

NATIONAL Assessment Centre Services [ver 1 Jan 2015]			
Date In: 29/08/2018 17:51	Job description	Date & Time Completed	Done by
Ref No: NA/INC18015803/KY	SAS e-filing		
Veh No: FBF378E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/12/2017 06:00	I-Motor Claim Form	NT/1009375-001 30/8/18 09:50	
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tol: () Fax: ()

TP Particulars: Vch No: UNKNOWN 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

NA1805501

Claimant's Particulars: 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80)

Driver/Owner: 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120

Contact No: 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)

Damaged Portion: 6) TR: Re-inspection \$75 7) N1: Idao DA + SMRT Survey \$160

QC Checked by (Engr-In-Charge): 8) NTUC Additional Services: ON*

Auditors' Comments: *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10

Cal 1: *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5

Cal 2/3: TP (N11): TP (N-on INC) against INC \$20 9) N12: Idao Mobile 30

Invoice dated Fee Charged Invoice dated Fee Charged

21850

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	29/08/2018 17:51
Date Of Accident	27/12/2017 06:00
Exact Location Of Accident	PIONEER ROAD NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF378E
Insured/Policyholder	
Name Of Registered Owner	ZULAIMI BIN ARIP
NRIC No	S6824804C
Email Address	ZULAIM8@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97224388
Alternative Phone No	OTHERS-97224388

Vehicle Particulars

Manufacturer	HONDA
Model	-
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	5078253330-01
Cover Note Number	

Driver

Name of Driver	MISWAN BIN KAMSO
NRIC No	S0980734I
Date Of Birth	26/10/1950
Occupation	INDOOR
Date Of Driving Pass	30/03/1981
Driving Experience	36 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97224388
Fax Number	
Contact Number	OTHERS-97224388
Email Address	NOEMAIL

Address	BLK 269A YISHUN STREET 22
	#04-529
Postcode	761269
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - UNCLE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
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	MISWAN BIN KAMSO
------	------------------

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FBF378E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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:

 29/8/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

NO SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Along Boon lay way toward Pioneer Road north at the 1st lane suddenly the lorry change to my lane without checking and knock me down

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.:



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 6200
Fax +65 6547 6259
www.police.gov.sg

Your Ref :
Our Ref : TP/IP/68285/2017

Date : 28 December 2017

MISWAN BIN KAMSO
BLK 269A YISHUN STREET 22
#04-529
SINGAPORE 761269

Dear Sir/Mdm,

Please find the Notice to Collect Vehicle memo enclosed. You are to collect your vehicle within 7 days from the date of the memo.

- 2 Should you need any clarification, please contact Investigation Officer Syed Zayid Muhammad at Tel: 6547 6394.

Yours faithfully,

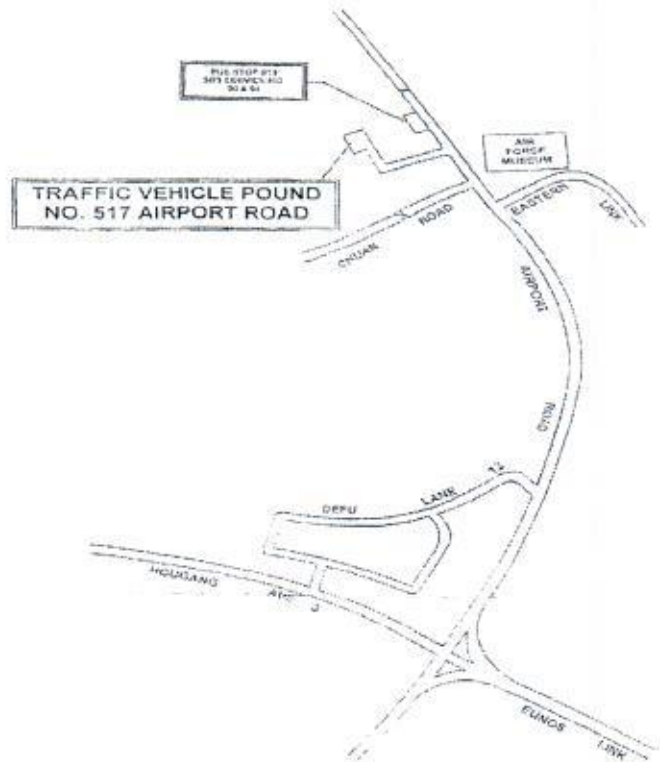
SYED ZAYID MUHAMMAD
for HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE



LETTER OF AUTHORISATION

I, _____, NRIC/FIN No: _____
hereby authorized _____, NRIC/FIN No: _____
to collect my vehicle, registration no: _____ on my behalf.

LOCATION MAP FOR TRAFFIC VEHICLE POUND



M/Su

(Signature & Date)

Name of Owner:

NRIC/FIN No:

Contact No:

Note: Identification document must be produced for verification together with the Notice to collect vehicle (Part A) when collecting the vehicle.



NOTICE TO COLLECT VEHICLE

Part A

1) To be completed by Investigation Officer

Name of Owner: MISWAN BIN KAMSO		NRIC/FIN: S0980734I
Vehicle No: FBF378E	<input checked="" type="checkbox"/> No inspection required <input type="checkbox"/> Release only after inspection (Please tick ✓)	
Date of Accident: 27/12/2017		
Time of Accident: 6.04 AM	Place of Accident: PIONEER ROAD NORTH	

2) Take note that the vehicle must be collected within 7 days from the date of this notice. Otherwise storage fee will be levied as follows :

<u>Type of Vehicle</u>	<u>Storage Fee Per Day</u>
Motor Cycle / Scooter	\$ 20/-
Motor Car	\$ 40/-
Motor vehicle other than the above	\$ 80/-

3) You have to make your own arrangement to have your vehicle removed at your own costs. If you are authorizing someone to collect your vehicle on your behalf, please ensure that he / she produces his / her NRIC / Passport for verification. Please fill up the letter of authorization at Annex 'A'

4) Please liaise with the duty officer of Traffic Vehicle Pound at **517 Airport Road, Singapore 539942, Tel no.: 6280 7841** for collection of vehicle. The collection hours are as follows:

Monday	2.00 pm to 4.00 pm
Tuesday to Friday	9.00 am to 12.00 pm 2.00 pm to 4.00 pm

Yours faithfully,

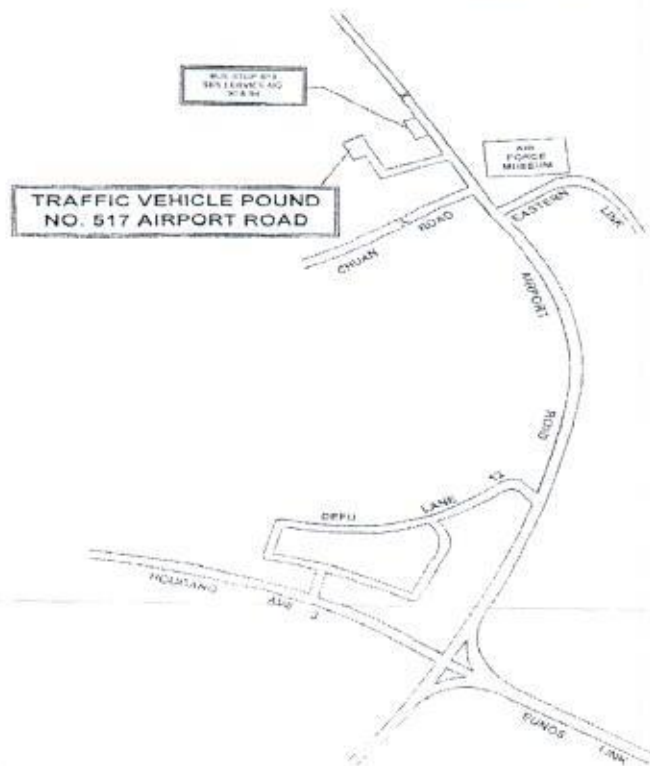
IO SYED ZAYID MUHAMMAD
GIT A
CONTACT NO: 6547 6394
DATE: 28/12/2017



LETTER OF AUTHORISATION

I, _____, NRIC/FIN No: _____
hereby authorized _____, NRIC/FIN No: _____
to collect my vehicle, registration no: _____ on my behalf.

