

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA/18/06356

| | | | |
|---------------------------|--|-----------------------|---------------|
| Date In: 17/8/18 - 17:09 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC18015038/24 | SAS e-filing | | |
| Veh No: FW7998H | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 14/8/18 - 18:05 | i-Motor Claim Form | M7/1007735-001 | 12/8/18 20:06 |
| 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: JND6566R | 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 Transp. Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA1805181 | Invoice Preparation Checklist | Ant (\$) Inc Bill | Ant (\$) 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: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON* | | |
| | *N5: Courtesy Car / Tpt Allowance \$3 | | |
| | *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 | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | |
| Auditors' Comments:- | Invoice dated | Fee Charged | |
| 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 | 17/08/2018 17:09 |
| Date Of Accident | 14/08/2018 18:05 |
| Exact Location Of Accident | TPE (PIE) BEFORE KPE EXIT |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | FW7998H |
| Insured/Policyholder | |
| Name Of Registered Owner | MD RIDHUAN B MD RAFID |
| NRIC No | S9326116Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91372491 |
| Alternative Phone No | OFFICE-91372491 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | CB400SFHV |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | MOTORCYCLE |
| 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 | 5075973853-02 |
| Cover Note Number | |
| Driver | |
| Name of Driver | MUHAMMAD RIDHUAN BIN MOHD RAFID |
| NRIC No | S9326116Z |
| Date Of Birth | 23/07/1993 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/05/2013 |
| Driving Experience | 5 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91372491 |
| Fax Number | |
| Contact Number | OFFICE-91372491 |
| EMail Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 641 PASIR RIS DRIVE 1 #04-500 |
| Postcode | 510641 |
| 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 | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| 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 | ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION) |
| Police Station Address | ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2180000 - FAX NO: 64814246 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - F/20180816/7020.

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 | SGD6566R |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | JASBIR SINGH SANDHU |
| NRIC/Passport Number | S7146999I |
| Contact Number | 91169786 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

MD RIDHUAN BIN MOHD RAFID

Approximate Age

Injuries Sustain

LOWER ABDOMEN & GROIN

Injured person in which vehicle?

FW7998H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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.



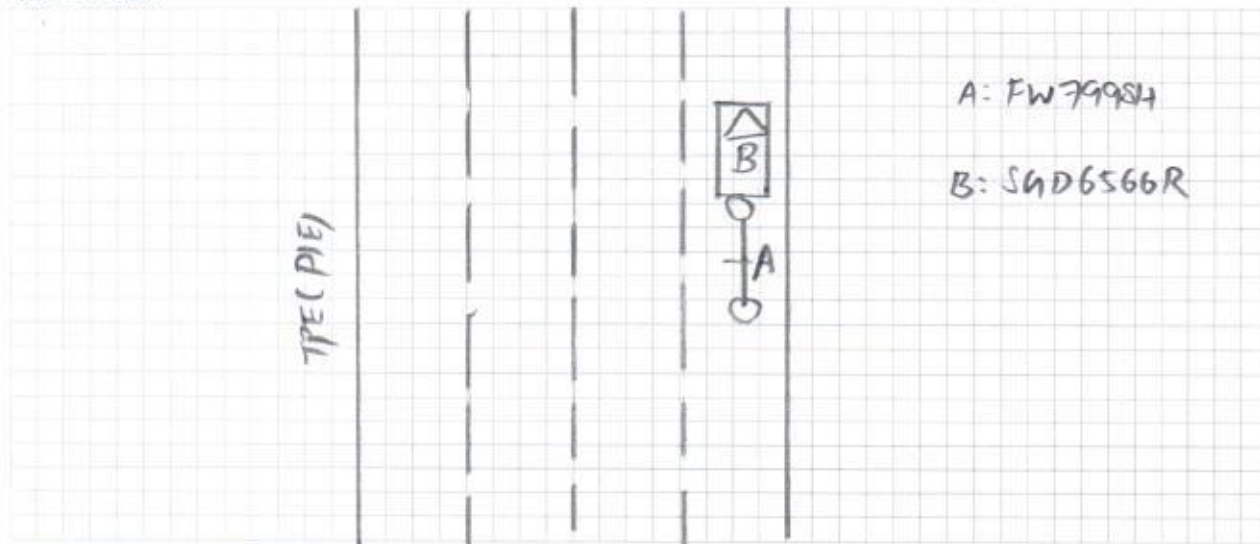
Policyholder's Signature
Date & Time:

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

Refer to police report - F/20180816/3020.

