

NATIONAL Assessment Centre Services [ver: 1 Jan 2003]

Date In: 23/03/2018 15:51	Job description	Date & Time Completed	Done by
Ref No: NA/INC18005468/K4	SAS e-filing		
Veh No: FE7329J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/05/2017 15:00	i-Motor Claim Form	MT/0984237	23/3/18 17:25
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: FBC8188A INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]
 Year of Registration: () Warranty: YES () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-
 () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	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 :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: 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		
Date 1:	For claiming against INC Only (wef 10 Jan 2003)		
Date 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 (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	23/03/2018 15:51
Date Of Accident	30/05/2017 15:00
Exact Location Of Accident	BKE BEFORE WOODLANDS AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FE7329J
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD LATIF BIN IDRIS
NRIC No	S93206811
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87489247
Alternative Phone No	OTHERS-87489247

Vehicle Particulars

Manufacturer	YAMAHA
Model	-
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5084555603
Cover Note Number	

Driver

Name of Driver	SHAIK MOHAMED MUZHAFAR BIN SHAIK MOHAMED ISMAIL
NRIC No	S9113831Z
Date Of Birth	15/04/1991
Occupation	INDOOR
Date Of Driving Pass	03/12/2009
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87489247
Fax Number	
Contact Number	OTHERS-87489247
E-Mail Address	NOEMAIL

Address	BLK 602 YISHUN STREET 61 #02-371
Postcode	760602
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 - 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20170531/2123

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBC8188A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:



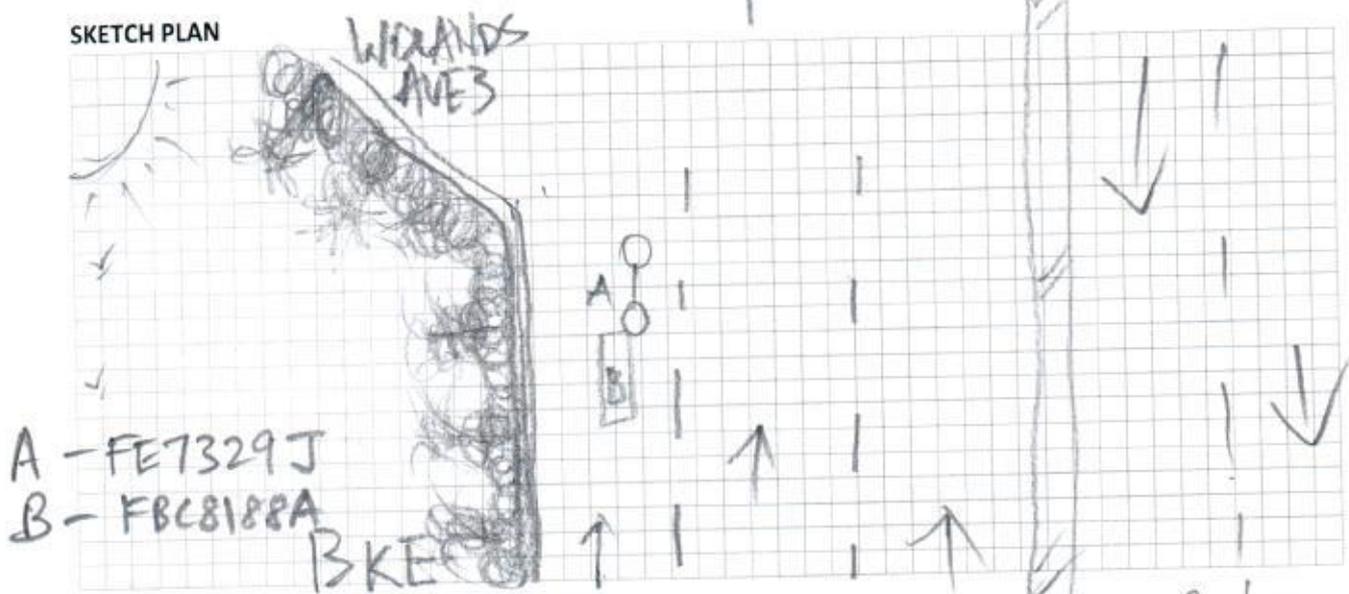
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 23/3/2018

