

NATIONAL Assessment Centre Services. (part 1 Jan 2003) MNA 119042730.

Date In: 21/4/19 13:57	Job description: SAS e-Billing	Date & Time Completed: 21/4/19 17:45	Done by:
Ref No: MNA/INC 1900 5784/h4	E-mail (within 8hrs, AIC 2hrs)		
Veh No: FBK 4329 U	I-Motor Claim Form	M7/1038500-002	
D.O.A: 30/3/19 17:20	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD: (TP) Reporting Only	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: SHC 5212 L	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: 074886616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	Actions

Client's Particulars: NA 190 2357	Invoice Ref: ()	Amo (\$): 30.00	Payable (\$):
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engn-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claim against INC Only (ref 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (H11): TP (Non INC) against INC \$20		
	9) H12: Idan 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	02/04/2019 13:57
Date Of Accident	30/03/2019 17:20
Exact Location Of Accident	BEDOK RD TWDS UPPER CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBK4329U

Insured/Policyholder

Name Of Registered Owner	KOH MULYADI HASHIM
NRIC No	S8533047J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90267194
Alternative Phone No	OFFICE-90267194

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R3 ABS
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	5094032573-01
Cover Note Number	-

Driver

Name of Driver	MOHAMMAD MURTADHA BIN SYAMSUDDIN
NRIC No	S9290123H
Date Of Birth	29/05/1992
Occupation	INDOOR
Date Of Driving Pass	04/03/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96431186
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 522C TAMPINES CENTRAL 7 #17-31
Postcode	523522
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	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)	1

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
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

PLEASE REFER TO POLICE REPORT.

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	SHC5212L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD MURTADHA BIN SYAMSUDDIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBK4329U
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:

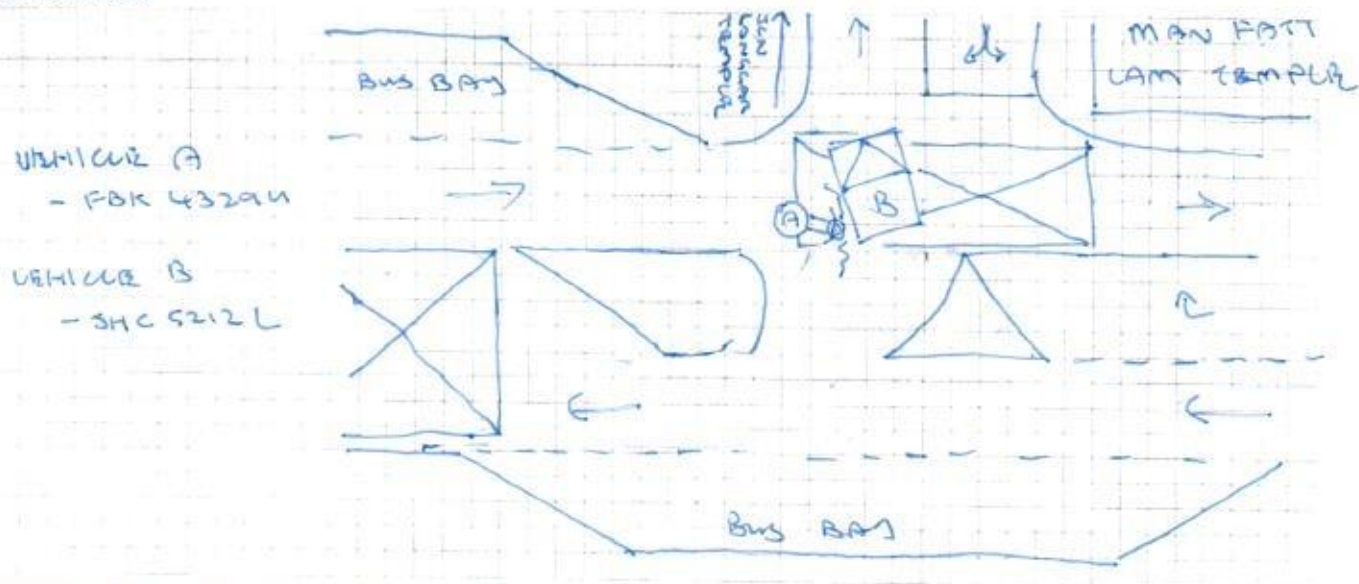
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



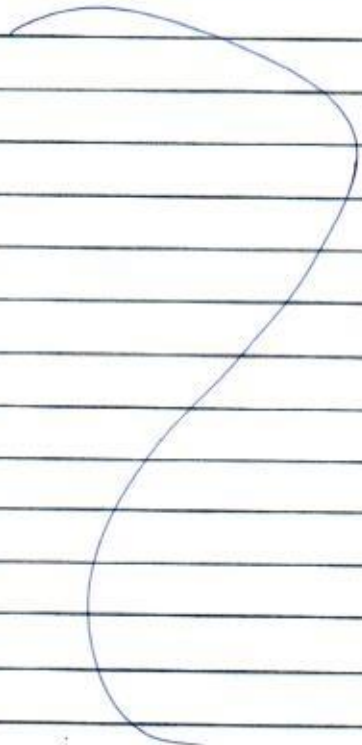
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT.

