

NATIONAL Assessment Centre Services

Form 1-12-2003

Date In: 22/02/2018 16:40	Job description	Date & Time Completed	Done by
Ref No: NA/INC18003416/k4	SAS e-filing		
Veh No: FY6659H	E-mail (within 8hrs, A/C 2hrs)		
DOA: 21/02/2018 16:00	i-Motor Claim Form	MT/0983334	23/2/18 10:25
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: SHCA932Y

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)

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:	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	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 (N11) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Cat. 1:

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	22/02/2018 16:40
Date Of Accident	21/02/2018 16:00
Exact Location Of Accident	SCOTT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY6659H
Insured/Policyholder	
Name Of Registered Owner	ROSLAN BIN ABDUL MANSOR
NRIC No	S2177855I
Email Address	ROSLAN.MANSOR@CWSERVICES.COM
Mobile Phone No	(LOCAL) +65-86857636
Alternative Phone No	OTHERS-86857636

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA PX 150
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5088919461
Cover Note Number	

Driver

Name of Driver	ROSLAN BIN ABDUL MANSOR
NRIC No	S2177855I
Date Of Birth	17/02/1960
Occupation	INDOOR
Date Of Driving Pass	16/02/1985
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86857636
Fax Number	
Contact Number	OTHERS-86857636
EEmail Address	ROSLAN.MANSOR@CWSERVICES.COM

Address	BLK 28 MARSILING DRIVE #02-267
Postcode	730028
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.	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	BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3689999 - FAX NO: 63682383
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180222/2113

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	SHC8932Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY CHEE MUN
NRIC/Passport Number	S0511478J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ROSLAN BIN ABDUL MANSOR
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FY6659H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
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:

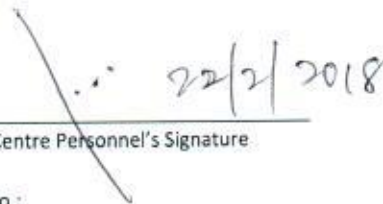
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



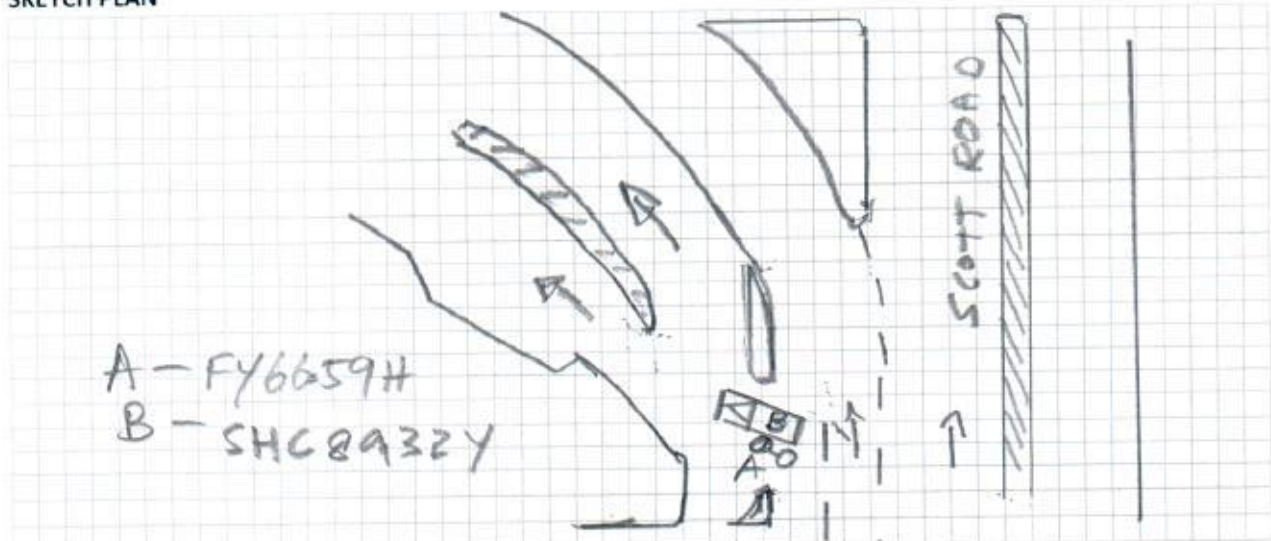
Driver's Signature
(If driver is not the policyholder)
Date & Time:



22/2/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180222/2113

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.:



