

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA 1903/194-21

Date In: 7/2/19-18:25	Job description	Date & Time Completed	Done by
Ref No: NA/INC1903/2248/24	SAS e-filing		
Veh No: 5K3655B	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 6/3/19-21:45	i-Motor Claim Form	M1/1635029-002	7/2/19 18:38
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: 5LV 4856m	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/1903/1735	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat 1:			
Dat 2/3:			

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	07/03/2019 18:23
Date Of Accident	06/03/2019 21:45
Exact Location Of Accident	PIE (CHANGI) BEFORE EUNOS LINK EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK3625B
Insured/Policyholder	
Name Of Registered Owner	ROHAIZAT BIN MORDIPI
NRIC No	S7416843D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98223542
Alternative Phone No	OFFICE-98223542
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G A
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	5104124884
Cover Note Number	
Driver	
Name of Driver	ROHAIZAT BIN MORDIPI
NRIC No	S7416843D
Date Of Birth	05/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	26/11/1997
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	+65-98223542
Fax Number	
Contact Number	OFFICE-98223542
Email Address	NOEMAIL

Address	BLK 493E TAMPINES STREET 43 #02-326
Postcode	524493
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	CHAIN COLLISION
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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : KAMALIA BINTE KAMURI GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

REFER TO POLICE REPORT - T/20190307/2106.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV4856M
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH WEE KOK

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 SHC6074L
Vehicle Make/Model/Colour KIA
Details Of Properties
Vehicle Category TAXI
Name of Driver YAO SOW YOUNG JAMES
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KAMALIA BINTE KAMURI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJK3625B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ROHAIZAT BIN MORDIPI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJK3625B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN


IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 reassess 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.

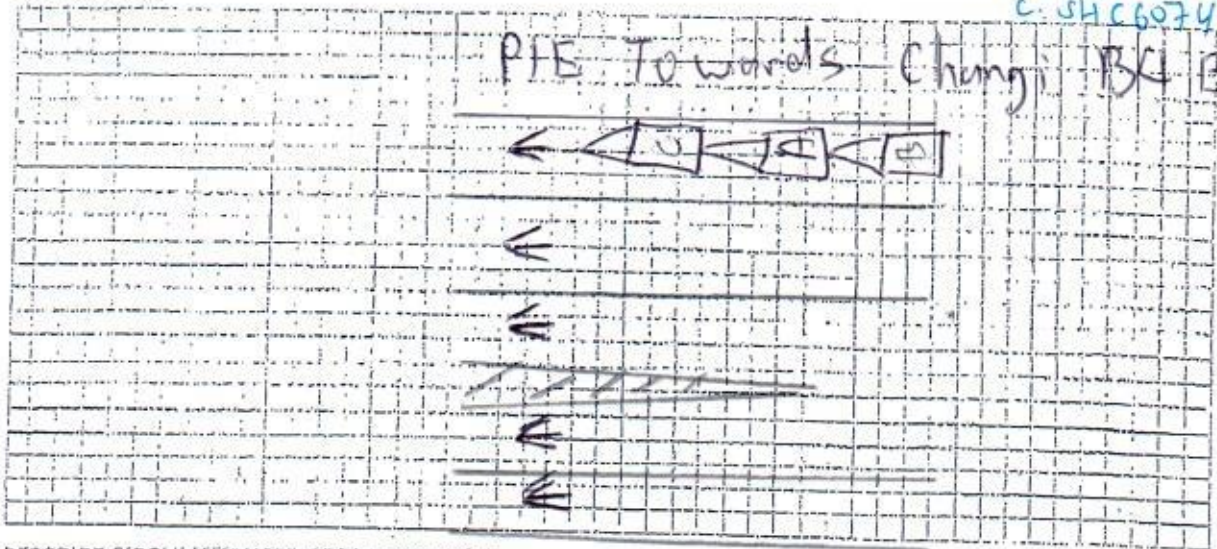

Policyholder's Signature
Date & Time:


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


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

A: SLIC 3625B.
B: SLV 4856m
C: SHC 6074L

PIE Towards Chungi BCL Ends



Refer to police report - T/20190307/2106.