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

Checkpoint

SKETCH PLAN



A - FE7329J
 B - FBC8188A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

City

Pls Refer to the Police Report
 T/20170531/2123

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.:

23/3/2018



**SINGAPORE
POLICE FORCE**



T/20170531/2123

1 of 3

Report No. T/20170531/2123

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2017 16:03	Vide Report No.: J/20170530/0161	Station Diary No.:
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Informant's Particulars

Name of Informant: SHAIK MOHAMED MUZHAFAR BIN SHAIK MOHAMED ISMAIL		Address: 602 YISHUN ST 61 #02-371 HDB-YISHUN SINGAPORE 760602	
ID Type / ID No.: NRIC NO / S9113831Z		Contact No.: Home/Office:	Mobile: 87148197
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 15/04/1991	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: RAMKAY		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/05/2017 15:00	Type of Location:
Location: BUKIT TIMAH EXPRESSWAY BEFORE WOODLANDS AVE 3				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC8188A	Motorcycle				Slightly Damaged	0
FE7329J	Motorcycle				Slightly Damaged	0

Details of Person Involved

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



Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	CHOO CHIA SEONG	ID No.	A30116156
Related Vehicle	FBC8188A (Motorcycle)	Contact No.	82010940
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/05/2017	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	SHAIK MOHAMED MUZHAFAR BIN SHAIK MOHAMED ISMAIL	ID No.	S9113831Z
Related Vehicle	FE7329J (Motorcycle)	Contact No.	87148197
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

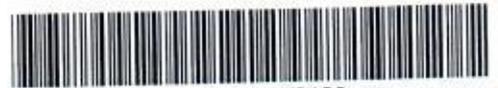
Brief Details.

AS ABOVE MENTION DATE TIME AND LOCATION,

I WAS RIDING AT THE LOCATION MENTION, FROM 2nd GOING TO 3rd LANE WHILE I WAS RIDING A MOTORCYCLE FROM THE BACK HIT ONTO THE REAR OF MY MOTOR AND THE RIDER FALL I STOPPED MY BIKE AND GOT OFF MY BIKE AND HELP HIM. AND A PASSERBY CALLED FOR THE AMBULANCE.



**SINGAPORE
POLICE FORCE**



T/20170531/2123

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20170531/2123

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:
TP /
MUHAMMAD ALFIE AASRIQ BIN MOHAMMED
IRWAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Insp NORHIDAWATI BINTE AHMAD
Contact No.: 65476310

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
31/05/2017 16:03

Classification Of Case:

Reported on 23/3/2018
@ 16:10 HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (30/5/2017) (DD/MM/YYYY), TIME: (15:00) (HH:MM)

LOCATION: BKE BEFORE WOODLANDS AVE 3.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FE 7329 J
- 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: 87489247
- 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) Friend.
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: FBC 8188A 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: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email =

fax =

* Motorcycle was not present Driver told that motorcycle ? loss.

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S9113831Z**



Name
**SHAIK MOHAMED MUZHAFFAR
 BIN SHAIK MOHAMED ISMAIL**

Race
INDIAN

Date of birth
15-04-1991

Country of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE
 LICENCE

Licence Number **S9113831Z**



Name
**SHAIK MOHAMED MUZHAFFAR
 BIN SHAIK MOHAMED ISMAIL**

Birth Date **15 Apr 1991**

Issue Date **10 Jul 2010**



001873362F

4447824



NRIC No. **S9113831Z**



Date of issue
31-07-2009

**APT BLK 602 YISHUN STREET 61 #02-371
 SINGAPORE 780602**

S9113831Z **24/09/2013**

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	03 Dec 2009
	Motor Cars <= 3000kg With <= 7 passengers, exclusive	20 Nov 2009
Class 2B	Motorcycles <= 200 CC	03 Dec 2009
Class 2A	Motorcycles between 201 CC and 400 CC	14 Aug 2011
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	20 Nov 2009
Class 4	Heavy motor cars and motor tractors > 2500 kg	21 Sep 2012

