

NATIONAL Assessment Centre Services

Date In: 14/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008753/13	SAS e-filing		
Veh No: FB65907B	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 11/05/18 1820	i-Motor Claim Form	MT/0994302-001	
OD: (11) 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: (**MO70 51**) Tel: () Fax: ()

TP Particulars: Veh No: **SL49500L** 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		
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Est. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OH*		
	*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 willful 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	14/05/2018 13:56
Date Of Accident	11/05/2018 18:20
Exact Location Of Accident	CCK AVE 1 TWDS CCK AVE 6 AT CCK AVE 7 JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5907B
Insured/Policyholder	
Name Of Registered Owner	ABDUL QAYYUM BIN ABDUL KARIM
NRIC No	S9732511A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83994352
Alternative Phone No	OTHERS-83994352

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK 135
Exact Purpose for which vehicle was being used at time of accident	WORKING
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
Fleet Policy	NO
Policy Number	5087378288-01
Cover Note Number	

Driver

Name of Driver	ABDUL HALIM BIN ABDUL KARIM
NRIC No	S9918361F
Date Of Birth	11/06/1999
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2018
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84995672
Fax Number	
Contact Number	
EMail Address	HALIM_KARIM@ICLOUD.COM

Address	BLK 447 BUKIT PANJANG RING RD #06-541
Postcode	670447
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180512/2056

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU9500L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD RAZID BIN JAMALUDDIN
NRIC/Passport Number	S9015563F
Contact Number	87503570
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ABDUL HALIM BIN ABDUL KARIM
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBE5907B
Were seat belts worn?	
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:

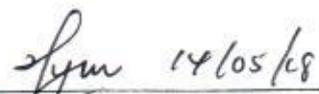
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



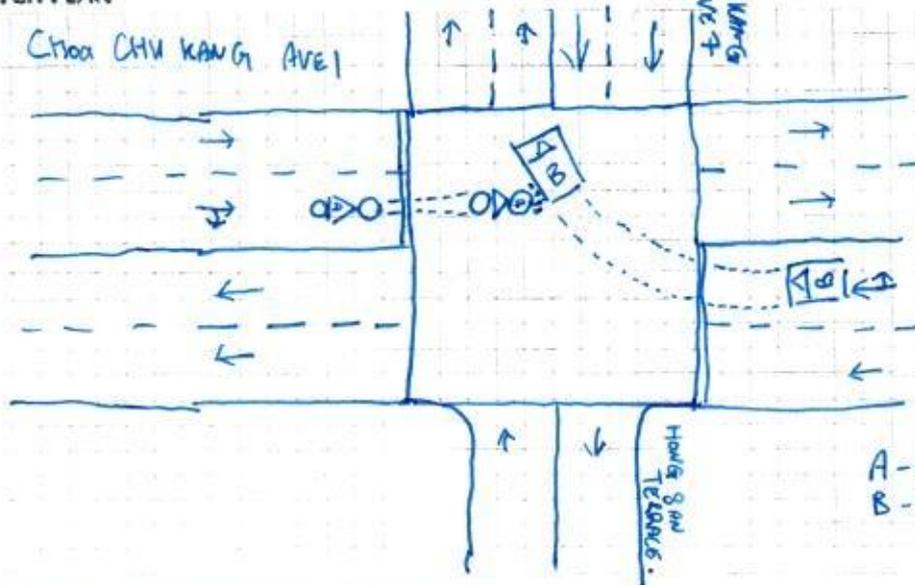
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

CHOA CHU KANG AVE 1 Towards Choa Chu Kang Ave 6
at Choa Chu Kang Ave 7 Junction.

SKETCH PLAN



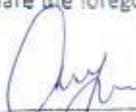
A - FB5907B
B - SLW9500L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report. No. T/20180512/2056.

