

NATIONAL Assessment Centre Services

Date In: 19/01/18	Job description	Date & Time Completed	Done by
Ref No NA/INC1800175/13	SAS e-filing		
Veh No FBA6111U	E-mail (within 8hrs, A/C 2hrs)		
DOA 17/01/18 1240	i-Motor Claim Form	MT/0978572	
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: (	MOFO 51	Tel:	Fax:
TP Particulars:	Veh No: SLK4474P	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%; 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

NA1800448	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) 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:-		
	OD:		
	*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 \$0		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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 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	19/01/2018 12:19
Date Of Accident	17/01/2018 12:40
Exact Location Of Accident	CTE TWDS SLE SLIP RD INTO AMK AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA6111U
Insured/Policyholder	
Name Of Registered Owner	AHMAD BOHARI B MASOD
NRIC No	S8706373I
Email Address	B.MASOD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97308360
Alternative Phone No	OTHERS-97308360

Vehicle Particulars

Manufacturer	VESPA
Model	GT200
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	5042177789-07
Cover Note Number	

Driver

Name of Driver	AHMAD BOHARI B MASOD
NRIC No	S8706373I
Date Of Birth	15/03/1987
Occupation	INDOOR
Date Of Driving Pass	11/02/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97308360
Fax Number	
Contact Number	OTHERS-97308360
EMail Address	B.MASOD@GMAIL.COM

Address	BLK 68 GEYLANG BAHRU #11-3233
Postcode	330068
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 - HEAD TO REAR
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?	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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

PLS REFER TO THE POLICE REPORT: T/20180118/7004

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	SLK4474P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	AHMAD BOHARI B MASOD
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBA6111U
Were seat belts worn?	
Was this 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:

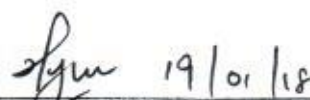
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



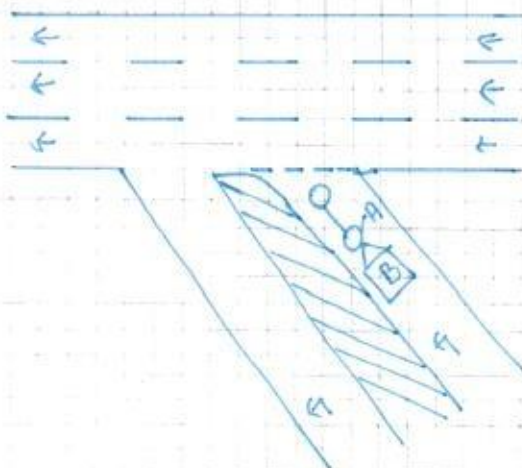
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 19/01/18

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

SKETCH PLAN

CTE Toward SLIE Slip Into Amy Madio Ave 1



A - FBA 611U

B - SLK 4474P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no. 7/2018118/7004

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 19/01/18

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



SINGAPORE POLICE FORCE



T/20180118/7004

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

1 of 4

Report No. T/20180118/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2018 10:21	Vide Report No.: E/20180117/0066	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars

Name of Informant: AHMAD BOHARI BIN MASOD			Address: APT BLK 68 GEYLANG BAHRU #11-3233 SINGAPORE 330068		
ID Type / ID No.: NRIC NO / S8706373I			Contact No.: Home/Office: Mobile: 97308360		
Nationality: SINGAPORE CITIZEN			Email: boharimasod@gmail.com		
Sex: Male	Age: 30	Date of Birth: 15/03/1987	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: COMMUNITY MANAGEMENT EXECUTIVE			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/01/2018 12:40	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY ANG MO KIO AVE 1 EXIT OF CTE(TOWARDS SLE)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA6111U	Motorcycle	VESPA	GT 200	Grey	Seriously Damaged	0
SLK4474P	Car	HONDA	VEZEL	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20180118/7004

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

2 of 4

Report No. T/20180118/7004

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA6111U	NTUC Income Insurance Co-Operative Limited	5042177789-06	28/06/2017	27/06/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AHMAD BOHARI BIN MASOD	ID No.	S8706373I
Related Vehicle	FBA6111U (Motorcycle)	Contact No.	97308360
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	17/01/2018	Date Discharge	17/01/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 17th January 2018 at about 1240hrs, I, Ahmad Bohari Masod (Nric:S8706373I/Hp: 97308360) was riding my motorcycle, plate number FBA6111U (Model: Vespa Gt 200, grey coloured) exiting Ang Mo Kio Avenue 1 from CTE towards SLE. I was riding along the right lane of 2 lanes and upon approaching the stop line before a zebra crossing and a dotted white filter lane afterwards, I slowed down my motorcycle. As I have the habit of checking my mirrors while riding, I noticed a white "SUV" type car in the mirror and could see the car was going at a fast speed, getting very close to me despite in front being a junction. Within a split second, I was hit from the rear of my motorcycle and had flung together on my bike before landing on the road surface for a further 2 metres. I managed to crawl up to the grass patch beside the said road surface for safety.

