

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA17165752

Date In: 18/12/17-10:41	Job description	Date & Time Completed	Done by
Ref No: NA/NCM703950/24	SAS e-filing		
Veh No: PP7685Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/12/17-10:55	i-Motor Claim Form	MT/0974143	18/12/17 15:22
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: 6BF 2204K

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

NA1707777

Invoice Preparation Checklist

Am't (\$)

In Bill

Am't (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD*

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*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	18/12/2017 10:41
Date Of Accident	02/12/2017 10:55
Exact Location Of Accident	JUNC UBI AVE 3 & UBI RD 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FP7685Y
Insured/Policyholder	
Name Of Registered Owner	RAMLI B ASMAWI
NRIC No	S1419887C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96829887
Alternative Phone No	OFFICE-96829887

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF VS
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	5047451048-06
Cover Note Number	

Driver

Name of Driver	RAMLI BIN ASMAWI
NRIC No	S1419887C
Date Of Birth	04/06/1960
Occupation	INDOOR
Date Of Driving Pass	27/07/1981
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96829887
Fax Number	
Contact Number	OFFICE-96829887
Email Address	NOEMAIL

Address	BLK 304 TAMPINES STREET 32 #03-72
Postcode	520304
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 - CROSS JUNCTION
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171108/2009.

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	GBF2204K
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	RAMLI BIN ASMAWI
Approximate Age	
Injuries Sustain	RIGHT HAND, LEFT FINGER & FACE
Injured person in which vehicle?	FP7685Y
Were seat belts worn?	YES
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.



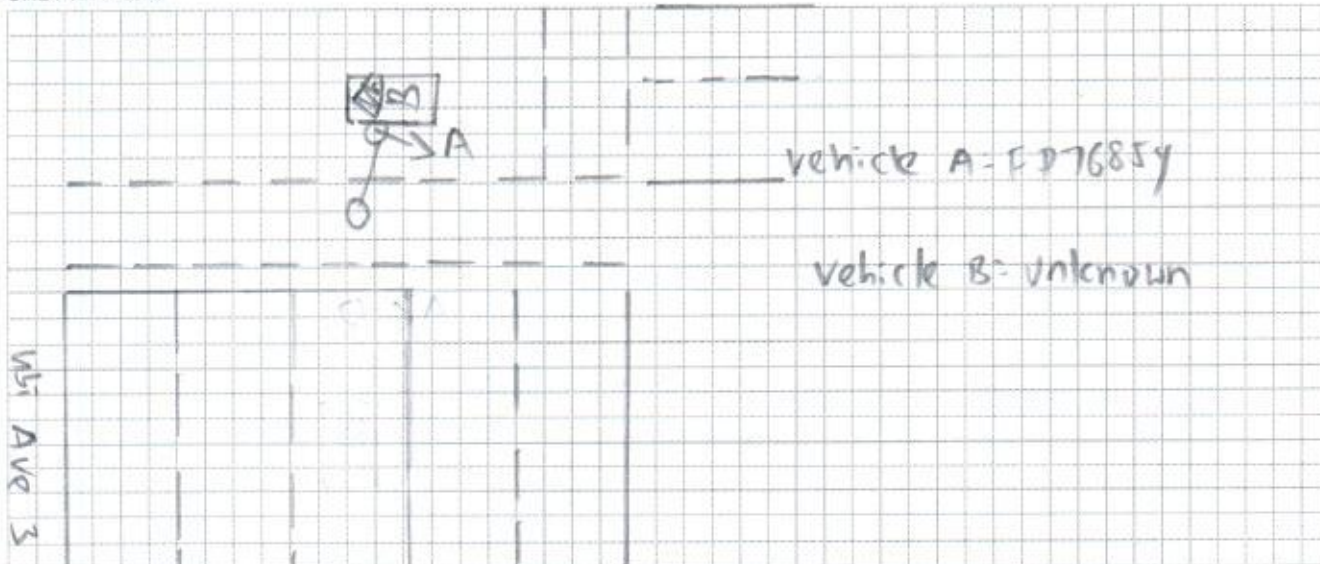
Policyholder's Signature
Date & Time:

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 - T/2017/108/2009.