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:

 14/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180512/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2018 12:28	Vide Report No.:	Station Diary No.: 88
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Informant's Particulars			
Name of Informant: ABDUL HALIM BIN ABDUL KARIM		Address: APT BLK 447 BUKIT PANJANG RING ROAD #06-541 SINGAPORE 670447	
ID Type / ID No.: NRIC NO / S9918361F		Contact No.:	Mobile: 84995672
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 18	Date of Birth: 11/06/1999	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: DESPATCH DRIVER		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/05/2018 18:20	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 CHOA CHU KANG AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5907B	Motorcycle	YAMAHA	Spark135	Red	Seriously Damaged	0
SLU9500L	Car	BMW		Blue	Slightly Damaged	1

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



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Rider			
Name	ABDUL HALIM BIN ABDUL KARIM	ID No.	S9918361F
Related Vehicle	FBE5907B (Motorcycle)	Contact No.	84995672
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	11/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MUHAMMAD RAZID BIN JAMALLUDIN	ID No.	S9015563F
Related Vehicle	SLU9500L (Car)	Contact No.	87503570
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11/05/2018 at about 1820hrs, I was travelling along Choa Chu Kang Ave 1 on my motorcycle, FBE 5907B, Yamaha Red colored Spark 135. The traffic light was green and as such I proceeded to drive straight ahead. Suddenly, out of nowhere, another vehicle, SLU9500L, Blue BMW, was turning right towards Keat Hong Link. I did not managed to stop in time and as such, my front knocked onto its left rear door.

We both then alighted our vehicles and exchanged particulars. I did not feel any discomfort at the point to time and as such I did not call for any ambulance. However, shortly after, I started to feel pain on my right shoulder and proceeded to NTGH to consult a doctor. I was given 3 days MC.

I have the video recording of the accident saved inside my phone.



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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: J / Sgt 2 LIN WEILIANG, JOEL 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/05/2018 12:28
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325 	Classification Of Case:
Authentication Stamp NP168	

Vehicle No.	FBE5907B	Model / Make	YAMAHA SPARK 135
Date of Accident	11/05/2018		
Time of Accident	1820	HRS	
Location of Accident	CHOA CHU KANG AVE 1 towards CHOA CHU KANG AVE 6 at CHOA CHU KANG AVE 7 Junction.		
Exact purpose use during accident	working hours.		
Name of Owner	ABDUL QAYYUM BIN ABDUL KARIM		
Telephone No.	H/P : 8599 4352	Home :	Office :
NRIC	S9732511A.		
Address	APT BLK 447 BUKIT PANJANG KANG ROAD #06-541 S(670447).		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	MNC.		
Type of Coverage	<u>Comprehensive</u>	<u>Third Party</u>	Third Party / Fire / Theft
Policy No.	5087378288-01		
Name of Driver	As Above If No, ABDUL HALIM BIN ABDUL KARIM		
NRIC	S9918361F	Any Passengers :	NZL
Date of birth	11/06/1999		
Occupation	<u>Outdoor</u>	/	Indoor
Driving License Pass Date	23/01/2018.		
Gender	<u>Male</u>	/	Female
Contact No.	H/P : 8499 5672	Home :	Office :
Address	APT BLK 447 BUKIT PANJANG ROAD #06-541 S(670447).		
Driver have any own vehicle	<u>No</u> ,	If yes, Reg No.	
Relationship	Employee,	If no, state	<u>FRIEND</u>
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	ABDUL HALIM BIN ABDUL KARIM.		
Name And Contact No.			
Police Report	No,	If Yes, Where?	<u>BUKIT PANJANG N.P.C</u>
Vehicle B No.	SLU9500L	Any Passengers :	1 (MALE).
Name of Driver	MUHAMMAD RAZIP BIN ABD	Contact No. :	8750 3570.
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	FRONT PORTION. FALL ON THE RIGHT.		
Camera Recorder	<u>Yes</u> / No		
Email Address	Halim_harim@icloud.com		
PARTICULAR WORKSHOP	MOTO 51 PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	JUN MING.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9918361F



Name
ABDUL HALIM BIN ABDUL KARIM



Race
MALAY
Date of birth
11-06-1999
Country/Place of birth
SINGAPORE
Sex
M
S9918361F

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9918361F
Name
ABDUL HALIM BIN ABDUL KARIM
Birth Date: 11 Jun 1999
Issue Date: 23 Jan 2018



DRIVER

5293446



NRIC No. S9918361F



Date of issue
10-04-2014

Address

APT BLK 447 BUKIT PANJANG RING ROAD
#06-541
SINGAPORE 670447

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

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE

23 Jan 2018

NP 428A



Licence No: S9918361F



HOME TEAM
NATIONAL SERVICE IDENTITY CARD

ABDUL QAYYUM BIN ABDUL KARIM

S9732511A



SINGAPORE CIVIL DEFENCE FORCE

THIS IS NOT A WARRANT CARD

owner

Unauthorised possession, use, retention, alteration, destruction or transfer of this card is strictly prohibited. This card must be returned to the nearest SPF/SCDF station if found.

