

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: <b>03/09/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18016003/13</b>	SAS e-filing		
Veh No: <b>SGB8664M</b>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <b>01/09/18</b> <b>1540</b>	i-Motor Claim Form	<b>MT/1009907-001</b>	
OD: <b>(TP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( <b>TWINCAR</b> )	Tel:	Fax:
TP Particulars:	Veh No: <b>SHB3457R</b>	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel:	( )
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time: ( )
Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]		
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:-**

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury :**

Date/Time	Actions

**NA1805580**

## Invoice Preparation Checklist

Ant (\$)	Ant (\$)
1st Bill	Add Bill

### Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

### Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- |   |  |
|---|--|
| 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) 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:-                   |  |
| OH*   |  |
| *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



## 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	03/09/2018 11:46
Date Of Accident	01/09/2018 15:40
Exact Location Of Accident	SHELFORD RD NEAR TO UNIT NO 55
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB8664M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMAD RAHIM BIN SOED
NRIC No	S6901332E
Email Address	AIMBOYAN0801@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97204627
Alternative Phone No	OTHERS-97204627

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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	PRIVATE HIRE

### 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	5099832831
Cover Note Number	

### Driver

Name of Driver	MUHAMAD RAHIM BIN SOED
NRIC No	S6901332E
Date Of Birth	08/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2004
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97204627
Fax Number	
Contact Number	OTHERS-97204627
EMail Address	AIMBOYAN0801@GMAIL.COM

Address	BLK 139 TAMPINES ST 11 #04-64
Postcode	521139
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	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180902/2052

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB3457R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	MUHAMAD RAHIM BIN SOED
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGB8664M
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:

  
03/09/18

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

SKETCH PLAN

(A) SGB 8664M.  
(B) S/B 3457R.



Shelford Road near unit no. 55.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report  
no. T/20180902/2052.

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



T/20180902/2052

1 of 3

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20180902/2052

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2018 14:55		Vide Report No.:		Station Diary No.: 41	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMAD RAHIM BIN SOED			Address: APT BLK 139 TAMPINES STREET 11 #04-64 SINGAPORE 521139		
ID Type / ID No.: NRIC NO / S6901332E			Contact No.: Home/Office: Mobile: 97204627		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 08/01/1969	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/09/2018 15:40	Type of Location:
Location: Along Road 1 SHELFORD ROAD  Along Shelford Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGB8664M	Car	NISSAN	LATIO 1.5L A	Silver	Seriously Damaged	0
SHB3457R	TAXI					0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGB8664M	NTUC Income Insurance Co-Operative Limited	5099832831	12/04/2018	29/06/2019



Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MUHAMAD RAHIM BIN SOED	ID No.	S6901332E
Related Vehicle	SGB8664M (Car)	Contact No.	97204627
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	02/09/2018	Date Discharge	02/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 01/09/2018 at about 1540hrs, I was driving along Shelford Road when a Taxi from the opposite lane did a 3 point turn along a continuous white line and hit onto the rear right side of my bumper and right rim. My car right rear bumper cracked and the rear right rim was dented due to the impact of the accident. The taxi driver refused to exchange his particulars.

On 02/09/2018, I went to consult medical treatment and was given 3 days MC. I suffered a sprained neck and on my right shoulder.





SINGAPORE  
POLICE FORCE



T/20180902/2052

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

3 of 3

\* Report No. T/20180902/2052

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

G /

Sgt 2 SHAHIZWAN BIN SHAH BUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/09/2018 14:55

