

# NATIONAL Assessment Centre Services

Date In <b>15/05/18</b>	Job description	Date & Time Completed	Done by
Ref No <b>NA/INC18008810/13</b>	SAS e-filing		
Veh No <b>5GB8664M</b>	E-mail (within 8hrs, MP 2hrs)		
D.O.A <b>15/05/18</b> <b>1115</b>	i-Motor Claim Form	<b>MT/0994495-001</b>	
OD <b>(TP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( <b>N-51</b> )	Tel:	Fax:
TP Particulars:	Veh No: <b>XE870P</b>	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel:	( )
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time: ( )
Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%, P: 21-79%, 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

<b>NA1803062</b>	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) RT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR : Re-inspection \$75		
<b>Cat. 2 / 3:</b>	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 \$10		
	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	15/05/2018 15:13
Date Of Accident	15/05/2018 11:15
Exact Location Of Accident	TAMPINES AVE 10 TWDS TPE B4 TAMPINES LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB8664M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMAD RAHIM BIN SOED
NRIC No	S6901332E
Email Address	AIMBOYAN0801@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97204627
Alternative Phone No	OTHERS-97204627

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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	PRIVATE HIRE

### 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	5099832831
Cover Note Number	

### Driver

Name of Driver	MUHAMAD RAHIM BIN SOED
NRIC No	S6901332E
Date Of Birth	08/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2004
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97204627
Fax Number	
Contact Number	OTHERS-97204627
Email Address	AIMBOYAN0801@GMAIL.COM

Address	BLK 138 TAMPINES ST 11 #04-64
Postcode	521139
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 - 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?	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: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	XE872P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOH CHIANG TENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MUHAMAD RAHIM BIN SOED
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGB8664M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

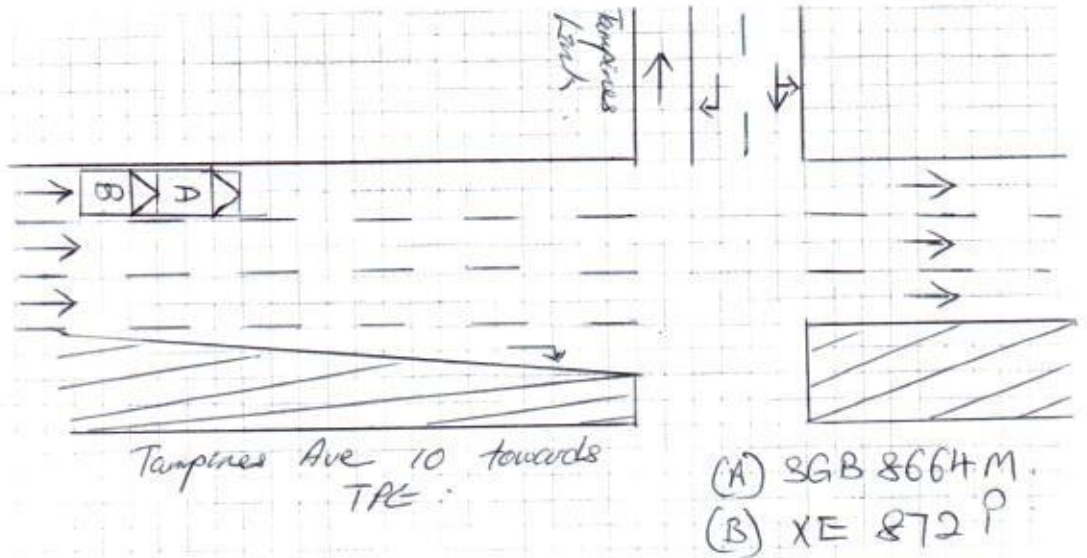
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/05/18 at @ 11.15 hrs, I was travelling in my vehicle (SGB 8664M) with my grab & passenger along Tampines Ave 10 towards TPE before Tampines Link on the extreme left lane. The traffic was clear and I was driving smoothly, suddenly, a truck (XE 872P) from behind collided onto the rear portion of my vehicle.

