

NATIONAL Assessment Centre Services

(Ver 1 Jan 200)

| | | | |
|---------------------------|--|-----------------------|---------------|
| Date In: 10/03/2018 14:44 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC18004599/ky | SAS e-filing | | |
| Veh No: SKF6817J | E-mail (within 3hrs, AIC 3hrs) | | |
| D.O.A: 09/03/2018 17:15 | I-Motor Claim Form | MT/0985535 | 10/3/18 16:20 |
| OD / TP / Reporting Only | I-Motor W/O (Within: OD 3hrs, TP 3hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/Wksp | | |

| | | |
|---|-------|-------|
| Preferred Wksp / INC Assign Wksp / OW: (| Tel: | Fax: |
| TP Particulars: Veh No: SKM8962Y, 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%; P: 80-100%) | | |
| Year of Registration: () Warranty: YBS() / 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 00167 | 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 | Action |
|-----------|--------|
| | |
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|---------------------------------|---|-------------|-------------|
| NA1801567 | Invoice Preparation Checklist | Amount (\$) | Actual (\$) |
| Insured's Particulars: | 1) AR: Accident Reporting (\$30) | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$50) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| C. Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Editor's Comments: | For claiming against INC Only (Wef 10 Jan 2018) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Issue DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | 9) NI: Issue Mobile | | |
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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 | 10/03/2018 14:44 |
| Date Of Accident | 09/03/2018 17:15 |
| Exact Location Of Accident | MARINE PARADE ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SKF6817J |
| Insured/Policyholder | |
| Name Of Registered Owner | MOHAMED ABDUL MAJEED NISHAD |
| NRIC No | S8085586I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90237682 |
| Alternative Phone No | OTHERS-90237682 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | MAZDA |
| Model | MAZDA5 |
| 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 | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5092379760 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | MOHAMED ABDUL MAJEED NISHAD |
| NRIC No | S8085586I |
| Date Of Birth | 22/06/1980 |
| Occupation | INDOOR |
| Date Of Driving Pass | 14/01/2013 |
| Driving Experience | 5 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90237682 |
| Fax Number | |
| Contact Number | OTHERS-90237682 |
| EMail Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 324 UBI AVENUE 1 #02-549 |
| Postcode | 400324 |
| 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? | NO |
| 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) | 2 |
| Passenger 1 | NAME: : THANISHA RUHEE NISHAD GENDER: : FEMALE |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

| | |
|---|--------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | REVERT |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------|
| Vehicle Registration Number | SKM8962Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LAM CHEN KEE |
| NRIC/Passport Number | S7610364Z |
| Contact Number | 98398434 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

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:

19/3/18

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

10/3/18

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

10/3/2018

SKETCH PLAN

marine grade Road

A - SKF 681
B - SKM 896

A-SKF 6817J
B-SKM 8962Y

while driving on the main parade road, vehicle B was turning right to Prokary Parade and the same destination vehicle A was going. while slowing down to turn, vehicle A, accidentally knocked vehicle B, resulting damage to vehicle B's rear bumper on the right side.

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

Date & Time

10/3/18

GLASS COUNTY, N.C.

(If driver is not the policyholder)

Date & Time:

10/3/14

Name:

NRIC/FIN No.:

1. 10/3/2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S80855861



Name
MOHAMED ABDUL MAJEED NISHAD

Race
SRI LANKAN

Date of birth
22-06-1980

Sex
M

Country of birth
SRI LANKA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
S80855861

Name
MOHAMED ABDUL MAJEED NISHAD

Birth Date
22 Jun 1980

Issue Date
14 Jan 2013



4534174



NRIC No. S80855861



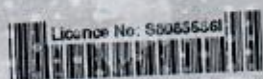
Date of issue
26-02-2010

Address
**APT BLK 324 UBI AVENUE 1
#02-549
SINGAPORE 400324**

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

EFFECTIVE DATE
14 Jan 2013

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg



NP 428A



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: S092379760

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SKF6817J ✓
Chassis Number : JM6CR10F28306930 ✓
2. Name of Policyholder : MOHAMED ABDUL MAJEED NISHAD ✓
3. Effective Date of Insurance : 04 Jul 2017 ✓
4. Expiry Date of Insurance : 27 Aug 2018 ✓
5. Persons or Classes of Persons entitled to drive:
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his/her permission.
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

 - (b) Use for hire or reward.
 - (c) Use for racing, pace-making, reliability trial or speed-testing.
 - (d) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (e) 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) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : MOHAMED ABDUL MAJEED NISHAD ✓ |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue : 03 Jul 2017 17:54 hrs

Servicing Agent:
Cowell Insurance Agency
Pte Ltd | Tel: 63392592
Trivex @ 8 Sun Road #09-09
contactus@cowell.com.sg