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

<b>Vehicle No.</b>	96B 8664 M	<b>Model / Make</b>	Nissan Latio
<b>Date of Accident</b>	01/09/18		
<b>Time of Accident</b>	1540 HRS		
<b>Location of Accident</b>	Shelford Road near to unit no. 55		
<b>Exact purpose use during accident</b>	Chauffeur		
<b>Name of Owner</b>	Muhamad Rahim Ben Saed		
<b>Telephone No.</b>	H/P: 9720 4627	<b>Home:</b>	<b>Office:</b>
<b>NRIC</b>	S6901339E		
<b>Address</b>	BLK 139, Tampines St 11 #04-64 (S) 521139		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	<b>Third Party / Fire / Theft</b>
<b>Policy No.</b>	5099832831		
<b>Name of Driver</b>	As Above If No,		
<b>NRIC</b>		<b>Any Passengers:</b>	N.A.
<b>Date of birth</b>	08/01/1969		
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	17/12/2004		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P:	<b>Home:</b>	<b>Office:</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state	Owned	
<b>Weather condition</b>	Clear Raining Other		
<b>Road Surface</b>	Dry Wet Other		
<b>Any Injuries</b>	No, If Yes, Who?		
<b>Name And Contact No.</b>	Muhamad Rahim Ben Saed (H/P: 9720 4627)		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where?	Changkat NPP	
<b>Vehicle B No.</b>	STB 3457 R	<b>Any Passengers:</b>	N.A.
<b>Name of Driver</b>		<b>Contact No.:</b>	9878 1948
<b>Vehicle C No.</b>		<b>Any Passengers:</b>	
<b>Vehicle D No.</b>		<b>Any Passengers:</b>	
<b>Vehicle E no.</b>		<b>Any Passengers:</b>	
<b>Vehicle F No.</b>		<b>Any Passengers:</b>	
<b>Vehicle G No.</b>		<b>Any Passengers:</b>	
<b>Witness Name</b>	N.A.	<b>Witness Contact:</b>	N.A.
<b>Accident Portion</b>	Right Side		
<b>Camera Recorder</b>	Yes/No		
<b>Email Address</b>	* aimbayan0801@gmail.com		
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>		Yes	<b>No</b>
<b>PARTICULAR WORKSHOP</b>	Twincat		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Hui Xian		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S6901332E**

Name: **MUHAMAD RAHIM BIN SOED**

Birth Date: **08 Jan 1969**

Issue Date: **06 Dec 2016**

002635828F




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S6901332E**



Name: **MUHAMAD RAHIM BIN SOED**

Race: **MALAY**

Date of birth: **08-01-1969**

Sex: **M**

Country of birth: **SINGAPORE**

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	17 Dec 2004
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$	24 Sep 2009
	Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	

NP 428A



4862737

NRIC No: **S6901332E**

Date of issue: **30-07-2012**

**APT BLK 139 TAMPINES STREET 11 #04-64**

**SINGAPORE 521139**

NRIC No: **S6901332E**

Date: **08/05/2016**




## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5099832831

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: SGB8664M

Chassis Number:

: SC11039283

2. Name of Policyholder:

: MUHAMAD RAHIM BIN SOED

3. Effective Date of Insurance

: 12 Apr 2018

4. Expiry Date of Insurance:

: 29 Jun 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: S\$1,500

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: N/A

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

PRIMARY DRIVER

: MUHAMAD RAHIM BIN SOED

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: KENS0 LEASING PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : MURKHALIESAH BINTE ABU HASSAN (00000602499)

Date of Issue : 12 Apr 2018 10:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/1009907

Policy No.	5099832831	Vehicle No.	SGB8664M	GST Registrat
Certificate No.				
Policyholder Name	MUHAMAD RAHIM BIN SOED			Policyholder 1
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	97204627	Contact No.(Office)	0	Contact No.(
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	03/09/2018 16:57	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/09/2018	Time of Accident hh:mm	15:40	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	SHELFORD RD NEAR TO UNIT NO 55			

## ▼ Excess

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

## ▼ 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 139 #04-64	Address 2	TAMPINES STREET 11	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5099832831	

## ▼ OI Driver Info

Driver Name	Muhamad Rahim Bin Soed	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S6901332E	Driving Exper
Register Date of Driver License	24/09/2009	Driver Age	49	Contact No.(I
Contact No.(Mobile)	97204627	Contact No.(Office)	0	Address 3
Address 1	BLK 139	Address 2	TAMPINES STREET 11	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#04-64			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	---

## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	97204627	Contact No. (Home)	
Email Address		O1 Vehicle Number	
Claim Description	SGB8664M / SHB3457R ON 1 Sept 2018		
Preferred Workshop	Insured Liability	Not at Fault	
Repair No. Finalisation	Preferred Repair Option	Preferred Workshop (refer below)	GIA report
Date Registered	Received	Claim Close Date	03/09/2018 17:01
Report Taken By	ROSLINDA	Workshop Repairer	

☒ Print AK letter

Save Submit

## Attachment

Accident No. MT/1009907 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 03/09/2018 00:00

Path \*

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

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Category \*

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NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2018 17:01	NRIC/ Driving License	Normal	NRIC/ D
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2018 17:01	SAS	Normal	
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