

NATIONAL Assessment Centre Services [wef 1 Jan 05]

Date In: 21/09/18	Job description	Date & Time Completed	Done by:
Ref No: NA/INC18017257/13	SAS e-filing		
Veh No: FB0357B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/07/18 1845	i-Motor Claim Form	MT/1012484-001	
OD (11) 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: (MO70 51) Tel: () Fax: ()

TP Particulars:	Veh No: <u>SLN25004</u>	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

<u>NA1805988</u>	Invoice Preparation Checklist	Amt (\$) Ist Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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	21/09/2018 16:53
Date Of Accident	09/07/2018 18:45
Exact Location Of Accident	BOUNDARY RD TWDS SERANGOON CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD357B
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SAINI BIN ISMAI
NRIC No	S8415553E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84990431
Alternative Phone No	OTHERS-84990431

Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA RUNNER
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	THIRD PARTY
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	5031663470-09
Cover Note Number	

Driver

Name of Driver	MUHAMMAD KAMAL BIN ISMAIL
NRIC No	S7724791B
Date Of Birth	19/08/1977
Occupation	INDOOR
Date Of Driving Pass	29/09/2004
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93671724
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 119B CANBERRA CRESCENT #02-321
Postcode	752119
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	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	CHONG PANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 141 YISHUN RING ROAD , POSTCODE: 760141 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7529999 - FAX NO: 67528913
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180710/2067

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	SLN2500U
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	MUHAMMAD KAMAL BIN ISMAIL
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBD357B
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:

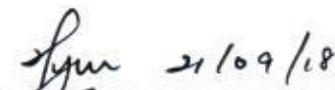
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

X


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.:



Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

Report No. T/20180710/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2018 13:09		Vide Report No.:		Station Diary No.: 22	
Informant's Particulars					
Name of Informant: MUHAMMAD KAMAL BIN ISMAIL			Address: APT BLK 119B CANBERRA CRESCENT #02-321 SINGAPORE 752119		
ID Type / ID No.: NRIC NO / S7724791B			Contact No.: Home/Office:		Mobile: 93671724
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 19/08/1977	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation: CERTIS CISCO OFFICER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/07/2018 18:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BOUNDARY ROAD SERANGOON CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD357B	Motorcycle	PIAGGIO	GILERA RUNNER ST 200	Grey		0
SLN2500U	Car	MERCEDES BENZ	GLC250 COUPE 4MATIC AUTO	Silver		0



Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

Report No: T/20180710/2067

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD KAMAL BIN ISMAIL	ID No.	S7724791B
Related Vehicle	FBD357B (Motorcycle)	Contact No.	93671724
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL
Date Treatment	09/07/2018	Date Discharge	10/07/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On 09/07/2018 at about 1845hrs, I was riding my motorcycle bearing registration plate no. FBD357B along Boundary towards Central Expressway (CTE) on the extreme left lane near to the X-Junction of Serangoon Central. Thereafter, I had noticed a car bearing registration plate no. SLN2500U which was stationary on lane 3 of the 4-lane road at the traffic junction. However, as I was approaching the traffic junction, I had slowed my motorcycle down whereby out of a sudden, the said car, had without signaling his intended direction, cut across my lane towards filtering lane on the left. Due to it, I do not have time to react to apply my brakes which resulted in my motorcycle colliding into the rear left of said car causing me to fall off my motorcycle. Thereafter, Ambulance and Traffic Police was called to scene where I was conveyed to Tan Tock Seng Hospital for medical attention. I was then given 7 days of medical leave due to a broken right arm and slight abrasion on my right leg. I wish to state that I do not have any recordings of the incident. That is all.



**SINGAPORE
POLICE FORCE**



T/20180710/2067

3 of 3

Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

Report No. T/20180710/2067

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: F / Sgt 1 RICKSON ONG KIAN MENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/07/2018 13:09
Officer In Charge Of Case: TP / GIT / Insp MOHAMMED FADZLY BIN ABDUL AZIZ Contact No.: 65476355	Classification Of Case:
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 5px;">  Signature:  SN 085 Singapore Police Force </div>

Vehicle No.	FBD 357B	Model / Make	PIAGGIO RUNNER ST100
Date of Accident	09/07/2018		
Time of Accident	1845	HRS	
Location of Accident	BOUNDARY ROAD BEFORE THE JUNCTION (BOUNDARY RD / SERANJUN CENTRAL)		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	MUHAMMAD SANI BIN ISMAIL		
Telephone No.	H/P: 9499 0431	Home:	Office:
NRIC	58415553E		
Address	BLK 430A YISHUN AVE 11 #02-376 S(761430)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5031663470-09		
Name of Driver	As Above If <input checked="" type="checkbox"/> No, MUHAMMAD KAMAL BIN ISMAIL		
NRIC	57724701B	Any Passengers:	NIL
Date of birth	19/08/1997		
Occupation	Outdoor	/	<input checked="" type="checkbox"/> Indoor
Driving License Pass Date	29 SEP 2004		
Gender	<input checked="" type="checkbox"/> Male / Female		
Contact No.	H/P: 93671724	Home:	Office:
Address	BLK 119B CANBERRA CRESCENT #02-321 S(752119)		
Driver have any own vehicle	<input checked="" type="checkbox"/> No, If yes, Reg No.		
Relationship	Employee,	If no, state	BROTHER
Weather condition	<input checked="" type="checkbox"/> Clear	Raining	Other
Road Surface	<input checked="" type="checkbox"/> Dry	Wet	Other
Any Injuries	No, If <input checked="" type="checkbox"/> Yes, Who?		
Name And Contact No.	MUHAMMAD KAMAL BIN ISMAIL, 93671724		
Name And Contact No.			
Police Report	No,	If <input checked="" type="checkbox"/> Yes, Where?	141 YISHUN RIVER ROAD, CHONG PANG NPP
Vehicle B No.	SLN 2500U	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	FRONT, LEFT AND RIGHT		
Camera Recorder	Yes / No		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
		Yes / No	
PARTICULAR WORKSHOP	MOTO 51 PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n51.com.sg		

Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7724791B**
Name
MUHAMMAD KAMAL BIN ISMAIL
Birth Date: **19 Aug 1977**
Issue Date: **29 Sep 2004**

001288830B



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7724791B**



Name
MUHAMMAD KAMAL BIN ISMAIL
Race
MALAY
Date of birth Sex
19-08-1977 M **S7724791B**
Country of birth
SINGAPORE

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

Class	Description	PASS DATE
Class 2B	Motorcycles <= 230 CC	29 Sep 2004
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	24 Aug 2007

S7724791B S/No. 9000059115

Licence No: **S7724791B**



NP 428A

4545327



NRIC No. **S7724791B**



Date of issue
02-03-2010

APT BLK 119B CANBERRA CRESCENT #02-321
SINGAPORE 762119
NRIC No: **S7724791B** Date: **10/07/2018**

Owner
HP: 84990431

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8415553E**



Name
MUHAMMAD SAINI BIN ISMAIL



Race
MALAY

Date of birth
22-05-1984

Sex
M

Country/Place of birth
SINGAPORE



55159



NRIC No. **S8415553E**



Date of issue
24-08-2015

APT BLK 430A YISHUN AVENUE 11 #02-376
SINGAPORE 761430

NRIC No: **S8415553E** Date: **26/04/2016**

17500

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 : 5031663470-09 **Cover** : Third Party, Fire & Theft

- | | |
|---|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBD357B |
| Chassis Number | : ZAPM4640100001688 |
| 2. Name of Policyholder | : MUHAMMAD SAINI BIN ISMAIL |
| 3. Effective Date of Insurance | : 18 Sep 2017 |
| 4. Expiry Date of Insurance | : 17 Sep 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) Named Driver(s) Only. | |
| 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
 (b) Use for racing, pace-making, reliability trial or speed-testing.
 (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 (d) 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)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MUHAMMAD SAINI BIN ISMAIL
NAMED DRIVER (2)	: MUHAMMAD KAMAL BIN ISMAIL
HIRE PURCHASE COMPANY	: N/A
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)

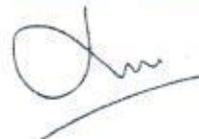
Agency : A S PHOON PTE LTD (00000571911)
 Date of Issue : 14 Sep 2017 10:19 hrs
 Reprint : 14 Sep 2017 10:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1012484

Policy No.	5031663470-09	Vehicle No.	FBD357B	GST Registration No.
Certificate No.				
Policyholder Name	MUHAMMAD SAINI BIN ISMAI			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	84990431	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input 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

▼ **Accident Details**

Report Date	21/09/2018 17:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/09/2018	Time of Accident hh:mm	18:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BOUNDARY RD TWDS SERANGOON CENTRAL			

▼ **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 164 #04-404	Address 2	SIMEI ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5031663470-09	

▼ **OI Driver Info**

Driver Name	MUHAMMAD KAMAL BIN ISMAIL	Driver Type	Named Driver	
Unnamed driver Name		Driver NRIC	S7724791B	Driver DOB
Register Date of Driver License	29/09/2004	Driver Age	41	Driving Experience
Contact No.(Mobile)	93671724	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 119B	Address 2	CANBERRA CRESCENT	Address 3
Address 4	SINGAPORE 752119	Address Type	Singapore address	Post Code
Unit No.	#02-321			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MUHAM
Contact No.(Mobile)	84990431	Contact No. (Home)	678291
Email Address		OI Vehicle Number	FBD357
Claim Description	FBD357B / SLN2500U ON 9 Sept 2018		
Preferred Workshop	<input type="text"/>	Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered	21/09/2018 17:27	GJA report	Received
Report Taken By	ROSLINDA	Claim Close Date	
		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1012484 Claim No. 001
 Last Doc. Received Yes No Upload Date 21/09/2018 00:00

Path *	Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	NO
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	NO
<input type="button" value="Message Read"/>		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2018 17:27		NRIC/ Driving License	Normal	NRIC/ Driving I
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2018 17:27		SAS	Normal	SAS 2
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2018 17:27		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2018 17:27		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2018 17:27		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Sep 2018 17:27		Photos	Normal	Photos
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NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on
21 Sep 2018 17:26

Photos

Normal

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