

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MA118093437

Date In: 19/1/18 - 17:11	Job description	Date & Time Completed	Done by
Ref No: 14/INC180179/24	SAS e-filing		
Veh No: 5JA 8534	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/1/18 - 03:30	i-Motor Claim Form	17/02/19-201	19/1/18 17:10
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 5JA 8534	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% P: 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

NA1804553	Invoice Preparation Checklist	Am't (\$) Int Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N-in INC) against INC \$20		
	9) N12: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Ref 1:			
Ref 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	19/07/2018 17:11
Date Of Accident	14/07/2018 03:30
Exact Location Of Accident	YISHUN AVE 8 TWDS YISHUN AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ6853H
Insured/Policyholder	
Name Of Registered Owner	KEM AUTO
Co Reg No	53309211J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98782341
Alternative Phone No	OFFICE-98782341

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 GLX 5MT AIRBAG 2WD 4DR
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5072912152-02
Cover Note Number	

Driver

Name of Driver	MOHAMMAD SHAHRIR BIN ABDUL RASHID
NRIC No	S9333293H
Date Of Birth	12/09/1993
Occupation	OUTDOOR
Date Of Driving Pass	09/03/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85022787
Fax Number	
Contact Number	OFFICE-85022787
EMail Address	NOEMAIL

Address	BLK 269B YISHUN STREET 22 #12-537
Postcode	762269
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	2
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)	6
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : MALE
Passenger 5	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180717/2177.

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 SLF5845Y
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 MOHAMMAD SHAHRIR BIN ABDUL RASHID
Approximate Age
Injuries Sustain NECK & LOWER BACK
Injured person in which vehicle? SJQ6853H
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.

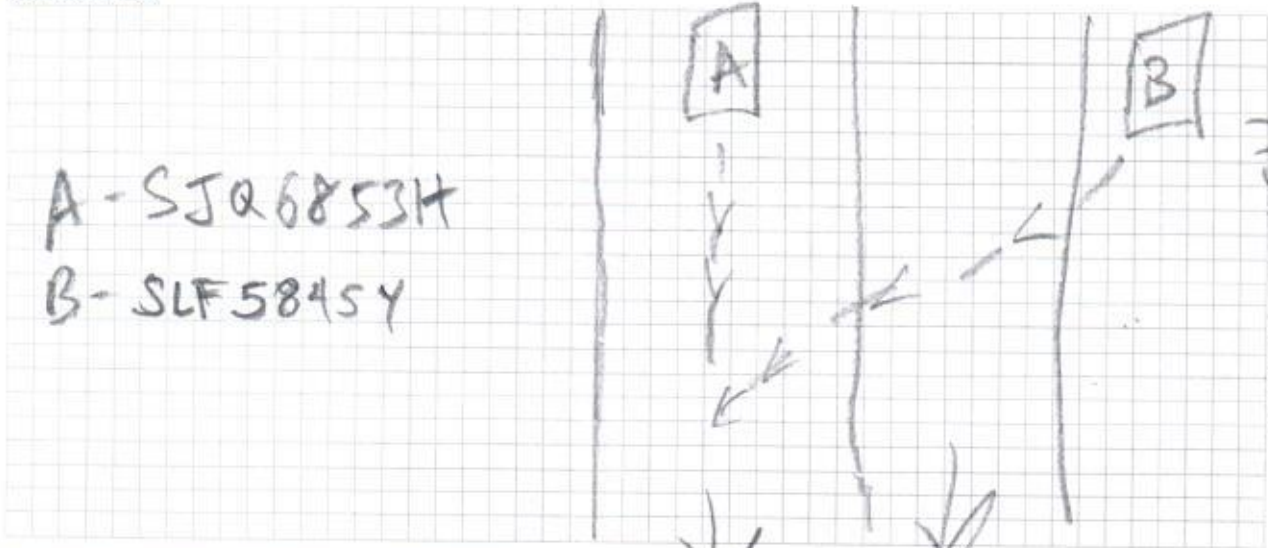
Policyholder's Signature
Date & Time:



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

Pls Refer to the Police Report

DECLARATION

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



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 7 / 18) (DD/MM/YYYY), TIME: (03 : 30) (HH:MM)

