

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA118078535

Date In: 21/3/18-15:38	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18005297/24	SAS e-filing		
Veh No: FDE 7072X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/3/18-12:30	i-Motor Claim Form	MT/0987069	21/3/18 16:05
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: SL486028

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:	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

NA180766	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*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	

Auditors' Comments:-

Lat. 1:

Lat. 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	21/03/2018 15:38
Date Of Accident	19/03/2018 12:30
Exact Location Of Accident	ALONG SIXTH AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE7072X
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD RIDZUAN BIN ISHAK
NRIC No	S9417592E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90065007
Alternative Phone No	OFFICE-90065007

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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	5098589751
Cover Note Number	

Driver

Name of Driver	MOHAMMAD RIDZUAN BIN ISHAK
NRIC No	S9417592E
Date Of Birth	15/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	02/09/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90065007
Fax Number	
Contact Number	OFFICE-90065007
EEmail Address	NOEMAIL

Address	BLK 367 CLEMENTI AVENUE 2 #04-519
Postcode	120367
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 - CROSS JUNCTION
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?	YES
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180319/2195.

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	SLH8602B
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	MOHAMMAD RIDZUAN BIN ISHAK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBE7072X
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.

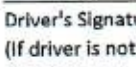
8. Consent under the Personal Data Protection Act (PDPA)

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

REFER TO POLICE REPORT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

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 ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 19/03/2018 (DD/MM/YY) Time: 12:30 (HH:MM)
Exact location of accident	Along Road 1 SIXTH AVENUE

Details of vehicle

Vehicle registration number	FBE 7072X
Vehicle make and model	YAMAHA T135
Type of vehicle	Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/>
Purpose of using at said time	WORK
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	NTMC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	MOHAMMAD RIDZUAN BIN ISHAK Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	39417592E
Contact	90065007
Address	APT BLK 367 CLEMENTA AVE 2 #04-S19 S(120367)

DriverSame as insured above ☒ (skip to D.O.B)

Name	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	15-05-1994
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Driving date pass	02 Sep 2015

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	_____ (Inclusive of driver)

Passenger 1

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station. _____
Police station name	_____

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SLH 8602 B
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	MOHAMMAD RIDZUAN BIN ISHAK
Injuries sustained	Body
Which vehicle person in?	FBE 7072X
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



**SINGAPORE
POLICE FORCE**



T/20180319/2195

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180319/2195

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2018 22:56		Vide Report No.:		Station Diary No.: 237	
Informant's Particulars					
Name of Informant: MOHAMMAD RIDZUAN BIN ISHAK			Address: APT BLK 367 CLEMENTI AVENUE 2 #04-519 SINGAPORE 120367		
ID Type / ID No.: NRIC NO / S9417592E			Contact No.: Home/Office: Mobile: 90065007		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 15/05/1994	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/03/2018 12:30	Type of Location: Straight Road
Location: Along Road 1 SIXTH AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE7072X	Motorcycle	YAMAHA	T135	Red	Slightly Damaged	1
SLH8602B	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE7072X	NTUC Income Insurance Co-Operative Limited	5098589751	03/03/2018	02/03/2019



SINGAPORE POLICE FORCE



T/20180319/2195

2 of 3

Report No. T/20180319/2195

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider		ID No.	S9417592E
Name	MOHAMMAD RIDZUAN BIN ISHAK	Contact No.	90065007
Related Vehicle	FBE7072X (Motorcycle)	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Date Treatment	19/03/2018
Date Treatment	19/03/2018	Date Discharge	19/03/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I was riding my bike along sixth avenue. As was riding straight, a vehicle from the opposite lane wanted to make a right turn. As he was making the turn, I was riding straight and I then collided with the said vehicle.

Ambulance then arrived at the accident scene and I was convey to NUH for further medical treatment. I was then given 4 days MC. There is no camera installed in my bike however I noticed an in car camera on the said vehicle.



SINGAPORE
POLICE FORCE



T/20180319/2195

3 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20180319/2195

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan



A = FBET.072X

B = SLH 860JB

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 3 SAIFULBAHRI BIN SHA'ARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/03/2018 22:56

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NORASHIKIN BINTE DAUD

Contact No.: 65476439

Classification Of Case:

SN 37

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9417592E



Name

MOHAMMAD RIDZUAN BIN
ISHAK

Race

MALAY

Date of Birth

15-05-1994

Sex

M

Country of Birth

SINGAPORE

S9417592E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

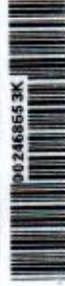
S9417592E

Name

MOHAMMAD RIDZUAN BIN ISHAK

Birth Date: 15 May 1994

Issue Date: 02 Sep 2015



902468553K

SS
50

4360967



MRIC No: S9417592E



Date of issue

25-02-2009

APT BLK 387 CLEMENTI AVENUE 2 #04-519
SINGAPORE 120367

MRIC No: S9417592E

Date: 15/01/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

02 Sep 2015

Class 2B Motorcycles =< 200 cc



Licence No: S9417592E

NP 428A

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

19/03/2018 12:30

Vehicle No.(For Motor)

