

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA1814497

Date In: 9/11/18-10:42	Job description	Date & Time Completed	Done by
Ref No: NA INC 802091/24	SAS e-filing		
Veh No: F2 8246	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 30/10/18-14:20	i-Motor Claim Form	M7/101958-201	9/11/18 19:45
OD : TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: 48E97022

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

NA 1807309

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2 / 3:

Invoice Preparation Checklist

Am't (\$)
In Bill

Am't (\$)
Add Bill

- 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
- 6) TR: Re-inspection \$75
- 7) N1: 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 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	09/11/2018 10:42
Date Of Accident	30/10/2018 14:20
Exact Location Of Accident	SERANGOON RD TWDS UPP SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ6924L
Insured/Policyholder	
Name Of Registered Owner	MOHAMMED ASFAR
NRIC No	S8573014B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94880551
Alternative Phone No	OFFICE-94880551

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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	5080649846-02
Cover Note Number	

Driver

Name of Driver	MOHAMMED ASFAR
NRIC No	S8573014B
Date Of Birth	05/08/1985
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94880551
Fax Number	
Contact Number	OFFICE-94880551
EMail Address	NOEMAIL

Address	BLK 414 HOUGANG AVENUE 10 #03-1256
Postcode	530414
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT- T/20181031/7008.

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	GBE9702Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 MOHAMMED ASFAR

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FZ6924L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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



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

Grangoon Rd.

A: FZ6924L

B: HBE97022

Bengwan Rd.

Refer to police report - 7/20/81031/7008

I/We declare the foregoing particulars are true in every respect.

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 10 / 18) (DD/MM/YYYY), TIME: (14 : 20) (HH:MM)

LOCATION: Serangoon Rd twds upper Serangoon Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: K26924L
 b) INSURANCE COMPANY: NJC
 c) POLICY NUMBER: 5080649846-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Mohammed Aifur (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S85730143 CONTACT: 94880551
 c) ADDRESS: Bile 414 Honggang Avenue 10 402126 (530414)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (5 / 8 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Dripping
 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: 6DE92022 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 passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

Email = Saifak007@hotmail.com

fax =

VIDEO =



**SINGAPORE
POLICE FORCE**



T/20181031/7008

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20181031/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/10/2018 12:29		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMED ASFAR			Address: APT BLK 414 HOUGANG AVENUE 10 #03-1256 SINGAPORE 530414		
ID Type / ID No.: NRIC NO / S8573014B			Contact No.: Home/Office: Mobile: 94880551		
Nationality: INDIAN			Email: saifak007@hotmail.com		
Sex: Male	Age: 33	Date of Birth: 05/08/1985	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Customer service manager			Driving Licence Information: Class: 2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/10/2018 14:20	Type of Location: Straight Road
Location: UPPER SERANGOON ROAD				
Weather: Drizzling		Road Surface: Little wet as it was drizzling		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving vehicles swipe in right and hit				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ6924L	Motorcycle	HONDA	CB400%252 Bversion%25 2B3%252B	Black	Seriously Damaged	0
GBE9702Z	Van	TOYOTA	HIACE	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20181031/7008

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20181031/7008

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ6924L	NTUC Income Insurance Co-Operative Limited	5080649846-02	08/04/2018	27/03/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMED ASFAR	ID No.	S8573014B
Related Vehicle	FZ6924L (Motorcycle)	Contact No.	94880551
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Details.

ACCIDENT INVOLVING TOYOTA HIACE VAN GBE9702Z and MOTORCYCLE HONDA CB400 SUPER FOUR FZ6924L

I Mohammed Asfar S8573014B making this report regarding an accident that happened on Tuesday 30/10/18 afternoon approximately 14:20 (Sgt) alongside Serangoon road.
I was riding back home (Hougang) on extreme right lane on Serangoon road leading towards upper Serangoon road when a silver colour Toyota Hiace Van (vehicle no. GBE9702Z) from the beside lane (left) cut in to my lane and hit me on the left side of my motorbike due to which I fell on my right side and skidded on the curb for a few meters.

I called and informed Ambulance about the accident. Ambulance and Traffic police were arrived at the accident scene at about 1440

Due to the injuries and condition i was in I didn't manage to exchange particulars with the party involved in the accident but I did manage to take the photo of the vehicle registration number involved in the accident.

Particulars were exchange upon the arrival of Traffic police and there after I was conveyed to the Raffles medical Hospital

Injuries: sustained an opened wound on right foot plantar area, abrasions on right elbow and palm, abrasions on right and left knee.



**SINGAPORE
POLICE FORCE**



T/20181031/7008

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No. 65470000

3 of 3

Report No. T/20181031/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
LEE MING CAI
Contact No.: 65476960

Authentication Stamp:
NP108

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

Date/Time:
31/10/2018 12:29

Classification Of Case:



TRAFFIC POLICE
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No.	:	T/20181031/7008	Name	:	Mohammed Asfar
Accident Date/Time	:	30/10/2018 @1420hrs	Address	:	Blk 414 Hougang ave 10
Vehicle(s) Involved	:	FZ6924L		:	#03-1256
	:	GBE9702Z	NRIC No	:	S8573014B
	:		Tel No	:	94880551
	:		Date	:	02/11/2018

Dear Sir / Madam

Accident involving FZ6924L & GBE9702Z
along Upper Serangoon Road on 30/10/2018 at 1420 hours

With reference to the above, I have on 30/10/2018 (date) 1420 hours (time) make a
police report at Using EPC (Police Station/NPP/NPC)
In NP 168 – T/20181031/7008

On 2/11/2018 (date), 2209 hours (time) at Hougang NPC
(Police Station/NPP/NPC), I make the following amendments to the above report;
The actual location is at Serangoon Road towards Upper Serangoon Road and I wish to inform
that I was conveyed to Raffles hospital and was given 14 days of medical leave

Yours Faithfully,

(Signature)

FOR OFFICIAL USE

If a police officer recorded these amendments, please complete the following.

