

# NATIONAL Assessment Centre Services

(Ref: Jan 05)

Date In: 30/06/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18011924/13	SAS e-filing		
Veh No: FBE6678	E-mail (within 8hrs, AIC 2hrs)		
DOA: 28/06/18 0740	i-Motor Claim Form	MT/1000853-002	
OD: <input checked="" type="radio"/> 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: SLK6390J	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

NA1804134

## Invoice Preparation Checklist

Amt (\$) Amt (\$)  
Int Bill Add Bill

- 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
- 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:-
- OD\*
- \*N5: Courtesy Car / Tpt Allowance \$5
- \*N6: Repair Co-ordination \$10
- \*N7: Post Repair Inspection \$25
- \*N8: DV / Collect Excess Coordination \$5
- TP (N11): TP (Non INC) against INC \$20
- 9) N12: Idac Mobile 30

Invoice dated Fee Charged  
Invoice dated Fee Charged

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:



## 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	30/06/2018 14:34
Date Of Accident	28/06/2018 07:40
Exact Location Of Accident	SIMEI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE667B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NUR AMIRA BINTE JUMALI
NRIC No	S9142242E
Email Address	MIRADOLLS@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-87827004
Alternative Phone No	OTHERS-87827004

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400
Exact Purpose for which vehicle was being used at time of accident	OTW TO 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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5078643174-02
Cover Note Number	

### Driver

Name of Driver	NUR AMIRA BINTE JUMALI
NRIC No	S9142242E
Date Of Birth	04/11/1991
Occupation	INDOOR
Date Of Driving Pass	05/10/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87827004
Fax Number	
Contact Number	OTHERS-87827004
Email Address	MIRADOLLS@ICLOUD.COM

Address	BLK 229 TAMPINES ST 23
	#03-253
Postcode	521229
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	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	TAMPINES EAST NPP
Police Station Address	ROAD: 263 TAMPINES STREET 21 #01-138 , POSTCODE: 520263 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7839999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180628/2120

#### 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	SLK6390J
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DANIEL LO KIANG HEONG
NRIC/Passport Number	S7323761J
Contact Number	90051556
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC4999G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN GEOK SUAN
NRIC/Passport Number	S1315377I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	NUR AMIRA BINTE JUMALI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBE667B
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:

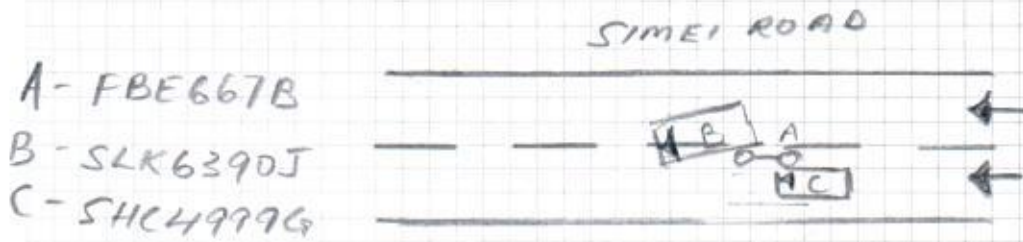
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 28/6/18

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

Pls refer to the police report: T/20180628/2120

When asked if driver had a rearview camera, he denied. On the way to GGH, met with driver at the accident site <sup>again</sup> and a friend of mine found a rear view camera. ~~at the~~ Driver was defensive and refused to cooperate when asked for footage and phone number of taxi driver (Tan Geok Swan) as they exchanged particulars at the site. He mentioned that no such exchange took place. His tyre was also already in an unsafe driving condition to drive on the road as evident in his tyre threadings (photos attached in email).

## DECLARATION

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

Policyholder's Signature  
Date & Time: 28/6/18

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

Reporting Centre Personnel's Signature  
Name: 30/06/18  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20180628/2120

1 of 4

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

Report No. T/20180628/2120

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/06/2018 15:38	Vide Report No.:	Station Diary No.: 28
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**Informant's Particulars**

Name of Informant: NUR AMIRA BINTE JUMALI			Address: APT BLK 229 TAMPINES STREET 23 #03-253 SINGAPORE 521229	
ID Type / ID No.: NRIC NO / S9142242E			Contact No.: Home/Office:	Mobile: 87827004
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 26	Date of Birth: 04/11/1991	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: PRE-SCHOOL TEACHER			Driving Licence Information: Class:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/06/2018 07:40	Type of Location: Straight Road
Location: Along Road 1 SIMEI ROAD				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control:		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
FBE667B	Motorcycle	HONDA	CB400	Black	Slightly Damaged	0
SHC4999G	Car	TOYOTA	PRIUS TAXI (SMRT)	Maroon		0
SLK6390J	Car	HONDA	VEZEL 1.5X HYBRID AT ABS D/AIRBAG 2WD	Black		0





# SINGAPORE POLICE FORCE



T/20180628/2120

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

2 of 4

Report No. T/20180628/2120

## CONTINUATION OF REPORT

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE667B	NTUC Income Insurance Co-Operative Limited	5078643174-02	23/03/2018	22/03/2019

### Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

#### Rider

Name	NUR AMIRA BINTE JUMALI	ID No.	S9142242E
Related Vehicle	FBE667B (Motorcycle)	Contact No.	87827004
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/06/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

#### Driver

Name	TAN GEOK SUAN	ID No.	S1315377I
Related Vehicle	SHC4999G (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

#### Driver

Name	DANIEL LO KIANG HEONG	ID No.	S7323761J
Related Vehicle	SLK6390J (Car)	Contact No.	90051556
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL





**SINGAPORE  
POLICE FORCE**



T/20180628/2120

3 of 4

Report No. T/20180628/2120

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

**CONTINUATION OF REPORT**

**Brief Details.**

On 28/6/2018 at about 0740hrs, I was riding along Simei Road.