LOCATION MAP FOR TRAFFIC VEHICLE POUND



MISW

(Signature & Date)

Name of Owner:

NRIC/FIN No:

Contact No:

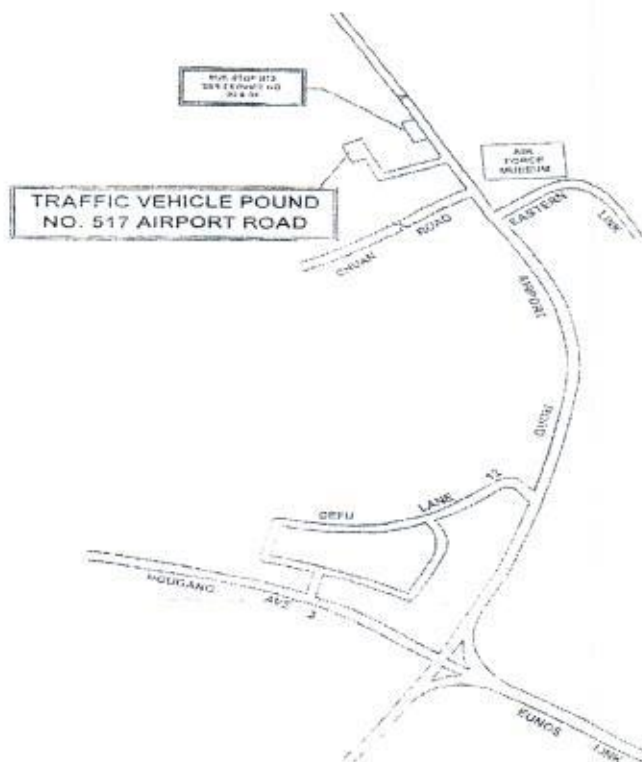
Note: Identification document must be produced for verification together with the Notice to collect vehicle (Part A) when collecting the vehicle.



LETTER OF AUTHORISATION

I, _____, NRIC/FIN No: _____
hereby authorized _____, NRIC/FIN No: _____
to collect my vehicle, registration no: _____ on my behalf.

LOCATION MAP FOR TRAFFIC VEHICLE POUND



MISu

(Signature & Date)

Name of Owner:

NRIC/FIN No:

Contact No:

Note: Identification document must be produced for verification together with the Notice to collect vehicle (Part A) when collecting the vehicle.

FIRST MOTOR

BLK 3006 UBI ROAD 1 #01-398 SINGAPORE 408700

TE L: 6743 1911 / 6744 8333 FAX NO: 6745 8131

RCB REG NO: 289644/OOC

E-mail: lionell@singnet.com.sg

E-mail: first_motor_sg@yahoo.com

DATE : 19/1/2018

REF NO :

VEH NO : FBF378E

HONDA TIGER 200

ATTN: CLAIM DEPT

RE: ESTIMATION FOR ACCIDENT INVOLVING VEH NO. FBF378E/ ON 17/01/2018

ITEM	QTY	DESCRIPTION	PRICE(S\$)
1	1	HANDLE BAR	70.00
2	1	o/p BRAKE LEVER	12.00
3	1	o/p HANDLE BALANCE	20.00
4	1	o/p from SIGNALLAMP (LH)	30.00
5	1	From COWLING VISOR	43.00
6	1	HEADLAMP COWLING ASSY	118.00
7	1	HEADLAMP ASSY	90.00
8	1	METER COVER	28.00
9	1	HEADLAMP BRACKET	35.00
10	1	STEERING CON ASSY	50.00
11	2	FORK INNER TUBE (L&R) @ \$110.00	220.00
12	2	FORK OUTER TUBE (L&R) @ \$190.00	380.00
13	1	FRONT WHEEL DISC	105.00
14	1	FRONT WHEEL	390.00
15	1	FRONT TANK (H&R)	68.00
16	1	o/p tail cover REAR SIDE COWLING (LH)	48.00
17	1	o/p REAR SIGNALLAMP (LH)	52.00
18	1	o/p REAR SIGNALLAMP (RH)	30.00
19	1	REAR BOX COVER	580.00
20	1	REAR BOX	180.00
21	1	BOX BRACKET	90.00
TOTAL PARTS			2,639.00
LESS 10%			263.90
TOTAL			2,375.10

