

NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

MNA 117153010

Date In: 20/11/17 09:17	Job description	Date & Time Completed	Done by
Ref No: NA/NC1702132/24	SAS e-filing		
Veh No: F27268M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/11/17-15:00	i-Motor Claim Form	MTI 0970477	20/11/17 18:12
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SFF33664

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

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

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

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

Remarks:- (INC hotline: 6788 6616)	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	Actions

NA170741	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: 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:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments:-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	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 ability.
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 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	20/11/2017 09:17
Date Of Accident	15/11/2017 15:00
Exact Location Of Accident	ALONG CHAI CHEE DRIVE L/P:6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FQ7268M
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ARSYAD BIN ANWAR
NRIC No	S9229575C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83816761
Alternative Phone No	OFFICE-83816761

Vehicle Particulars

Manufacturer	HONDA
Model	RVF400
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5084152004-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ARSYAD BIN ANWAR
NRIC No	S9229575C
Date Of Birth	22/08/1992
Occupation	INDOOR
Date Of Driving Pass	11/07/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83816761
Fax Number	
Contact Number	OFFICE-83816761
EEmail Address	NOEMAIL

Address	BLK 629 BEDOK RESERVOIR ROAD #04-1630
Postcode	470629
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPOT - T/20171115/7022.

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	SFF3366Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name MUHAMMAD ARSYAD BIN ANWAR

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FQ7268M

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

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:

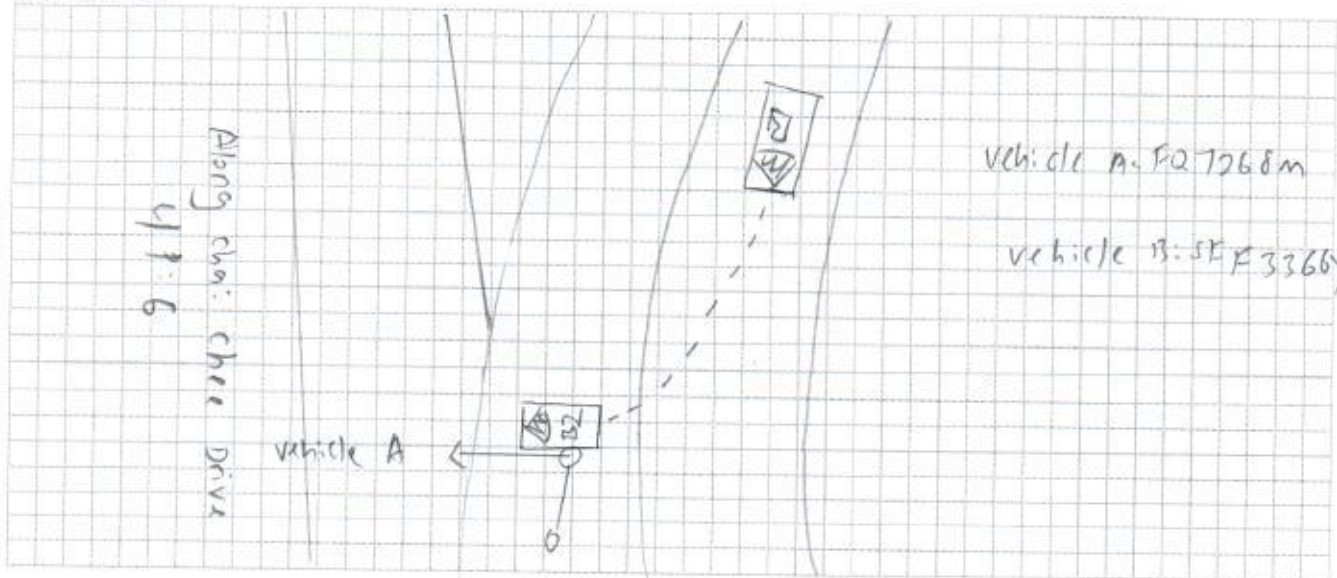
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2017/115/722.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 11 / 17) (DD/MM/YYYY), TIME: (15:00) (HH:MM)

LOCATION: Abing chao chee Drive Up: 6

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EQ7368M
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5084152004-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Muhammad Arsyad Bin Anwar (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 59229575C CONTACT: 83816731
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER (same as insured)

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

* d) DATE OF BIRTH: (22 / 8 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11 / 7 / 2016 (class 2A)

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) - owner

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: JFF33664 MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

* No of
passenger
(including d)
(2)

* No of passo
(including d)
(1)

* No of pass
(including d)
(-)

Email = muhdarsyadanwar@gmail.com

fax =



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

1 of 3

Report No. T/20171115/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2017 21:57	Vide Report No.: G/20171115/0136	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars

Name of Informant: MUHAMMAD ARSYAD BIN ANWAR			Address: APT BLK 629 BEDOK RESERVOIR ROAD #04-1630 SINGAPORE 470629		
ID Type / ID No.: NRIC NO / S9229575C			Contact No.: Home/Office: Mobile: 83816761		
Nationality: SINGAPORE CITIZEN			Email: muhdarsyadanwar@gmail.com		
Sex: Male	Age: 25	Date of Birth: 22/08/1992	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: SECURITY EXECUTIVE			Driving Licence Information: Class: 2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/11/2017 15:00	Type of Location: Straight Road
Location: CHAI CHEE DRIVE				
Lamp Post Number: 6				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FQ7268M	Motorcycle	HONDA	RVF400	White	Seriously Damaged	1

Details of Person Involved

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



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

2 of 3

Report No. T/20171115/7022

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD ARSYAD BIN ANWAR	ID No.	S9229575C
Related Vehicle	FQ7268M (Motorcycle)	Contact No.	83816761
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2A Date of Expiry: NIL
Date Treatment	15/11/2017	Date Discharge	15/11/2017
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