S9113831Z S / No. 9000169461

NP 428A

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084555603	MUHAMMAD LATIF BIN IDRIS	S93206811	GMC	Third Party	FE7329J	FE7329J	27/09/2016	26/09/2017

Continue

Claim Handling

Accident MT/0984237

Policy No.	5084555603	Vehicle No.	FE7329J	GST Registration No.	
Policyholder Name	MUHAMMAD LATIF BIN IDRIS			Policyholder NRIC	S93206811
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
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(%)	0	Private Hire	Not available

Accident Details

Report Date	01/03/2018 15:26	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	30/05/2017	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE BEFORE WOODLANDS AVE 3				

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 237 #03-536	Address 2	COMPASSVALE WALK	Address 3	SINGAPORE 540237
Address 4		Address Type	Singapore address	Post Code	540237
Unit No.		Related Policy Number	5084555603-01		

OI Driver Info

Driver Name	SHAIK MOHAMED MUZHAFAR	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9113831Z	Driver DOB	15/04/1991
Register Date of Driver License	01/01/2009	Driver Age	26	Driving Experience	8
Contact No. (Mobile)	87148197	Contact No. (Office)		Contact No. (Home)	
Address 1		Address 2		Address 3	

Claim Handling

Accident MT/0984237

Policy No.	5084555603	Vehicle No.	FE7329J	GST Registration No.	
Policyholder Name	MUHAMMAD LATIF BIN IDRIS			Policyholder NRIC	S93
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not

▼ **Accident Details**

Report Date	01/03/2018 15:26	Accident Report Within 24 hrs	Yes	Accident Type	Unki
Date of Accident	30/05/2017	Time of Accident hh:mm	15:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE BEFORE WOODLANDS AVE 3				

▼ **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 237 #03-536	Address 2	COMPASSVALE WALK	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	540
Unit No.		Related Policy Number	5084555603-01		

▼ **O1 Driver Info**

Driver Name	SHAIK MOHAMED MUZHAFAR	Driver Type	Named Driver
Unnamed driver Name		Driver NRIC	S9113831Z
Register Date of Driver License	01/01/2009	Driver Age	26
Contact No.(Mobile)	87148197	Contact No.(Office)	
Address 1	BLK 602 #02-371	Address 2	YISHUN STREET 61
Address 4	SINGAPORE 760602	Address Type	Singapore address
Unit No.	02-371		
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 002 OD-MX New

Claim Type *	OD-MX	Insured Name	MUHAMMAD LATIF BIN IDRIS	Insured NRIC	S93	
Contact No.(Mobile)	81951420	Contact No.(Home)	68818414	Contact No.(Office)		
Email Address		O1 Vehicle Number	FE7329J	TP Vehicle Number	FBC	
Claim Description	FE7329J / FBC8188A ON 30 May 2017				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Rec	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	23/0	
Date Registered	23/03/2018 17:26	Claim Close Date		Total Loss but Repaired		
Report Taken By	KRISHNASAMY	Workshop Repairer				

Print AK letter

Save Submit

Attachment

Accident No. MT/0984237 Claim No. 002
 Last Doc. Received Yes No Upload Date 23/03/2018 17:25

Path *

- No file chosen
-

Category *		Confidential	Urgency *
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 17:26	NRIC/ Driving License		Normal	NRIC/ Driving Lic
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 17:24	SAS		Normal	SAS 2018

Video List

Uploaded By/Date	Folder Date	File Name		Source
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