

NATIONAL Assessment Centre Services (Ref: Jan05)

Date In: 29/01/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19001913/13	SAS e-filing		
Veh No: SLG0662Y	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 29/01/19 0920	i-Motor Claim Form	MT/1030080-001	
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: (**TWINCAR**) Tel: Fax:)

TP Particulars: Veh No: **FBF8424Z** INC () / Non-INC () Tel:)

Owner / Driver: ()

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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac 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 (N-in 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	29/01/2019 16:57
Date Of Accident	29/01/2019 09:20
Exact Location Of Accident	CTE TWDS AYE NEAR LP 503
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG2662Y
Insured/Policyholder	
Name Of Registered Owner	IQBAL BIN SYED SULAIMAN
NRIC No	S7227893C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90018974
Alternative Phone No	OTHERS-90018974
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 3
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	5101308548
Cover Note Number	
Driver	
Name of Driver	IQBAL BIN SYED SULAIMAN
NRIC No	S7227893C
Date Of Birth	10/06/1972
Occupation	INDOOR
Date Of Driving Pass	07/01/1997
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90018974
Fax Number	
Contact Number	OTHERS-90018974
Email Address	NOEMAIL

Address	11 FENVALE LANE #11-02
Postcode	797495
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190129/2058

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD GIVEN TO TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF8434Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKT7837X
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)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

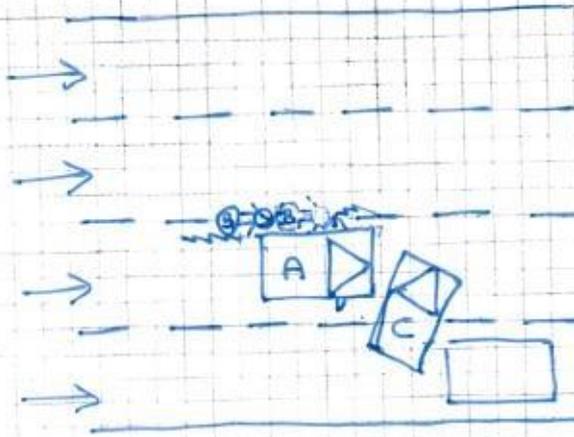
 29/01/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

VEHICLE A
- SLG 2662 Y

VEHICLE B
- FBF 8434 Z

VEHICLE C
- SKT 7837 X



CTE TOWNS AYE NEAR LP503

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

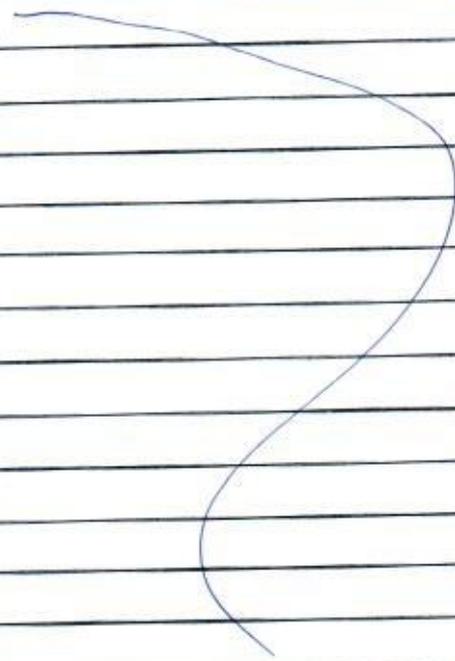
AS PER POLICE REPORT

T/20190129/2058

VEHICLE A - SLG 2662 Y

VEHICLE B - FBF 8434 Z

VEHICLE C - SKT 7837 X



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:

 29/01/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190129/2058

1 of 3

Report No. T/20190129/2058

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2019 12:59	Vide Report No.: E/20190129/0054	Station Diary No.: 11
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Informant's Particulars

Name of Informant: IQBAL BIN SYED SULAIMAN		Address: 11 FERVALE LANE #11-02 SINGAPORE 797495	
ID Type / ID No.: NRIC NO / S7227893C		Contact No.: Home/Office:	Mobile: 90018974
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 10/06/1972	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: LEGAL EXECUTIVE		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/01/2019 09:20	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY CTE (AYE) 5.4Km L/P 503E Lamp Post Number: 503				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF8434Z	Motorcycle					1
SKT7837X	Car					0
SLG2662Y	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	Grey	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190129/2058

2 of 3

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20190129/2058

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG2662Y	NTUC Income Insurance Co-Operative Limited	5101308548	22/06/2018	21/06/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	IQBAL BIN SYED SULAIMAN		ID No.	S7227893C
Related Vehicle	SLG2662Y (Car)		Contact No.	90018974
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 29/01/2019 at about 0920hrs, I was driving along CTE (AYE), nearby to L/P 503E, on the 2nd lane. While driving as per normal, one vehicle (SKT7837X) from the 1st lane, lane changed into the 2nd lane in front of me. As he was doing the lane change very close to my vehicle, I slowed down and swerved slightly to the left side of the 2nd lane as I fear he might collide into me. Suddenly, one motorbike (FBF8434Z) had side-swiped into the left side of my vehicle. The said motorcyclist then fell and rolled into the 3rd lane. I immediately parked my vehicle aside and provide assistance. I believed that the motorcyclist was riding inbetween lane 2 and lane 3, subsequently lost balance.