SINGAPORE POLICE FORCE



T/20180222/2113

1 of 4

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027

Report No. T/20180222/2113

Tel No: 1800-3689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2018 16:07	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: ROSLAN BIN ABDUL MANSOR			Address: APT BLK 28 MARSILING DRIVE #02-267 SINGAPORE 730028		
ID Type / ID No.: NRIC NO / S21778551			Contact No.: Home/Office:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/02/2018 16:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SCOTTS ROAD ORCHARD ROAD EXACT LOCATION: SCOTTS ROAD HEADING TOWARDS ORCHARD ROAD OPPOSITE CK TANG HOTEL ENTRANCE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY6659H	Motorcycle	PIAGGIO	VESPA PX 150	Blue	Slightly Damaged	0
SHC8932Y	TAXI	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20180222/2113

2 of 4

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027

Report No. T/20180222/2113

Tel No: 1800-3689999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY6659H	NTUC Income Insurance Co-Operative Limited	5088919461	21/03/2017	20/03/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ROSLAN BIN ABDUL MANSOR	ID No.	S2177855I
Related Vehicle	FY6659H (Motorcycle)	Contact No.	86857636
Hospital/Clinic	WOODLANDS MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/02/2018	Date Discharge	21/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAY CHEE MUN	ID No.	S0511478J
Related Vehicle	SHC8932Y (TAXI)	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 the 21/02/2018 at around 1600hrs I was riding my Singapore registered motorcycle(FY6659H) along Scotts road heading towards Orchard road. As I was riding along the leftmost lane of the said road, I was passing by the CK Tang Hotel. I was riding behind a Singapore registered vehicle(Comfort Delgro Taxi SHC8932Y) with a safe distance between us. It was then the said taxi suddenly made a left turn into the Taxi pick up point of the CK Tang Hotel. Hence, I could not brake in time to avoid collision. The right hand side of my motorcycle then collided with the left hand rear side of the passenger door area of the said taxi. I manage to stay on motorcycle however I leaned towards the rear door of the said taxi. Both vehicles sustained slight damages. I then injured my left knee, right shoulder and felt a stiff neck due to the impact of the collision. However, no police or ambulance was required at scene. The driver of the said taxi and I then exchanged particulars. Both vehicles were then able to drive off from scene. I do not have any CCTV on me. I went to Woodlands Medical Centre to seek medical treatment. I was issued with Medical Certificate from 21/02/2018 to 23/02/2018.



**SINGAPORE
POLICE FORCE**



T/20180222/2113

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

3 of 4

Report No. T/20180222/2113

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180222/2113

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Report No. T/20180222/2113

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

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:

J /

Sgt 3 KARTHIGAITCHSELVAM S/O
PARAMASILVAM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Signature Of Informant:

Date/Time:

22/02/2018 16:07

Classification Of Case:

Authentication Stamp

NP168

Reported on 21/2/18
@ 1710HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (21/2/2018) (DD/MM/YYYY), TIME: (16:00) (HH:MM)

LOCATION: SCOTT ROAD.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FY 6659H
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: 86857636
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 8932Y MODEL: _____
b) DRIVER'S NAME: TAY CHEE MUN
c) NRIC/FIN/PASSPORT: S0511478J CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =


fax =

Waiting for Police Report?

roslan.mansor@cwservices.com

roslan.mansor@cwservices.com

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S21778551**
 Name: **ROSLAN BIN ABDUL MANSOR**
 Birth Date: **17 Feb 1960**
 Issue Date: **17 Mar 2009**

001720044C

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

		PASS DATE
Class 2B	Motorcycles <= 200 cc	16 Feb 1985
Class 2A	Motorcycles between 201 cc and 400 cc	16 Feb 1985
Class 2	Motorcycles > 400 cc	17 Mar 2009
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	07 Jun 1983

NP 428A

Licence No: S21778551

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S21778551**



Name: **ROSLAN BIN ABDUL MANSOR**
 Race: **MALAY**
 Date of Birth: **17-02-1960** Sex: **M**
 Country of Birth: **MALACCA**

Standard Chartered

14950

NRIC No: **S21778551**



Blood Group: **AB+** Date of issue: **07-12-1993**

APT BLK 20 MARSILING DRIVE #02-267
 SINGAPORE 730028

NRIC No: **S21778551** Date: **24/11/2011** No: **6877424**

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088919461	ROSLAN BIN ABDUL MANSOR	S21778551	GMC	Third Party, Fire & Theft	FY6659H	FY6659H	21/03/2017	20/03/2018

