

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 02/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC1800046/13	SAS e-filing		
Veh No: FBG390M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/12/17 2000	i-Motor Claim Form	MT/0975996	
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( MOTO 51 Tel: Fax: )

TP Particulars: Veh No: SHA40145 INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( ) Date: Time: ( )

Confirmed by: ( )

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

NA1800022	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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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	02/01/2018 17:43
Date Of Accident	30/12/2017 20:00
Exact Location Of Accident	TAMPINES AVE 10 TWDS PASIR RIS DR 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG390M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED BIN KELING
NRIC No	S1734018B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90268571
Alternative Phone No	OTHERS-90268571

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR 125
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	5061391147-04
Cover Note Number	

### Driver

Name of Driver	MOHAMED BIN KELING
NRIC No	S1734018B
Date Of Birth	04/11/1966
Occupation	INDOOR
Date Of Driving Pass	28/05/2001
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90268571
Fax Number	
Contact Number	OTHERS-90268571
Email Address	NOEMAIL

Address	BLK 760 PASIR RIS ST 71 #06-194
Postcode	510760
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171231/2067

#### 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	SHA4014J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	S0134183I
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	MOHAMED BIN KELING
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBG390M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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:

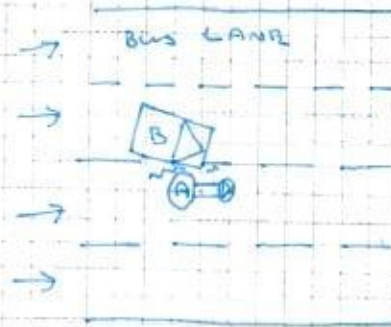
 02/01/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**SKETCH PLAN**

TAMPINES AVE 10 TOWARDS PASIR RIS DR 12

VEHICLE A - FBG 310 M

VEHICLE B - SHA 4014 J



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

AS PER POLICE REPORT

REPORT NO.

T/20171231/2067

PASIR RIS NPC.

VEHICLE A - FBG 310 M

VEHICLE B - SHA 4014 J

**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:

 02/01/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20171231/2067

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 3

Report No. T/20171231/2067

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/12/2017 15:30		Vide Report No.:		Station Diary No.: 57	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMED BIN KELING			Address: APT BLK 760 PASIR RIS STREET 71 #06-194 SINGAPORE 510760		
ID Type / ID No.: NRIC NO / S1734018B			Contact No.: Home/Office: Mobile: 90268571		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 04/11/1966	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: SAFETY OFFICER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/12/2017 20:00	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 10  tampines ave 10 towards pasir ris				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBG390M	Motorcycle	YAMAHA	YBR 125 MANUAL	Blue	Slightly Damaged	0
SHA4014J	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG390M	NTUC Income Insurance Co-Operative Limited	5061391147-04	23/08/2017	22/08/2018





**SINGAPORE  
POLICE FORCE**



T/20171231/2067

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20171231/2067

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MOHAMED BIN KELING	ID No.	S1734018B
Related Vehicle	FBG390M (Motorcycle)	Contact No.	90268571
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	31/12/2017	Date Discharge	31/12/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	SYEED IBRAHIM S/O MOHAMED OSMAN MARICAR	ID No.	S0134183I
Related Vehicle	SHA4014J (Car)	Contact No.	NIL
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 30/12/2017 at about 2000-2015hrs, I was riding a motorbike (FBG390M) along Tampines 10 ave towards Pasir Ris Dr 12. As I was riding on the 2nd lane from the right, out of a sudden I felt someone pushed me from my left side and I fell onto the ground. I realised I was hit from my left side by a taxi coming into my lane.

Subsequently, a driver who was behind me came to assist me. The said taxi driver (sha4014j) that hit me from the side stopped aside and came to assist me and both particulars were exchanged.

After the incident, I went to seek medical assistance from Mount Alvernia Hospital and I was given a 5 days medical certificate. I suffered some abrasion on both my hands and knees.

I am lodging this for insurance claim purpose.





**SINGAPORE  
POLICE FORCE**



T/20171231/2067

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20171231/2067

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
G /  
Sgt 1 LOW JAMES GABRIEL

Signature Of Informant:

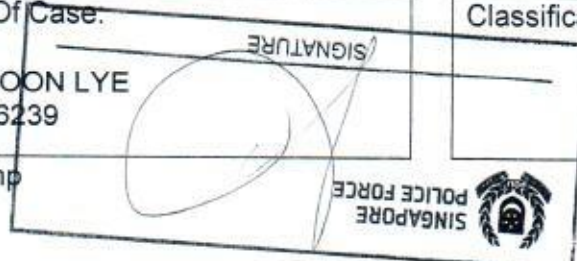
Signature Of Interpreter:  
Not applicable

Date/Time:  
31/12/2017 15:30

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt LEE SOON LYE  
Contact No.: 65476239