## 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: 15/05/18  
NRIC/FIN No.:



<b>Vehicle No.</b>	SGB 8664M	<b>Model / Make</b>	Nissan Latro
<b>Date of Accident</b>	15/05/18		
<b>Time of Accident</b>	1115	<b>HRS</b>	
<b>Location of Accident</b>	Tampines Ave 10 towards TPE before Tampines Link		
<b>Exact purpose use during accident</b>	Chauffeur		
<b>Name of Owner</b>	MUHAMAD RAHIM BIN SCED		
<b>Telephone No.</b>	H/P: 9720 4627	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S6901332/E		
<b>Address</b>	BLK 139, Tampines 311 #04-64 (S) 521139		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	<b>Third Party / Fire / Theft</b>
<b>Policy No.</b>	5099832831		
<b>Name of Driver</b>	As Above If No,		
<b>NRIC</b>	Any Passengers: 01		
<b>Date of birth</b>	08/01/1969		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	17/12/2004		
<b>Gender</b>	Male	/	Female
<b>Contact No.</b>	H/P:	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No,	<b>If yes, Reg No.</b>	Owner
<b>Relationship</b>	Employee,	<b>If no, state</b>	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	<b>If Yes, Who?</b>	① MUHAMAD RAHIM BIN SCED HP: 9720 4627
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	<b>If Yes, Where?</b>	
<b>Vehicle B No.</b>	XE 872 P	<b>Any Passengers :</b>	N/A
<b>Name of Driver</b>	SOH CHIANG TENG	<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>	N/A	<b>Witness Contact :</b>	
<b>Accident Portion</b>	Rear Portion		
<b>Camera Recorder</b>	Yes/No		
<b>Email Address</b>	aimboyan 0801@gmail.com		
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
			Yes / <b>No</b>
<b>PARTICULAR WORKSHOP</b>	N-51		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Huixin		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		



Owner / Driver

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S6901332E**  
Name: **MUHAMAD RAHIM BIN SOED**

Birth Date: **08 Jan 1969**  
Issue Date: **06 Dec 2016**

002635828F

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S6901332E**

Name: **MUHAMAD RAHIM BIN SOED**

Race: **MALAY**  
Date of birth: **08-01-1969** Sex: **M**  
Country of birth: **SINGAPORE**

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	17 Dec 2004
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	24 Sep 2009



NP 428A

4862737

M 1616

NRIC No: **S6901332E**

Date of issue: **30-07-2012**

**APT BLK 139 TAMPINES STREET 11 #04-84**  
**SINGAPORE 521139**  
NRIC No: **S6901332E** Date: **08/05/2016**



## 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:** 5099832831

**Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SGB8664M**  
Chassis Number : **SC11039283**
2. Name of Policyholder : **MUHAMAD RAHIM BIN SOED**
3. Effective Date of Insurance : **12 Apr 2018**
4. Expiry Date of Insurance : **29 Jun 2019**
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) 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)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: MUHAMAD RAHIM BIN SOED
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : NURKHALIESAH BINTE ABU HASSAN (00000602499)  
Date of Issue : 12 Apr 2018 10:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport/Company Cert No.:	S6901332E
Owner ID Type:	Singapore NRIC
Owner Name:	MUHAMAD RAHIM BIN SOED
Registered Address:	APT BLK 139 TAMPINES STREET 11 #04-64 SINGAPORE 521139
Mailing Address:	-
Birth Date:	08 Jan 1969

### Vehicle Particulars

Vehicle No.:	SGB8664M
Previous Vehicle No.:	-
Effective Date of Ownership:	09 Dec 2015
Original Regn Date:	30 Dec 2005
Registration Date:	30 Dec 2005
Year of Manufacture:	2005
Vehicle Type:	Private Hire (Chauffeur) Motor Car
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	NISSAN
Vehicle Model:	LATIO 1.5L A
Primary Colour:	Silver
Secondary Colour:	-
Passenger Capacity:	4
Chassis No.:	SC11039283
Engine No.:	HR15238529
Engine Capacity / Power Rating:	1498 cc / -
Maximum Power Output:	80.0 kW (107 bhp)
Propellant:	Petrol
Max Unladen Weight:	1110 kg
Maximum Laden Weight:	1415 kg
Open Market Value:	\$15,088.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	2
IU Label No.:	1124073569
COE No.:	2005120101001127E
COE Expiry Date:	29 Dec 2020
COE Category:	A - Car (1600cc & below)
COE Registration Category:	A - Car (1600cc & below)
Quota Premium (QP) / Prevailing Quota Premium:	\$14,700.00 / -
PQP Paid:	\$28,416.00
QP (Regn Cat):	\$14,700.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$14,700.00
Additional Registration Fee Rate:	110.00 %
Actual ARF Paid:	\$16,597.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	The vehicle will be de-registered upon expiry of its 5-year COE on 29 Dec 2020. No further renewal will be allowed. You are required to affix a pair of PHC decals on your vehicle windscreens at Authorised Inspection Centres within 3 calendar days, regardless of usage. The vehicle cannot be converted out until the decals have been affixed. This is a public service vehicle.



