lane which I was riding on. The driver then collided into my motorcycle from the left side, causing me to lose my balance and subsequently hit into another car (V2) in front of me. After hitting into the car, I fell on my left and landed on my left shoulder and left leg. My motorcycle suffered scratches and cracks on both sides.

Thereafter, ambulance arrived to the incident location and conducted a check on me, and informed that there was no physical injury on me. I did not feel any pain at that point of time as well, thus the ambulance did not convey me to any hospitals.

On the same day at about 1040hrs, I started feeling pain on my left shoulder, upper back and left thigh area, thus I decided to seek medical attention at the Raffles Medical Clinic located at Anchor Point. The doctor conducted a check on me and advised that if I continue to feel pain, I should go to A&E to have a check. The doctor also gave me 3 days MC.

My motorcycle suffered scratches and cracks on both sides. The alignment of the handle bar of my motorcycle was also out of alignment and the chassis of the fork was damaged. V1 had slight scratches



**SINGAPORE
POLICE FORCE**



T/20210118/2110

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

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Report No. T/20210118/2110

CONTINUATION OF REPORT

on the front bumper and car plate. V2 had slight scratches on the left rear side.

I wish to state that my motorcycle is installed with a camera. Also, V1 has a Dashcam but I am unsure if it is recording.



**SINGAPORE
POLICE FORCE**



T/20210118/2110

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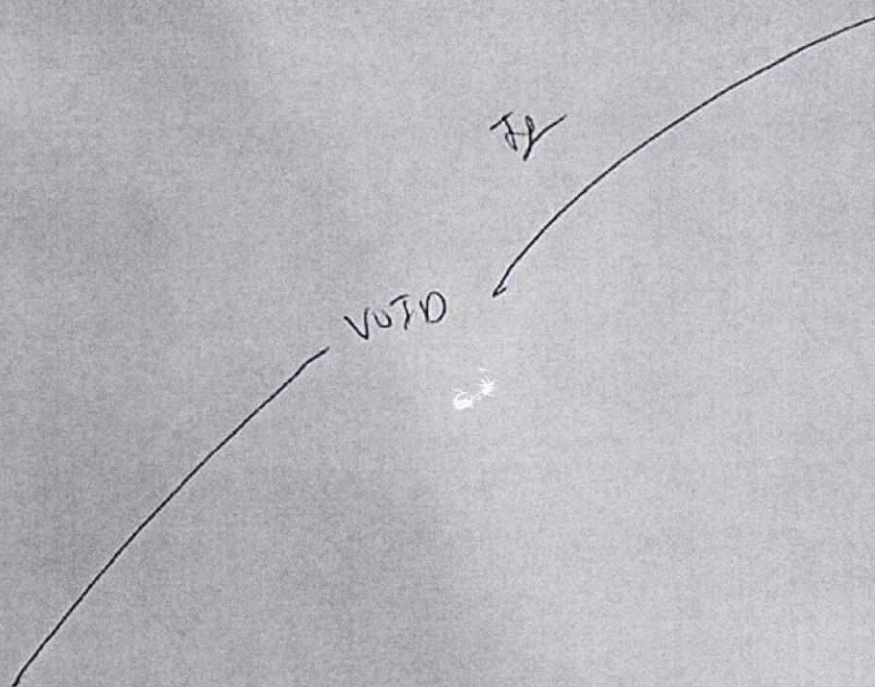
Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20210118/2110

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 /
SCSGT(1) CHEONG JUNG HAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/01/2021 16:54

Officer In Charge Of Case:

TP / AEIT /
Insp BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

SN 37

Location Stamp



SINGAPORE
POLICE FORCE

SIGNATURE

Claim Handling

Accident MT/1117791

Policy No.	5120460590	Vehicle No.	FBS642Z	GST Registration No.
Certificate No.				Policyholder NRIC
Policyholder Name	MOHAMMAD KAIRUL UMAM BIN AHDON			Loading
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Contact No.(Home)
Contact No.(Mobile)	94790119	Contact No.(Office)		eCode
Email Address		Special Remark		eCode Reason
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	Private Hire
NCD Protection	No	NCD Entitlement(%)	0	

▼ Accident Details

Report Date	18/01/2021 17:26	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	18/01/2021	Time of Accident hh:mm	07:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	100 PASIR PANJANG ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?
YIED OD Excess	0.00	YIED TP Excess	0.00	
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 36 #07-295	Address 2	TEBAN GARDENS ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5120460590	

▼ OI Driver Info

Driver Name	MOHAMMAD KAIRUL UMAM BIN AHDON	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8241921G	Driving Experience
Register Date of Driver License	25/06/2001	Driver Age	38	Contact No.(Home)
Contact No.(Mobile)	94790119	Contact No.(Office)		Address 3
Address 1	BLK 36 #07-295	Address 2	TEBAN GARDENS ROAD	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBS642Z	Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Insured Liability Not at Fault
 Contact No. Finalisation Preferred Repair Option Preferred Workshop, Name unknown
 Date Registered

GIA report

Received

OD-MX Insured Name MOHAMMAD
 Contact No. (Home) 91184670 6562222
 OI Vehicle Number FBS642Z
 FBS642Z / SJB3527Z ON 18 Jan 2021

18/01/2021 17:32

Claim Close Date



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Jan 2021 17:32

Photos

Normal

Photos 2



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 18 Jan 2021 17:32

SAS

Normal

SAS 20

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

Hello, NAC_BUKIT_MERAH_800676

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

18/01/2021 09:36

Vehicle No.(For Motor)

FBS642Z

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5120460590		MOHAMMAD KAIRUL UMAM BIN AHDON	S8241921G	GMC	Third Party, Fire & Theft	FBS642Z	FBS642Z	30/12/2020	29/12/2021

Continue

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 : SM021110008 Vehicle Registration No : FBS 642Z
Name (as shown in NRIC) : MOHAMMAD KAIRUL UMAM BIN AHMAD NRIC/FIN/Passport No : SXXXX 9216
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 94790119
Email Address : _____
Date of Accident : 07:50 Time of Accident : 18/01/2021
Place of Accident : 100 PASIR PANJUNG ROAD
Insurance Company : NIC

(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:

- ① INSURED VEHICLE NUMBER TO FBS 642Z ON SKETCH
- ② T/P VEHICLE NUMBER TO SJB 3527Z ON SKETCH
- ③ INSURED NAME ADDRESS TO M_KAIRULPAUKA@HOTMAIL.COM

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name:

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 : SN082110008 Vehicle Registration No: F8S6422
Name(as shown in NRIC) : MOTTAMAL KAREUL UMAM NRIC/FIN/Passport No : XXXX921G
(*Vehicle ☒ Driver / Vehicle ☒ Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 94790119
Email Address : _____
Date of Accident : 18/01/2021 Time of Accident : 17:11
Place of Accident : 100 PASIR PANJER ROAD
Insurance Company : NIC

(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:

- ① Insured Police Report 7/02/2018/210
- ② Insured Party
- ③ Victim

for
Policyholder / Driver's Signature
Date: 20/1/21

20/01/2021
Reporting Centre Personnel's Signature
Name:

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 : SN08217 10008 Vehicle Registration No : FBS 6422

Name (as shown in NRIC) : MOLHAMMAD KAREEM UMAN BIN AHMAD NRIC/FIN/Passport No : 9214

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 9479 0119

Email Address : _____

Date of Accident : 18/01/2021 Time of Accident : 07:50

Place of Accident : 100 PASIR PANJANG ROAD

Insurance Company : AMC

(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:

MAKE & MODEL TO NISSAN 155 ABS CVT

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: