

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MWA 119028249

Date In: 2/2/9 - 15:13	Job description	Date & Time Completed	Done by
Ref No: NA/INC19003909/24	SAS e-filing		
Veh No: 2006 39412	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 31/1/18 - 18:30	i-Motor Claim Form	M/11034313-001	2/2/9 15:13
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: JMC8284 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est 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: Idnc 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: Idnc Mobile \$0		
	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	02/03/2019 15:13
Date Of Accident	31/12/2018 13:30
Exact Location Of Accident	STADIUM BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG5941R
Insured/Policyholder	
Name Of Registered Owner	ALFAS NAZIMUDEEN
NRIC No	S9470181C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96672493
Alternative Phone No	OFFICE-96672493

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15 MANUAL
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	5070552925-03
Cover Note Number	

Driver

Name of Driver	ALFAS NAZIMUDEEN
NRIC No	S9470181C
Date Of Birth	11/10/1994
Occupation	INDOOR
Date Of Driving Pass	26/02/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96672493
Fax Number	
Contact Number	OFFICE-96672493
EMail Address	NOEMAIL

Address	BLK 213 BUKIT BATOK STREET 21 #04-213
Postcode	650213
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	RAINING
Road Surface	WET

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?	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)	2
Passenger 1	NAME: : YASMIN BINTE HABIB NOOH GENDER: : FEMALE

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/20190301/2208.

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	SMC8738H
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)

1

DETAILS OF INJURED PERSON 1

Name ALFAS NAZIMUDEEN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBG5941R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name YASMIN BINTE HABIB NOOH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBG5941R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



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.:

Vehicle No.	FBG 5941 R.	Model / Make	YAMAHA YZF-R1S.
Date of Accident	31 / 12 / 18		
Time of Accident	1330 HRS		
Location of Accident	Stadium Boulevard		
Exact purpose use during accident	Private Use		
Name of Owner	Alfas Nazimudeen		
Telephone No.	H/P: 9667 2493	Home :	Office :
NRIC	S 9470181 C.		
Address	BLK 213, Bukit Batok St 21 #04-213 (S) 650213.		
Claim type	OD <input checked="" type="radio"/> THIRD PARTY <input type="radio"/> REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	Comprehensive	<input checked="" type="radio"/> Third Party	<input type="radio"/> Third Party / Fire / Theft
Policy No.	5070552925-03		
Name of Driver	<input checked="" type="radio"/> As Above IP No,		
NRIC	Any Passengers : 01 (F)		
Date of birth	11 / 10 / 1994.		
Occupation	Outdoor	/	<input checked="" type="radio"/> Indoor
Driving License Pass Date	26 / 10 / 2015		
Gender	<input checked="" type="radio"/> Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state <i>owner</i>	
Weather condition	Clear	<input checked="" type="radio"/> Raining	<input type="radio"/> Other
Road Surface	Dry	<input checked="" type="radio"/> Wet	<input type="radio"/> Other
Any Injuries	No,	<input checked="" type="radio"/> If Yes, Who?	
Name And Contact No.	① Alfas Nazimudeen (H/P: 9667 2493)		
Name And Contact No.	② Yasmin Binte Habib Nooh (H/P: 9232 4217)		
Police Report	No,	<input checked="" type="radio"/> If Yes, Where?	Traffic Police
Vehicle B No.	SMC 8738 H.	Any Passengers :	N.A.
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	N.A	Witness Contact : N.A.	
Accident Portion	Front portion & Right Side		
Camera Recorder	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Email Address	alfasnazimudeen21@gmail.com		
PARTICULAR WORKSHOP	MOTO 51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Jackie		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@m51.com.sg		



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ALFAS NAZIMUDEEN	ID No.	S9470181C
Related Vehicle	FBG5941R	Contact No.	96672493
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	31/12/2018	Date Discharge	09/01/2019
No. of Days granted Medical Leave	42	Degree of Injury	Serious
Pillion			
Name	YASMIN BTE HABIB NOOH	ID No.	S9431479H
Related Vehicle	FBG5941R	Contact No.	92324217
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/12/2018	Date Discharge	31/12/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

WITH REF TO TRAFFIC ACCIDENT REPORT: T/20190228/2134

THE DATE OF ACCIDENT WAS WRONG. THE DATE OF ACCIDENT IS SUPPOSED TO BE 31/12/2018.

INITIALLY I DID NOT REMEMBER WHAT HAD HAPPENED AND ONLY REMEMBERED GOING OUT OF THE HOUSE AND WAKING UP AT HOME AFTER THE ACCIDENT
AFTER A WHILE, I MANAGED TO GET IN CONTACT WITH IO DYLAN AND MANAGED TO KNOW THAT MY ACCIDENT HAD HAPPENED AT AN UNCONTROLLED JUNCTION. AND ON 31/12/2018 @ AROUND 13.30 PM, I WAS RIDING MY MOTORCYCLE(FBG5941R) ALONG STADIUM BOULEVARD ON THE MIDDLE LANE OF THE 3-LANE ROAD ALONG WITH A PILLION. AND I HAD COLLIDED WITH A CAR(SMC8738H) THAT WANTED TO TURN RIGHT FROM MY RIGHT SIDE INTO A CARPARK ON THE OTHER SIDE OF THE ROAD WHILE I WAS TRAVELLING STRAIGHT. I COLLIDED INTO THE LEFT SIDE OF THE CAR.
I WAS CONVEYED TO TAN TOCK SENG HOSPITAL WHERE I RECEIVED 42-DAYS MC WHILE MY PILLION HAD 7-DAYS MC FROM RAFFLES HOSPITAL. AFTER THAT I HAD ANOTHER 42-DAYS MC.