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: (2 / 11 / 17) (DD/MM/YYYY), TIME: (10 : 55) (HH:MM)

LOCATION: Junc Ubi Ave 3 & Ubi Rd 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FD76854
b) INSURANCE COMPANY: NTJC
c) POLICY NUMBER: 5047451048-06
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) reporting

2. INSURED / POLICY HOLDER

- a) NAME: Ramli B Asmawi (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1419887C CONTACT: 96829887
c) ADDRESS: Blk 304 Tampines Street 32 & 01-72 C520304

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER (refer. as above)

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

*d) DATE OF BIRTH: (4 / 6 / 1960) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 46 / 1977

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) - right hand & left finger / face

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 475-22045 MODEL: _____ *No of passen
b) DRIVER'S NAME: _____ (including d
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____ (1)

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____ *No of passen
e) DRIVER'S NAME: _____ (including d
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____ (1)

email =

fax =



SINGAPORE POLICE FORCE



T/20171108/2009

1 of 3

Police Station Of Origin:
Tampines N.P.C
Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20171108/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2017 08:34	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: RAMLI BIN ASMAWI			Address: APT BLK 304 TAMPINES STREET 32 #03-72 SINGAPORE 520304	
ID Type / ID No.: NRIC NO / S1419887C			Contact No.: Home/Office: Mobile: 96829887	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 04/06/1960	Type of Informant: Rider	
Race: Boyanese			Language:	Institution / School Name:
Occupation: IN HOUSE SECURITY GUARD			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/11/2017 10:55	Type of Location: Straight Road
Location: Along Road 1 UBI AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FP7685Y	Motorcycle	HONDA	CB400SF VS	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FP7685Y	NTUC Income Insurance Co-Operative Limited	5047451048-06	19/12/2016	18/12/2017



**SINGAPORE
POLICE FORCE**



T/20171108/2009

2 of 3

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20171108/2009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RAMLI BIN ASMAWI	ID No.	S1419887C
Related Vehicle	NIL	Contact No.	96829887
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 2/11/2017 at about 1056 hrs, I was riding my motorcycle along Ubi avenue. Out of the suddenly, there is a van from behind hit my motorcycle. I then collapse and lost conscious. I only know I was conveyed by ambulance to raffles hospital. I do not know what is the condition of my motorcycle. I was discharge on 5/11/2017.



**SINGAPORE
POLICE FORCE**



110511081000

345

Report No. 110511081000

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No. 1800-5871999

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 /

Staff Sgt WONG JIANYONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No.: 65476358

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

08/11/2017 08:34

Classification Of Case:

SN 099

RafflesHospital

MEDICAL CERTIFICATE

No: 441603

Name: RAMLI BIN ASMAWI

NRIC/Passport/FIN*: S1419887C

day(s)

25

This is to certify that the abovementioned is unfit for duty for

26/11/17

(dd/mm/yy) to

02/11/17

from

Type of leave Granted:

☐ Outpatient Sick Leave

☐ Post Surgery Leave

☐ Maternity Leave

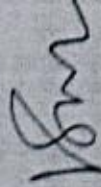
☒

Hospitalisation / Post Hospitalisation* Leave

Admission Date: 02/11/17 Discharge Date: 05/11/17

This certificate is not valid for absence from court or other judicial proceedings.

DR DARREN NG WEE LECK
MBBS (London), MRCS (Eng), FRCS (Plast)
Consultant, Raffles Surgery Centre
Specialist in Plastic Surgery
MCR No. 60674Z



RafflesHospital
Signature and Name of Medical Practitioner

05/11/2017

Date of Issue

RH/MY/ME/A/0005/01

MEDICAL CERTIFICATE

S1419887C
RAMLI BIN ASMAWI

VISIT DATE : 22 Nov 2017 (12:15)
VISIT NO : S01117008497

certify that the above mentioned has been given:

IZATION / POST HOSPITALIZATION LEAVE for 26 days from 22 Nov 2017 to 17 Dec 2017
S: (Medical-in-Confidence)

: GANESAN NAIDU (M05701J)
: Raffles Orthopaedic Centre
: 585 NORTH BRIDGE ROAD LEVEL -13-00 RAFFLES HOSPITAL 188770

Not valid for absence from court or other judicial proceedings unless specifically stated.
electronically generated. No signature is required.

Printed: 22 Nov 2017, 12:31PM

RafflesHospital
Raffles Orthopaedic Centre
585 North Bridge Road
Raffles Hospital #13-00 Singapore 188770
Tel: (65) 6311 2310 Fax: (65) 6311 2373
Appointment Hotline: 6311 1222

Raffles Hospital
Your Partner For Health

MEDICAL CERTIFICATE

(DUPLICATE/AMENDMENT)

A19887C
WILL BIN ASMAWI

VISIT DATE 12 Dec 2017 (09:51)
VISIT NO 501117009555

that the above mentioned has been given:

IN / POST HOSPITALIZATION LEAVE for 29 days from 18 Dec 2017 to 15 Jan 2018

(Medical-In-Confidence)

NESAN NAIDU (M05701J)

Raffles Orthopaedic Centre

NORTH BRIDGE ROAD LEVEL -13-00 RAFFLES HOSPITAL 188770

For absence from court or other judicial proceedings unless specifically stated.