Classification Of Case:

Authentication Stamp  
NP168



<b>Vehicle No.</b>	FB4 390 M	<b>Model / Make</b>	JAMAH YBR 125
<b>Date of Accident</b>	30/12/17		
<b>Time of Accident</b>	2000	<b>HRS</b>	
<b>Location of Accident</b>	TAMPINES AVE 10 TOWARDS PASIR RIS DR 12		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	MOHAMED BIN KELING		
<b>Telephone No.</b>	H/P : 90268571	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S 17240188		
<b>Address</b>	BLK 760 PASIR RIS ST 71 #06-194 S(510760)		
<b>Claim type</b>	OD THIRD PARTY REPORTING ONLY		
<b>Insurance Company</b>	NINE		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5061391147-04		
<b>Name of Driver</b>	As Above If No,		
<b>NRIC</b>	Any Passengers : NIL		
<b>Date of birth</b>	04 NOV 1966		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	28 MAR 2001		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state	OWNER
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No, If Yes, Who?		
<b>Name And Contact No.</b>	MOHAMED BIN KELING 90268571		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where?		
<b>Vehicle B No.</b>	SHA 4014 J	<b>Any Passengers :</b>	NIL
<b>Name of Driver</b>	Contact No. :		
<b>Vehicle C No.</b>	Any Passengers :		
<b>Vehicle D No.</b>	Any Passengers :		
<b>Vehicle E no.</b>	Any Passengers :		
<b>Vehicle F No.</b>	Any Passengers :		
<b>Vehicle G No.</b>	Any Passengers :		
<b>Witness Name</b>	Witness Contact :		
<b>Accident Portion</b>	HIT ON THE LEFT, FALL ON THE LEFT		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	MOTO 51 PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	JACKY		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales@n51.com.sg		



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1734018B**  
 Name: **MOHAMED BIN KELING**

Birth Date: **04 Nov 1966**  
 Issue Date: **10 Jul 2006**

001430152E





**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S1734018B**

Name: **MOHAMED BIN KELING**

Race: **MALAY**  
 Date of birth: **04-11-1966**  
 Country of birth: **SINGAPORE**

Sex: **M**





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

	PASS DATE
Class 2B Motorcycles <= 200 cc	28 May 2001
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	12 Sep 2001

NP 428A

Licence No: **S1734018B**



**REPUBLIC OF SINGAPORE**

NRIC No. **S1734018B**

Date of issue: **07-08-2006**

Address:  
**APT BLK 760 PASIR RIS STREET 71**  
**#06-194**  
**SINGAPORE 510760**




## 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** : 5061391147-04

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle

: FBG390M

Chassis Number

: LBPKE178XC0001869

2. Name of Policyholder

: MOHAMED BIN KELING

3. Effective Date of Insurance

: 23 Aug 2017

4. Expiry Date of Insurance

: 22 Aug 2018

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

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

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MOHAMED BIN KELING
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : INCOME-BRANCH SERVICES (00000099613)

Date of Issue : 18 Jul 2017 10:32 hrs

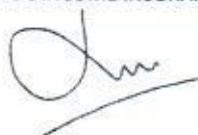
Reprint : 18 Jul 2017 10:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/0975996

Policy No.	5061391147-04	Vehicle No.	FBG390M	GST Registration No.	
Policyholder Name	MOHAMED BIN KELING			Policyholder NRIC	S17
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90268571	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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

## ▼ Accident Details

Report Date	02/01/2018 20:35	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	30/12/2017	Time of Accident hh:mm	20:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE 10 TWDS PASIR RIS DR 12				

## ▼ 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 760 #06-194	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	S10
Unit No.		Related Policy Number	5061391147-04		

## ▼ O1 Driver Info

Driver Name	MOHAMED BIN KELING	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1734018B	Driver DOB	04/1
Register Date of Driver License	28/05/2001	Driver Age	51	Driving Experience	16
Contact No.(Mobile)	90268571	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 760	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	S10
Unit No.	#06-194				
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
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MOHAMED BIN KELING	Insured NRIC	S17
Contact No.(Mobile)	90268571	Contact No.(Home)	65848502	Contact No.(Office)	NIL
Email Address		O1 Vehicle Number	FBG390M	TP Vehicle Number	SHA
Claim Description	FBG390M / SHA4014 ON 30 Dec 2017			Name of Preferred Workshop	MOT
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Rec
Date Registered	02/01/2018 20:39	Claim Close Date		Date Received	02/1
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

1/2/2018

## Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.	MT/0975996	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/01/2018 00:00	
Path *		Category *	Confidential	Urgency *
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<input type="button" value="Message Read"/>		<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:39	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:38	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:38	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:38	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:38	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:38	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:38	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:38	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:38	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:38	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:38	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:38	Photos	Normal	Photos 20

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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