

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 04/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008160/r3	SAS e-filing		
Veh No: FS2314K	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 26/04/18 0640	i-Motor Claim Form	MT/0992940-001	
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:	Veh No: SDJ7405U	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

NA1802787

Invoice Preparation Checklist

Amt (\$) 1st Bill Amt (\$) Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 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) RT : Follow-Through Survey (Resurvey) \$30
- 6) TR : Re-inspection \$75
- 7) N1 : Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile 30

Invoice dated

Fee Charged

3238

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	04/05/2018 11:03
Date Of Accident	26/04/2018 06:40
Exact Location Of Accident	SENGKANG EAST RD TWDS BUANGKOK GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS2314K
Insured/Policyholder	
Name Of Registered Owner	LIM JIE SHENG JASON
NRIC No	S9115050F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87274928
Alternative Phone No	OTHERS-87274928

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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	5095556349
Cover Note Number	

Driver

Name of Driver	MD KHADRI BIN CHE MOHD KHATAM
NRIC No	S1796905F
Date Of Birth	06/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	12/06/2001
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90719837
Fax Number	
Contact Number	
Email Address	KHADCNA@YAHOO.COM

Address	BLK 208C PUNGGOL PLACE #07-930
Postcode	823208
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : MUHAMMAD KHALIIF SHAFIQ GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180427/2021 & T/20180426/2131

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	SDJ7405U
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

PC490M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJQ1022Y

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

MD KHADRI BIN CHE MOHD KHATAM

Approximate Age

Injuries Sustain

SERIOUS

Injured person in which vehicle?

FS2314K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

MUHAMMAD KHALIIF SHAFIQ

Approximate Age

Injuries Sustain

SERIOUS

Injured person in which vehicle?

FS2314K

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.

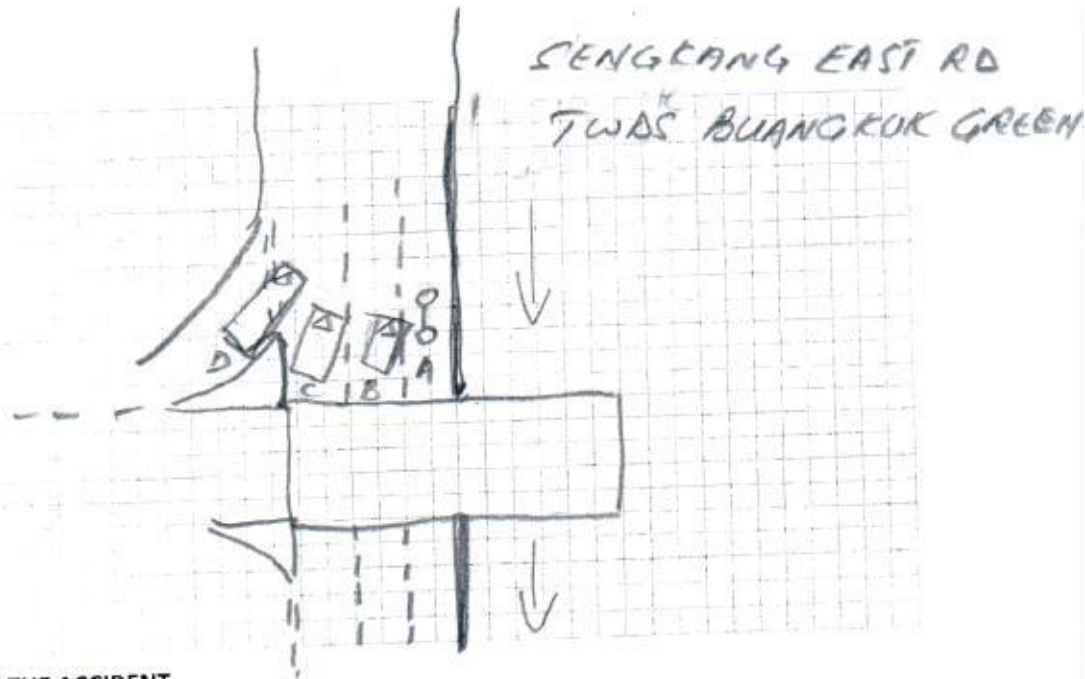
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/5/18