▼ Policy Information

Policy No.	5088919461	Policyholder Name	ROSLAN BIN ABDUL MANSOR	Policyholder NRIC	S21778551
Address	BLK 28 #02-267 MARSILING DRIVE SINGAPORE 730028				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	21/03/2017	Effective Date	21/03/2017 00:00	Expiry Date	20/03/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	WTT INSURANCE AGENCIES PTE	Agent Tel.	62965445	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 28 #02-267	Address 2	MARSILING DRIVE	Address 3	SINGAPORE 730028
Address 4		Address Type	Singapore address	Post Code	730028
Unit No.		Related Policy Number	5075812220-02		

► Insured Object: FY6659H

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118025864 Vehicle Registration No: FY6659H
Name(as shown in NRIC) : ROSLAN BIN ABUL MANSOR NRIC/FIN/Passport No : S21778551
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 28 MARSILING DRIVE #02-267 Singapore(730028)
Contact (Tel) : — Mobile No. : 86857636
Email Address : ROLAN.MANSOR@CWSERVICES.COM
Date of Accident : 21/02/2018 Time of Accident : 16:00
Place of Accident : SCOTT ROAD
Insurance Company: NTUC Income Insurance Co-operative Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add Police Report.

Policyholder / Driver's Signature
Date:

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

Claim Handling

Accident MT/0983334

Policy No.	5088919461	Vehicle No.	FY6659H	GST Registration No.	
Policyholder Name	ROSLAN BIN ABDUL MANSOR	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S21
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	86857636	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	23/02/2018 10:20	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	21/02/2018	Time of Accident hh:mm	16:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	SCOTT ROAD				
▼ 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 28 #02-267	Address 2	MARSILING DRIVE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	7300
Unit No.		Related Policy Number	5075812220-02		
▼ OI Driver Info					
Driver Name	ROSLAN BIN ABDUL MANSOR	Driver Type	Main Driver	Driver DOB	17/1
Unnamed driver Name		Driver NRIC	S21778551	Driving Experience	33
Register Date of Driver License	16/02/1985	Driver Age	58	Contact No.(Home)	0
Contact No.(Mobile)	86857636	Contact No.(Office)	0	Address 3	
Address 1	BLK 28	Address 2	MARSILING DRIVE	Post Code	7300
Address 4		Address Type	Singapore address		
Unit No.	#02-267				
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 type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ROSLAN BIN ABDUL MANSOR	Insured NRIC	S21
Contact No.(Mobile)	86857636	Contact No.(Home)	NIL	Contact No.(Office)	689
Email Address	roslan.mansor@cushwake.com	OI Vehicle Number	FY6659H	TP Vehicle Number	SHC
Claim Description	FY6659H / SHC8932Y ON 21 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	23/0
Date Registered	23/02/2018 10:31	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			
<input checked="" type="checkbox"/> Print AX letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No. MT/0983334
 Last Doc. Received ☒ Yes ☐ No

Claim No. 001
 Upload Date 23/02/2018 10:25

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	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 23 Feb 2018 10:31	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:30	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:29	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Feb 2018 10:29	Photos	Normal	Photos 20:
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Video List

Uploaded By/Date	Folder Date	File Name	Source
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Claim Handling

Accident MT/0983334

Policy No.	5088919461	Vehicle No.	FY6659H	GST Registration No.	
Policyholder Name	ROSLAN BIN ABDUL MANSOR			Policyholder NRIC	S21
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	86857636	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	23/02/2018 10:20	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	21/02/2018	Time of Accident hh:mm	16:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	SCOTT ROAD				

▼ 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 28 #02-267	Address 2	MARSILING DRIVE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	7300
Unit No.		Related Policy Number	5075812220-02		

▼ OI Driver Info

Driver Name	ROSLAN BIN ABDUL MANSOR	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2177855I	Driver DOB	17/1
Register Date of Driver License	16/02/1985	Driver Age	58	Driving Experience	33
Contact No.(Mobile)	86857636	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 28	Address 2	MARSILING DRIVE	Address 3	
Address 4		Address Type	Singapore address	Post Code	7300
Unit No.	#02-267				
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 type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX ▼	Insured Name	ROSLAN BIN ABDUL MANSOR	Insured NRIC	S21
Contact No.(Mobile)	86857636	Contact No.(Home)	NIL	Contact No.(Office)	689
Email Address	roslan.mansor@cushwake.com	OI Vehicle Number	FY6659H	TP Vehicle Number	SHC
Claim Description	FY6659H / SHC8932Y ON 21 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault ▼	GIA report	Rec
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	Date Received	23/0
Date Registered	23/02/2018 10:32	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/0983334

Claim No. 001

Last Doc. Received ☒ Yes ☐ No

Upload Date 23/02/2018 10:25

Path *

Choose File No file chosen

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Message Read

Category *

Confidential

Urgency *

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Video List

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