LOCATION: Yishun Ave 8 twds Yishun Ave 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: JA 68534
 b) INSURANCE COMPANY: NTCC
 c) POLICY NUMBER: 507291252-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working
 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: Lem Anfo (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 533092117 CONTACT: 98782341
 c) ADDRESS: 112290 Yishun Hwy 22 #12-537 C7 677691

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohamed Shahrir Bin Abdul Rashid (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 59332934 CONTACT: 85022787
 c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) - neck & lower back

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: JUF 58451 MODEL:

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 passenger
 (including driver)

- (6)
 * female
 * female
 * male
 * male
 * female

* No of passenger
 (including driver)

()

* No of passenger
 (including driver)

()

Email =

fax =

video =



**SINGAPORE
POLICE FORCE**



T/20180717/2177

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20180717/2177

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2018 22:04	Vide Report No.:	Station Diary No.: 144
--------------------------------------------	------------------	---------------------------

Informant's Particulars			
Name of Informant: MOHAMMAD SHAHRIR BIN ABDUL RASHID		Address: APT BLK 269B YISHUN STREET 22 #12-537 SINGAPORE 762269	
ID Type / ID No.: NRIC NO / S9333293H		Contact No.: Home/Office:	Mobile: 85022787
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 12/09/1993	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: FORKLIFT DRIVER		Driving Licence Information: Class: 2B,2A,3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/07/2018 03:30	Type of Location: Straight Road
-------------------	------------------	--------------------	--------------------------------------------	------------------------------------

Location:
Along Road 1 Traveling Toward Road 2
YISHUN AVENUE 1

Along Yishun Avenue 8 towards Yishun Avenue 1

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ6853H	Car	MITSUBISHI	Lancer	Pink	Totally Damaged	5

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180717/2177

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180717/2177

CONTINUATION OF REPORT

Driver			
Name	MOHAMMAD SHAHRIR BIN ABDUL RASHID	ID No.	S9333293H
Related Vehicle	SJQ6853H (Car)	Contact No.	85022787
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	17/07/2018	Date Discharge	17/07/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On the 14/07/2018 at about 0330hrs, I was driving a vehicle, bearing the registration plate number SJQ4853H together with 4 other passengers and a 3 years old child, travelling along Yishun Avenue 8 towards Yishun Avenue 1. After I made a right turn at the traffic light (towards Yishun Avenue 1), I noticed a stationary vehicle (SLF5845Y) with the hazard lights turned on, at the 3rd lane. I was driving along the 1st lane when the said car abruptly moved off at quite a high speed and went into our lane. There was inadequate time to make an emergency brake hence, the right side of that vehicle (SLF5845Y), collided against the front part of my vehicle, causing my vehicle to turn 90 degrees sideways, and then back onto its original position. My passengers and I alighted from the vehicle and the other driver also alighted from his vehicle. The driver took photos of the damage to the vehicle and also exchanged particulars with the other driver. None of us sustained any visible injuries at that point of time. No government property was involved and no ambulance came to the accident scene. Traffic Police Officers came to scene and our car was subsequently towed away. I went back home to sleep and felt pain around my neck and lower back area the next day. I went to seek medical attention and was given 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20180717/2177

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 3

Report No. T/20180717/2177

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

E /

Staff Sgt MUHAMMAD ZAKIRUL ALIM BIN
MUHIDDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/07/2018 22:04

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168




SINGAPORE
POLICE FORCE

SN 168

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9333293H



NAME
MOHAMMAD SHAHRIR BIN
ABDUL RASHID

RACE
INDIAN

Date of birth
12-09-1993

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S9333293H

Name
MOHAMMAD SHAHRIR BIN
ABDUL RASHID

Birth Date: 12 Sep 1993

Issue Date: 03 Feb 2014

002271567C



Barcode

NRIC No. S9333293H



Date of issue
21-11-2009

APT BLK 2698 YISHUN STREET 22 #12-537
SINGAPORE 782269

NRIC No. S9333293H

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B	Motorcycles < 200 CC	03 Feb 2014
Class 2A	Motorcycles between 200 CC and 400 CC	07 Dec 2010
Class 3	Motor cars < 3000 kg < 100 km/h	03 May 2010
Class 4	Heavy motor cars and motor vehicles > 3000 kg	14 Nov 2010

