

NATIONAL Assessment Centre Services

Date In	02/3/2018 16:28	Job description	Date & Time Completed	Done by
Ref No	NA/INC18004089/k4	SAS e-filing		
Veh No	FC 25 43 A	E-mail (within 8hrs, A/C 2hrs)		
DOA	20/02/2018 23:30	i-Motor Claim Form	MT/0984464	2/3/18 17:20
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: SHD870P	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:	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 :-	NA1801392	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:		1) AR : Accident Reporting (\$30);		
Contact No:		2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:		3) TP : 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) 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 (N/a INC) against INC \$20		
		9) N12: Idac Mobile \$0		
		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 02/03/2018 16:28
 Date Of Accident 20/02/2018 23:30
 Exact Location Of Accident KPE TWDS DEFU LANE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FC2543A
Insured/Policyholder
 Name Of Registered Owner RUHAIZA BINTE MOHAMED SIDEK
 NRIC No S8302860B
 Email Address NURUL.SUHERMIE@GMAIL.COM
 Mobile Phone No (LOCAL) +65-91829735
 Alternative Phone No OTHERS-91829735

Vehicle Particulars

Manufacturer VESPA
 Model PX20
 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 5069994337-02
 Cover Note Number

Driver

Name of Driver RUHAIZA BINTE MOHAMED SIDEK
 NRIC No S8302860B
 Date Of Birth 19/01/1983
 Occupation INDOOR
 Date Of Driving Pass 14/04/2004
 Driving Experience 13 YEARS AND 10 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-91829735
 Fax Number
 Contact Number OTHERS-91829735
 Email Address NURUL.SUHERMIE@GMAIL.COM

Address	BLK 17 HOUGANG AVENUE 3 #12-137
Postcode	530017
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?	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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180226/2177

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	SHD870P
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	RUHAIZA BINTE MOHAMED SIDEK
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FC2543A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


SKETCH PLAN


IMPORTANT NOTICE

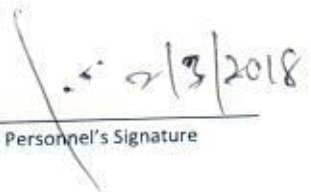
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

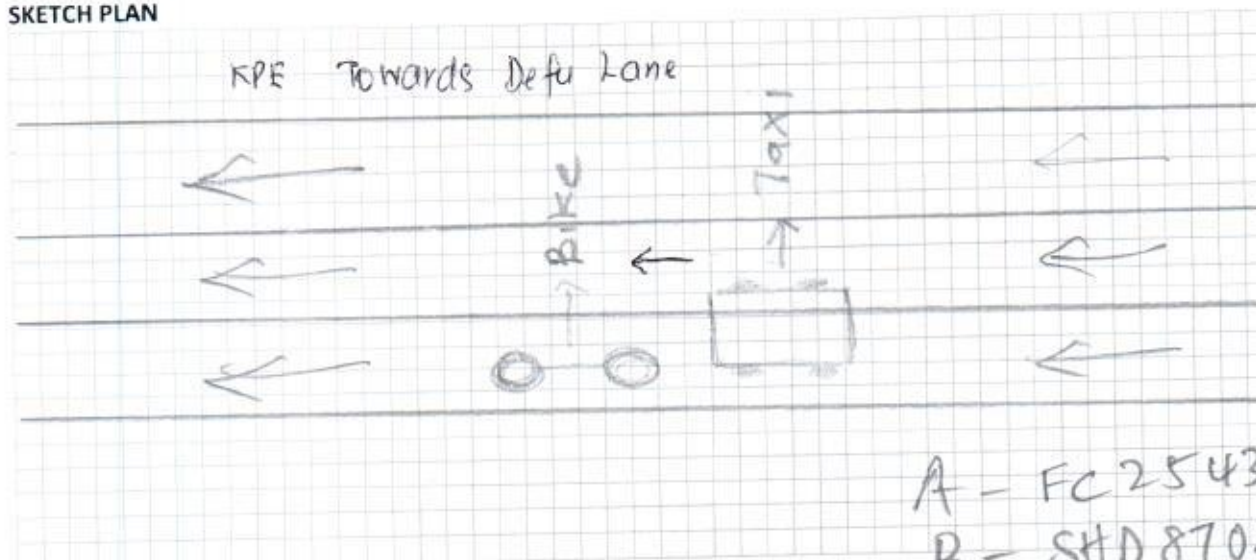
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -
T/20180226/2177

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/20180226/2177

1 of 4

Report No. T/20180226/2177

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
26/02/2018 19:11

Vide Report No.:

Station Diary No.:
93

Informant's Particulars

Name of Informant:
RUHAIZA BINTE MOHAMED SIDEK

Address:
APT BLK 17 HOUGANG AVENUE 3 #12-137 SINGAPORE
530017

ID Type / ID No.:
NRIC NO / S8302860B

Contact No.:
Home/Office: Mobile: 91829735

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Female 35 19/01/1983

Type of Informant:
Rider

Race:
Malay

Language:
English

Institution / School Name:

Occupation:
MANAGER

Driving Licence Information:
Class: 2B,3

Date of Expiry:

General Information of the Accident

Type of Accident:

Injury
Conveyed By Ambulance

Drink
Drive:
No

Date/Time of
Accident:
20/02/2018 23:30

Type of Location:
Straight Road

Location:
Along Road 1
KRANJI EXPRESSWAY

KPE towards Defu Lane

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 - Head To Rear

Anyone conveyed by
ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FC2543A	Motorcycle	VESPA	PX20	Yellow	Slightly Damaged	0
SHD870P	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20180226/2177

