

# NATIONAL Assessment Centre Services

(wef 1 Jan'03) **NA180339 11**

Date In: <b>12/3/18-12:36</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18004673/24</b>	SAS e-filing		
Veh No: <b>FX54293</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>9/3/18-19:35</b>	i-Motor Claim Form	<b>MT/0985682</b>	<b>12/3/18 15:29</b>
OD: <b>TP</b> 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: <b>SLV1999D</b>	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: 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

**NA1801618**

## Invoice Preparation Checklist

Am't (\$)  
Inc Bill

Am't (\$)  
Add Bill

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Pat. 1:

Pat. 2 / 3:

1) AR : Accident Reporting (\$30);	
2) DA : Damage Assessment (\$100); INC (\$80)	
3) TF : Towing Fee \$40/\$45	
4) FT : Follow-Through Survey \$120	
5) FT : 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:-	
ON*	
*N5: Courtesy Car / Tpt Allowance \$5	
*N6: Repair Co-ordination \$10	
*N7: Post Repair Inspection \$25	
*N8: DV / Collect Excess Coordination \$5	
TP (N11) : TP (Non INC) against INC \$20	
9) N12: Idac Mobile 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	12/03/2018 12:26
Date Of Accident	09/03/2018 19:35
Exact Location Of Accident	TAMPINES AVE 5 INFRONT OUR TAMPINES HUB
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX5429S
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#### Insured/Policyholder

Name Of Registered Owner	MUHAMMAD ZHAFIR BIN MUHAMMAD NAZAR
NRIC No	S9228123Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90070721
Alternative Phone No	OFFICE-90070721

#### Vehicle Particulars

Manufacturer	HONDA
Model	CB400 SF2J M
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	5083743510-01
Cover Note Number	

#### Driver

Name of Driver	MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL
NRIC No	S9345216Z
Date Of Birth	29/11/1993
Occupation	INDOOR
Date Of Driving Pass	06/11/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90070721
Fax Number	
Contact Number	OFFICE-90070721
EMail Address	NOEMAIL

Address	BLK 317 TAMPINES STREET 33 #04-58
Postcode	520317
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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	TAMPINES EAST NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 263 TAMPINES STREET 21 #01-128 , POSTCODE: 520263 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7839999 - FAX NO: 67832500
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180309/2194.

#### 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	SLV1999D
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)

1

**DETAILS OF INJURED PERSON 1**

Name

MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FX5429S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

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:

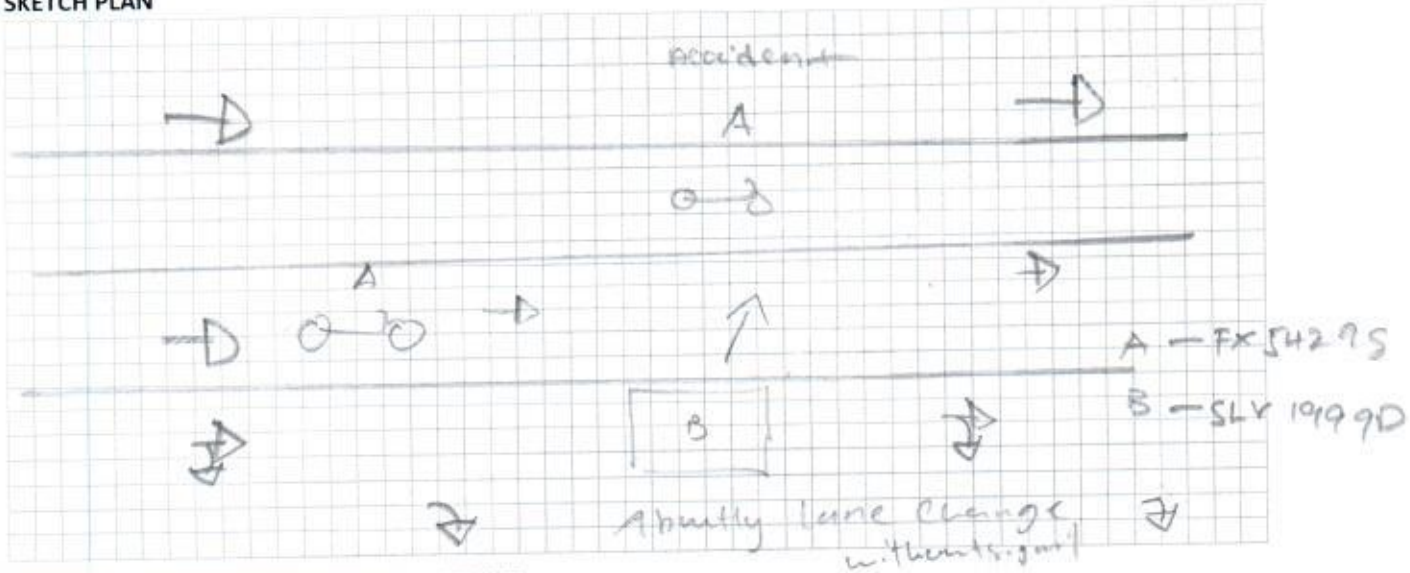
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/20180309/2194