I was riding my bike along Chai Chee Drive towards Chai Chee Street as I was on the way to work. While I was riding my bike on a straight road, a car (SFF3366Y) ahead of me in the opposite direction made an abrupt right turn disregarding my right of way. I applied my emergency break but as our vehicles were too close due to his abruptness, the head of my bike collided with the side of his car and I was flung from my bike. I landed on my back on the road and my bike dropped. I was in pain on the ground and passerby's assisted in getting me on my feet. They also assisted in picking my bike up as it fell. The owners of the vehicle I collided with came out and were not remorseful and only mentioned what an inconvenience this was for them. They did not attempt to assist me at all seeing my condition on the ground. They did not want to contact the police to settle this matter, however, I insisted and called 999. Police from Bedok South NPC soon came out to assess the situation and control traffic. Subsequently the ambulance followed by the traffic police arrived on site. I mentioned to the police officers that he has a video recording device in his car and it would serve as evidence in this incident. I was told to go to CGH with the ambulance and left the scene. I was further examined to have abrasions over my left forearm, left knee and left anterior thigh numbness with pain to my right forearm to thumb. I was given four days of Medical Leave. The front and side of my motorbike was damaged and the left side of the car was damaged. I clearly had the right of way on the road and was very shocked at the manouvering of the car. He should have stopped and allowed me to pass before turning. The road was clear and nothing could have been contructing his view from seeing me. I was riding straight while he was turning right without care of who was ahead of him. I seek your assistance and justice on this matter. I hope the footage has been retrieved for justice to be served. I did not retrieve the driver's particulars as the traffic police were already onsite. There were a few passengers onboard the car as well. Thank you.



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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

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

Date/Time:
15/11/2017 21:57

Classification Of Case:

Authentication Stamp

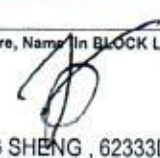
NP168



ORIGINAL

MEDICAL CERTIFICATE

EMD20172036546

Name MUHAMMAD ARSYAD BIN ANWAR		NRIC No. S9229575C
This is to certify that the above-named is unfit for duty for a period of <u>4</u> days from <u>15-Nov-2017</u> to <u>18-Nov-2017</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 15-Nov-2017	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  FONG SHENG , 62333D

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9229575C

Name: MUHAMMAD ARSYAD BIN ANWAR

Birth Date: 22 Aug 1992

Issue Date: 28 Mar 2012

002054906C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9229575C

Name: MUHAMMAD ARSYAD BIN ANWAR

محمد ارسد بن انور

Race: JAVANESE

Date of birth: 22-08-1992

Sex: M

Country of birth: SINGAPORE

S9229575C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Class	Effective Date
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	28 Mar 2012
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	11 Jul 2016

S / No. 9000234275

NP 429A

Licence No. S9229575C

4093543

NRIC No. S9229575C

Date of issue: 31-08-2007

Address: APT BLK 629 BEDOK RESERVOIR ROAD #04-1630 SINGAPORE 470629

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="17/11/2017 15:00"/>						
Vehicle No.(For Motor)	<input type="text" value="FQ7268M"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084152004-01	MUHAMMAD ARSYAD BIN ANWAR	S9229575C	GMC	Third Party	FQ7268M	FQ7268M	22/07/2017	21/07/2018
<input type="button" value="Continue"/>									

▼ Policy Information

Policy No.	5084152004-01	Policyholder Name	MUHAMMAD ARSYAD BIN ANWAR	Policyholder NRIC	S9229575C
Address	BLK 629 #04-1630 BEDOK RESERVOIR ROAD SINGAPORE 470629				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/07/2017	Effective Date	22/07/2017 00:00	Expiry Date	21/07/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	TELESALES-DIRECT MARKETING		Agent Tel.	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 629 #04-1630	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470629
Address 4		Address Type	Singapore address	Post Code	470629
Unit No.	04-1630	Related Policy Number	5084152004-01		

▶ Insured Object: FQ7268M

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue

Cancel

Claim Handling

Accident MT/0970477

Policy No.	5084152004-01	Vehicle No.	FQ7268M	GST Registration No.	
Policyholder Name	MUHAMMAD ARSYAD BIN ANWAR			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Leading	
Contact No.(Mobile)	83816761	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20		

▼ Accident Details

Report Date	20/11/2017 18:09	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe - Op
Date of Accident	15/11/2017	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CHAI CHEE DRIVE L/P:6				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 629 #04-1630	Address 2	BEDOK RESERVOIR ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	04-1630	Related Policy Number	5084152004-01		

▼ OI Driver Info

Driver Name	MUHAMMAD ARSYAD BIN ANWAR	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9229575C	Driver DOB	
Register Date of Driver License	11/07/2016	Driver Age	25	Driving Experience	
Contact No.(Mobile)	83816761	Contact No.(Office)	0	Contact No.(Home)	
Address 1	BLK 629	Address 2	BEDOK RESERVOIR ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	04-1630				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	MUHAMMAD ARSYAD BIN ANWAR	Insured NRIC	
Contact No.(Mobile)	90288939	Contact No.(Home)	62429347	Contact No.(Office)	
Email Address		OI Vehicle Number	FQ7268M	TP Vehicle Number	
Claim Description	FQ7268M / SFF3366Y ON 15 Nov 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	20/11/2017 18:12	Claim Close Date		Date Received	
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0970477	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/11/2017 18:13
Path *	Category * Confidential Urgency		
	Browse <input type="button"/> Clear <input type="button"/> Please Select <input type="button"/>		

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:13	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:13	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:12	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>