## Convert Vehicle Scheme, Type and Specifications (Confirmation)

### Vehicle No.

Vehicle No.:

SGB8664M

### Vehicle Details

Current

### New

Vehicle Type:

P10 - Passenger Motor Car

Z10 - Private Hire (Chauffeur) Motor Car

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

Vehicle Attachment 3:

Vehicle Scheme:

Normal

Normal

Vehicle Make:

NISSAN

Vehicle Model:

LATIO 1.5L A

Chassis No.:

SC11039283

Current COE Expiry Date:

29 Dec 2020

Current Road Tax Expiry Date:

29 Jun 2018

Original Registration Date:

30 Dec 2005

First Registration Date:

30 Dec 2005

### Conversion Details

Conversion Date:

12 Apr 2018

New Road Tax Expiry Date:

29 Jun 2018

### Amount Payable

Amount Before GST  
(S\$)

Amount After GST  
(S\$)

GST Amount  
(S\$)

Conversion Fee :

100.00

100.00

Nett Road Tax Payable:

0.00

0.00

Total Amount Payable:

100.00

### Declaration

Note: It is an offence under the Motor Vehicle (Third Party Risks and Compensation) Act to use a vehicle for hire and reward purposes without adequate insurance coverage.

☒ I declare that I have procured adequate motor insurance coverage for the use of the vehicle for hire and reward purposes ie for conveying fare-paying passengers.

You may print this page for reference.

Previous

Print

Confirm

Cancel

## Claim Handling

Accident MT/0994493

Policy No.	5099832831	Vehicle No.	SG88664M	GST Registration No.	
Policyholder Name	MUHAMAD RAHIM BIN SOED			Policyholder NRIC	S6901332E
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97204627	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 type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	15/05/2018 18:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/05/2018	Time of Accident hh:mm	11:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE 10 TWDS TPE B4 TAMPINES LINK				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 139 #04-64	Address 2	TAMPINES STREET 11	Address 3	SINGAPORE 521139
Address 4		Address Type	Singapore address	Post Code	521139
Unit No.		Related Policy Number	5099832831		
<b>01 Driver Info</b>					
Driver Name	Muhamad Rahim Bin Soed	Driver Type	Main Driver	Driver DOB	08/01/1969
Unnamed driver Name		Driver NRIC	S6901332E	Driving Experience	8
Register Date of Driver License	24/09/2009	Driver Age	49	Contact No.(Home)	0
Contact No.(Mobile)	97204627	Contact No.(Office)	0	Address 3	SINGAPORE 521139
Address 1	BLK 139 #04-64	Address 2	TAMPINES STREET 11	Post Code	521139
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input 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		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MUHAMAD RAHIM BIN SOED	Insured NRIC	S6901332E
Contact No.(Mobile)	97204627	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		01 Vehicle Number	SG88664M	TP Vehicle Number	XE872P
Claim Description	SG88664M / XE872P ON 15 May 2018			Name of Preferred Workshop	NS1
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	15/05/2018 00:00
Date Registered	15/05/2018 18:34	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0994493	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/05/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
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5/15/2018

## Claim Handling(accident reporting Claim Task 001 OD-MX)

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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 15 May 2018 18:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:34	SAS	Normal	SAS 2018-5-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:34	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:34	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:34	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:34	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:33	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:33	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:33	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:33	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:33	Photos	Normal	Photos 2018-5-15
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 15 May 2018 18:33	Photos	Normal	Photos 2018-5-15

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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