I then noticed the driver behind the wheel of that said vehicle is a Chinese male, late 30s/early 40s, Honda Vezel(white coloured), bearing Plate Number SLK4474P. The said male then raised his voice while I was on the ground injured. A yellow coloured van, bearing the word "Honestbee", with Plate Number: GBG3760J, stopped to render assistance and called for resource. He then advised me to ignore the male chinese and kept asking about my well being.

I could then see that my motorcycle was badly damaged, with my "topbox" being flung out onto the grass patch where I was lying while my bike was about 10 metres out on the road. Various cosmetic damages were also seen such as dented surface areas of my "vespa body" and also broken pieces of my motor body parts scattered.

Another male chinese, early 30s, came in a similar red coloured "SUV" type vehicle, bearing plate number: SDZ51T, wanting to give assistance. Namely Lawrenz Soh(Hp:90096622), he introduced to me as a passer by and that he managed to get hold of the video footage from the vehicle(SLK4474P) itself that was involved. After I was discharged from Tan Tock Seng Hospital, he texted and called me, saying that I could get hold of the video and that he could get me a 100% claim of this incident with him citing that the video showed the driver was in the wrong and that indeed he had hit me from behind. Lawrenz



**SINGAPORE
POLICE FORCE**



T/20180118/7004

3 of 4

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

Report No. T/20180118/7004

CONTINUATION OF REPORT

also claimed that he showed the video to my friend, namely Sikin, who was also at scene. His name card bearing "N-51 Automotive Pte Ltd(Kaki Bukit Autohub, 2 Kaki Bukit Ave 2, #01-17/18)" and stating him as a "claim consultant". I tried to ask him for the video genuinely but he refused to do so unless I meet him, agreeing for his "help".

I suffered multiple deep abrasions all over my body such as my wrists, knees, foot, elbow and my back. I was conveyed by ambulance to Tan Tock Seng Hospital where I was given a 7 days MC and I am still limping in pain as of now. I am also suffering from severe bodily sores making simple body movements painful. I still have no idea on the condition of my motorcycle as of now except that it is being compounded by the Traffic Police. I was also contacted by TP IO Jamie Yeo on same day, 17 January 2018 at about 1530hrs and was advised to lodge this report. That is all.



**SINGAPORE
POLICE FORCE**



T/20180118/7004

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

4 of 4

Report No. T/20180118/7004

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 / TPIB /
NG CHWEE THENG
Contact No.: 65476397

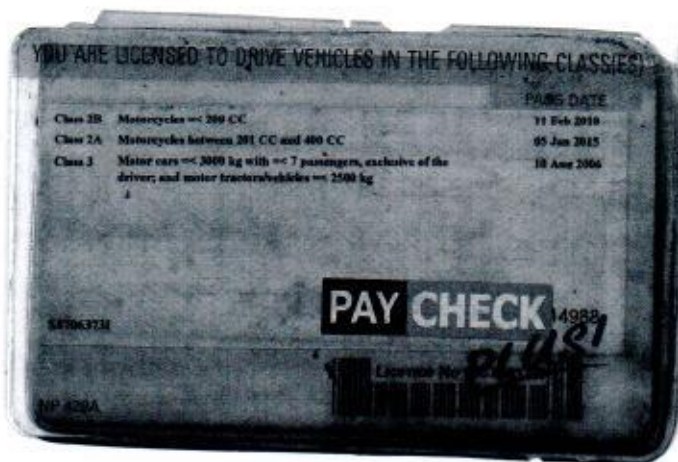
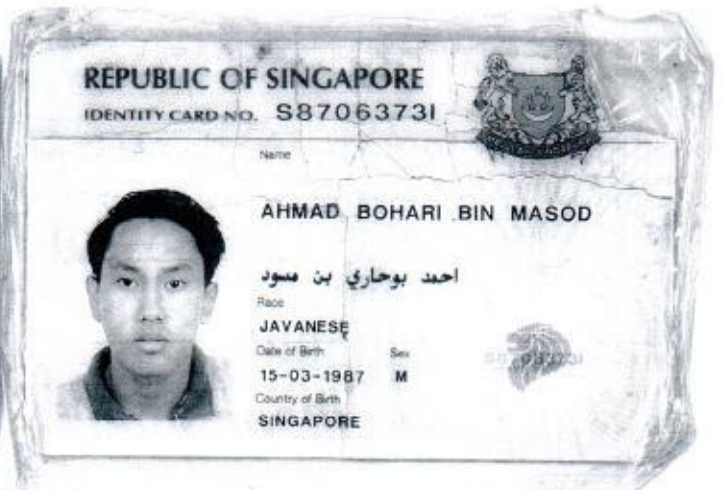
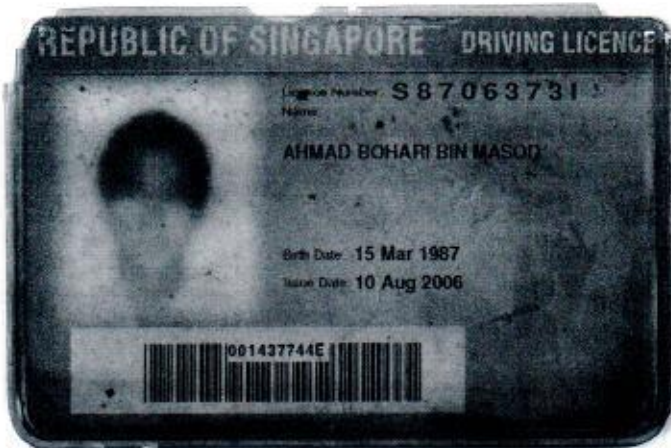
Authentication Stamp
NP168