Name / Rank No	:	SGT T150271 Chua Zi Hua
Date and Time	:	02/11/2018 @ 2209hrs
Station Dairy No	:	99
Signature	:	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8573014B**

Name **MOHAMMED ASFAR**

Birth Date: **05 Aug 1985**

Issue Date: **19 Sep 2008**

001654454E




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8573014B**




MOHAMMED ASFAR

محمد اسفار

Race **INDIAN**

Date of birth **05-08-1985** Sex **M**

Country of birth **INDIA**

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B: Motorcycles < 200 CC	19 Sep 2008
Class 2A: Motorcycles between 201 CC and 400 CC	02 Feb 2010

S/No. 9000116106

S8573014B

Licence No: S8573014B



8764382

NRIC No: **S8573014B**

Nationality **INDIAN**

Date of issue **04-03-2008**

APT BLK 414 HOUGANG AVENUE 10 #03-1256
SINGAPORE 530414

NRIC No: **S8573014B** Date: **11-05-2007** No: **5794312**




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="30/10/2018 14:20"/>							
Vehicle No.(For Motor)	<input type="text" value="FZ6924L"/>	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"/>	5080649846-02		MOHAMMED ASFAR	S8573014B	GMC	Third Party, Fire & Theft	FZ6924L	FZ6924L	08/04/2018	27/03/2019
<input type="button" value="Continue"/>										



Policy Information

Policy No.	5080649846-02	Policyholder Name	MOHAMMED ASFAR	Policyholder NRIC	S8573014B
Certificate No.					
Address	BLK 414 #03-1256 HOUGANG AVENUE 10 SINGAPORE 530414				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	08/04/2018	Effective Date	08/04/2018 00:00	Expiry Date	27/03/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	A S PHOON PTE LTD	Agent Tel.	67470770	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 414 #03-1256	Address 2	HOUGANG AVENUE 10	Address 3	SINGAPORE 530414
Address 4		Address Type	Singapore address	Post Code	530414
Unit No.		Related Policy Number	5080649846-02		

Insured Object: FZ6924L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

[Exit](#)

Accident MT/1019158

Policy No.	5080649846-02	Vehicle No.	FZ6924L	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMMED ASFAR			Policyholder NRIC	S8573014B
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	94880551	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	09/11/2018 19:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	30/10/2018	Time of Accident (H:mm)	14:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SERANGGON RD TWDS UPP SERANGGON RD				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	BLK 414 #01-1256	Address 2	HOUANG AVENUE 10	Address 3	SINGAPORE S30414
Address 4		Address Type	Singapore address	Post Code	530414
Unit No.		Related Policy Number	5080649846-02		
DI Driver Info					
Driver Name	MOHAMMED ASFAR	Driver Type	Main Driver	Driver DOB	05/08/1985
Unnamed driver Name		Driver NRIC	S8573014B	Driving Experience	8
Register Date of Driver License	02/02/2010	Driver Age	33	Contact No.(Home)	0
Contact No.(Mobile)	94880551	Contact No.(Office)	0	Address 3	SINGAPORE S30414
Address 1	BLK 414	Address 2	HOUANG AVENUE 10	Post Code	530414
Address 4		Address Type	Singapore address		
Unit No.	01-1256				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	CO-MIX	Insured Name	MOHAMMED ASFAR	Insured NRIC	S8573014B
Contact No.(Mobile)	94880551	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	saifak007@hotmail.com	DI Vehicle Number	FZ6924L	TP Vehicle Number	GBE9702Z
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	<input type="text"/>	Claimant NRIC *	<input type="text"/>		
Claimant Address	<input type="text"/>				
Claim Description	FZ6924L / GBE9702Z DN 30 Oct 2018				
Preferred Workshop Contact No.	<input type="text"/>	Insured Liability *	Not at Fault	Name of Preferred Workshop	<input type="text"/>
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/11/2018 19:45	Claim Close Date	<input type="text"/>	Date Received	09/11/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Attachment					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/1019158	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/11/2018 19:45		
Path *		Category *	Confidential	Urgency *	Description *
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="No"/>	<input type="button" value="Normal"/>	<input type="button" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="No"/>	<input type="button" value="Normal"/>	<input type="button" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="No"/>	<input type="button" value="Normal"/>	<input type="button" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="No"/>	<input type="button" value="Normal"/>	<input type="button" value=""/>

<input type="button" value="Browse..."/>		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="text" value="Normal"/>	<input type="button" value="v"/>
<input type="button" value="Browse..."/>		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="text" value="Normal"/>	<input type="button" value="v"/>

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mig Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:46	SAS	Normal	SAS 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:46	Photos	Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:46	Photos	Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:46	Photos	Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:45	Photos	Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:45	Photos	Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:45	Photos	Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:45	Photos	Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:45	Photos	Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:45	Photos	Normal	Photos 2018-11-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Nov 2018 19:45	Photos	Normal	Photos 2018-11-9		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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