

NATIONAL Assessment Centre Services. [ver 1 Jan'05]

Date In: 30/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18019698/13	SAS e-filing		
Veh No: ABG 2613H	E-mail (within 5hrs, AIC 2hrs)		
D.O.A 29/10/18 1000	I-Motor Claim Form	MT/1017691 - 001	
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (MOTO 51 Tel: Fax:)

TP Particulars: Veh No: SM03588K 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 6016	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

NA1806987	Invoice Preparation Circledist	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: 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)		
Pat. 1:	6) TR: Re-inspection \$75		
Pat. 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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: Idao 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 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. 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	30/10/2018 09:28
Date Of Accident	29/10/2018 10:00
Exact Location Of Accident	X-JUNC OF(AMK DR/AMK AVE 10/AMK AVE 5)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG2613H
Insured/Policyholder	
Name Of Registered Owner	MD YUZRAN BIN MD YATIM
NRIC No	S9337111I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93847274
Alternative Phone No	OTHERS-93847274

Vehicle Particulars

Manufacturer	DUCATI
Model	EVO
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
Fleet Policy	NO
Policy Number	5104223659
Cover Note Number	

Driver

Name of Driver	MD YUZRAN BIN MD YATIM
NRIC No	S9337111I
Date Of Birth	02/10/1993
Occupation	INDOOR
Date Of Driving Pass	05/12/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93847274
Fax Number	
Contact Number	OTHERS-93847274
Email Address	NOEMAIL

Address	BLK 577 ANG MO KIO AVE 10 #02-1893
Postcode	560577
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 ON COLLISION
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20181029/2075

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	SHD3588K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG TENG AI
NRIC/Passport Number	S2167854F
Contact Number	91280303
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MD YUZRAN BIN MD YATIM
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBG2613H
Were seat belts worn?	
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:

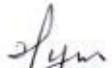
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GiA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this {form} and any other personal information provided by me or possessed by my insurer (collectively the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