LABOUR & MISC

TRANSPORT FEE

LABOUR CHARGE

50.00

280.00

GRAND TOTAL: 2,705.10



AUTHORISED SIGNATURE

TPC Claim

Paid 10%

3 Days

Lump Sum Repair

William Ang

29/01/18

Fax 6 442 9690

LB 220

2206.30

1750

M.1 MOTORING

Head Office: 411-421 Changi Road, Singapore 419860

Tel: 6743 7030 Fax: 6743 7556

Branch: 1080 Serangoon Road, Singapore 328183

Tel: 6292 7040 Fax: 6241 7040

Branch: Blk 3007 Ubi Road 1 #01-448, Singapore 408701

Tel: 6743 5100 Fax: 6743 1239

COLLECTION OF MOTOR VEHICLE

I, Zulwani Ben Arip BEARING NRIC NO. S62249040
OF Blk 264A Yishun St 22 #04-529 S(261269)

HEREBY TAKE DELIVERY OF MOTOR VEHICLE NO. FAD 3674R

BEING MAKE & MODEL Yamaha FJR1300

(EXCHANGE / TRADE IN VEHICLE NO. FDF 388E MAKE & MODEL

Honda Tiger)

AND WHILE IT IS IN HIS / HER

THEIR POSSESSION SHALL BE FULLY RESPONSIBLE AND SHALL INDEMNIFY THE VENDOR

FOR ANY ILLEGAL ACTS FROM THE USE THEREOF, INCLUDING TRAFFIC OFFENCES.

I / WE CONFIRM THAT THE ABOVE VEHICLE WAS DELIVERED AND RECEIVED IN ACCORD-
ANCE WITH THE TERMS OF SALE ARRANGEMENT AND TO MY / OUR CERTIFICATION
CONDITION.



SIGNATURE OF PURCHASER

DATE

2/4/2018

TIME

1550

Reported on 28/8/2018
@ 1325 HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (27/12/2017) (DD/MM/YYYY), TIME: (06:00) (HH:MM)

LOCATION: PIONEER ROAD NORTH

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF378E
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
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: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97224388
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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: Unknown 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 passengers
(including driver)
(1)

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
(1)

Uncle

28/8/2018
@ 1345 HRS

* Mr Clarence from NTUC Ask for
waiting? to have a sold of motorcycle
Letter & Date & Time
Email = zulain@gmail.com
Fax = Zulain8@gmail.com

* Some Photos
Taken from
Phone?

X Waiting for Motorcycle Photos?

* Driver not present at idaz
only owner came to idaz to inform?

OWNER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6824804C



Name
ZULAIMI BIN ARIP

Race
JAVANESE

Date of birth
08-08-1968

Sex
M

Country of birth
SINGAPORE

S6824804C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
Name S6824804C

ZULAIMI BIN ARIP

Birth Date 08 Aug 1968

Issue Date 09 Nov 2013



002243950E

4506035



NRIC No. S6824804C



Date of issue
13-01-2010

APT BLK 269A YISHUN STREET 22 #04-529
SINGAPORE 761269

NRIC No: S6824804C

Date: 28/01/2018

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

EFFECTIVE DATE

Class 2B	Motorcycles \leq 200 cc	01 Feb 1990
Class 2A	Motorcycles between 201 cc and 400 cc.	01 Feb 1990
Class 2	Motorcycles $>$ 400 cc	29 Sep 2009
Class 3	Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	19 Apr 2013