## 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.:



Reported on 10/3/2018  
@ 1030AM

## ACCIDENT STATEMENT

ACCIDENT DATE: 9/3/2018 (DD/MM/YYYY), TIME: 19:35 (HH:MM)

LOCATION: Tampines Ares in front of our Tampines Hub.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FX 5429S  
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: 90070721  
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) Friends.  
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: SLV1999D 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 = MuhdShami193@gmail.com

Fax = MuhdShami193@gmail.com

Waiting for Motorcycle Photos?  
at Compound





# SINGAPORE POLICE FORCE



T/20180309/2194

1 of 3

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

Report No. T/20180309/2194

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/03/2018 22:01	Vide Report No.:	Station Diary No.: 63
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**Informant's Particulars**

Name of Informant: MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL			Address: APT BLK 317 TAMPINES STREET 33 #04-58 SINGAPORE 520317	
ID Type / ID No.: NRIC NO / S9345216Z			Contact No.: Home/Office: Mobile: 90070721	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 24	Date of Birth: 29/11/1993	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name:
Occupation: NATIONAL SERVICEMAN			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/03/2018 19:35	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 5				
Along Tampines Ave 5 in front of Our Tampines Hub				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX5429S	Motorcycle				Totally Damaged	0
SLV1999D	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	





**SINGAPORE  
POLICE FORCE**



T/20180309/2194

2 of 3

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

Report No. T/20180309/2194

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL	ID No.	S9345216Z
Related Vehicle	FX5429S (Motorcycle)	Contact No.	90070721
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	SUuWanQi	ID No.	S8413120B
Related Vehicle	SLV1999D (Car)	Contact No.	96488111
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 09/03/2018 at about 1930hrs I was travelling along tampines ave 5 towards tampines ave 10 on the 2nd lane on my motorcycle, FX5429S. A vehicle, SLV1999D abruptly cut in front of me without signaling. She then applied emergency brake. I could not stop in time and tried to swerve to the left and hit onto the left rear of her vehicle. I fell onto the ground, got up and walk over to her vehicle and she told me to wait as she moved her vehicle to the side of the road.

She then told me that in front of her was a van and the van did a emergency brake thus she had to do so also. I confronted her about her changing her lanes without signaling and she denied the claim. I called for ambulance which arrived shortly together with traffic police.

My motorcycle was towed to the nearest carpark as it totally could not start.. I suffered abrasion, swelling and deep cuts on my right arms and slight abrasion on my left knee. The ambulance gave me dressing I was not conveyed. The opposite party was not injured at the point of accident. Her vehicle suffered, dent on the left rear bumper and back lights broken.

There was a male passerby who was standing near to the smoking corner in front of Tampines Hub, I went forward made a check if he saw the incident and he said yes and he was willing to be my witness. He left me a number, HP:96407373. I did not manage to get his name.



