

NATIONAL Assessment Centre Services (wef 1 Jan'05) **MA119071861**

Date In: 3/6/19 - 11:21	Job description	Date & Time Completed	Done by
Ref No: NA/INC/19029228/14	SAS e-filing		
Veh No: SJ292364	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 1/6/19 12:50	i-Motor Claim Form	MA11047272-001	11/6/19 11:50
OD: TP Reporting Only	i-Motor W/O (within: OD 2hrs, TP #hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SJ794495** 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

NA1904136	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	Est Bill	Add Bill
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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against JNC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR : Re-inspection \$75		
Dat. 2 / 3:	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OJ*:		
	*N5: Courtesy Car / Tpl 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: Idao 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	03/06/2019 11:31
Date Of Accident	01/06/2019 12:50
Exact Location Of Accident	AYE TWDS CITY BEFORE ALEXANDRA RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ9236Y
Insured/Policyholder	
Name Of Registered Owner	FULTONN MOTOR PTE LTD
Co Reg No	201504673R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.4 AUTO ABS AIRBAG
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5096706334-01
Cover Note Number	

Driver

Name of Driver	MOHD JOFFRI BIN ABDUL RAZAK
NRIC No	S1727009E
Date Of Birth	17/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	31/03/2017
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83063696
Fax Number	
Contact Number	OFFICE-83063696
EMail Address	NOEMAIL

Address BLK 110 JALAN BUKIT MERAH
07-1582
Postcode 160110
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
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? 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: : ARNITA BINTE MOHAMED SAID
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190601/2126.

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 SJT9249S
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)

DETAILS OF INJURED PERSON 1

Name	MOHD JOFFRI BIN ABDUL RAZAK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJZ9236Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ARNITA BINTE MOHAMED SAID
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJZ9236Y
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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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.:

Date of Accident : 1-June 2019 Accident Time: 1250pm (24-HR-Format)
 Accident Place : AYE (city) Before Alexandra Exit 6
 Vehicle Reg. No. (Car Plate No.) : SJZ9236Y
 Vehicle Make/Model : Camry 2.4
 Insurance Company : NTU Policy No. _____
 Owner or Company Name /IC No. : _____
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Mohd. Joffri Bin Abdul Razak 21727009E
 DRIVER'S Date Of Birth : 17 Jan 1964 DRIVER'S License Pass Date 31 Mar 2017
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Rental
 DRIVER'S Address : 110 Jalan Bukit Merah #07-1562 s'(160110)
 DRIVER'S Contact No./ Alt No. : 1) 83063696 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Admin@MyCar.sg
 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): 2 Arniya Binje Mohamed Jaid (Female)
 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: <u>SJT 92495</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20190601/2126

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 4

Report No T/20190601/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2019 17:47	Vide Report No	Station Diary No. 101
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Informant's Particulars			
Name of Informant: MOHD JOFFRI BIN ABDUL RAZAK		Address: APT BLK 110 JALAN BUKIT MERAH #07-1562 SINGAPORE 160110	
ID Type / ID No.: NRIC NO / S1727009E		Contact No.: Home/Office: Mobile: 83063696	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 17/01/1964	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/06/2019 12:50	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY Along AYE towards City near Exit 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT9249S	Car	HYUNDAI	Avante	Black		0
SJZ9236Y	Car	TOYOTA	Camry 2.4	Black	Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20190601/2126

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20190601/2126

CONTINUATION OF REPORT

Driver			
Name	SEAH YUAN ZHENG, EDMUND	ID No.	S9428687E
Related Vehicle	SJT9249S (Car)	Contact No.	88188524
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	MOHD JOFFRI BIN ABDUL RAZAK	ID No.	S1727009E
Related Vehicle	SJZ9236Y (Car)	Contact No.	83063696
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/06/2019	Date Discharge	01/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	ARNITA BINTE MOHAMED SAID	ID No.	S7247633F
Related Vehicle	SJZ9236Y (Car)	Contact No.	87471288
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/06/2019	Date Discharge	01/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 01/06/2019 at about 1250hrs, I was driving my vehicle, a black Toyota Camry bearing registration SJZ9236Y along AYE towards City, travelling along the first lane at about 70 to 80km/hr. At that time, my wife was in the car together with me. Subsequently, while nearing AYE exit 6, I slowed down to about 50km/hr as I notice that the car in front of me is slowing down. I then noticed the car in front of me applying emergency brake and thus I applied brake. My car managed to stop without hitting the car in front.