REPORT NUMBER
7/20140401/2048

VEHICLE A - FBK 43294

VEHICLE B - SHC 52124

A large, hand-drawn, blue, S-shaped curve on lined paper. The curve starts on the left side, about one-third of the way down from the top, and extends downwards, crossing the horizontal lines. It has a smooth, continuous shape, resembling a stylized 'S' or a large bracket.

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 Personnel's Signature
Name: _____
NRIC/FIN No.: _____

Vehicle No.	FBK 4329 U	Model / Make	YAMAHA R3
Date of Accident	30/03/19		
Time of Accident	1720	HRS	
Location of Accident	BEDOK RD TOWARD UPPER CHANGI ROAD		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	KOH MUKADI HASHIM		
Telephone No.	H/P: 9026 7194	Home :	Office :
NRIC	58533047 J		
Address	Buk 301 UBI AVE 1 #04-275 S(400301)		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	<u>Third Party</u>	Third Party / Fire / Theft
Policy No.	9094032573-01		
Name of Driver	As Above If <u>NO</u>	MOHAMMAD MURTADHA BIN SHAMSUDIN	
NRIC	S9290123 H	Any Passengers :	NIL
Date of birth	29/05/1992		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	16 JUN 2014 (CLASS 2)		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 9643 1186	Home :	Office :
Address	Buk 522C TAMANES CENTRAL 7 #17-31 S(523522)		
Driver have any own vehicle	<u>NO</u>	If yes, Reg No.	
Relationship	Employee,	If no, state	FRIEND
Weather condition	<u>Clear</u>	Raining Other	
Road Surface	<u>Dry</u>	Wet Other	
Any Injuries	No,	If <u>Yes</u> , Who?	
Name And Contact No.	MOHAMMAD MURTADHA BN, SHAMSUDIN, 96431186		
Name And Contact No.			
Police Report	No,	If <u>Yes</u> , Where?	
Vehicle B No.	SHC 5212 L	Any Passengers :	
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		Witness Contact :	
Accident Portion	FRONT PORTION, FALL ON THE RIGHT.		
Camera Recorder	Yes / <u>NO</u>		
Email Address			
PARTICULAR WORKSHOP	MOTOSI PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales@n5i.com.sg		



**SINGAPORE
POLICE FORCE**



T/20190401/2048

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

1 of 3

Report No. T/20190401/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2019 11:56		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMAD MURTADHA BIN SYAMSUDDIN			Address: APT BLK 522C TAMPINES CENTRAL 7 #17-31 TAMPINES GREENLEAF SINGAPORE 523522		
ID Type / ID No.: NRIC NO / S9290123H			Contact No.: Home/Office: Mobile: 96431186		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 29/05/1992	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Grab			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/03/2019 17:20	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BEDOK ROAD JALAN LANGGAR BEDOK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK4329U	Motorcycle					0

SHCS212L Car

Red

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Eunos NPP

Block 629 Bedok Reservoir Road
#01-1620 Singapore 470629
Tel: 1800-4439999



**SINGAPORE
POLICE FORCE**



T/20190401/2048

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20190401/2048

CONTINUATION OF REPORT

Driver			
Name	S9290123H	ID No.	S9290123H
Related Vehicle	FBK4329U (Motorcycle)	Contact No.	96431186
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/03/2019	Date Discharge	30/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS GOING STRAIGHT ALONG BEDOK ROAD, ON THE LEFT LANE. WHILE GOING STRAIGHT A RED COLOURED TAXI SUDDENLY MADE A RIGHT TURN FROM OPPOSITE DIRECTION. I TRIED TO VEER MY VEHICLE TO THE RIGHT TO AVOID COLLISION BUT STILL COLLIDED ONTO THE REAR LEFT BUMPER OF THE TAXI. I WAS CONVEYED TO CGH AFTERWARDS AND DISCHARGED ON THE SAME DAY WITH 3 DAYS OF MEDICAL LEAVE.



SINGAPORE
POLICE FORCE



T/20190401/2048

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

3 of 3

Report No. T/20190401/2048

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 /
ZENG ZI CONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
01/04/2019 11:56

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

Officer- In -Charge
Investigation Section
Traffic Police
No. 10 Ubi Avenue 3
Singapore 408865

Name : Mohammad Murtadha.
NRIC : S9290123H.....
Address: B.L.S.22C, 7 Ampines Central 7
#17-31.....
Singapore (S23522)
Tel :
Pg / Hp : 96431186.....