2 of 4

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20180226/2177

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FC2543A	NTUC Income Insurance Co-Operative Limited	5069994337-02	27/04/2017	26/04/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	RUHAIZA BINTE MOHAMED SIDEK		ID No.	S8302860B
Related Vehicle	FC2543A (Motorcycle)		Contact No.	91829735
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	20/02/2018		Date Discharge	23/02/2018
No. of Days granted Medical Leave		10	Degree of Injury	Serious
Name				
Name	Unknown		ID No.	NIL
Related Vehicle	SHD870P (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 20/02/2018 at about 2330hrs, I was riding my motorcycle(Registration No. FC2543A) along KPE towards Defu Lane on the 4th lane(Extreme left lane) of the 4lanes road when suddenly I felt an impact on my motorcycle's rear which I skidded and fell onto the road. Another passer-by driver, Pitu(H/P: 98885117) came and render assistance to me. The other car's(Registration No. SHD870P) driver that hit onto my motorcycle's rear came down from the taxi but did not render assistance to me and did not speak to me. I suffered abrasion on my right side of my hand, body and leg, and cut on my right knee cap area which requires surgery. The passer-by assisted me to call for ambulance and I was conveyed to Changi General Hospital and discharge on 23/02/2018 and was currently given 10days of MC. I am proceeding for Insurance Claims. My motorcycle is with Traffic Police now and I am not sure of the damages. I am lodging this Traffic Accident report as I have more than 3days of MC.



**SINGAPORE
POLICE FORCE**



T/20180226/2177

3 of 4

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20180226/2177

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180226/2177

4 of 4

Report No. T/20180226/2177

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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:

F /

Sgt 2 BOH YONG SENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

26/02/2018 19:11

Classification Of Case:

Reported on 2/3/2018
@ 1305 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (20/2/2018) (DD/MM/YYYY), TIME: (23:30) (HH:MM)

LOCATION: KPE towards Defu Lane

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FC2543A
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: 91829735
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) Body

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD870P MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = nurul.suhermie@gmail.com

fax = nurul.suhermie@gmail.com ✓

Waiting for Motorcycle Photos?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8302860B**



Name
RUHAIZA BINTE MOHAMED SIDEK

روهيژه بنت محمد سيديق

Race

MALAY

Date of birth

19-01-1983

Country/Place of birth

SINGAPORE

Sex

F

5249183



NRIC No. **S8302860B**

Date of issue

19-12-2013

Address

**APT BLK 17 HOUGANG AVENUE 3
#12-137
SINGAPORE 530017**

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S8302860B**

Name
RUHAIZA BINTE MOHAMED SIDEK

Birth Date **19 Jan 1983**

Issue Date **14 Apr 2004**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class	Vehicle Description	Pass Date
Class 2B	Motorcycles ≤ 200 CC	14 Apr 2004
Class 3	Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles ≤ 2500 kg	13 Feb 2008

S / No. 9000077659

License No: **S8302860B**

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"/>	5069994337-02	RUHAJZA BINTE MOHAMED SIDEK	S8302860B	GMC	Third Party	FC2543A	FC2543A	27/04/2017	26/04/2018

▼ Policy Information

Policy No.	5069994337-02	Policyholder Name	RUHAIZA BINTE MOHAMED SIDI	Policyholder NRIC	S8302860B
Address	BLK 17 #12-137 HOUGANG AVENUE 3 SINGAPORE 530017				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/04/2017	Effective Date	27/04/2017 00:00	Expiry Date	26/04/2018 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 17 #12-137	Address 2	HOUGANG AVENUE 3	Address 3	SINGAPORE 530017
Address 4		Address Type	Singapore address	Post Code	530017
Unit No.		Related Policy Number	5069994337-02		

▶ Insured Object: FC2543A

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

3/2/2018

Claim Handling

Accident MT/0984464

Policy No.	5069994337-02	Vehicle No.	FC2543A	GST Registration No.	
Policyholder Name	RUHAIZA BINTE MOHAMED SIDEK	Cover Type	Third Party	Policyholder NRIC	S831
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	91829735	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(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	02/03/2018 17:15	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	20/02/2018	Time of Accident hh:mm	23:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWDS DEFU LANE				
▼ 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 Status Verified	Yes
GST Registration No.					
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 17 #12-137	Address 2	HOUANG AVENUE 3	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5301
Unit No.		Related Policy Number	5069994337-02		
▼ OI Driver Info					
Driver Name	RUHAIZA BINTE MOHAMED SIDEK	Driver Type	Main Driver	Driver DOB	19/0
Unnamed driver Name		Driver NRIC	S8302860B	Driving Experience	13
Register Date of Driver License	14/04/2004	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	91829735	Contact No.(Office)	0	Address 3	
Address 1	BLK 17	Address 2	HOUANG AVENUE 3	Post Code	5301
Address 4		Address Type	Singapore address		
Unit No.	#12-137			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			
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	RUHAIZA BINTE MOHAMED SIDEK	Insured NRIC	S831
Contact No.(Mobile)	91829735	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	FC2543A	TP Vehicle Number	SHD
Claim Description	FC2543A / SHD870P ON 20 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	02/03/2018 17:23	Claim Close Date		Date Received	02/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.
Last Doc. Received

MT/0984464
• Yes ☐ No

Claim No. 001
Upload Date 02/03/2018 17:20

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

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	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:23	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:21	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:20	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:20	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:20	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:20	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:20	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:20	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 17:20	Photos	Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name	Source
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