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 / 8 / 18) (DD/MM/YYYY), TIME: (18 :05) (HH:MM)

LOCATION: TPE (PIE) before KPE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EW 799814
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5075973853-02
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: Private use
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: MD Ridhuan B md Rafid (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 593261162 CONTACT: 91372491
c) ADDRESS: B11c 641 Jalan Rili Drive 1 # 04-500 (J1064)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (23 / 7 / 1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12.5/2013

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) - conveyed by ambulance (lower abdomen)

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD6566R MODEL:
b) DRIVER'S NAME: Jasbir Singh Sandhu
c) NRIC/FIN/PASSPORT: 521469991 CONTACT: 91169786

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

Email = wann_live09@hotmail.com

fax =

VIDEO =



**SINGAPORE
POLICE FORCE**



F/20180816/7020

1 of 3

POLICE REPORT (NP299)

Report No. F/20180816/7020

Police Station Of Origin
Ang Mo Kio Police Divisional HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

| | | |
|--|--|---------------------|
| Date/Time Report Made 16/08/2018 13:13 | Vide Report No. | Station Diary No. |
| Name Of Informant MUHAMMAD RIDHUAN BIN MOHD RAFID | Address APT BLK 641 PASIR RIS DRIVE 1 #04-500 SINGAPORE 510641 | |
| ID Type / ID No. NRIC NO / S9326116Z | Contact No. Home/Office: | Mobile: 91372491 |
| Nationality SINGAPORE CITIZEN | Email Address wann_live09@hotmail.com | |
| Occupation Other engineering professionals nec | Sex Male | Age 25 |
| Institution/School Name | Date of Birth 23/07/1993 | Race Malay |
| Date/Time Of Incident 14/08/2018 18:05 - 14/08/2018 18:30 | Location Of Incident TAMPINES EXPRESSWAY | |

Brief details.

On August 14 2018, I was riding home from work (Yishun), heading towards Pasir Ris and taking my daily route via SLE/TPE. At about 6:05pm, I was riding on TPE at Lane 1 going about 70-80km/hr, when a grey car in front of me made a jam brake. I quickly applied one too but unfortunately did not have enough reaction time to either slow down or swerve away from the car. As a result, I hit the back of the car (left trunk) and the impact catapulted my body forward. The momentum caused my lower abdomen/groin to hit my handlebar first, followed by a face plant to the trunk and eventually leading to a somersault and ended on top of the car.

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 16/08/2018 13:13 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180816/7020

Fortunately, I did not pass out and was fully conscious throughout the ordeal. A few passerby attended to me to ensure I was still breathing. We made verbal communications as he calmly asked me to try and move any part of my body slowly, to establish there weren't any broken bones. The passerby, as well as the driver, helped me down from the car as I sat down at the side of the road, trying to console myself. A call for an ambulance was made, pictures were taken, while others trying to divert traffic away from the scene.

The driver asked for my identification cards and that is where we exchanged particulars. Below are the details:

Name : Jasbir Singh Sandhu

NRIC : S7146999I

Veh Reg : SGD6566R

Veh Model : Renault Fluence (Grey)

The ambulance arrived at around 6.30pm. The paramedics aided me while asking me what had happened and for my identification. I mentioned I experience pains in my lower abdominal area and they brought me up to a stretcher, and sent me to Changi General Hospital for further assessment.

| Subjects Involved | | | |
|-------------------|---------------------|-------|-----------|
| Suspect | | | |
| Person Name | Jasbir Singh Sandhu | | |
| ID Type | PASSPORT | ID No | S7146999I |

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

16/08/2018 13:13

Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180816/7020

| | | | |
|--|--|-----------------------|------------------|
| Gender | Male | Language | English |
| Mobile No | 91169786 | Relation To Informant | The driver I hit |
| Victim | | | |
| Person Name | MUHAMMAD RIDHUAN BIN MOHD RAFID | | |
| ID Type | NRIC NO | ID No | S9326116Z |
| Gender | Male | Age | 25 |
| Race | Malay | Language | English |
| Occupation | Other engineering professionals nec | Address Type | |
| Address | APT BLK 641 PASIR RIS DRIVE 1 #04-500 SINGAPORE 510641 | Mobile No | 91372491 |
| Is Informant A Victim? | Yes | | |
| Person Name MUHAMMAD RIDHUAN BIN MOHD RAFID (Informant) | | | |

