

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

NA117169248

Date In: 26/12/17 15:05	Job description	Date & Time Completed	Done by
Ref No: NA/INC1024364/24	SAS e-filing		
Veh No: 646331R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/12/17 14:15	i-Motor Claim Form	MT/0975059	26/12/17 15:24
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: 5B56215J	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

NA1707942	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) 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) 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:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N-on INC) against INC \$20		
Pat. 1:	9) N12: Idac Mobile 30		
Pat. 2 / 3:	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	26/12/2017 15:05
Date Of Accident	23/12/2017 14:15
Exact Location Of Accident	ALONG TAMPINES AVE 4 INFRONT INCOME @ TAMPINES JUN
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GY6331R
Insured/Policyholder	
Name Of Registered Owner	FIRE VISIONARIES LLP
Co Reg No	T05LL0930K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91086244
Alternative Phone No	OFFICE-91086244
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 D
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5082407024
Cover Note Number	
Driver	
Name of Driver	MD UZZAL SHEIKH MD HARUN-UR-RASHID SHEIKH
Passport No/FIN	G8395583Q
Date Of Birth	20/11/1988
Occupation	INDOOR
Date Of Driving Pass	30/09/2015
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81772004
Fax Number	
Contact Number	OFFICE-81772004
Email Address	NOEMAIL

Address	21 TOH GUAN ROAD EAST #06-22 TOH GUAN CENTRE
Postcode	608609
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SBS6215J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.



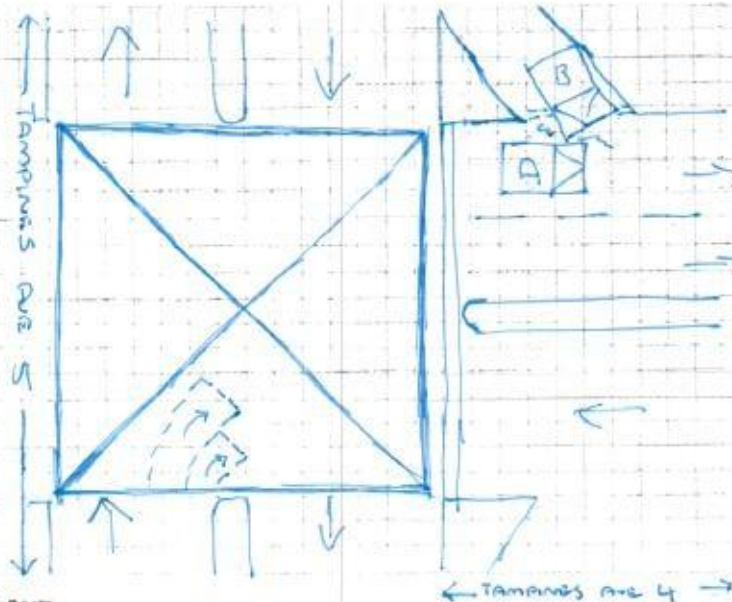
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

VEHICLE A - GY 6331R
VEHICLE B - SBS 6215J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG TAMPINES AVE 4 AFTER TURNING RIGHT FROM TAMPINES AVE 5. I WAS ON THE LEFT LANE.

WHILE GOING STRAIGHT AHEAD ON TAMPINES AVE 4, IN FRONT OF INCOME BUILDING, SUDDENLY A BUS CAME OUT FROM THE SLIP ROAD OF TAMPINES AVE 5, WITHOUT STOPPING AT THE GIVE WAY LINE AND HIT ONTO THE LEFT FRONT OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE BEARING (SBS 6215J) CAME OUT OF THE SLIPROAD OF TAMPINES AVE 5, WITHOUT STOPPING AT THE GIVE WAY LINE, AND CAUSE THIS COLLISION TO MY VEHICLE.

