

# NATIONAL Assessment Centre Services

(Rev 1 Jan 2015)

Date In: 22/01/2018 13:10	Job description	Date & Time Completed	Done by
Ref No: NBA/INC18001250/K4	SAS e-filing		
Veh No: FBE 9801X	E-mail (w/ thin 8hrs, A/C 2hrs)		
DOA: 18/01/2018 09:45	i-Motor Claim Form	MT/0978977	23/01/18 09:50
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: (	Tel:	Fax:
TP Particulars:	Veh No: SLU4368X /	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

Claimant's Particulars:-	NA1800496	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30)	1st Bill	Add Bill
Contact No:		2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:		3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120		
Auditors' Comments:-		5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:		For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:		6) TR: Re-inspection \$75		
		7) NI: Idac DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		OD*		
		*N5: Courtesy Car / Tpl 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 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 22/01/2018 13:10  
Date Of Accident 18/01/2018 09:45  
Exact Location Of Accident TAMPINES STREET 83 NEAR JUNC OF CTLPARK TAMPINES VISTA  
Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBE9801X  
**Insured/Policyholder**  
Name Of Registered Owner MURUGESAN SOUNDIRARAJAN  
NRIC No S7762574G  
Email Address SOUNDIR\_RAJAN@YAHOO.COM.SG  
Mobile Phone No (LOCAL) +65-91807130  
Alternative Phone No OTHERS-91807130

**Vehicle Particulars**

Manufacturer BAJAJ  
Model PULSAR 200 DTS-I  
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 5063477088-04  
Cover Note Number

**Driver**

Name of Driver MURUGESAN SOUNDIRARAJAN  
NRIC No S7762574G  
Date Of Birth 09/05/1977  
Occupation INDOOR  
Date Of Driving Pass 26/08/2009  
Driving Experience 8 YEARS AND 4 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-91807130  
Fax Number  
Contact Number OTHERS-91807130  
Email Address SOUNDIR\_RAJAN@YAHOO.COM.SG

Address	BLK 978 JURONG WEST STREET 93 #05-309
Postcode	640978
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	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	
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.	YES
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT :T/20180119/2034

#### 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	SLU4368K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AISHAH BINTE ABDUL KARIM
NRIC/Passport Number	S8326879D
Contact Number	96314360
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

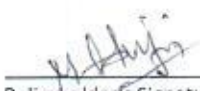
## SKETCH PLAN


### IMPORTANT NOTICE

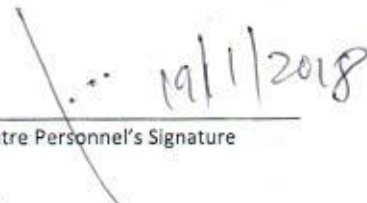
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

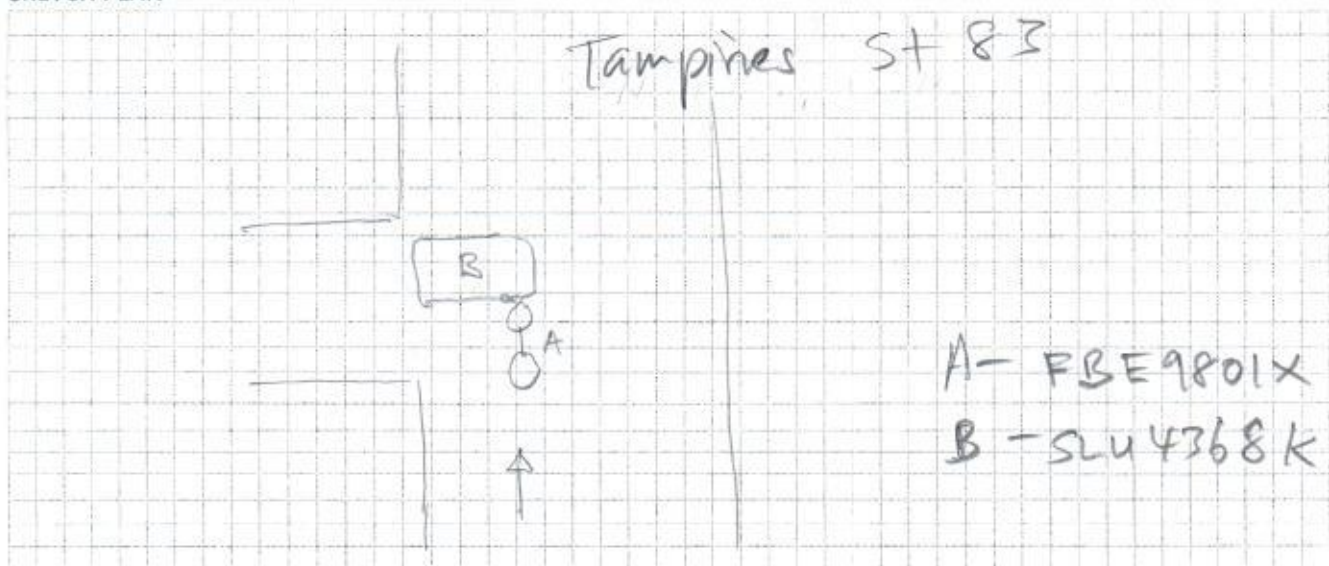
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Motor Bike A Riding along Street 83 Car B come out from Carpark took right turn. The car driver fails to see on coming vehicle its a very close distance moto Bike A Braking distance not enough to stop hit with Car B Front side.