MY PILLION DETAILS:
YASMIN BTE HABIB NOOH



**SINGAPORE
POLICE FORCE**



T/20190301/2208

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

3 of 4

Report No. T/20190301/2208

CONTINUATION OF REPORT

S9431479H
CONTACT NO:92324217



**SINGAPORE
POLICE FORCE**



T/20190301/2208

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

4 of 4

Report No. T/20190301/2208

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:

TP /
IAN KOK RAY *[Signature]*

Sgt 3 Mr Syarif Bin Abu Bakar

[Signature]

Signature Of Interpreter:
Not applicable

Signature Of Informant:

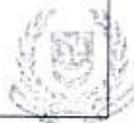
[Signature]

Date/Time:
01/03/2019 23:36

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Classification Of Case:

SINGAPORE
POLICE FORCE



Authentication Stamp
NP168

Signature: _____

[Signature]

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9470181C**

Name: **ALFAS NAZIMUDEEN**

Birth Date: **11 Oct 1994**

Issue Date: **26 Feb 2015**

002399816J




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9470181C



Name
ALFAS NAZIMUDEEN



Race
INDIAN

Date of birth
11-10-1994

Country/Place of birth
INDIA

Sex
M

S9470181C

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

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE
26 Feb 2015

NP 428A

Licence No: S9470181C



S952880



NRIC No: **S9470181C**



Date of issue
05-06-2018

Address
**APT BLK 213 BUKIT BATOK STREET 21
 #04-213
 SINGAPORE 650213**

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 : 5070552925-03 **Cover** : Third Party

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : FBG5941R |
| Chassis Number | : ME11CK014C2019929 |
| 2. Name of Policyholder | : ALFAS NAZIMUDEEN |
| 3. Effective Date of Insurance | : 17 Mar 2018 |
| 4. Expiry Date of Insurance | : 16 Mar 2019 |

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: ALFAS NAZIMUDEEN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : AU YEUNG MEI KWAN (00000633185)
Date of Issue : 03 Mar 2018 12:29 hrs
Reprint : 15 Feb 2019 15:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) 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"/>	5070552925-03		ALFAS NAZIMUDEEN	S9470181C	GMC	Third Party	FBG5941R	FBG5941R	17/03/2018	16/03/2019

Continue

Policy Information

Policy No.	5070552925-03	Policyholder Name	ALFAS NAZIMUDEEN	Policyholder NRIC	S9470181C
Certificate No.					
Address	BLK 213 #04-213 BUKIT BATOK STREET 21 SINGAPORE 650213				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	03/03/2018	Effective Date	17/03/2018 00:00	Expiry Date	16/03/2019 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	MUHAMMAD FARHAN BIN MD AI	Agent Tel.	62221889	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 213 #04-213	Address 2	BUKIT BATOK STREET 21	Address 3	SINGAPORE 650213
Address 4		Address Type	Singapore address	Post Code	650213
Unit No.	09-219	Related Policy Number	5070552925-03		

Insured Object: FBG5941R

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

[EXIT](#)

Accident MT/1034313

Policy No.	5070552925-03	Vehicle No.	FBG5941R	GST Registration No.	
Certificate No.					
Policyholder Name	ALFAS NAZIMUDEEN			Policyholder NRIC	S9470181C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96672493	Contact No.(Office)	0	Contact No.(Home)	0
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	No
Accident Details					
Report Date	02/03/2019 15:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	31/12/2018	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	STADIUM BLVD				
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 213 #04-213	Address 2	BUKIT BATOK STREET 21	Address 3	SINGAPORE 650213
Address 4		Address Type	Singapore address	Post Code	650213
Unit No.	09-219	Related Policy Number	5070552925-03		
OI Driver Info					
Driver Name	ALFAS NAZIMUDEEN	Driver Type	Main Driver		
Unnamed driver name		Driver NRIC	S9470181C	Driver DOB	11/10/1994
Register Date of Driver License	26/02/2015	Driver Age	24	Driving Experience	3
Contact No.(Mobile)	96672493	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 213	Address 2	BUKIT BATOK STREET 21	Address 3	SINGAPORE 650213
Address 4		Address Type	Singapore address	Post Code	650213
Unit No.	04-213				
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		
Modification History					

Claim 001 **New**

Claim Type *	OO-PX	Insured Name	ALFAS NAZIMUDEEN	Insured NRIC	S9470181C	
Contact No.(Mobile)	96672493	Contact No.(Home)		Contact No.(Office)		
Email Address	alfasnazimudeen21@gmail.com	OI Vehicle Number	FBG5941R	TP Vehicle Number	SMC8738H	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	FBG5941R / SMC8738H ON 31 Dec 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	02/03/2019 15:59	Claim Close Date		Date Received	02/03/2019 00:00	
Report Taken By	Jackson					
<input type="checkbox"/> Print AK letter						
Save Submit						

Attachment

Accident No.	MT/1034313	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/03/2019 16:00
Path *		Category *	
	<input type="text"/>		

Please Select

Please Select

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 16:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 16:00	SAS	Normal	SAS 2019-3-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 16:00	Photos	Normal	Photos 2019-3-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 16:00	Photos	Normal	Photos 2019-3-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 16:00	Photos	Normal	Photos 2019-3-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 16:00	Photos	Normal	Photos 2019-3-2		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 15:59	Photos	Normal	Photos 2019-3-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 15:59	Photos	Normal	Photos 2019-3-2		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 15:59	Photos	Normal	Photos 2019-3-2		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 15:59	Photos	Normal	Photos 2019-3-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Mar 2019 15:59	Photos	Normal	Photos 2019-3-2		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				