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.:

Date of Accident

21:45
6/3/2019 Accident Time: pm (24-HR-Format)

Accident Place

Pic Changi Before Ends

Vehicle Reg. No. (Car Plate No.)

SJK 3625B

Vehicle Make/Model

Honda Fit

Insurance Company

NHUC Policy No.

Owner or Company Name /IC No.

ROHAIZAT BIN MORDIPI

Owner or Company Contact No.

98223543 Owner's Hp Company Tel

DRIVER'S Name / IC No.

ROHAIZAT BIN MORDIPI

DRIVER'S Date Of Birth

05/06/74 DRIVER'S License Pass Date 26/11/1997

Relationship of Owner & Driver

Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner

DRIVER'S Address

BLK 493E TAMPINES ST 43 #02-326

DRIVER'S Contact No./ Alt No.

1) 98223542 2) 98509880

DRIVER'S Occupation

INDOOR (OUTDOOR) (e.g. working inside or outside office)

Email Address

izlia3108@yahoo.com

Weather & Road Surface

CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type

Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver):

4. (2 female, 1 male)

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No:

SJK 6074C

Vehicle Reg. No:

SLV 4856M

Vehicle Make/Model:

KIA

Vehicle Make/Model:

Mercedes

Name Driver:

Yao Sow Young James

Name Driver:

Goh Wee Kok

IC No. Driver:

IC No. Driver:

Driver's Contact & Add:

Driver's Contact & Add:

injuries

kamalia Binte kamari (female)
owner



**SINGAPORE
POLICE FORCE**



T/20190307/2106

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

1 of 4

Report No. T/20190307/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/03/2019 16:51		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ROHAIZAT BIN MORDIPI			Address: APT BLK 493E TAMPINES STREET 43 #02-326 SINGAPORE 524493		
ID Type / ID No.: NRIC NO / S7416843D			Contact No.: Home/Office: Mobile: 98223542		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 05/06/1974	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2019 21:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY TWDS CHANGI BEF EXIT EUNOS				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6074L	Car					0
SJK3625B	Car	HONDA	FIT 1.3G A	Red	Seriously Damaged	3
SLV4856M	Car					0

Details of Vehicle Insurance

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



T/20190307/2106

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

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Report No. T/20190307/2106

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK3625B	NTUC Income Insurance Co-Operative Limited	5104124884	16/10/2018	15/10/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH WEE KOK		ID No. S9410525J
Related Vehicle	NIL		Contact No. 98782341
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

Driver			
Name	ROHAIZAT BIN MORDIPI	ID No.	S7416843D
Related Vehicle	NIL	Contact No.	98223542
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver			
Name	YAO SOWYOUNG JAMES	ID No.	S2194962J
Related Vehicle	NIL	Contact No.	NIL
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



**SINGAPORE
POLICE FORCE**



T/20190307/2106

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

3 of 4

Report No. T/20190307/2106

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION,

I WAS DRIVING MY CAR ALONG THE STRAIGHT ROAD OF THE EXPRESSWAY ON THE LANE 1.
ALL THE VEHICLES WAS TRAVELLING IN A STRAIGHT ROW.A TAXI WAS INFRONT OF ME AND
JAMMED BRAKED SUDDENLY DUE TO THE VEHICLES INFRONT. .
I WAS THE SECOND CAR BEHIND AND I MANAGED TO STOP IN TIME.

BUT UNFORTUNATELY,THE CAR BEHIND ME COULDNT STOP AND COLLIDED AT THE BACK
LEFT PORTION OF MY CAR.

DUE TO THE HEAVY IMPACT,MY CAR MOVED FORWARD AND HIT THE TAXI INFRONT.

ALL THE VEHICLES WERE DAMAGED BUT NONE SUSTAINED BODY INJURY.

WE EXCHANGED PARTICULARS AND CONTACT DETAILS AMONG THE DRIVERS AND LEFT THE
SCENE.