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

Date/Time:
18/01/2018 10:21

Classification Of Case:

Vehicle No.	FBA 6111 U	Model / Make	Vespa GT200
Date of Accident	17/1/18		
Time of Accident	12.40	HRS	
Location of Accident	CTE Toward SLE Slip Into Ang Mo Kio Ave 2		
Exact purpose use during accident	Private Use		
Name of Owner	Ahmad Bohari Bin Masod		
Telephone No.	H/P : 9730 8360	Home :	Office :
NRIC	S8706343 I		
Address	Blk 68 Geylang Bahru #11-3233 S(33068)		
Claim type	OD	(THIRD PARTY)	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5042177789-07		
Name of Driver	As Above If No,		
NRIC	Any Passengers : Nil		
Date of birth	15/3/1987		
Occupation	Outdoor	/	(Indoor)
Driving License Pass Date	11 Feb 2010		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Owner	
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? Traffic Police Division HQ	
Vehicle B No.	SLK 4474P	Any Passengers : Nil	
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	Hit On the Rear, Fall On the Right		
Camera Recorder	Yes / (No)		
Email Address	b.masod@gmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
PARTICULAR WORKSHOP	Motor 51 Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Jucky		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



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 : 5042177789-07

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: **FBA6111U**

Chassis Number

: ZAPM3120000026854

2. Name of Policyholder

: AHMAD BOHARI B MASOD

3. Effective Date of Insurance

: 28 Jun 2017

4. Expiry Date of Insurance

: 27 Jun 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)

: AHMAD BOHARI B MASOD

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 : DIRECT SALES (00000609799)

Date of Issue : 27 Jun 2017 18:16 hrs

Reprint : 27 Jun 2017 18:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0978572

Policy No.	5042177789-07	Vehicle No.	FBA6111U	GST Registration No.	
Policyholder Name	AHMAD BOHARI B MASOD			Policyholder NRIC	S871
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Leading	0
Contact No.(Mobile)	97308360	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	19/01/2018 12:41	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	17/01/2018	Time of Accident hh:mm	12:40	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS SLE SLIP RD INTO AMK AVE 1				

▼ 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 68 #11-3233	Address 2	GEYLANG BAHRU	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	3301
Unit No.		Related Policy Number	5042177789-07		

▼ OI Driver Info

Driver Name	AHMAD BOHARI B MASOD	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S87063731	Driver DOB	15/01/1978
Register Date of Driver License	11/02/2010	Driver Age	30	Driving Experience	7
Contact No.(Mobile)	97308360	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 68	Address 2	GEYLANG BAHRU	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	3301
Unit No.	#11-3233				
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 OD-MX

New

Claim Type *	OD-MX	Insured Name	AHMAD BOHARI B MASOD	Insured NRIC	S871
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	FBA6111U	TP Vehicle Number	SLK4474P
Claim Description	FBA6111U / SLK4474P ON 17 Jan 2018			Name of Preferred Workshop	MDT
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Rec
Date Registered	19/01/2018 12:47	Claim Close Date		Date Received	19/01/2018
Report Taken By	ROSINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment



1/19/2018

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

Accident No.

MT/0976572

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

19/01/2018 00:00

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2018 12:47	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2018 12:47	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2018 12:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2018 12:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2018 12:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2018 12:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2018 12:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2018 12:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2018 12:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2018 12:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2018 12:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2018 12:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2018 12:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2018 12:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2018 12:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2018 12:45	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jan 2018 12:45	Photos	Normal	Photos 20:

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window

Scan and uploading