**SINGAPORE  
POLICE FORCE**



T/20180309/2194

3 of 3

Report No. T/20180309/2194

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

**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:  
G /  
Sgt 2 ANABELLE TEY SOO LIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476365

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
09/03/2018 22:01

Classification Of Case:



SINGAPORE  
POLICE FORCE

SIGNATURE



**SINGAPORE ARMED FORCES  
IDENTITY CARD**

Name  
**MUHAMMAD SHAMIL  
BIN MOHAMAD IQHBAL**

NRIC No  
**S9345216Z**

A10036

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Munpower Base or any Police Station.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S9345216Z**

Name  
**MUHAMMAD SHAMIL BIN  
MOHAMAD IQHBAL**

Birth Date: **29 Nov 1993**

Issue Date: **23 Oct 2013**

002238001H

GENALTOGGPU1004F1000914 00000000231177

NRIC No/Colour  
**S9345216Z/ PINK**

Race  
**INDIAN**

Date Of Birth  
**29/11/1993**

Service Status  
**NSF**

Address  
**Blk 317 TAMPINES STREET 33  
#04-58 SINGAPORE 520317**

Blood Group  
**A (+)**

Country Of Birth  
**SINGAPORE**

Military Rank/Status  
**ENLISTEE**

Sex  
**M**

Class 2B Motorcycles <= 200 CC  
Class 2A Motorcycles between 201 CC and 400 CC  
Class 2 Motor cars <= 1000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 1000 kg

01 Jul 2015  
06 Nov 2017  
23 Oct 2013

S / No. 9000303444

S9345216Z

Licence No: S9345216Z

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"/>	5083743510-01	MUHAMMAD ZHA FIR BIN MUHAMMAD NAZAR	S9228123Z	GMC	Third Party, Fire & Theft	FX5429S	FX5429S	27/12/2017	26/12/2018



## ▼ Policy Information

Policy No.	5083743510-01	Policyholder Name	MUHAMMAD ZHAFIR BIN MUHAMMAD	Policyholder NRIC	S9228123Z
Address	BLK 339 #03-881 UBI AVENUE 1 SINGAPORE 400339				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/12/2017	Effective Date	27/12/2017 00:00	Expiry Date	26/12/2018 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	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 339 #03-881	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400339
Address 4		Address Type	Singapore address	Post Code	400339
Unit No.	03-881	Related Policy Number	5083743510-01		

## ► Insured Object: FX5429S

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	13/01/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 13 Jan 2018, the following amendment(s) is/are made to this policy; INCLUSION OF NAMED DRIVER 1.</p> <p>MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL DELETION OF NAMED DRIVER 1.</p> <p>MUHAMMAD NAZAR BIN ABDUL HAMID In view of this amendment, an additional premium of \$87.08 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our</p>

[Exit](#)

## Claim Handling

Accident MT/0985682

Policy No.	5083743510-01	Vehicle No.	FX54295	GST Registration No.	
Policyholder Name	MUHAMMAD ZHAFFIR BIN MUHAMMAD NAZAR			Policyholder NRIC	S9228123Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90070721	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
ePK	<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(%)	10	Private Hire	No

**Accident Details**

Report Date	12/03/2018 15:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	09/03/2018	Time of Accident (H:mm)	19:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE 5 INFRONT OUR TAMPINES HUB				

**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 339 #03-881	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400339
Address 4		Address Type	Singapore address	Post Code	400339
Unit No.	03-881	Related Policy Number	5083743510-01		

## OI Driver Info

Driver Name	MUHAMMAD SHAMIL BIN MOHAMAD IQBAL	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9345216Z	Driver DOB	29/11/1993
Register Date of Driver License	06/11/2017	Driver Age	24	Driving Experience	0
Contact No.(Mobile)	90070721	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 317	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520317
Address 4		Address Type	Singapore address	Post Code	520317
Unit No.	04-58				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	MUHAMMAD ZHAFFIR BIN MUHAMMAD NAZAR	Insured NRIC	S9228123Z
Contact No.(Mobile)	96544967	Contact No.(Home)	67444628	Contact No.(Office)	
Email Address		OI Vehicle Number	FX54295	TP Vehicle Number	SLV1999D
Claim Description	FX54295 / SLV1999D ON 9 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	12/03/2018 00:00
Date Registered	12/03/2018 15:29	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

**Save Submit**

## Attachment

Accident No.	MT/0985682	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/03/2018 15:30

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	
<input type="text"/> Browse... <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal	

**Attachment List**



Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:30	NR3C/ Driving License	Normal	NR3C/ Driving License 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:30	SAS	Normal	SAS 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mr 2018 15:29	Photos	Normal	Photos 2018-3-12	<a href="#">Edit</a>

Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading