

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MUA1903149v

Date In: 8/2/19 15:01	Job description	Date & Time Completed	Done by
Ref No: 40/INC1904487/24	SAS e-filing		
Veh No: FRK19324	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 7/2/19-18:10	i-Motor Claim Form	M/1055147-001	8/2/19 15:01
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: J16647304	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 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:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac 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				
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	08/03/2019 15:01
Date Of Accident	07/03/2019 18:10
Exact Location Of Accident	PIE (TUAS) BEFORE ADAM RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK1972G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD LUTFI HAIKEL BIN MD ANWAR
NRIC No	S9501555G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97542744
Alternative Phone No	OFFICE-97542744

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15
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	5090252926-01
Cover Note Number	

Driver

Name of Driver	SYAFIQ BIN ISMADY
NRIC No	S9605712A
Date Of Birth	23/02/1996
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97542744
Fax Number	
Contact Number	OFFICE-97542744
Email Address	NOEMAIL

Address	BLK 311 JURONG EAST STREET 32 #02-329
Postcode	600311
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	YES
Foreign Vehicle Registration Number	JKU7107 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
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)	2
Passenger 1	NAME: : NUR AISIAH BTE SOHAMMAD AZA HARI 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 - T20190308/2089.

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	SKG4730H
Vehicle Make/Model/Colour	KIA FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY AI WEI
NRIC/Passport Number	S8040118C

Contact Number 93376978
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JKU7107
Vehicle Make/Model/Colour PROTON SAGA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver SAIFULNIZAM BIN MD JOHARI
NRIC/Passport Number
Contact Number 88095288
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SYAFIQ BIN ISMADY
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBK1972G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NUR AISIAH BTE SOHAMMAD AZA HARI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBK1972G
Were seat belts worn?
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 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.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to police report - T/20190308/2089

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:

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

Date of Accident : 7/3/2019 Accident Time: 18:15 (24-HR-Format)
Accident Place : Pre towards Tans Beline Adam
Vehicle Reg. No. (Car Plate No.) : FBK 1972 G
Vehicle Make/Model : Yamaha R15
Insurance Company : Ntuc Policy No. _____
Owner or Company Name / IC No. : SYAFIQ BIN ISMADY / 596051712A
Owner or Company Contact No. : — Owner's Hp 97542744 Company Tel _____
DRIVER'S Name / IC No. : AS-ABU
DRIVER'S Date Of Birth : 23/2/1996 DRIVER'S License Pass Date 21/2/2019
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : AS Above
DRIVER'S Contact No. / Alt No. : 1) — 2) —
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
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): 1
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: SLG 473014
Vehicle Make/Model: KIA Forte
Name Driver: Tay Ai Wei
IC No. Driver: 58040118C
Driver's Contact & Add: 9337 6978

Vehicle Reg. No: JKU 7107
Vehicle Make/Model: Proton Saga
Name Driver: Saifulnizam Bin MD Johari
IC No. Driver: 780919-01-6607
Driver's Contact & Add: 8809 5288

Nur Ay Aisiah bte Mohammad. Aza Hari



SINGAPORE POLICE FORCE



T/20190308/2089

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

1 of 3

Report No. T/20190308/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2019 13:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SYAFIQ BIN ISMADY			Address: 311 JURONG EAST STREET 32 #02-329 JURONG EAST 32 SINGAPORE 600311		
ID Type / ID No.: NRIC NO / S9605712A			Contact No.: Home/Office: Mobile: 97542744		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 23/02/1996	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: STUDENT			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/03/2019 18:10	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE BEFORE ADAMS ROAD EXIT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK1972G						0
JKU7107						0
SKG4730H						0



**SINGAPORE
POLICE FORCE**



T/20190308/2089

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

2 of 3

Report No. T/20190308/2089

CONTINUATION OF REPORT

Brief Details.

ON 7/3/19 @ AROUND 6.11 PM, I WAS RIDING MY BIKE (FBK1972G) ALONG THE RIGHT SIDE OF THE 2ND LANE FROM THE RIGHT SIDE ALONG WITH MY PILLION AS I WANTED TO BE READY IN CASE THE FRONT VEHICLES EMERGENCY BRAKED AFTER I HAD FILTERED IN FROM THE 1ST LANE. I WAS NEGOTIATING A LEFT BEND WHEN SUDDENLY A CAR THAT WAS ON THE 1ST LANE WENT INTO MY LANE AND SIDE-SWIPE THE RIGHT SIDE OF MY BIKE. THIS RESULTED IN ME LOSING CONTROL OF MY BIKE AND I WENT FORWARD AND SIDE-SWIPE THE RIGHT SIDE OF A MALAYSIAN CAR (JKU7107) THAT WAS TRAVELLING IN FRONT OF ME ON LANE 1 AND WE FELL. LTA WAS THERE AND ADVISED US TO MAKE A REPORT. WE WENT TO NUH AFTER THE ACCIDENT AND I RECEIVED 6-DAYS MC AND MY WIFE RECEIVED 7-DAYS MC AND SUFFERED FRACTURED RIGHT LEG AND TOTALLY DEPENDED ON THE CRUTCHES TO MOVE AROUND.

WHEN THE ACCIDENT HAPPENED WE HAD EXCHANGED PARTICULARS.



**SINGAPORE
POLICE FORCE**



T/20190308/2089

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

3 of 3

Report No. T/20190308/2089

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 /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
08/03/2019 13:26

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404



Classification Of Case:
SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

Signature:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of SYAFIQ BIN ISMADY

License Number: S9605712A

Name: SYAFIQ BIN ISMADY

Birth Date: 23 Feb 1996

Issue Date: 21 Feb 2019

Barcode: 002904281F

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

Class 2B Motorcycles \leq 200 cc

EFFECTIVE DATE: 21 Feb 2019

NP 428A

Barcode: Licence No: S9605712A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9605712A

Portrait of SYAFIQ BIN ISMADY

Name: SYAFIQ BIN ISMADY

شافيقيق بن اسمادي

Race: BOYANESE

Date of birth: 23-02-1996

Sex: M

Country of birth: SINGAPORE

Barcode: S9605712A

4670325

Barcode

NRIC No. S9605712A

Portrait of SYAFIQ BIN ISMADY

Date of issue: 17-01-2011

Address: APT BLK 311 JURONG EAST STREET 32 #02-329 SINGAPORE 600311

NRIC No: S9605712A

Date: 10/09/2017

eBaoTech

General Claim

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="07/03/2019 18:10"/>
Vehicle No. (For Motor)	<input type="text" value="FBK1972G"/>	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"/>	5090252926-01		MUHAMMAD LUTFI HAIKEL BIN MD ANWAR	S9501555G	GMC	Third Party	FBK1972G	FBK1972G	28/04/2018	27/04/2019

 Policy Information

Policy No.	5090252926-01	Policyholder Name	MUHAMMAD LUTFI HAIKEL BIN	Policyholder NRIC	S9501555G
Certificate No.					
Address	BLK 147 ##04-1663 BEDOK RESERVOIR ROAD EUNOS SPRING SINGAPORE 470147				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	14/04/2018	Effective Date	28/04/2018 00:00	Expiry Date	27/04/2019 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	YEW HENG CREDIT ENTERPRISE	Agent Tel.	67437030	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 147 ##04-1663	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS SPRING
Address 4	SINGAPORE 470147	Address Type	Singapore address	Post Code	470147
Unit No.	#04-1663	Related Policy Number	5090252926-01		

 Insured Object: FBK1972G

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	18/07/2018 00:00	Basic Information Endorsement	Entry Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 18 Jul 2018, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: MILZAM BIN ALIAS
2	19/07/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 19 Jul 2018, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: N/A
3	19/07/2018 00:00	Basic Information Endorsement	Entry Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 19 Jul 2018, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: MILZAM BIN ALIAS
4	19/07/2018 00:00	Basic Information Endorsement	Entry Rejected	Thank you for giving us the opportunity to serve you. We confirm that from 19 Jul 2018, the following amendment(s) is/are made to this policy:
5	19/07/2018 00:00	Basic Information	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 19 Jul 2018, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: MILZAM BIN ALIAS In view of this amendment, an additional premium of \$26.75 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment.

Claim Handling

Exit

Accident MT/1035147

Policy No.	5090252926-01	Vehicle No.	FBK1972G	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD LUTFI HAIKEL BIN MD ANWAR	Cover Type	Third Party	Policyholder NRIC	S9501555G
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	97542744	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	aCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	aCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	08/03/2019 15:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	07/03/2019	Time of Accident hh:mm	18:10	Country of Accident	Singapore
Reporting Centre		Orange Force		SCM No.	
Accident Location	PIE (TUAS) BEFORE ADAM RD EXIT				
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 147 #04-1663	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNDS SPRING
Address 4	SINGAPORE 470147	Address Type	Singapore address	Post Code	470147
Unit No.	#04-1663	Related Policy Number	5090252926-01		
OI Driver Info					
Driver Name	SYAFIQ BIN ISMADY	Driver Type	Named Driver	Driver DOB	23/02/1996
Unnamed driver Name		Driver NRIC	S9605712A	Driving Experience	0
Register Date of Driver License	21/02/2019	Driver Age	23	Contact No. (Home)	0
Contact No. (Mobile)	97542744	Contact No. (Office)	0	Address 3	JURONG EAST 32
Address 1	BLK 311	Address 2	JURONG EAST STREET 32	Post Code	600311
Address 4	SINGAPORE 600311	Address Type	Singapore address		
Unit No.	02-329				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	MUHAMMAD LUTFI HAIKEL BIN	Insured NRIC	S9501555G
Contact No. (Mobile)	97173248	Contact No. (Home)		Contact No. (Office)	
Email Address	LUTFI_HAIKEL@OUTLOOK.COM	OI Vehicle Number	FBK1972G	TP Vehicle Number	SKG4730H
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBK1972G / SKG4730H ON 7 Mar 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/03/2019 15:42	Claim Close Date		Date Received	08/03/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1035147	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/03/2019 15:44
Path *			
	Browse...	Category *	Confidential
	Clear	Please Select	Normal
	Browse...	Please Select	Normal
	Clear	Please Select	Normal
	Browse...	Please Select	Normal
	Clear	Please Select	Normal

Attachment List

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window

Scan and uploading