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

16/08/2018 13:13

Classification Of Case:



ORIGINAL

MEDICAL CERTIFICATE

SSU2018159771

| | | |
|--|--|--|
| Name MUHAMMAD RIDHUAN BIN MOHD, RAFID | | NRIC No. S9326116Z |
| This is to certify that the above-named is unfit for duty for a period of <u>4</u> days from <u>14-Aug-2018</u> to <u>17-Aug-2018</u> inclusive. | | |
| Type of medical leave granted : | | |
| <input checked="" type="checkbox"/> Hospitalization Leave | <input type="checkbox"/> Outpatient Sick Leave | |
| Admitted on : <u>14-Aug-2018</u> | <input type="checkbox"/> Maternity Leave, | Delivered on : _____ |
| Discharged on : _____ | <input type="checkbox"/> Sterilization Leave, | Operated on : _____ |
| This certificate is not valid for absence from court attendance. | | |
| Diagnosis | Surgical Operation (if applicable) | |
| Fit for light duty from <u>N.A.</u> to <u>N.A.</u> | | |
| Comments : | | |
| The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary. | | |
| Hospital/Clinic Observational Medicine Changi General Hospital | Ward No. CGH-SSU Date 15-Aug-2018 | Signature, Name (In BLOCK LETTERS) and Designation/MCR No. EDGAR AZADA SALANDANAN , 17172G |

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S9326116Z**
 Name
MUHAMMAD RIDHUAN BIN MOHD RAFID
 Birth Date **23 Jul 1993**
 Issue Date **05 Jan 2012**

002032075F

REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S9326116Z**


Name
MUHAMMAD RIDHUAN BIN MOHD RAFID
 Race
MALAY
 Date of birth
23-07-1993 Sex
M
 Country of birth
SINGAPORE

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

| | EFFECTIVE DATE |
|----------|----------------|
| Class 1B | 22 Feb 2012 |
| Class 2A | 10 May 2013 |
| Class 2 | 15 Apr 2014 |
| Class 3 | 05 Jan 2012 |

MOTORCYCLES NOT EXCEEDING 200 CC
 MOTORCYCLES BETWEEN 201 CC AND 400 CC
 MOTORCYCLES EXCEEDING 400 CC
 MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS

S / No. 9000246882

NP 426A

4254930


 NRIC No. **S9326116Z**


 Date of issue
26-07-2008

Address
**APT BLK 641 PASIR RIS DRIVE 1
 #04-500
 SINGAPORE 510641**

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="14/08/2018 18:05"/> | | | | | | | |
| Vehicle No.(For Motor) | <input type="text" value="FW7998H"/> | Certificate Number | <input type="text"/> | | | | | | | |
| <input type="button" value="Search"/> | | | | | | | | | | |
| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input type="radio"/> | 5075973853-02 | | MD RIDHUAN B MD RAFIG | S9326116Z | GMC | Third Party, Fire & Theft | FW7998H | FW7998H | 07/12/2017 | 06/12/2018 |
| <input type="button" value="Continue"/> | | | | | | | | | | |

| Policy Information | | | | | |
|---------------------------------------|--|-------------------|-----------------------|---------------------|------------------|
| Policy No. | 5075973853-02 | Policyholder Name | MD RIDHUAN B MD RAFID | Policyholder NRIC | S9326116Z |
| Certificate No. | | | | | |
| Address | BLK 641 #04-500 PASIR RIS DRIVE 1 SINGAPORE 510641 | | | | |
| Product Name | MOTORCYCLE INSURANCE | Plan | Group Policy Flag N | | |
| Policy issue Date | 06/11/2017 | Effective Date | 07/12/2017 00:00 | Expiry Date | 06/12/2018 23:59 |
| Excess Type | All Claims Excess | | | | |
| Third Party Excess | 0 | Own damage Excess | 0 | Windscreen Excess | |
| Additional Excess | OS Premium 0 | | | | |
| Outside Singapore OD Excess | Outside Singapore TP Excess | | | | |
| Young/Inexperience Driver Excess | | | | | |
| Agent | INCOME-BRANCH SERVICES | Agent Tel. | 67886616 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | BLK 641 #04-500 | Address 2 | PASIR RIS DRIVE 1 | Address 3 | SINGAPORE 510641 |
| Address 4 | Address Type | | Singapore address | Post Code | 510641 |
| Unit No. | Related Policy Number | | 5075973853-02 | | |
| Insured Object: FW7998H | | | | | |
| Endorsements | | | | | |
| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content | |
| <div>Continue</div> <div>Cancel</div> | | | | | |