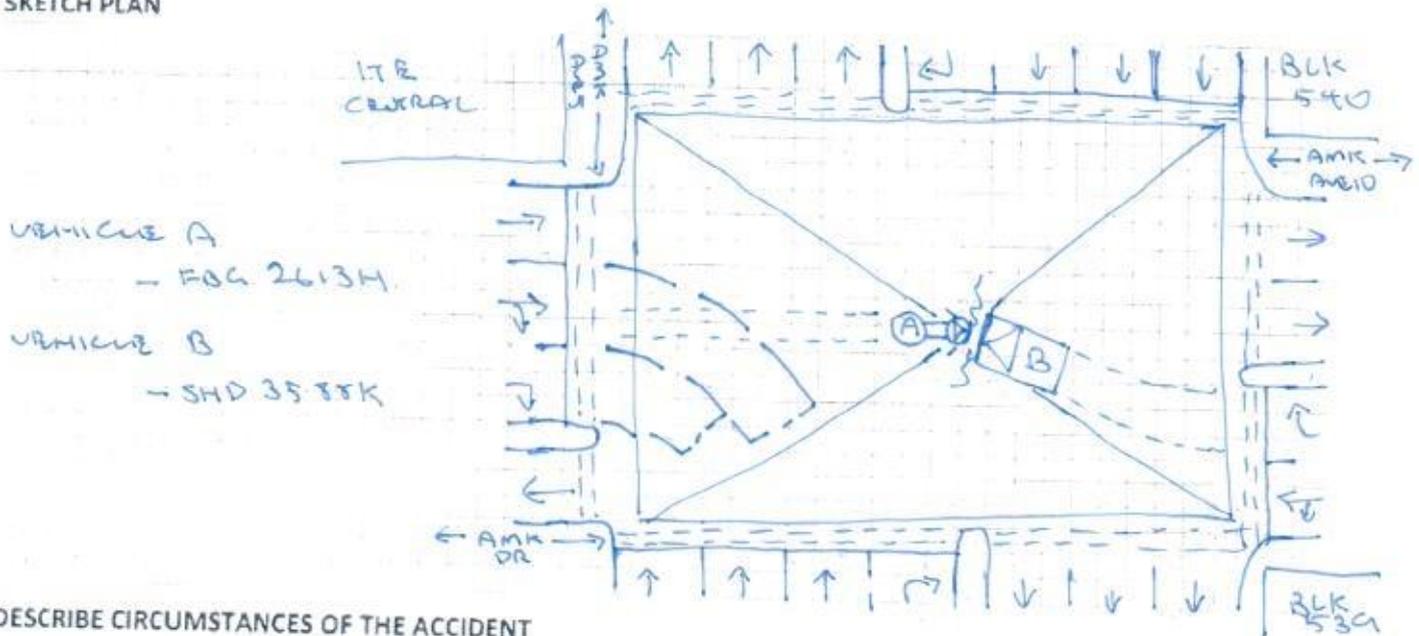


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 30/10/18

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

SKETCH PLAN



VEHICLE A
- FOG 2613H.

VEHICLE B
- SHD 3588K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG AMK DR TOWARDS AMK AUBU
I WAS ON THE SECOND LANE.

WHILE AT THE CROSS JUNCTION OF (AMK DR/AMK AUBU/AMK AVE)
AS IT WAS RIGHT OF WAY, TRAFFIC LIGHT SHOWING GREEN
ON MY WAY. SO I CARRY ON AND PROCEED AHEAD.
HALF WAY THROUGH SUDDENLY A VEHICLE FROM THE
OPPOSITE SIDE DIRECTION MADE A RIGHT TURN AND
HIT HEAD ONTO MY VEHICLE. AS IT WAS TOO SUDDEN
I COULDN'T REACT ON TIME TO AVOID THE ACCIDENT.

AFTER THE CAR HIT ON ME IMMEDIATELY HE ALIGHT FROM
HIS VEHICLE AND APOLOGIZE TO ME OF HIS MISTAKE AND
FAIL TO SEE MY VEHICLE GOING STRAIGHT, AND HE ADMITTED
THAT WHEN HE WAS TURNING RIGHT, THERE IS NO RIGHT
TURNING ARROW AT HIS FAVOUR, AND FAIL TO CHECK ON
OPPOSITE VEHICLE THAT CAUSES THE ACCIDENT OF COLLIDING HEAD
ON ONTO MY VEHICLE. AFTER THE ACCIDENT, I PROCEED TO MAKE
A ACCIDENT REPORT. THEN AFTER I WILL CONSULT A DOCTOR FOR MEDICAL
ATTENTION, AS I WAS INSURED DURING THIS ACCIDENT. AND WILL
PROCEED TO DO A POLICE REPORT IF IS NEEDED.

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:

 30/10/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD YUZRAN BIN MOHD YATIM	ID No.	S93371111
Related Vehicle	FBG2613H (Motorcycle)	Contact No.	93847274
Hospital/Clinic	SHENTON FAMILY MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	ANG TENG AI	ID No.	S2167854F
Related Vehicle	SHD3588K (Car)	Contact No.	91280303
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/10/18 at about 1000hrs I was riding my motorcycle (FBG2613H) along Ang Mo Kio Drive going towards Ang Mo Kio Ave 10. While I was at the Junction of Ang Mo Kio Drive and Ang Mo Kio Ave 5, the traffic light was green and in favour for me to proceed straight. As such I proceeded straight. Suddenly a taxi which was turning right from Ang Mo Kio Ave 10 into Ang Mo Kio Ave 5 collided straight into my motorcycle. I landed on the bonnet of the taxi. The taxi driver came down and enquire whether I was injured. At that point of time I did not feel any pain. We then went to the side of the road to exchange particulars. The driver informed that he did not notice my motorcycle.