VEHICLE A - GY 6331R
VEHICLE B - SBS 6215J

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.:

Vehicle No.	CY 6331R	Model / Make	TOYOTA PUNA
Date of Accident	23/12/2017		
Time of Accident	1415	HRS	
Location of Accident	TAMPINES AVE 4	INCIDENT	INCOMIL @ TAMPINES JUNCTION
Exact purpose use during accident	WORKING HOUR		
Name of Owner	FINZ VISIONARIES LLP		
Telephone No.	H/P : 9109 6244	Home :	Office :
NRIC	T05 LL 09301C		
Address	21 TOH GUAN ROAD EAST #06-22 TOH GUAN CENTRAL SC (609609)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	N TMC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5082407024		
Name of Driver	As Above If No,		
NRIC	FIN 68395513Q	Any Passengers :	2
Date of birth	20 NOV 1988		
Occupation	Outdoor / Indoor		
Driving License Pass Date	30 SEP 2015		
Gender	Male / Female		
Contact No.	H/P : 8177 2004	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SBS 6215J	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	LEFT FRONT PORTION		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales @ n51.com.sg		

Transaction ref 20160808152654175874

The owner and vehicle particulars for Vehicle No. GY6331R as at 08 Aug 2016 are as follows:

1.	Name	: FIRE VISIONARIES LLP
2.	Identification No. Type	: Limited Liability Partnership
3.	Identification No.	: T05LL0930K
4.	Place Of Passport Issue	: -
5.	Vehicle No.	: GY6331R
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 08 Aug 2016
8.	Original Registration Date	: 16 Jun 2005
9.	First Registration Date	: 16 Jun 2005
10.	Vehicle Type	: B31 - Goods (Open) Lorry (Metal Body)/Pickup
11.	Vehicle Scheme	: Normal
12.	Attachment 1	: With Hood
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: TOYOTA
16.	Vehicle Model	: DYNA 150 D
17.	Year of Manufacture	: 2005
18.	Primary Colour	: White
19.	Secondary Colour	: -
20.	Passenger Capacity	: 1
21.	Chassis/Trailer Chassis No.	: JTFUF34Y403010621 / -
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: 5L5590661 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 2986 / -
26.	Unladen Weight(kg)	: 1760
27.	Maximum Laden Weight(kg)	: 3500
28.	Open Market Value	: \$23,690.00
29.	PARF Eligibility	: No
30.	PARF Eligibility Expiry Date	: -
31.	Minimum PARF Benefit	: \$0.00
32.	No. of Transfers	: 2
33.	IU Label No.	: 1042048115
34.	COE No.	: 2005050105000589Z
35.	COE Expiry Date	: 15 Jun 2020
36.	COE Category	: C - Goods Vehicle & Bus
37.	Quota Premium/Prevailing Quota Premium	: \$27,967.00 / \$27,967.00
38.	Actual Quota Premium/PQP Paid	: \$27,967.00
39.	Actual ARF Paid	: \$1,185.00
44.	Vehicle Lifespan Expiry Date	: 15 Jun 2025
45.	Road Tax Amount	: -
46.	Road Tax Start Date	: -
47.	Road Tax End Date	: -
48.	Remarks	: Upon the expiry of the vehicle's 5-year COE on 15 Jun 2020, you may further renew the COE of your vehicle for another 5 years, subject to the statutory lifespan (if applicable) of the vehicle.

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
FIRE VISIONARIES LLP

Sector: **CONSTRUCTION**

Name:
SHEIKH MD UZZAL

Occupation:
CONSTRUCTION WORKER-CUM-DRIVER

Work Permit No:
0 63044377

Date of Application:
18-08-2017

Date of Issue:
29-08-2017

Date of Expiry:
22-08-2019

L8294311

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G8395583Q**

Name:
**MD UZZAL SHEIKH MD
HARUN-UR-RASHID SHEIKH**

Birth Date: **20 Nov 1988**

Issue Date: **30 Sep 2015**

Valid Till **29/09/2020**

SG 50

VISIT PASS
Immigration Regulations

Name:
SHEIKH MD UZZAL

Date of Birth: **20-11-1988** Sex: **M** Nationality: **BANGLADESHI**

FIN: **G8395583Q** Date of Issue: **29-08-2017** Date of Expiry: **22-08-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **30 Sep 2015**