FBE7072X

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098589751	MOHAMMAD RIDZUAN BIN ISHAK	S9417592E	GMC	Third Party, Fire & Theft	FBE7072X	FBE7072X	03/03/2018	02/03/2019

▼ Policy Information

Policy No.	5098589751	Policyholder Name	MOHAMMAD RIDZUAN BIN ISHA	Policyholder NRIC	S9417592E
Address	BLK 367 #04-519 CLEMENTI AVENUE 2 CLEMENTI SPRING SINGAPORE 120367				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	03/03/2018	Effective Date	03/03/2018 00:00	Expiry Date	02/03/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	712.00		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	A S PHOON PTE LTD	Agent Tel.	67470770	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 367 #04-519	Address 2	CLEMENTI AVENUE 2	Address 3	CLEMENTI SPRING
Address 4	SINGAPORE 120367	Address Type	Singapore address	Post Code	120367
Unit No.	02-230	Related Policy Number	5098589751		

► Insured Object: FBE7072X

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	03/03/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 03 Mar 2018, the following amendment(s) is/are made to this policy: The Policy is extended to cover food delivery services.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 05 Mar 2018, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: MOHD FAHMI BIN RAHIM In view of this amendment, an additional premium of \$26.75 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number xxxx xxxx xxxx 7212.</p>
2	05/03/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	

Continue

Cancel

Exit

Claim Handling

The premium on this policy has not been collected.

Accident MT/0987069

Policy No.	5098589751	Vehicle No.	FBE7072X	GST Registration No.	
Policyholder Name	MOHAMMAD RIDZUAN BIN ISHAK	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S9417592E
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	90065007	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Report Date		21/03/2018 16:02	Accident Report Within 24 hrs		Yes	Accident Type		Collision - Cross Junction
Date of Accident		19/03/2018	Time of Accident hh:mm		12:30	Country of Accident		Singapore
Reporting Centre			Orange Force			ICM No.		
Accident Location		ALONG SIXTH AVENUE						

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		No	GST Registration Date			GST Status Verified		Yes
GST Registration No.								
Modification History								

Address 1		BLK 367 #04-519	Address 2		CLEMENTI AVENUE 2	Address 3		CLEMENTI SPRING
Address 4		SINGAPORE 120367	Address Type		Singapore address	Post Code		120367
Unit No.		02-230	Related Policy Number		5098589751			

Driver Name		MOHAMMAD RIDZUAN BIN ISHAK	Driver Type		Main Driver	Driver DOB		15/05/1994
Unnamed driver Name			Driver NRIC		S9417592E	Driving Experience		2
Register Date of Driver License		02/09/2015	Driver Age		23	Contact No.(Home)		0
Contact No.(Mobile)		90065007	Contact No.(Office)		0	Address 3		CLEMENTI SPRING
Address 1		BLK 367	Address 2		CLEMENTI AVENUE 2	Post Code		120367
Address 4		SINGAPORE 120367	Address Type		Singapore address			
Unit No.		04-519	Driver Vehicle No.			Driver Insurer Company		
Does he own a Singapore Registered car?		<input type="radio"/> Yes <input checked="" type="radio"/> No						

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

Modification History

Claim 001 [New](#)

Claim Type *	OD-MX	Injured Name	MOHAMMAD RIDZUAN BIN ISHAK	Insured NRIC	S9417592E
Contact No.(Mobile)	90065007	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	ridz1505@gmail.com	OT Vehicle Number	FBE7072X	TP Vehicle Number	SLH8602B
Claim Description	FBE7072X / SLH8602B ON 19 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalization	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	21/03/2018 00:00
Date Registered	21/03/2018 16:05	Claim Close Date			
Report Taken By	Jackson				













Print AK MTR [Save](#) [Submit](#)

Attachment

Accident No.	MT/0987069	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/03/2018 16:05		
Path *		Category *	Confidential	Urgency *	Description *
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Send Message [Upload](#)

Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Mag Sent? Action (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:05	SAS	Normal	SAS 2018-3-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:05	Photos	Normal	Photos 2018-3-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:05	Photos	Normal	Photos 2018-3-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:05	Photos	Normal	Photos 2018-3-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:05	Photos	Normal	Photos 2018-3-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:05	Photos	Normal	Photos 2018-3-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:05	Photos	Normal	Photos 2018-3-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:05	Photos	Normal	Photos 2018-3-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:05	Photos	Normal	Photos 2018-3-21	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 16:05	Photos	Normal	Photos 2018-3-21	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	