Dear Sir

ACCIDENT INVOLVING FBK4329U AND SHC5212L

ALONG JUNCTION OF BEDOK ROAD AND JALAN LANGGAR BEDOK

ON 30/03/2019 AT 5.20 PM

With reference to the above, I have on 01/04/2019 (date) at 1156 (time)
make a police report at TRAFFIC POLICE HQ (Name of police station / NPP) in
NP 168 / T/20190401/2048

2 On 01/04/2019 (date), at 1620 HOURS (time), at EUNOS NPP
(Name of Police Station/NPP), I make the following amendments to the above report.


TAXI BEARING VEHICLE REGISTRATION NUMBER SHC5212L WAS ADDED
TO VEHICLES INVOLVED.

That is all.

Yours faithfully


Signature

If a police officer records this amendment, please complete the following;	
Name / Rank No: <u>Sgt 3 T150213 Khairi</u>	Station Diary No. <u>16</u>
Signature	


Eunos NPP
Block 629 Bedok Reservoir Road
#01-1620 Singapore 470629
Tel: 1800-4439995


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9290123H**

Name
MOHAMMAD MURTADHA BIN SYAMSUDDIN

Birth Date: 29 May 1992
Issue Date: 23 Nov 2011

002020374E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9290123H**



Name
MOHAMMAD MURTADHA BIN SYAMSUDDIN

Race
BUGIS

Date of birth: 29-05-1992 Sex: **M**

Country of birth
MALAYSIA

59290123H

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

	EFFECTIVE DATE
Class 1B Motorcycles \leq 200 CC	23 Nov 2011
Class 2A Motorcycles between 201 CC and 400 CC	04 Mar 2013
Class 2 Motorcycles $>$ 400 CC	16 Jun 2014
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	23 Nov 2011

S/No. 9000191062

S9290123H

NP 428A

Licence No: S9290123H

4052773

NRIC No. **S9290123H**

Date of issue: 05-06-2007

APT BLK 522C TAMPINES CENTRAL 7 #17-31
SINGAPORE 523522

NRIC No: S9290123H Date: 06/01/2017




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 : 5094032573-01

Cover : Third Party

- | | |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle | : FBK4329U |
| Chassis Number | : MH3RH071000003906 |
| 2. Name of Policyholder | : KOH MULYADI HASHIM |
| 3. Effective Date of Insurance | : 06 Sep 2018 |
| 4. Expiry Date of Insurance | : 05 Sep 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)	: KOH MULYADI HASHIM
NAMED DRIVER (2)	: MOHAMMAD MURTADHA BIN SYAMSUDDIN
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 : DIRECT BUSINESS DEPT (00000600280)
Date of Issue : 13 Aug 2018 15:45 hrs
Reprint : 13 Aug 2018 15:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1038500

Policy No.	5094032573-01	Vehicle No.	FBK4329U	GST Registration No.	
Certificate No.					
Policyholder Name	KOH MULYADI HASHIM			Policyholder NRIC	S85331
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90267194	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	02/04/2019 15:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	30/03/2019	Time of Accident hh:mm	17:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK RD TWDS UPPER CHANGI RD				

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 301 #04-275	Address 2	UBI AVENUE 1	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	400301
Unit No.	04-275	Related Policy Number	5094032573-01		

OI Driver Info

Driver Name	Mohammad Murtadha Bin Syamsuddin	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9290123H	Driver DOB	29/05/1988
Register Date of Driver License	23/11/2011	Driver Age	26	Driving Experience	7
Contact No.(Mobile)	95431186	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 522C #17-31	Address 2	TAMPINES CENTRAL 7	Address 3	TAMPINES
Address 4	SINGAPORE 523522	Address Type	Singapore address	Post Code	523522
Unit No.	17-31				
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
-------------------------------------	------	-------------	---

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	KOH MULYADI HASHIM
Contact No.(Mobile)	90267194	Contact No. (Home)	NIL
Email Address	breakforz@yahoo.com.sg	OI Vehicle Number	FBK4329U
Claim Description	FBK4329U / SHC5212L ON 30 Mar 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	02/04/2019 17:44
			LEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1038500	Claim No.	002
--------------	------------	-----------	-----

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

02/04/2019 17:45

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

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Clear

Please Select

NO

Normal














Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2019 17:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2019 17:45	SAS	Normal	SAS 2019-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2019 17:45	Photos	Normal	Photos 2019-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2019 17:45	Photos	Normal	Photos 2019-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2019 17:45	Photos	Normal	Photos 2019-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2019 17:45	Photos	Normal	Photos 2019-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2019 17:45	Photos	Normal	Photos 2019-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2019 17:45	Photos	Normal	Photos 2019-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2019 17:44	Photos	Normal	Photos 2019-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2019 17:44	Photos	Normal	Photos 2019-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2019 17:44	Photos	Normal	Photos 2019-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2019 17:44	Photos	Normal	Photos 2019-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Apr 2019 17:44	Photos	Normal	Photos 2019-4-2

Video List

Uploaded By/Date

Folder Date

File Name

Source

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