S9333293H

S / No 9000254546

NP 4286

License No. S9333293H

Reg. No. 5330927H



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="14/07/2018 03:30"/>						
Vehicle No. (For Motor)	<input type="text" value="SJQ6853H"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5072912152-02	KEM AUTO	533092113	GFT	Third Party	SJQ6853H	SJQ6853H	22/06/2018	
<input type="button" value="Continue"/>									

Policy Information

Policy No.	5072912152-02	Policyholder Name	KEM AUTO	Policyholder NRIC	53309211J
Address	BLK 3014 #01-278 UBI ROAD 1 KAMPONG UBI INDUSTRIAL ESTATE SINGAPORE 408702				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	18/07/2017	Effective Date	23/07/2017 00:00	Expiry Date	22/07/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	192.67		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 3014 #01-278	Address 2	UBI ROAD 1	Address 3	KAMPONG UBI INDUSTRIAL EST
Address 4	SINGAPORE 408702	Address Type	Singapore address	Post Code	408702
Unit No.	05-148	Related Policy Number	5072912152-02		

Insured Object: SJQ6853H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	25/07/2017 00:00	Basic Information Endorsement	000001286606582	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJQ9276C 26-07-2017 \$1,090.96 In view of this amendment, an additional premium of \$1,090.96 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	18/08/2017 00:00	Basic Information Endorsement	000001286622197	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 2 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SGU7907S 19-08-2017 \$1,018.63 2. SGA6124T 18-08-2017 \$1,021.64 In view of this amendment, an additional premium of \$2,040.27 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made</p>

Claim Handling

- Exit

The premium on this policy has not been collected.

Accident MT/1003739

Policy No.	5072912152-02	Vehicle No.	SIQ6853H	GST Registration No.	
Policyholder Name	KEM AUTO			Policyholder NRIC	53309211J
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98762341	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input checked="" type="checkbox"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Endorsement(%)	0	Private Hire	No

Accident Details

Report Date	19/07/2018 17:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	14/07/2018	Time of Accident hh:mm	02:30	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	YISHUN AVE 8 TWOS YISHUN AVE 1				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 3014 #01-278	Address 2	UBS ROAD 1	Address 3	KAMPONG UB1 INDUSTRIAL EST
Address 4	SINGAPORE 408702	Address Type	Singapore address	Post Code	408702
Unit No.	05-148	Related Policy Number	5072912152-02		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMMAD SHAHRIR BIN ABD	Driver NRIC	59333293H	Driver DOB	12/09/1993
Register Date of Driver License	09/03/2016	Driver Age	24	Driving Experience	2
Contact No.(Mobile)	85022787	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 2698	Address 2	YISHUN STREET 22	Address 3	SINGAPORE 762269
Address 4		Address Type	Singapore address	Post Code	762269
Unit No.	12-537				
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 **New**

Claim Type *	DD-MX	Insured Name	KEM AUTO	Insured NRIC	53309211J
Contact No.(Mobile)	92718665	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	SIQ6853H	TP Vehicle Number	SLF5845Y
Claim Description	SIQ6853H / SLF5845Y ON 14 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GJA report	Received
Date Registered	19/07/2018 17:50	Claim Close Date		Date Received	19/07/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1003739	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/07/2018 17:51

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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☐ Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-19	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:51	SAS	Normal	SAS 2018-7-19	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:51	Photos	Normal	Photos 2018-7-19	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:51	Photos	Normal	Photos 2018-7-19	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:51	Photos	Normal	Photos 2018-7-19	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:51	Photos	Normal	Photos 2018-7-19	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:51	Photos	Normal	Photos 2018-7-19	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:51	Photos	Normal	Photos 2018-7-19	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:51	Photos	Normal	Photos 2018-7-19	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:50	Photos	Normal	Photos 2018-7-19	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:50	Photos	Normal	Photos 2018-7-19	Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:50	Photos	Normal	Photos 2018-7-19	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jul 2018 17:50	Photos	Normal	Photos 2018-7-19	Edit

Video List

uploaded By/Date	Folder Date	File Name	Source	Action
		Display in new Window	Scan and uploading	