

# NATIONAL Assessment Centre Services. [ref: Jan 09] MMA 119010271

Date In: 22/1/19 09:14	Job description	Date & Time Completed	Done by
Ref No: NA/INC19001398/64.	SAS e-filing		
Veh No: SJY 6580	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/1/19 09:50.	I-Motor Claim Form	MT/1028916-001	22/1/19 09:47.
OD: (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SHB 8794 J.	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 repaler.

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

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

Remarks:	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

<p>MA1900622</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref 1:</p> <p>Ref 2/3:</p>	<p>Invoice Itemization Checklist:</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td>INC (\$80)</td> <td>30.00</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100);</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> <td></td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> <td></td> </tr> <tr> <td colspan="4">For claiming against INC Only (ref 10 Jan 2009)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> <td></td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey</td> <td>\$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> <td></td> </tr> <tr> <td>  QN:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>  *N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> <td></td> </tr> <tr> <td>  *N6: Repair Co-ordination</td> <td>\$10</td> <td></td> <td></td> </tr> <tr> <td>  *N7: Post Repair Inspection</td> <td>\$25</td> <td></td> <td></td> </tr> <tr> <td>  *N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> <td></td> </tr> <tr> <td>  TP (N11): TP (Non INC) against INC</td> <td>\$20</td> <td></td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile</td> <td>\$0</td> <td></td> <td></td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	1) AR: Accident Reporting (\$30);	INC (\$80)	30.00		2) DA: Damage Assessment (\$100);				3) TP: Towing Fee	\$40/\$45			4) FT: Follow-Through Survey	\$120			5) PT: Follow-Through Survey (Resurvey)	\$30			For claiming against INC Only (ref 10 Jan 2009)				6) TR: Re-inspection	\$75			7) NI: Idao DA + SMRT Survey	\$160			8) NTUC Additional Services:-				QN:				*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	\$0		
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## 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	22/01/2019 09:14
Date Of Accident	21/01/2019 09:50
Exact Location Of Accident	GUILLEMARD RD NEAR VERSAILLES CONDO BUS STOP
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJY658C
Insured/Policyholder	
Name Of Registered Owner	MUHAMMED FADZIL BIN ISMAIL
NRIC No	S7810694H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96325062
Alternative Phone No	OFFICE-96325062
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA5
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096537928
Cover Note Number	-
Driver	
Name of Driver	MUHAMMED FADZIL BIN ISMAIL
NRIC No	S7810694H
Date Of Birth	20/04/1978
Occupation	OUTDOOR
Date Of Driving Pass	11/12/2013
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96325062
Fax Number	
Contact Number	OFFICE-96325062
EMail Address	NOEMAIL

Address	BLK 41 CHAI CHEE STREET #03-16
Postcode	461041
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	CLEAR
Road Surface	DRY

#### Other Information

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

#### Details of Police Action

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

#### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB8794J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	FOO KEE LONG
NRIC/Passport Number	S1255266A
Contact Number	98270129
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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: 21/01/19