Licence No: G8395583Q

NP 428A

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

Certificate Number : 5082407024

Cover : Third Party, Fire & Theft

- | | |
|--|------------------------|
| 1. Index mark and Registration Number of Vehicle | : GY6331R |
| Chassis Number | : JTFUF34Y403010621 |
| 2. Name of Policyholder | : FIRE VISIONARIES LLP |
| 3. Effective Date of Insurance | : 03 Aug 2016 |
| 4. Expiry Date of Insurance | : 01 Jan 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |
- This Policy does not cover
- | |
|--|
| (a) Use for hire or reward. |
| (b) Use for racing, pace-making, reliability trial or speed-testing. |
| (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. |

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

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN 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 : ABWIN PTE LTD (00000614234)
Date of Issue : 03 Aug 2016 16:41 hrs

ABWIN PTE LTD

80 Kaki Bukit Road 2
Pulau Warehouse Complex
Singapore 417841
Tel: 6842 3122 Fax: 6842 3301 (Admin Office)

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer

Chief Executive

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="23/12/2017 14:15"/>						
Vehicle No. (For Motor)	<input type="text" value="GY6331R"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5082407024	FIRE VISIONARIES LLP	T05LL0930K	GCV	Third Party, Fire & Theft	GY6331R	GY6331R	03/08/2016	01/01/2018
<input type="button" value="Continue"/>									

▼ Policy Information

Policy No.	5082407024	Policyholder Name	FIRE VISIONARIES LLP	Policyholder NRIC	T05LL0930K
Address	21 TOH GUAN ROAD EAST #06-22 TOH GUAN CENTRE SINGAPORE 608609				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	03/08/2016	Effective Date	03/08/2016 00:00	Expiry Date	01/01/2018 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	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	21 TOH GUAN ROAD EAST	Address 2	#06-22 TOH GUAN CENTRE	Address 3	SINGAPORE 608609
Address 4		Address Type	Singapore address	Post Code	608609
Unit No.	06-22	Related Policy Number	5082407024-01		

► Insured Object: GY6331R

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	16/06/2017 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 03 Aug 2016 TO 01 Jan 2018 In view of this amendment, an additional premium of \$632.31 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

Continue

Cancel

Claim Handling

Accident MT/0975089

Policy No.	5082407024	Vehicle No.	GY6331R	GST Registration No.	
Policyholder Name	FIRE VISIONARIES LLP	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Contact No.(Office)	0	Loading	
Contact No.(Mobile)	91086244	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	26/12/2017 15:18	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	23/12/2017	Time of Accident hh:mm	14:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TAMPINES AVE 4 INFRONT INCOME @ TAMPINES JUN				

▼ 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	Yes	GST Registration Date	01/01/2015
GST Registration No.	NA	GST Status Verified	No
Modification History			

▼ Policyholder Mailing Address

Address 1	21 TOH GUAN ROAD EAST	Address 2	#06-22 TOH GUAN CENTRE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	06-22	Related Policy Number	5082407024-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	MD UZZAL SHEIKH MD HARUN-I	Driver NRIC	G8395583Q	Driving Experience	
Register Date of Driver License	30/09/2015	Driver Age	29	Contact No.(Home)	
Contact No.(Mobile)	81772004	Contact No.(Office)	0	Address 3	
Address 1	21 TOH GUAN ROAD EAST	Address 2	TOH GUAN CENTRE	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	06-22	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

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 *	OD-MX	Insured Name	FIRE VISIONARIES LLP	Insured NRIC	
Contact No.(Mobile)	92315866	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GY6331R	TP Vehicle Number	
Claim Description	GY6331R / SBS6215J ON 23 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	26/12/2017 15:24	Claim Close Date			
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0975089	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/12/2017 15:25
Path *	<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>		
Category *	Confidential	Urgency	Normal

		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 15:25	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 15:25	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 15:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 15:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 15:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 15:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 15:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 15:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 15:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 15:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 15:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 15:24	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
			