All of a sudden, the Honda Vezel in front of me had signaled left and changed lanes immediately. As a result, I was unable to react in time and I collided into the rear left side of the car. I was flung off my motorcycle as a result of the impact.

I remained conscious throughout the accident. I had managed to obtain the particulars of the Vezel driver. There was also a taxi involved as when I was flung off my motorcycle, my motorcycle had then hit an oncoming taxi.

After the accident, I had gone to see my doctor who had then referred me to Changi General Hospital for treatment. I had then went there for outpatient treatment and received 7 days of medical leave (28/6/2018 -4/7/2018).

As a result of the accident, I sustained multiple abrasions on my hands as well as a sprained right ankle.



**SINGAPORE  
POLICE FORCE**



T/20180628/2120

4 of 4

Report No. T/20180628/2120

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

**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 3 BRYAN LIM GHIM SONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

*Alisa*

Date/Time:  
28/06/2018 15:38

Classification Of Case:

SINGAPORE  
POLICE FORCE

SIGNATURE



# ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 06 / 2018 (DD/MM/YYYY), TIME: 01 : 40 (HH:MM)

LOCATION: SIMEI RD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE 667 B  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5078643174 - 02  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: HONDA CB400  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE) / OTHERS  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: TRANSPORT TO WORK  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)  
IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: NUR AMIRA BINTE JUMALI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9142242E CONTACT: 87827004  
c) ADDRESS: 229 TAMPINES STREET 23 #03-253  
S(521229)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (04 / 11 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 5

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

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS  
b) ROAD SURFACE: (DRY) / WET / OTHERS  
6. WAS ANYBODY INJURED (YES) / NO  
7. a) REPORTED TO POLICE (YES) / NO  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLK 6390 J MODEL: HONDA VEZEL  
b) DRIVER'S NAME: DANIEL LO KIANG HEONG  
c) NRIC/FIN/PASSPORT: ST323761J CONTACT: 9005 1556

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SHC4999G MODEL: PRIVS TAXI  
e) DRIVER'S NAME: TAN GEOK SUAN  
f) NRIC/FIN/PASSPORT: S13153771 CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

28/06/18

waiting for veh.

email =

fax =

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait photo of NUR AMIRA BINTE JUMALI

Licence Number **S9142242E**

**NUR AMIRA BINTE JUMALI**

Birth Date **04 Nov 1991**  
Issue Date **18 Oct 2013**

Barcode: 002236238E

**REPUBLIC OF SINGAPORE**

Identity Card No. **S9142242E**

Portrait photo of NUR AMIRA BINTE JUMALI

**NUR AMIRA BINTE JUMALI**

Race **MALAY**  
Date of birth **04-11-1991**  
Country of birth **SINGAPORE**

Sex **F**

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

		<b>EFFECTIVE DATE</b>
Class 2B	Motorcycles <= 200 CC	18 Oct 2013
Class 2A	Motorcycles between 201 CC and 400 CC	05 Oct 2015
Class 2	Motorcycles > 400 CC	04 May 2017
Class 3A	Motor cars without clutch pedals <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals <= 2500 kg	30 May 2014

S / No. 9000239870

S9142242E

Licence No: S9142242E

NP 428A

3980918

Barcode

NRIC No. **S9142242E**

Portrait photo of NUR AMIRA BINTE JUMALI

Date of issue **27-12-2006**

Address  
**APT BLK 229 TAMPINES STREET 23  
#03-253  
SINGAPORE 521229**



Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.

Date of Accident

28/06/2018 07:40

Vehicle No.(For Motor)

FBE667B

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5078643174-02	NUR AMIRA BINTE JUMALI	S9142242E	GMC	Third Party	FBE667B	FBE667B	23/03/2018	22/03/2019

Continue

Claim Handling

Accident MT/1000853

Policy No.	5078643174-02	Vehicle No.	FBE667B	GST Registration No.	
Policyholder Name	NUR AMIRA BINTE JUMALI			Policyholder NRIC	S9142242E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Not available
▼ Accident Details					
Report Date	29/06/2018 11:27	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	28/06/2018	Time of Accident hh:mm	07:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				
▼ 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 229 #03-253	Address 2	TAMPINES STREET 23	Address 3	SINGAPORE 521229
Address 4		Address Type	Singapore address	Post Code	521229
Unit No.	#03-253	Related Policy Number	5078643174-02		
▼ O1 Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 New

Claim Type *	OD-MX	Insured Name	NUR AMIRA BINTE JUMALI	Insured NRIC	S9142242E
Contact No.(Mobile)	87827004	Contact No.(Home)		Contact No.(Office)	
Email Address	WHYISNIRA@GMAIL.COM	O1 Vehicle Number	FBE667B	TP Vehicle Number	SLK63920J
Claim Description	FBE667B / SLK63920J ON 28 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	30/06/2018 16:38	Claim Close Date		Date Received	30/06/2018 00:00
Report Taken By	ROSILINDA				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment







▼					
Accident No.	MT/1000853	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/06/2018 16:39		
Path *					
Choose File	No file chosen	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	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	Clear Please Select	NO	Normal	



Message Read

Sen

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jun 2018 16:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jun 2018 16:39	SAS	Normal	SAS 2018-6-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jun 2018 16:39	Photos	Normal	Photos 2018-6-30
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jun 2018 16:38	Photos	Normal	Photos 2018-6-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jun 2018 16:38	Photos	Normal	Photos 2018-6-30
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jun 2018 16:38	Photos	Normal	Photos 2018-6-30

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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