Moments later, ambulance and police arrived at scene. Both the motorcyclist and pillion were conveyed to hospital.

Video footage from my in-car camera had been given to the traffic police at scene.



**SINGAPORE
POLICE FORCE**



T/20190129/2058

3 of 3

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20190129/2058

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

G /

Sgt 3 NURBIHAYAT BIN ABDUL JALIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/01/2019 12:59

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Classification Of Case:

Authentication Stamp

NP168

Vehicle No.	SLG 2662 Y	Model / Make	MAZDA 3
Date of Accident	29/01/2019		
Time of Accident	0920	HRS	
Location of Accident	CTE TOWARD AYE NEAR CAMP POST 503		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	IQBAL BIN SYED SULAIMAN		
Telephone No.	H/P : 9001 8974	Home :	Office :
NRIC	S7227893C		
Address	11 FERNVALE LANE #11-02 S(797445)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	510130 8548		
Name of Driver	As Above If No, IQBAL BIN SYED SULAIMAN		
NRIC	S7227893C	Any Passengers : NIL	
Date of birth	10/06/1972		
Occupation	Outdoor	/ Indoor	
Driving License Pass Date	07 JAN 1997		
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.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	KAMPUNG UBI NPP
Vehicle B No.	F8F 84342	Any Passengers :	
Name of Driver	Contact No. :		
Vehicle C No.	SKT 7837 X	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	LEFT SIDE OF VEHICLE		
Camera Recorder	Yes/ No SD CARD WITH TP DIVISION		
Email Address			
PARTICULAR WORKSHOP	TUNCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7227893C



IQBAL BIN SYED SULAIMAN

இசுலாமு

Race

INDIAN

Date of Birth

10-06-1972

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7227893C

Name

IQBAL BIN SYED SULAIMAN

Birth Date: 10 Jun 1972

Issue Date: 17 Sep 2005



NRIC No. S7227893C



Blood Group

Date of issue

B-

12-08-1993

Address

11 FERNVALE LANE #11-02
SINGAPORE 797495

NRIC No: S7227893C

Date: 23/02/2018

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

PASS DATE

Class 2B	Motorcycles =< 200 cc	07 Aug 1989
Class 2A	Motorcycles between 201 cc and 400 cc	19 May 1994
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg	07 Jan 1997

NP 428A



Licence No: S7227893C

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: 5101308548

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLG2662Y**
Chassis Number : JM6BM42A8G0342799
2. Name of Policyholder : IQBAL BIN SYED SULAIMAN
3. Effective Date of Insurance : 22 Jun 2018
4. Expiry Date of Insurance : 21 Jun 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

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

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

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: NO
PRIMARY DRIVER	: IQBAL BIN SYED SULAIMAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (S) PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : IMOTOR INSURE (00000573595)

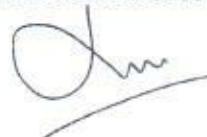
Date of Issue : 22 Jun 2018 12:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1030080

Policy No.	5101308548	Vehicle No.	SLG2662Y	GST Registration No.
Certificate No.				
Policyholder Name	IQBAL BIN SYED SULAIMAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90018974	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

Accident Details

Report Date	29/01/2019 17:36	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/01/2019	Time of Accident hh:mm	09:20	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE TWDS AYE NEAR LP 503			

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

Benefits

Coverage	Sum Insured
Transport Allowance	99999999.99

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	11 FERVALE LANE	Address 2	#11-02 THE TOPIARY	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	11-02	Related Policy Number	5101308548	

OI Driver Info

Driver Name	IQBAL BIN SYED SULAIMAN	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S7227893C
Register Date of Driver License	07/01/1997	Driver Age	46
Contact No.(Mobile)	90018974	Contact No.(Office)	0
Address 1	11 FERVALE LANE	Address 2	THE TOPIARY
Address 4		Address Type	Singapore address
Unit No.	#11-02		
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	IQBAL I
Contact No.(Mobile)	90018974	Contact No.(Home)	638880
Email Address	iss1@hdb.gov.sg	OI Vehicle Number	SLG266
Claim Description	SLG2662Y / FBF8434Z ON 29 Jan 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Finalisation	Preferred	Preferred Workshop (refer below)	GIA report
Date Registered	29/01/2019 17:55	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1030080 Claim No. 001
 Last Doc. Received Yes No Upload Date 29/01/2019 17:52

Path *

Category *

Confidential

- Choose File No file chosen
- Message Read

Clear	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:52		NRIC/ Driving License	Normal	NRIC/ Driving I
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:52		SAS	Normal	SAS 2
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:52		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:52		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:52		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:49		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:49		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:49		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:49		Photos	Normal	Photos
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2019 17:49		Photos	Normal	Photos

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