After the accident I went to a clinic to check for any internal injuries. I was given 3 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20181029/2075

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20181029/2075

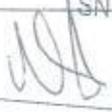
CONTINUATION OF REPORT

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 2 RAMESH S/O KOLILINGAM 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2018 14:50
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No. 65476151	Classification Of Case:

Authentication Stamp
 NP168  Signature:  SN 085
 Singapore Police Force

Vehicle No.	FBG 2613 H	Model / Make	DUCATI 848 EVO
Date of Accident	29/10/2018		
Time of Accident	1000	HRS	
Location of Accident	CROSS JUNCTION 612 (AMK DR/AMK AVE10/AMK AVE5)		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	MUHAMMAD SUZRAN BIN MUHD YATIM		
Telephone No.	H/P : 93847274	Home :	Office :
NRIC	S 9337111		
Address	BLK 577 ANH MO KIO AVE 10 #02-1893 S(560977)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTMC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5104223659		
Name of Driver	As Above If No,		
NRIC	Any Passengers : NIL		
Date of birth	02/10/1993		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	05 DEC 2017 (CLASS2)		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	OWNER
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	MUHAMMAD SUZRAN BIN MUHD YATIM, 93847274		
Name And Contact No.			
Police Report	No	If Yes, Where?	
Vehicle B No.	SHD 3588K	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	HEAD AND FALL ON RIGHT		
Camera Recorder	Yes / No		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
PARTICULAR WORKSHOP	MOTOSI PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

Owner / Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S93371111**
Name: **MUHAMMAD YUZRAN BIN MOHD YATIM**
Birth Date: **02 Oct 1993**
Issue Date: **04 Feb 2016**



002534974J

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S93371111**



Name: **MUHAMMAD YUZRAN BIN MOHD YATIM**
Race: **JAVANESE**
Date of birth: **02-10-1993** Sex: **M**
Country of birth: **SINGAPORE**



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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	05 Aug 2013
Class 2A	Motorcycles between 201 CC and 400 CC	12 Apr 2016
Class 2	Motorcycles > 400 CC	05 Dec 2017
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	16 Aug 2014
Class 4	Heavy motor cars and motor tractors > 2500 kg	16 Aug 2016

S / No. 9000276185

S93371111

Licence No. S93371111



NP 428A

4287649



NRIC No. **S93371111**



Date of issue: **03-10-2008**

Address: **APT BLK 577 ANG MO KIO AVENUE 10 #02-1893 SINGAPORE 560577**

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104223659		MD YUZRAN BIN MD YATIM	S9337111I	GMC	Third Party	FBG2613H	FBG2613H	27/09/2018	26/09/2019

Continue

**NTUC Income Insurance Co-operative Limited**

Income Centre 75 Bras Basah Road Singapore 189557
 Tel: 63 INCOME/6788 1777 • Fax: 6398 1500
 Email: enquiry@Income.com.sg • Website: www.Income.com.sg

an NTUC Social Enterprise

Guidance Note

This Guidance Note is intended to assist you with your policy details and the accident reporting procedures.

If you require further assistance, please call our Command Centre (24-hour hotline) at **6789 5000**.

Ref: OF/2016-2020/ **8515**Policy Number **5104223059**Vehicle Number **FBG2613H****Cover Type**

- | | | |
|--|--|---|
| <input type="checkbox"/> Prestige | <input type="checkbox"/> Drive Premium | <input type="checkbox"/> Comprehensive |
| <input type="checkbox"/> Prestige Third Party Fire & Theft | <input type="checkbox"/> Drive Classic | <input type="checkbox"/> Third Party Fire & Theft |
| <input type="checkbox"/> Prestige Third Party | <input type="checkbox"/> Comprehensive (PWP) | <input checked="" type="checkbox"/> Third Party |

No Claim Discount (NCD)

10 %

Excess (Subject to Prevailing GST)

Standard Excess \$

Unnamed Excess \$

Additional Excess \$

Third Party Excess \$

NCD ProtectorYes No

(1 accident within the period of insurance)

Transport AllowanceYes No

(S\$650 a day up to 7 days from the first day of repair for first 2 claims within the period of insurance)