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC_PAYA_UBI_800601

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

Policy Query

| | | | | | | | | | |
|---|---------------------------------------|-----------------------------|---|---------|---------------|-------------|----------------|---------------|-------------|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="09/03/2018 17:15"/> | | | | | | |
| Vehicle No.(For Motor) | <input type="text" value="SKF6817J"/> | | | | | | | | |
| <input type="button" value="Search"/> | | | | | | | | | |
| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input type="radio"/> | 5092379760 | MOHAMED ABDUL MAJEED NISHAD | S8085586I | GPC | drivo CLASSIC | SKF6817J | SKF6817J | 04/07/2017 | 27/08/2018 |
| <input type="button" value="Continue"/> | | | | | | | | | |

▼ Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|---------------------------|-------------------|------------------|
| Policy No. | 5092379760 | Policyholder Name | MOHAMED ABDUL MAJEED NIS- | Policyholder NRIC | S8085586I |
| Address | BLK 324 #02-549 UBI AVENUE 1 KAMPUNG UBI ESTATE SINGAPORE 400324 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy Issue Date | 03/07/2017 | Effective Date | 04/07/2017 00:00 | Expiry Date | 27/08/2018 23:59 |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | | |
| Agent | COWELL INSURANCE (AGENCY) | Agent Tel. | 63392592 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|--------------------|
| Address 1 | BLK 324 #02-549 | Address 2 | UBI AVENUE 1 | Address 3 | KAMPUNG UBI ESTATE |
| Address 4 | SINGAPORE 400324 | Address Type | Singapore address | Post Code | 400324 |
| Unit No. | 02-549 | Related Policy Number | 5092379760 | | |

▶ Insured Object: SKF6817J

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Continue

Cancel

Claim Handling

Accident MT/0985535

| | | | | | |
|---------------------|---|---------------------|---|----------------------|------|
| Policy No. | 5092379760 | Vehicle No. | SKF68173 | GST Registration No. | |
| Policyholder Name | MOHAMED ABDUL MAJEED NISHAD | | | Policyholder NRIC | S80: |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 90237682 | 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 | 10/03/2018 16:16 | Accident Report Within 24 hrs | Yes | Accident Type | Colli |
| Date of Accident | 09/03/2018 | Time of Accident hh:mm | 17:15 | Country of Accident | Sing |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | MARINE PARADE ROAD | | | | |

▼ Benefits

| | |
|-----------|-------------|
| Coverage | Sum Insured |
| Accessory | 2000 |

▼ Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--------|-------------------|--|
| Own damage Excess | 600.00 | Additional Excess | 0.00 | Windscreen Excess | |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 600.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |

▼ GST Registered Information

| | | | |
|----------------------|----|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|------|
| Address 1 | BLK 324 #02-549 | Address 2 | UBI AVENUE 1 | Address 3 | KAM |
| Address 4 | SINGAPORE 400324 | Address Type | Singapore address | Post Code | 400: |
| Unit No. | 02-549 | Related Policy Number | 5092379760 | | |

▼ OI Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------|
| Driver Name | MOHAMED ABDUL MAJEED NISHAD | Driver Type | Main Driver | | |
| Unnamed driver Name | | Driver NRIC | S8085586I | Driver DOB | 22/C |
| Register Date of Driver License | 14/01/2013 | Driver Age | 37 | Driving Experience | 5 |
| Contact No.(Mobile) | 90237682 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | BLK 324 | Address 2 | UBI AVENUE 1 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | 400: |
| Unit No. | #02-549 | | | | |
| 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 | MOHAMED ABDUL MAJEED NISH | Insured NRIC | S80: |
| Contact No.(Mobile) | 90237682 | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | nishad.majeed@gmail.com | OI Vehicle Number | SKF68173 | TP Vehicle Number | SKM |
| Claim Description | SKF68173 / SKM8962Y ON 9 Mar 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 | 10/C |
| Date Registered | 10/03/2018 16:22 | Claim Close Date | | Total Loss but Repaired | |
| Report Taken By | KRISHNASAMY | Workshop Repairer | | | |

☒ Print AK letter

Save Submit

Attachment

| | | | |
|---|---|---|---|
| Accident No. | MT/0985535 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 10/03/2018 16:20 |
| Path * | | Category * | Confidential |
| <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Choose File No file chosen</div> <div>Message Read</div> | | <div>Clear Please Select</div> <div>Clear Please Select</div> <div>Clear Please Select</div> <div>Clear Please Select</div> <div>Clear Please Select</div> <div>Clear Please Select</div> | <div>NO</div> <div>NO</div> <div>NO</div> <div>NO</div> <div>NO</div> <div>NO</div> |
| | | Urgency * | Normal |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Descr |
|------------|--|-----------------------|---------|--------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2018 16:22 | NRIC/ Driving License | Normal | NRIC/ Driving Lice |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2018 16:21 | SAS | Normal | SAS 2018 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2018 16:20 | Photos | Normal | Photos 20: |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2018 16:20 | Photos | Normal | Photos 20: |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2018 16:20 | Photos | Normal | Photos 20: |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2018 16:20 | Photos | Normal | Photos 20: |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2018 16:20 | Photos | Normal | Photos 20: |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2018 16:20 | Photos | Normal | Photos 20: |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2018 16:20 | Photos | Normal | Photos 20: |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2018 16:20 | Photos | Normal | Photos 20: |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2018 16:20 | Photos | Normal | Photos 20: |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Mar 2018 16:20 | 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> | |