Date of Birth
22/03/1997

Country
MALAYSIA

Issue Date
10/01/2011

Address

Blk 447 BUKIT PANJANG RING ROAD
#06-541 SINGAPORE 670547



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5087378288-01

Cover : Third Party

- | | |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBE5907B |
| Chassis Number | : 5YP302334 |
| 2. Name of Policyholder | : ABDUL QAYYUM BIN ABDUL KARIM |
| 3. Effective Date of Insurance | : 31 Jan 2018 |
| 4. Expiry Date of Insurance | : 22 Dec 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) Named Driver(s) Only. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| This Policy does not cover | |
| (a) Use for hire or reward. | |
| (b) Use for racing, pace-making, reliability trial or speed-testing. | |
| (c) Use for the carriage of goods (other than samples) in connection with any trade or business. | |
| (d) Use for any purpose in connection with the Motor Trade. | |

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: ABDUL QAYYUM BIN ABDUL KARIM
NAMED DRIVER (2)	: ABDUL HALIM BIN ABDUL KARIM
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

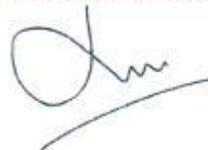
Agency : LOO TZE KUEN (LU ZIKUN) (00000602244)
 Date of Issue : 31 Jan 2018 16:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0994302

Policy No.	5087378288-01	Vehicle No.	FBE5907B	GST Registration No.	
Policyholder Name	ABDUL QAYYUM BIN ABDUL KARIM			Policyholder NRIC	S9732511A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	83994352	Contact No.(Office)	0	Contact No.(Home)	0
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(%)	10	Private Hire	No

▼ **Accident Details**

Report Date	14/05/2018 20:35	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	11/05/2018	Time of Accident hh:mm	18:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CCK AVE 1 TWDS CCK AVE 6 AT CCK AVE 7 JUNCTION				

▼ **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 447 #06-541	Address 2	BUKIT PANJANG RING ROAD	Address 3	SINGAPORE 670447
Address 4		Address Type	Singapore address	Post Code	670447
Unit No.	06-541	Related Policy Number	5087378288-01		

▼ **O1 Driver Info**

Driver Name	ABDUL HALIM BIN ABDUL KARIM	Driver Type	Named Driver	Driver DOB	11/06/1999
Unnamed driver Name		Driver NRIC	S9918361F	Driving Experience	0
Register Date of Driver License	23/01/2018	Driver Age	18	Contact No.(Home)	0
Contact No.(Mobile)	84995672	Contact No.(Office)	0	Address 3	SINGAPORE 670447
Address 1	BLK 447	Address 2	BUKIT PANJANG RING ROAD	Post Code	670447
Address 4		Address Type	Singapore address		
Unit No.	#06-541				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ABDUL QAYYUM BIN ABDUL KAR	Insured NRIC	S9732511A
Contact No.(Mobile)	83994352	Contact No.(Home)	67635807	Contact No.(Office)	
Email Address		O1 Vehicle Number	FBE5907B	TP Vehicle Number	SLU9500L
Claim Description	FBE5907B / SLU9500L ON 11 May 2018			Name of Preferred Workshop	MOTO 51
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	14/05/2018 00:00
Date Registered	14/05/2018 20:40	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

Print AK letter

Save Submit

Attachment

Accident No.	MT/0994302	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/05/2018 00:00
Path *		Category *	
Choose File No file chosen		Confidential	NO
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen			

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 20:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 20:40	SAS	Normal	SAS 2018-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 20:40	Photos	Normal	Photos 2018-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 20:40	Photos	Normal	Photos 2018-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 20:39	Photos	Normal	Photos 2018-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 20:39	Photos	Normal	Photos 2018-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 20:39	Photos	Normal	Photos 2018-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 20:39	Photos	Normal	Photos 2018-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 20:39	Photos	Normal	Photos 2018-5-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 14 May 2018 20:39	Photos	Normal	Photos 2018-5-14

Video List

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