Licence No: S6824804C

NP 428A

BY CHIA

FBT 3+0L

NP 86440551

03 01 2018

Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S09807341**

Name: **MISWAN BIN KAMSO**

Birth Date: **26 Oct 1950**
Issue Date: **19 Dec 2002**

000044577F



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	23 Jan 1979
Class 2A	Motorcycles between 201 cc and 400 cc	23 Jan 1979
Class 2	Motorcycles exceeding 400 cc	23 Jan 1979
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 Mar 1981

NP 420A

License No: S09807341

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S09807341**



Portrait

MISWAN BIN KAMSO

Race

JAVANESE

Date of Birth

26-10-1950

Country of Birth

SINGAPORE

Sex

M



2002937



NRIC No. **S09807341**



Blood Group

B+

Date of issue

09-05-1994

APT BLK 269A YISHUN STREET 22 #04-529
SINGAPORE 761269

NRIC No: **S09807341**

Date: **30/08/2015**

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="27/12/2017 06:00"/>							
Vehicle No. (For Motor)	<input type="text" value="FBF378E"/>	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"/>	5078253330-01		ZULAIMI BIN ARJP	S6824804C	GMC	Third Party, Fire & Theft	FBF378E	FBF378E	09/03/2017	08/03/2018
<input type="button" value="Continue"/>										

5078253330-01

 **Policy Information**

Policy No.	5078253330-01	Policyholder Name	ZULAIMI BIN ARIP	Policyholder NRIC	S6824804C
Certificate No.					
Address	BLK 269A #04-429 YISHUN STREET 22 SINGAPORE 761269				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/03/2017	Effective Date	09/03/2017 00:00	Expiry Date	08/03/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	AXIS LINK PTE LTD	Agent Tel.	68419308	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 **Policyholder Mailing Address**

Address 1	BLK 269A #04-429	Address 2	YISHUN STREET 22	Address 3	SINGAPORE 761269
Address 4		Address Type	Singapore address	Post Code	761269
Unit No.		Related Policy Number	5078253330-02		

 **Insured Object: FBF378E**
 **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue

Cancel

Claim Handling

Accident MT/1009375

Policy No.	5078253330-01	Vehicle No.	FBF378E	GST Registration No.	
Certificate No.					
Policyholder Name	ZULAIMI BIN ARIP			Policyholder NRIC	5682
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97224388	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
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(%)	10	Private Hire	No
Accident Details					
Report Date	30/08/2018 09:40	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	27/12/2017	Time of Accident hh:mm	06:00	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIONEER ROAD NORTH				
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			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 269A #04-429	Address 2	YISHUN STREET 22	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	7612
Unit No.		Related Policy Number	5078253330-02		
O1 Driver Info					
Driver Name	MISWAN BIN KAMSO	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S09807341	Driver DOB	26/1
Register Date of Driver License	23/01/1979	Driver Age	67	Driving Experience	38
Contact No.(Mobile)	97224388	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 269A	Address 2	YISHUN STREET 22	Address 3	
Address 4		Address Type	Singapore address	Post Code	7612
Unit No.	#04-529				
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 type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ZULAIMI BIN ARIP	Insured NRIC	5682	
Contact No.(Mobile)	98068005	Contact No.(Home)	NIL	Contact No.(Office)		
Email Address	Zulaime.arip@asretec.org	O1 Vehicle Number	FBF378E	TP Vehicle Number	UNK	
Claim Description	FBF378E / UNKNOWN ON 27 Dec 2017				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rece	
Date Registered	30/08/2018 09:57	Claim Close Date		Date Received	30/0	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired		
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No. MT/1009375

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

30/08/2018 09:50

Path *

Category *

Confidential

Urgency *

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Aug 2018 09:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Aug 2018 09:45	SAS	Normal	SAS 2018-8-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Aug 2018 09:44	Photos	Normal	Photos 2018-8-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Aug 2018 09:44	Photos	Normal	Photos 2018-8-30
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 30 Aug 2018 09:44	Photos	Normal	Photos 2018-8-30

Video List

Uploaded By/Date	Folder Date	File Name	Source
<div>Display in New Window</div> <div>Scan and uploading</div>			