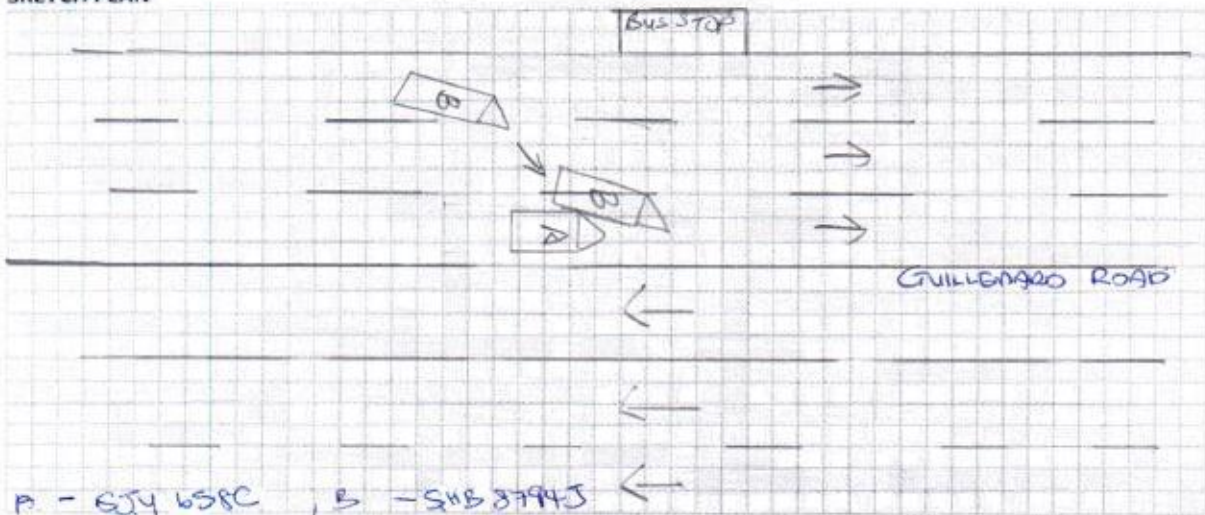
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# VERSAILLE CONDO

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG GUILLEMERD ROAD, Suddenly VEHICLE TAXI A (SHB 8794J) DROVE FROM THIRD LANE SWERVED TO FIRST LANE, NEAR BUS STOP VERSAILLE CONDO AND HIT MY FRONT SIDE

## DECLARATION

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

Policyholder's Signature

Date & Time: 21/01/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SINGAPORE ACCIDENT STATEMENT

## ACCIDENT STATEMENT

Date Of Accident \* 21/1/19 Time 0950 Hrs  
 Exact Location Of Accident \* GUILLEMARD ROAD NEAR VERSAILLES CONDO B&B STOP

## DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number \* SY 658 C  
 Insured Party Name  
 Name of Registered Owner \* MUHAMMED FADIL BIN ISMAIL  
 NRIC/FIN/Passport Number \* S7810694H  
 Vehicle Details  
 Manufacturer MAZDA  
 Model S  
 Exact Purpose for which vehicle was being used at time of accident  
 \* Private use ☒ Commercial use ☐ Hire & reward ☐  
 Others ☐ - please specify  
 Are you claiming under your own insurance policy for repair to your vehicle?  
 \* Yes ☐ No ☒ Others  
 If No, please state action to be taken  
 \* Third Party Claim ☒ Reporting Only ☐  
 Vehicle Category  
 \* Private ☒ Commercial ☐ Motorcycle ☐

## Insurance Company

Name of Insurance Company \* NTUC  
 Type of Coverage \* COMPREHENSIVE  
 Fleet Policy Yes ☐ No ☐  
 Policy Number \* S096537928  
 Cover Note Number

## Driver

Name of Driver \* MUHAMMED FADIL BIN ISMAIL  
 NRIC/FIN/Passport Number \* S7810694H  
 Date of Birth \* 20/4/1978  
 Occupation \* SOLE PROPRIETOR  
 Date of Driving Pass \* 11 Dec 2019  
 Gender \* Male ☒ Female ☐  
 Mobile Number \* 96325062  
 Address \* BLK 41 CHAI CHEE STREET #03-16 SC46104)  
 Email Address \* muhammadfadalismail@gmail.com  
 Was driver an employee of the Insured's Company?  
 \* Yes ☐ No ☒  
 If no, Relationship of the Driver with the Insured \* OWNER

SAS 1

Attn video & photo outdoor.  
 inside email.  
 Only driver.



