

NATIONAL Assessment Centre Services

Form 1 (Rev 05)

MMA 118068298.

Date In: 25/5/18 16:54	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC18009568/164	E-mail (within 3hrs, A/C 2hrs):		
Veh No: PC 762 D	i-Motor Claim Form: MT/0995973 ⁻⁰⁰¹	26/5/18 11:04.	
D.O.A: 23/5/18 19:15.	i-Motor W/O (Within: OD/2hrs, TP/4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	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: SGM 4710 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

MA1803325

Invoice Preparation Checklist

Am't (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engn-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services - QIR*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: OV / Collect Excess Coordination \$5		
	9) 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	25/05/2018 16:54
Date Of Accident	23/05/2018 19:15
Exact Location Of Accident	QUEENS ST TWDS MIDDLE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC762D
Insured/Policyholder	
Name Of Registered Owner	YRT TRANSPORT SERVICES PTE LTD
Co Reg No	201432892W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96442215

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097355466
Cover Note Number	-

Driver

Name of Driver	MUHAMMAD SYAHRIL BIN SAZALI
NRIC No	S9117663G
Date Of Birth	19/05/1991
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2011
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81855551
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 669 CHOA CHU KANG CRESCENT #01-363
Postcode	680669
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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: : MUSLIHAH FADLIN BINTE MOHAMED HASSAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SGN4710B
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	MUHAMMAD SYAHRIL BIN SAZALI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC762D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MUSLIHAH FADLIN BINTE MOHAMED HASSAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC762D
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.:

Queues of

Vehicle A: PC 7
Vehicle B: 56

[August]

Vehicle A: PC 762D
Vehicle B: SGN4710B

refer to police report.

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature _____
Date & Time: _____

01A084: 5001621myqcm_V2

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 05 / 2018 (DD/MM/YYYY), TIME: 19 : 15 (HH:MM)

LOCATION: Queens st under middle rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 762D
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: JTFTST22P700011025
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Hiace
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Work
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: YRT Transport services Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 201432892W CONTACT: 96447215
c) ADDRESS: 180C Woodlands Crescent #08-43
SC 733780

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Syahril Bin Saizali (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 591176639 CONTACT: 81855551
c) ADDRESS: 669 Chua Chu Kang Crescent #01-363
SC 680667

* d) DATE OF BIRTH: 19 / 05 / 1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 9

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hired

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: SGN 4710B MODEL: B
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 passengers
(including driver)
(03)

* No of passengers
(including driver)
(01)

* No of passengers
(including driver)
()

Email = rico60autoservices@gmail.com

fax = 6286 7060



SINGAPORE POLICE FORCE



T/20180524/2197

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 4

Report No. T/20180524/2197

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/05/2018 22:35	Vide Report No.:	Station Diary No.: 86
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Informant's Particulars

Name of Informant: MUHAMMAD SYAHRIL BIN SAZALI			Address: APT BLK 669 CHOA CHU KANG CRESCENT #01-363 SINGAPORE 680669		
ID Type / ID No.: NRIC NO / S9117663G			Contact No.: Home/Office: Mobile: 81855551		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 19/05/1991	Type of Informant: Driver		
Race: Boyanese			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/05/2018 19:00	Type of Location: Straight Road
Location: Along Road 1 QUEEN STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC762D	Van					1
SGN4710B	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180524/2197

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20180524/2197

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD SYAHRIL BIN SAZALI	ID No.	S9117663G
Related Vehicle	PC762D (Van)	Contact No.	81855551
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	24/05/2018	Date Discharge	24/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	MUSLIHAH FADLIN BINTE MOHAMED HASSAN	ID No.	S9337518A
Related Vehicle	PC762D (Van)	Contact No.	91695373
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/05/2018	Date Discharge	24/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 23/05/2018 at about 7.00pm I was driving my van along Queen Street just behind Bugis Plus towards Middle Road my girlfriend sat at the front passenger seat. I was driving about 50km/h along the road on the right lane when a white car exited from the minor road on the left I slowed down and stopped after which I accelerated my van. Suddenly a car on the left lane that was stationary after the yellow box made a sharp right turn to make a U-turn, I managed to brake but I could not stop the van in time. We then moved our vehicles to the side of the road and exchanged particulars. I have the in car camera footage with me.