MY CAR IS TOWED TO MY WORKSHOP.

THATS ALL



**SINGAPORE
POLICE FORCE**



T/20190307/2106

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

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Report No. T/20190307/2106

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 /
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
07/03/2019 16:51

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119031194 Vehicle Registration No: SJK3625B
Name(as shown in NRIC) : ROHAIZAT BIN MORDIPI NRIC/FIN/Passport No : S7416843D
(~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 493E TAMPINES STREET 43 #02-326 Singapore(524493)
Contact (Tel) : _____ Mobile No. : 98223542
Email Address : _____
Date of Accident : 06/03/2019 Time of Accident : 21:45
Place of Accident : PIE (CHANGI) BEFORE EUNOS LINK EXIT
Insurance Company: NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attached wrong case of sketch plan and police report

Policyholder / Driver's Signature
Date:



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

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

		PASS DATE
Class 2B	Motorcycles <= 200 cc	08 Mar 1995
Class 2A	Motorcycles between 201 cc and 400 cc	17 Jun 1996
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors / vehicles <= 2500 kg	26 Nov 1997

NP 428A

Licence No: S7416843D

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7416843D

Name: ROHAIZAT BIN MORDIPI

Birth Date: 05 Jun 1974

Issue Date: 01 Apr 2005

001332022C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7416843D

Name: ROHAIZAT BIN MORDIPI

Race: MALAY

Date of birth: 05-06-1974

Sex: M

Country of birth: SINGAPORE

S7416843D

3692627

NRIC No. S7416843D

Date of issue: 08-03-2005

Address: APT BLK 493E TAMPINES STREET 43 #02-326 SINGAPORE 624493

NRIC No: S7416843D Date: 13/08/2007 No: A78

eBaoTech

General Claim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104124884		ROHAIZAT BIN MORDIP1	S7416843D	GPC	drive CLASSIC	SJK3625B	SJK3625B	16/10/2018	15/10/2019

Claim Handling

Exit

Accident MT/1035029

Policy No.	5104124884	Vehicle No.	SJK3625B	GST Registration No.	
Certificate No.					
Policyholder Name	ROHAIZAT BIN MORDIPI			Policyholder NRIC	S7416843D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	71
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	07/03/2019 16:22	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	06/03/2019	Time of Accident (hh:mm)	21:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE-CHANGI (NEARBY JALAN EUNOS EXIT)				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
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 493E #02-326	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE 524493
Address 4		Address Type	Singapore address	Post Code	524493
Unit No.	02-326	Related Policy Number	5106990500		

OI Driver Info

Driver Name	ROHAIZAT BIN MORDIPI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7416843D	Driver DOB	05/06/1974
Register Date of Driver License	23/09/2008	Driver Age	44	Driving Experience	10
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 493E #02-326	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE 524493
Address 4		Address Type	Singapore address	Post Code	524493
Unit No.	02-326				
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 002 New

Claim Type *	OD-MX	Insured Name	ROHAIZAT BIN MORDIPI	Insured NRIC	S7416843D	
Contact No.(Mobile)	98223542	Contact No.(Home)	65872090	Contact No.(Office)		
Email Address	izat5674@hotmail.com	OI Vehicle Number	SJK3625B	TP Vehicle Number	SLV4856M	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SJK3625B / SLV4856M ON 6 Mar 2019				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	07/03/2019 18:58	Claim Close Date		Date Received	07/03/2019 00:00	
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AIC letter						

Save Submit

Attachment

Accident No.	MT/1035029	Claim No.	002						
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/03/2019 19:00						
Path *		Category *		Confidential		Urgency *		Description *	
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				

		Browse...	Clear	Please Select	7/3	Normal	
		Browse...	Clear	Please Select	7/3	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Mar 2019 19:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Mar 2019 18:59	SAS	Normal	SAS 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Mar 2019 18:59	Photos	Normal	Photos 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Mar 2019 18:59	Photos	Normal	Photos 2019-3-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Mar 2019 18:59	Photos	Normal	Photos 2019-3-7		Edit
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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"/>				