Vehicle Registration Number of Driver's Own Vehicle (if applicable)	<input type="text"/>
Insurance Company of Driver's Own Vehicle (if applicable)	<input type="text"/>
<b>General Information of the Accident</b>	
Type of Accident	* <u>CHANGE / CROSS LANE</u>
Weather Conditions	* Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="text"/>
Road Surface	* Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others <input type="text"/>
<b>Other Information</b>	
Was any body injured in the Accident?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was any other material or property damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Details of Injured Persons</b>	
Name	* <input type="text"/>
Address	<input type="text"/>
Approximate Age	* <input type="text"/>
Injuries Sustained	* <input type="text"/>
If vehicle Occupants, state in which vehicle?	<input type="text"/>
Were seat belts worn?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Details of Police Action</b>	
Was the Accident reported to the Police?	* Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please state which Police Station	<input type="text"/>
Was notice of intended Prosecution given?	* Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, against whom?	<input type="text"/>
<b>DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)</b>	
Vehicle Registration Number	* <u>SAB 8794 J</u>
Vehicle Make / Model / Colour	<input type="text"/>
Detail Of Properties	<input type="text"/>
Name of Driver	* <u>FOO KEE LONG</u>
NRIC/Passport Number	<u>S15552607</u>
Contact Number	* <u>98270129</u>
Email Address	<input type="text"/>
Address	<input type="text"/>
Insurance Company Name	<input type="text"/>
Nature of Damage	<input type="text"/>
<b>Details Of Witness</b>	
Name	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S7810694H**

**MUHAMMED FADZIL BIN ISMAIL**

Birth Date: 20 Apr 1978  
Issue Date: 11 Dec 2013

002254915D




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7810694H**


Name: **MUHAMMED FADZIL BIN ISMAIL**

محمد فاذيل بن اسماعيل

Race: **INDIAN**

Date of birth: **20-04-1978** Sex: **M**

Country of birth: **SINGAPORE**




**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

**Class 3A** Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

**EFFECTIVE DATE** 11 Dec 2013

NP 428A

License No: S7810694H



4214936

**S7810694H**

NRIC No. **S7810694H**

Date of issue: **07-05-2008**

**APT DELUXE CHAI CHEE STREET #03-16**

**SINGAPORE 460041**

NRIC No: **S7810694H** Date: **26/03/2014**






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="21/01/2019 09:12"/>							
Vehicle No.(For Motor)	<input type="text" value="SJY658C"/>	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"/>	5096537928		MUHAMMED FADZIL BIN ISMAIL	S7810694H	GPC	drivo CLASSIC	SJY658C	SJY658C	11/12/2017	29/01/2019
<input type="button" value="Continue"/>										



## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport/Company Cert No.:	S7810694H
Owner ID Type:	Singapore NRIC
Owner Name:	MUHAMMED FADZIL BIN ISMAIL
Registered Address:	APT BLK 41 CHAI CHEE STREET #03-16 SINGAPORE 461041
Mailing Address:	-
Birth Date:	20 Apr 1978

### Vehicle Particulars

Vehicle No.:	SJY658C
Previous Vehicle No.:	-
Effective Date of Ownership:	15 Dec 2017
Original Regn Date:	30 Jul 2010
Registration Date:	30 Jul 2010
Year of Manufacture:	2009
Vehicle Type:	Passenger Station Wagon/Jeep/Land Rover
Vehicle Scheme:	-
Vehicle Attachment 1:	With Sun Roof
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA5
Primary Colour:	Brown
Secondary Colour:	-
Passenger Capacity:	6
Chassis No.:	JM6CR10F2A0317288
Engine No.:	LF10906124
Engine Capacity / Power Rating:	1999 cc / -
Maximum Power Output:	107.0 kW ( 143 bhp )
Propellant:	Petrol
Max Unladen Weight:	1527 kg
Maximum Laden Weight:	2150 kg
Open Market Value:	\$25,412.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jul 2020
Minimum PARF Benefit:	\$12,706.00
No. of Transfers:	1
IU Label No.:	1123858417
COE No.:	2010080103000764N
COE Expiry Date:	29 Jul 2020
COE Category:	B - Car (1601cc & above)
COE Registration Category:	B - Car (1601cc & above)
Quota Premium (QP) / Prevailing Quota Premium:	\$42,889.00 / -
Actual QP Paid:	\$42,889.00
QP (Regn Cat):	\$42,889.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$42,889.00
Additional Registration Fee Rate:	100.00 %
Actual ARF Paid:	\$25,412.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	To renew the COE, the Prevailing Quota Premium payable is that of Category B.