 04/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A - FS2314S
 B - SDJ7405U
 C - PL490M
 D - SJQ 1022Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the 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.:

3/5/18

sfym 04/05/18



SINGAPORE POLICE FORCE



T/20180426/2131

1 of 3

Report No. T/20180426/2131

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No. 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
26/04/2018 18:00

Vide Report No.:

Station Diary No.:
510

Informant's Particulars

Name of Informant: MD KHADRI BIN CHE MOHD KHATAM		Address: APT BLK 208C PUNGGOL PLACE #07-930 SINGAPORE 823208	
ID Type / ID No.: NRIC NO / S1796905F		Contact No.:	Mobile: 90719837
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 06/09/1967	Type of Informant: Rider
Race: Javanese		Language:	Institution / School Name:
Occupation: CAMERA MAN		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: 26/04/2018 06:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUANGKOK GREEN HOUGANG AVENUE 4 Slightly after the junction.				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS2314K	Motorcycle				Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FS2314K	NTUC Income Insurance Co-Operative Limited			



**SINGAPORE
POLICE FORCE**



T/20180426/2131

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

2 of 2

Report No. T/20180426/2131

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MD KHADRI BIN CHE MOHD KHATAM	ID No.	S1796905F
Related Vehicle	FS2314K (Motorcycle)	Contact No.	90719837
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	26/04/2018	Date Discharge	26/04/2018
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Pillion			
Name	Muhammad Khalif Shafiq B Mohd K	ID No.	T0534150C
Related Vehicle	FS2314K (Motorcycle)	Contact No.	98512669
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/04/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

On 26th April 2018 at about 6.40am, I was travelling along Buangkok green on my motorcycle with my son as my pillion towards the junction at Hougang avenue 4 on the right most lane. When just passing the junction, a silver Volkswagen car bearing registration plate SJQ1022Y from Hougang avenue 4 drove into Buangkok green without seeing the incoming traffic along Buangkok green. It then caused one blue Kinglong bus bearing the registration plate PC490M and one maroon car bearing registration plate SDJ7405U to swerve right from their lanes. Thus, the maroon car's rear right side hit the side of my motorcycle, causing it to skid off towards the left. Subsequently traffic police arrived and both me and my son were conveyed to hospitals respectively. I am lodging this report for record purposes and to claim insurance and medical expenses.

2
No. T/20180426



POLICE FORCE



T/20180426/2131

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

3 of 3

Report No. T/20180426/2131

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:
E /
Sgt 3 ERWIN SUTRISNO BIN NADIMOH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/04/2018 18:00

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt RAZIZ BIN TAHAR
Contact No.: 65476200

Classification Of Case:

Authentication Stamp
NP168

SN 167

SIGNATURE



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N P C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20180427/2021

1 of 2

Report No T/20180427/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2018 11:07	Vide Report No.: T/20180426/2131	Station Diary No.: 31
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Informant's Particulars

Name of Informant: MD KHADRI BIN CHE MOHD KHATAM		Address: APT BLK 208C PUNGGOL PLACE #07-930 SINGAPORE 823208	
ID Type / ID No.: NRIC NO / S1796905F		Contact No.: Home/Office: Mobile: 90719837	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 06/09/1967	Type of Informant: Rider
Race: Javanese		Language:	Institution / School Name:
Occupation: CAMERA MAN		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/04/2018 06:40	Type of Location:
Location: Junction of Road 1 and Road 2 BUANGKOK GREEN HOUGANG AVENUE 4 slightly after the junction				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Brief Details.

I am making this report to amend the report T/20180426/2131. I wish to state that it was the side of a maroon car (SDJ7405U) hit on my motorcycle.

I wish to add that the driver of silver Volkswagen (SJQ1022Y) wanted to give me \$50/- to settle the accident with me but I refused and told her that I will make a Police report.