Printed: 12 Dec 2017, 10:55AM

Electronically generated. No signature is required.

Raffles Hospital

Raffles Orthopaedic Centre

585 North Bridge Road

Raffles Hospital #13-00 Singapore 188770

Tel: (65) 6311 2310 Fax: (65) 6311 2373

Appointment Hotline: 6311 1222

Company Registration No: 199303258D

GST Registration No: M9-0000467-N

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1419887C



Name

RAMLI BIN ASMAWI

Race

BOYANESE

Date of birth

04-06-1960

Sex

M

Country/Place of birth

SINGAPORE



5794185



NRIC No. S1419887C



Date of issue

04-09-2017

Address

APT BLK 304 TAMPINES STREET 32
#03-72
SINGAPORE 520304



SINGAPORE
POLICE FORCE

Pass Date

Class 2B - 27/7/1981

2A - 27/7/1981

TRAFFIC POLICE
SINGAPORE POLICE FORCE
10, UBI AVENUE 3
SINGAPORE 408865
Tel : 65470000
www.police.gov.sg



Private & Confidential

RAMLI BIN ASMAWI

APT BLK 304 TAMPINES STREET 32 #03-72
SINGAPORE 520304

You will receive your photocard driving licence by registered post within 10 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

YOU CAN DRIVE WHILE AWAITING THE DELIVERY OF YOUR PHOTOCARD

\$25/-
(Please do not detach)

C001314304

S1419887C
(2B/2A)

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy No. Date of Accident
Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5047451048-06	RAMLI B ASMAWI	S1419887C	GMC	Third Party	FP7685Y	FP7685Y	19/12/2016	18/12/2017

▼ Policy Information

Policy No.	5047451048-06	Policyholder Name	RAMLI B ASMAWI	Policyholder NRIC	S1419887C
Address	BLK 304 #03-72 TAMPINES STREET 32 SINGAPORE 520304				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	14/12/2016	Effective Date	19/12/2016 00:00	Expiry Date	18/12/2017 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	NEW TIMES MOTOR& INS AGY	Agent Tel.	67478705	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 304 #03-72	Address 2	TAMPINES STREET 32	Address 3	SINGAPORE 520304
Address 4		Address Type	Singapore address	Post Code	520304
Unit No.		Related Policy Number	5093441121		

▶ Insured Object: FP7685Y

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0974143

Policy No.	5047451048-06	Vehicle No.	FP7685Y	GST Registration No.	
Policyholder Name	RAMLI B ASMAWI			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	96829887	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	Private Hire	No

Report Date

18/12/2017 15:19

Accident Report Within 24 hrs

Yes

Accident Type

Collision - Cross

Date of Accident

02/12/2017

Time of Accident hh:mm

10:55

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

RAMLI BIN ASMAWI

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

No

GST Registration Date

GST Status Verified

Yes

GST Registration No.

Modification History

Address 1

BLK 304 #03-72

Address 2

TAMPINES STREET 32

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

Related Policy Number

5093441121

Driver Name

RAMLI B ASMAWI

Driver Type

Main Driver

Driver DOB

Unnamed driver Name

Driver NRIC

S1419887C

Driving Experience

Register Date of Driver License

27/07/1981

Driver Age

57

Contact No.(Home)

Contact No.(Mobile)

96829887

Contact No.(Office)

0

Address 1

BLK 304

Address 2

TAMPINES STREET 32

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

03-72

Does he own a Singapore Registered car?

☒ Yes ☐ No

Driver Vehicle No.

Driver Insurer Company

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☒ Yes ☐ No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	RAMLI B ASMAWI	Insured NRIC	
Contact No.(Mobile)	96829887	Contact No.(Home)	67826974	Contact No.(Office)	
Email Address		O1 Vehicle Number	FP7685Y	TP Vehicle Number	
Claim Description	FP7685Y / GBF2204K. ON 2 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	18/12/2017 15:22	Claim Close Date			
Report Taken By	Jackson				

☒ Print AK letter

Attachment

Accident No.	MT/0974143	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/12/2017 15:23
Path *	<input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select		
Category *	Confidential	Urgency	Normal

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:23	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:23	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:23	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:22	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
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