## Claim Handling

Accident MT/1028916

Policy No.	S096537928	Vehicle No.	SJY658C	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMED FADZIL BIN ISMAIL			Policyholder NRIC	S7810694H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96325062	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No
▼ Accident Details					
Report Date	22/01/2019 09:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	21/01/2019	Time of Accident hh:mm	09:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GUILLEMARD RD NEAR VERSAILLES CONDO BUS STOP				
▼ Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
▼ 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 41 #03-15	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	461000
Unit No.		Related Policy Number	S096537928-01		
▼ 01 Driver Info					
Driver Name	MUHAMMED FADZIL BIN ISMAIL	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7810694H	Driver DOB	20/04/1980
Register Date of Driver License	11/12/2013	Driver Age	40	Driving Experience	5
Contact No.(Mobile)	96325062	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 41 #03-15	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	461000
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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		

Modification History

Claim 001

New

## Claim Handling

Accident MT/1028916

Policy No.	S096537928	Vehicle No.	SJY658C	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMED FADZIL BIN ISMAIL			Policyholder NRIC	S7810694H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96325062	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No
▼ Accident Details					
Report Date	22/01/2019 09:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	21/01/2019	Time of Accident hh:mm	09:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GUILLEMARD RD NEAR VERSAILLES CONDO BUS STOP				
▼ Excess					
Total Excess Applicable					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Excess Type		Windscreen Excess	100.00		



1/22/2019

## Claim Handling(accident reporting Claim Task )

All Claims Excess

YIED All Claim Excess

Total All Claim Excess Applicable

OD Standard Excess

YIED OD Excess

Additional Excess

Total OD Excess Applicable

0.00

Driver is Covered?

TP Standard Excess

YIED TP Excess

Driver is Covered?

Total TP Excess Applicable

## Benefits

## GST Registered Information

## Policyholder Mailing Address

Address 1	BLK 41 #03-16	Address 2	CHAI CHEE STREET	Address 3	SING.
Address 4		Address Type	Singapore address	Post Code	4610
Unit No.		Related Policy Number	5096537928-01		

## OI Driver Info

Driver Name	MUHAMMED FADZIL BIN ISMAIL	Driver Type	Main Driver	Driver DOB	20/04
Unnamed driver Name		Driver NRIC	S7810694H	Driving Experience	5
Register Date of Driver License	11/12/2013	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	96325062	Contact No.(Office)		Address 3	SING.
Address 1	BLK 41 #03-16	Address 2	CHAI CHEE STREET	Post Code	4610
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

Claim 001 OD-MX

New

## Claim Type \*

Contact No.(Mobile)

Email Address

## Claim Description

Preferred Workshop Finalisation	<input type="radio"/> Yes <input checked="" type="radio"/> No	Insured Liability	Not at Fault	GIA report	Received	Insured Name	MUHAMMED FADZIL BIN ISMAIL
Date Registered		Repair Option	Preferred Workshop, Name unknown			Contact No.(Home)	64490096
Report Taken By						OI Vehicle Number	SJY658C
						SJY658C / SHB87941 ON 21 Jan 2019	
						Claim Close Date	
						Workshop Repairer	LIEW SHAN HUI

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Save Submit

## Attachment

Accident No.	MT/1028916	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/01/2019 09:47
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
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Choose File	No file chosen	Please Select	NO
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on	22 Jan 2019 09:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-22

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Photos 2019-1-22

Video List

Uploaded By/Date

Folder Date

File Name



Source

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