**SINGAPORE
POLICE FORCE**



T/20180427/2021

2 of 2

Report No. T/20180427/2021

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

F /

Staff Sgt TAN WEILONG, JONATHAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/04/2018 11:07

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200

Classification Of Case:

SN 085

Authentication Stamp

NP168

Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 04 / 18 (DD/MM/YYYY), TIME: 06 : 40 (HH:MM)

LOCATION: HOUKANG AVE 4 AFTER JUNCTION

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FS2314K
b) INSURANCE COMPANY: NHUL
c) POLICY NUMBER: 5095556349
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA CB 400
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: FOR PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: LIM JIE SHENG JASON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 59115050F CONTACT: 87274928
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MD KHADRI BIN CHE MOHD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 51796905F CONTACT: 90719837
c) ADDRESS: BLK 208C NUNG GOL PLACE
#07-930 S'PORE (823208)

*d) DATE OF BIRTH: 06 / 09 / 1967 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12/06/2001

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

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: 50574054 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: PC490M MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

10 : SJQ10224

Email = cckcarrental@yahoo.com.sg

Fax = _____

03/05/18

waiting for veh ✓

1
police report

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1796905F**

Name: **MD KHADRI BIN CHE MOHD KHATAM**

Birth Date: **06 Sep 1967**

Issue Date: **14 Apr 2003**

000381744D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1796905F**

Name: **MD KHADRI BIN CHE MOHD KHATAM**

Race: **JAVANESE**

Date of birth: **06-09-1967**

Sex: **M**

Country of birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 CC	23 Aug 1986
Class 2A	Motorcycles between 201 CC and 400 CC	12 Jan 2001
Class 1	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	01 Oct 2009

S / No. 9000084220

Licence No. S1796905F

NF 428A

3605172

NPIC No. **S1796905F**

Date of issue: **03-01-2005**

APT BLK 208C PUNGGOL PLACE #07-930
SINGAPORE 823208
S1796905F

01/08/2013

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.

Date of Accident

26/04/2018 06:40

Vehicle No.(For Motor)

FS2314K

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095556349	LIM JIE SHENG JASON	S9115050F	GMC	Third Party, Fire & Theft	FS2314K	FS2314K	02/11/2017	01/11/2018

Claim Handling

Accident MT/0992940

Policy No.	5095556349	Vehicle No.	FS2314K	GST Registration No.	
Policyholder Name	LIM JIE SHENG JASON			Policyholder NRIC	S9115050F
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	87274928	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFk	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date

04/05/2018 11:44

Accident Report Within 24 hrs

Yes

Accident Type

Side Swipe

Date of Accident

26/03/2018

Time of Accident hh:mm

06:40

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

SENGKANG EAST RD TWD5 BUANGKOK GREEN

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 124 #07-372

Address 2

SIMEI STREET 1

Address 3

SINGAPORE S20124

Address 4

Address Type

Singapore address

Post Code

520124

Unit No.

07-372

Related Policy Number

5098028922

O1 Driver Info

Driver Name

MD KHADRI BIN CHE MOHD KHATAM

Driver Type

Named Driver

Unnamed driver Name

Driver NRIC

S1796905F

Driver DOB

06/09/1967

Register Date of Driver License

23/08/1986

Driver Age

30

Driving Experience

31

Contact No.(Mobile)

90719837

Contact No.(Office)

0

Contact No.(Home)

0

Address 1

BLK 208C

Address 2

PUNGGOL PLACE

Address 3

PUNGGOL SAILS

Address 4

SINGAPORE 823208

Address Type

Singapore address

Post Code

823208

Unit No.

#07-930

Does he own a Singapore Registered car?

Yes No

Driver Vehicle No.

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

No

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LIM JIE SHENG JASON	Insured NRIC	S9115050F
Contact No.(Mobile)	87274928	Contact No.(Home)		Contact No.(Office)	
Email Address	JASONEONTHEMOVE@GMAIL.CO	O1 Vehicle Number	FS2314K	TP Vehicle Number	SDJ7405U
Claim Description	FS2314K / SDJ7405U ON 26 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/05/2018 11:50	Claim Close Date		Date Received	04/05/2018 00:00
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 May 2018 11:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 May 2018 11:49	SAS	Normal	SAS 2018-5-4
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 May 2018 11:49	Photos	Normal	Photos 2018-5-4
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 May 2018 11:49	Photos	Normal	Photos 2018-5-4

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