*P/S Refer to the Police Reports  
T/20180119/2034*

## 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]* 19/1/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20180119/2034

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20180119/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/01/2018 11:38	Vide Report No.:	Station Diary No.: 36
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<b>Informant's Particulars</b>			
Name of Informant: MURUGESAN SOUNDIRARAJAN		Address: APT BLK 978 JURONG WEST STREET 93 #05-309 SINGAPORE 640978	
ID Type / ID No.: NRIC NO / S7762574G		Contact No.: Home/Office: Mobile: 91807130	
Nationality: INDIAN		Email:	
Sex: Male	Age: 40	Date of Birth: 09/05/1977	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: AVIATION		Driving Licence Information: Class: 2B,3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/01/2018 08:45	Type of Location: T-Junction
Location: Along Road 1 TAMPINES STREET 83  Near junction of Central Park ( Tampines Vista)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage 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
FBE9801X	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Red	Slightly Damaged	0
SLU4368K	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE9801X	NTUC Income Insurance Co-Operative Limited	5063477088-04	08/12/2017	07/12/2018



**SINGAPORE  
POLICE FORCE**



T/20180119/2034

2 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20180119/2034

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MURUGESAN SOUNDIRARAJAN	ID No.	S7762574G
Related Vehicle	FBE9801X (Motorcycle)	Contact No.	91807130
Hospital/Clinic	KARRI FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	18/01/2018	Date Discharge	18/01/2018
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Name			
MURUGESAN SOUNDIRARAJAN	ID No.	S7762574G	
Related Vehicle	FBE9801X (Motorcycle)	Contact No.	91807130
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	19/01/2018	Date Discharge	19/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the 18/01/2018 at about 0845hrs, while I was travelling on my motorbike (FBE9801X) along Tampines Street 83, and was going towards Tampines Avenue 5, whereby a car, SLU4368K, had came out from the carpark on my left and had not stopped, and caused me to have collided with the driver.

There were no traffic lights nearby at the scene. No Police or ambulance had attended to my accident. I had exchanged particulars with the driver. I was advised to lodge this accident report for insurance claims.



**SINGAPORE  
POLICE FORCE**



T/20180119/2034

3 of 3

Report No: T/20180119/2034

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**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:  
D /  
Sgt 2 MOHAMAD FARHAN BIN MOHAMED

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 2 YEO KIA HUAT  
Contact No.: 65476325

Authentication Stamp  
NP168

Signature Of Informant:

*M. H. H.*

Date/Time:  
19/01/2018 11:38

Classification Of Case:

(Bulet Merah)

Reported on 18/01/2018

@ 1:730 AM

# ACCIDENT STATEMENT

ACCIDENT DATE: 18/01/2018 (DD/MM/YYYY), TIME: 09:45 AM (HH:MM)

LOCATION: Tampines Vista Near Tampines Ntue  
Tampines Street 83

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FRE 9801X

b) INSURANCE COMPANY:

c) POLICY NUMBER:

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:

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)

IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

a) NAME: (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: CONTACT:

c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

a) NAME: (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: CONTACT: 9180 7130

c) ADDRESS:

\* d) DATE OF BIRTH: (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) ARM

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

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLU 4368K MODEL:

b) DRIVER'S NAME: AISHAH BINTE ABUL KARIM

c) NRIC/FIN/PASSPORT: S8326879D CONTACT: 96314360

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

workshop: Saigek @ umpl.com.sg

Email = soundir-rajana@yahoo.com.sg

Fax = soundir-rajana@yahoo.com.sg

VIO

Waiting for Motorcycle Photos?