The wife of the car's driver told my girlfriend that the driver saw a LTA enforcement officer and in the midst of panic he attempted to make an illegal U-turn. The wife was not in his car at the point of accident but he was waiting to pick her up.

My girlfriend and I went to the hospital today and was given 3 days of medical leave as we were experiencing some body pain.

Particulars of the other driver:

Chuang Kwang Hwee
S0119344I
H/P: 9687 9823



**SINGAPORE
POLICE FORCE**



T/20180524/2197

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 4

Report No. T/20180524/2197

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180524/2197

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

4 of 4

Report No. T/20180524/2197

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:
G /
Sgt 2 RANDY RONALD MINJOOT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/05/2018 22:35

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHAR/
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S9117663G

MUHAMMAD SYAHRIL BIN SAZALI

Birth Date: 19 May 1991

Issue Date: 03 Jan 2017

002644045C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9117663G

Name: MUHAMMAD SYAHRIL BIN SAZALI

محمد شحريل بن سزاللي

Race: BOYANESE

Date of birth: 19-05-1991

Country/Place of birth: SINGAPORE

Sex: M

S9117663G

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

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	01 Oct 2009
Class 2A	Motorcycles between 201 cc and 400 cc	17 Apr 2013
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	14 Apr 2011

NP 428A

Licence No: S9117663G

568416

NRIC No. S9117663G

Date of issue: 13-12-2016

Address: APT BLK 669 CHOA CHU KANG CRESCENT #01-363 SINGAPORE 680669

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 : 5097355466

Cover : Comprehensive

- | | |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : PC762D |
| Chassis Number | : JTFST22P700011025 |
| 2. Name of Policyholder | : YRT TRANSPORT SERVICES PTE LTD |
| 3. Effective Date of Insurance | : 12 Jan 2018 |
| 4. Expiry Date of Insurance | : 11 Jan 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 the carriage of passengers in connection with the Policyholder's business. | |
| (b) Limited to carry 14 passengers | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$3,000
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: MV CREDIT 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 : HON BROTHERS MOTOR (00000571733)
Date of Issue : 11 Jan 2018 16:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0995973

Policy No.	5097355466	Vehicle No.	PC762D	GST Registration No.	
Policyholder Name	YRT TRANSPORT SERVICES PTE LTD			Policyholder NRIC	201432892W
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96442215	Contact No.(Office)		Contact No.(Home)	
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	No
Accident Details					
Report Date	26/05/2018 10:58	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	23/05/2018	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	QUEENS ST TWDS MIDDLE RD				
Benefits					
Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 780C #08-43	Address 2	WOODLANDS CRESCENT	Address 3	SINGAPORE 733780
Address 4		Address Type	Singapore address	Post Code	733780
Unit No.	08-43	Related Policy Number	5097355466		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/05/1991
Unnamed driver Name	MUHAMMAD SYAHRIL BIN SAZA	Driver NRIC	S9117663G	Driving Experience	7
Register Date of Driver License	14/04/2011	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	81855551	Contact No.(Office)		Address 3	SINGAPORE 680669
Address 1	BLK 659 #01-363	Address 2	CHOA CHU KANG CRESCENT	Post Code	680669
Address 4		Address Type	Singapore address		
Unit No.	01-363				
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 **New**

Claim Type *	OD-MX	Insured Name	YRT TRANSPORT SERVICES PTE	Insured NRIC	201432892W
Contact No.(Mobile)	96196379	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	PC762D	TP Vehicle Number	SGN47108
Claim Description	PC762D / SGN47108 ON 23 May 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	26/05/2018 00:00
Date Registered	26/05/2018 11:03	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0995973	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/05/2018 11:04		
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	
Choose File	No file chosen	Clear Please Select	NO	Normal	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:04	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:04	SAS	Normal	SAS 2018-5-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:04	Photos	Normal	Photos 2018-5-26
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 11:03	Photos	Normal	Photos 2018-5-26
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