Excess WaiverYes No

(To waive the Standard Excess of \$600 only for first 2 claims within the period of insurance)

**Accident Report to be made at any of our Income Accident Reporting Centres
 within 24 hours of the accident**

Items to note:

- ✓ Driver of Vehicle must make report personally.
- ✓ Bring Vehicle & Vehicle Key to Reporting Centre.
- ✓ Bring Driver's NRIC, Driving Licence, Insurance Cert.
- Bring a Copy of Policyholder's NRIC (Front & Back).
- Bring Company's Stamp.
- Bring Police Report; Driver is to lodge Police Report as soon as possible or within 24 hours of the accident if the accident involves:
 - Damage to government property
 - Foreign vehicle
 - Injury cases where anyone involved in the accident was conveyed to hospital or has obtained MC for 3 days or more
 - Pedestrian / Cyclist
 - Hit-and-run
 - Fatality
- ✓ Your NCD will be affected if you fail to report the accident within the stipulated time.
- ✓ Submit video recording from your in-car camera if available.

Authorised Driver/Person's Name

Munirul Yusoff Bin Mohd Yusoff

For video recording up to 10MB, you may

- email to motorvideo@Income.com.sg.

NRIC/ID no.

S15321111

Relationship to Policyholder

FH

For video recording more than 10MB, you may

- submit the storage device (non-returnable) at our Income branches or Accident Reporting Centres where you file your accident report.

Contact no.

93847224

Signature**For Official Use****Issued by**

Amsha

Staff Code

112835

Date (dd/mm/yyyy)

21/11/20

Time

01:5

Claim Handling

Accident MT/1017691

Policy No.	5104223659	Vehicle No.	FBG2613H	GST Registration No.
Certificate No.				
Policyholder Name	MD YUZRAN BIN MD YATIM	Cover Type	Third Party	Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading
Contact No.(Mobile)	93847274	Special Remark		Contact No.(Home)
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason
NCD Protection	No			Private Hire

▼ **Accident Details**

Report Date	30/10/2018 10:06	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/10/2018	Time of Accident hh:mm	10:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	X-JUNC OF(AMK DR/AMK AVE 10/AMK AVE 5)			

▼ **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 577 #02-1893	Address 2	ANG MO KIO AVENUE 10	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104223659	

▼ **OI Driver Info**

Driver Name	MUHAMMAD YUZRAN BIN MOHD YATIM	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S93371111
Register Date of Driver License	05/08/2013	Driver Age	25
Contact No.(Mobile)	93847274	Contact No.(Office)	0
Address 1	BLK 577	Address 2	ANG MO KIO AVENUE 10
Address 4		Address Type	Singapore address
Unit No.	#02-1893		
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MD YUZ
Contact No.(Mobile)	93847274	Contact No. (Home)	
Email Address	112586@myrp.edu.sg	OI Vehicle Number	FBG261
Claim Description	FBG2613H / SHD3588K ON 29 Oct 2018		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered		Repair Option	Preferred Workshop (refer below)
Report Taken By		GIA report	Received
		Claim Close Date	30/10/2018 10:12
		Workshop Repairer	ROSLINDA

Print AK letter

Save Submit

Attachment

Accident No. MT/1017691 Claim No. 001
 Last Doc. Received Yes No Upload Date 30/10/2018 00:00

- Choose File No file chosen
- Message Read

Path *

- Clear

Category *	Confidential
Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desi
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 10:09		NRIC/ Driving License	Normal	NRIC/ Driving L
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 10:09		SAS	Normal	SAS 20
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 10:09		Photos	Normal	Photos :
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 10:09		Photos	Normal	Photos :
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 10:09		Photos	Normal	Photos :
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 10:09		Photos	Normal	Photos :
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 10:09		Photos	Normal	Photos :
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 10:09		Photos	Normal	Photos :
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 10:08		Photos	Normal	Photos :
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 10:08		Photos	Normal	Photos :
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 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 10:08		Photos	Normal	Photos :

Video List

Uploaded By/Date	Folder Date	File Name
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