✓ photo photo 3 ✓ ok

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7762574G



Name

MURUGESAN SOUNDIRARAJAN

மு செளந்திரராஜன்

Race

INDIAN

Date of birth

09-05-1977

Sex

M

Country of birth

INDIA

S7762574G



NRIC No. S7762574G



Nationality

INDIAN

Date of issue

17-04-2007

APT BLK 978 JURONG WEST STREET 93 #05-309  
SINGAPORE 640978

NRIC No: S7762574G

Date: 04/08/2015

REPUBLIC OF SINGAPORE DRIVING LICENCE



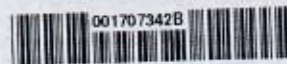
Licence Number S7762574G

Name

MURUGESAN SOUNDIRARAJAN

Birth Date 09 May 1977

Issue Date 09 Feb 2009



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE

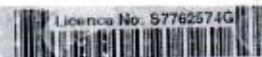
Class 2B Motorcycles <= 200 CC  
Class 3 Motor cars <= 3090 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

26 Aug 2009  
09 Feb 2009

S / No. 9000119322

S7762574G

NP 428A



eBaoTech

GeneralClaim

Hello, NAC\_BUKIT\_MERAH\_800676

[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 type="radio"/>	5063477088-04	MURUGESAN SOUNDIRARAJAN	S7762574G	GMC	Third Party	FBE9801X	FBE9801X	08/12/2017	07/12/2018

 **Policy Information**

Policy No.	5063477088-04	Policyholder Name	MURUGESAN SOUNDIRARAJAN	Policyholder NRIC	S7762574G
Address	BLK 978 #05-309 JURONG WEST STREET 93 SINGAPORE 640978				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	01/12/2017	Effective Date	08/12/2017 00:00	Expiry Date	07/12/2018 23:59
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	
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	BLK 978 #05-309	Address 2	JURONG WEST STREET 93	Address 3	SINGAPORE 640978
Address 4		Address Type	Singapore address	Post Code	640978
Unit No.	10-306	Related Policy Number	5063477088-04		

 **Insured Object: FBE9801X**
 **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Accident MT/0978977

Policy No.	5063477088-04	Vehicle No.	FBE9801X	GST Registration No.	
Policyholder Name	MURUGESAN SOUNDIRARAJAN			Policyholder NRIC	S776
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91807130	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	23/01/2018 09:47	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	18/01/2018	Time of Accident hh:mm	09:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES STREET 83 NEAR JUNC OF CTLPARK TAMPINES VISTA				

## ▼ 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 978 #05-309	Address 2	JURONG WEST STREET 93	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	6401
Unit No.	10-306	Related Policy Number	5063477088-04		

## ▼ OI Driver Info

Driver Name	MURUGESAN SOUNDIRARAJAN	Driver Type	Main Driver	Driver DOB	09/01/1978
Unnamed driver Name		Driver NRIC	S7762574G	Driving Experience	8
Register Date of Driver License	26/08/2009	Driver Age	40	Contact No.(Home)	0
Contact No.(Mobile)	91807130	Contact No.(Office)	0	Address 3	
Address 1	BLK 978	Address 2	JURONG WEST STREET 93	Post Code	6401
Address 4		Address Type	Singapore address		
Unit No.	#05-309				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## 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 OD-MX

New

Claim Type *	OD-MX	Insured Name	MURUGESAN SOUNDIRARAJAN	Insured NRIC	S776
Contact No.(Mobile)	91807130	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	soundir_rajan@yahoo.com.sg	OI Vehicle Number	FBE9801X	TP Vehicle Number	SLU
Claim Description	FBE9801X / SLU4368X ON 18 Jan 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	23/01/2018 09:55	Claim Close Date		Date Received	23/01/2018
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

1/23/2018

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

Accident No.

MT/0978977

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

23/01/2018 09:50

Path \*

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

Category \*

Confidential

Urgency \*

Clear

Please Select

NO

Normal

Clear

Please Select

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Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 09:55	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 09:54	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 09:53	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 09:53	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 09:53	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 09:53	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 09:52	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 09:52	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 09:52	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 09:52	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 09:52	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Jan 2018 09:52	Photos	Normal	Photos 20:

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<div>Display in New Window</div> <div>Scan and uploading</div>	