Claim Handling

Exit

Accident MT/1007735

| | | | | | |
|-----------------------------------|---|-------------------------------|---|----------------------|--------------------------|
| Policy No. | 5075973853-02 | Vehicle No. | FW799BH | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | MD RIDHUAN B MD RAPID | | | Policyholder NRIC | 59326116Z |
| Product Code | MOTORCYCLE INSURANCE | Cover Type | Third Party, Fire & Theft | Loading | 0 |
| Contact No.(Mobile) | 91372491 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | <input type="text"/> |
| 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 Entitlement(%) | 20 | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 17/08/2018 20:04 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 14/08/2018 | Time of Accident hh:mm | 18:05 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | TPE (P2E) BEFORE KPE EXIT | | | | |
| 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 541 #04-500 | Address 2 | PASIR RIS DRIVE 1 | Address 3 | SINGAPORE S10641 |
| Address 4 | | Address Type | Singapore address | Post Code | S10641 |
| Unit No. | | Related Policy Number | 5075973853-02 | | |
| OI Driver Info | | | | | |
| Driver Name | MD RIDHUAN B MD RAPID | Driver Type | Main Driver | Driver DOB | 23/07/1993 |
| Unnamed driver Name | | Driver NRIC | 59326116Z | Driving Experience | 5 |
| Register Date of Driver License | 10/05/2013 | Driver Age | 25 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 91372491 | Contact No.(Office) | 0 | Address 3 | SINGAPORE S10641 |
| Address 1 | BLK 541 #04-500 | Address 2 | PASIR RIS DRIVE 1 | Post Code | S10641 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 04-500 | | | | |
| 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 | | |

Modification History

Claim 001

New

| | | | | | |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | MD RIDHUAN B MD RAPID | Insured NRIC | 59326116Z |
| Contact No.(Mobile) | 91372491 | Contact No.(Home) | N/L | Contact No.(Office) | |
| Email Address | wenn_live09@hotmail.com | OI Vehicle Number | FW799BH | TP Vehicle Number | SGD6566R |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claim Description | FW799BH / SGD6566R ON 14 Aug 2018 | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Fully at Fault | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 17/08/2018 20:06 | Claim Close Date | | Date Received | 17/08/2018 00:00 |
| Report Taken By | Jackson | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

| | | | | | |
|--------------------|---|---------------|------------------|--------------|-----------|
| Attachment | | | | | |
| Accident No. | MT/1007735 | Claim No. | 001 | | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 17/08/2018 20:07 | | |
| Pain * | | Category * | | Confidential | Urgency * |
| | Browse... Clear | Please Select | | NO | Normal |
| | Browse... Clear | Please Select | | NO | Normal |
| | Browse... Clear | Please Select | | NO | Normal |
| | Browse... Clear | Please Select | | NO | Normal |
| | Browse... Clear | Please Select | | NO | Normal |

Browse...

Browse...

Clear

Please Select

Normal

☐ Send Message Upload

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) | Action |
|---|---|-----------------------|---------|---------------------------------|----------------|----------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 20:07 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-8-17 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 20:07 | SAS | Normal | SAS 2018-8-17 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 20:07 | Photos | Normal | Photos 2018-8-17 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 20:07 | Photos | Normal | Photos 2018-8-17 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 20:07 | Photos | Normal | Photos 2018-8-17 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 20:07 | Photos | Normal | Photos 2018-8-17 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 20:07 | Photos | Normal | Photos 2018-8-17 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 20:07 | Photos | Normal | Photos 2018-8-17 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 20:07 | Photos | Normal | Photos 2018-8-17 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 20:06 | Photos | Normal | Photos 2018-8-17 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 20:06 | Photos | Normal | Photos 2018-8-17 | | Edit |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Aug 2018 20:06 | Photos | Normal | Photos 2018-8-17 | | Edit |

Video List

| Uploaded By/Date | Folder/ Date | File Name | Source | Action |
|---|--------------|-----------|--------|--------|
| <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Display in New Window Scan and uploading </div> | | | | |