After I had stopped my car for about 1 or 2 seconds, I suddenly felt an impact from the rear. I then alighted and saw that a black Hyundai Avante bearing registration SJT9249S had hit the rear of my car. The driver of the vehicle and I took some photos of the accident and exchanged our particulars. We then drove away so as not to block the traffic.



**SINGAPORE
POLICE FORCE**



T/20180601/2126

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20180601/2126

CONTINUATION OF REPORT

After the accident, my wife and I felt pain on our back, neck and arm. As such, we went to Mount Alvernia Hospital for a check. We were both given 5 days medical certificate. The damage to my vehicle includes, dents and scratches to the rear bumper. The other vehicle also suffered scratch and dents to the front bumper and bonnet. I have yet to install camera in my car as I just got it yesterday.



SINGAPORE POLICE FORCE



T/20190601/2126

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Report No T/20190601/2126

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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:
D /
Staff Sgt LIM KAR LEONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/06/2019 17:47

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP158

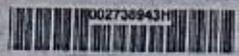
REPUBLIC OF SINGAPORE DRIVING LICENCE

S1727009E

MOHD JOFFRI BIN ABDUL RAZAK

Birth Date: 17 Jan 1964
 Issue Date: 31 Oct 2017

002738943H



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight <= 3300kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg

31 Mar 2017

NP 428A

Licence No: S1727009E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1727009E

MOHD JOFFRI BIN ABDUL RAZAK

Name

Race: MALAY

Date of birth: 17-01-1964

Country/Place of birth: SINGAPORE

Sex: M

S1727009E



5205

S1727009E

16-08-2013

APT BLK 110 JALAN BUKIT MERAH #07-1662
 SINGAPORE 180110

NRC No: S1727009E Date: 11/02/2019

For LKK/NAC Use Only

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"/>	5096706334-01		FULTONN MOTOR PTE LTD	201504673R	GFT	drive CLASSIC	SJ29236Y	SJ29236Y	21/01/2019	

Policy Information

Policy No.	5096706334-01	Policyholder Name	FULTONN MOTOR PTE LTD	Policyholder NRIC	201504673R
Certificate No.					
Address	BLK 588D #08-233 ANG MO KIO STREET 52 PARK CENTRAL @ AMK SINGAPORE 564588				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	26/11/2018	Effective Date	27/11/2018 00:00	Expiry Date	26/11/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1000	Own damage Excess	1000	Windscreen Excess	100
Additional Excess	0	OS Premium	2185.20		
Outside Singapore OD Excess	1000	Outside Singapore TP Excess	1000		Young/Inexperience Driver Excess
Agent	SGP BUSINESS CONSULTANCY	Agent Tel.	62810777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 588D #08-233	Address 2	ANG MO KIO STREET 52	Address 3	PARK CENTRAL @ AMK
Address 4	SINGAPORE 564588	Address Type	Singapore address	Post Code	564588
Unit No.	02-42	Related Policy Number	5108766815		

Insured Object: SJZ9236Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	04/12/2018 00:00	Basic Information Endorsement	000001286956079	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 04 Dec 2018, the Hire Purchase Company is amended as follows for SMA6162S: HIRE PURCHASE COMPANY: THIAM HENG AUTO (S) PTE LTD
2	14/12/2018 00:00	Basic Information Endorsement	null	Underwriting Rejected	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. In view of this amendment, an additional premium of \$x (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
3	21/01/2019 00:00	Basic Information Endorsement	000001286992383	Endorsement Take Effective	int update TP excess for SJZ9236Y Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as

Claim Handling

The premium on this policy has not been collected.

[Exit](#)

Accident MT/1047272

Policy No.	5096706334-01	Vehicle No.	S129236Y	GST Registration No.	
Certificate No.					
Policyholder Name	FULTONN MOTOR PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	201504673R
Product Code	FLEET (INSURANCE)	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	0	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
↳ Accident Details					
Report Date	03/06/2019 11:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/06/2019	Time of Accident hh:mm	12:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TWDS CITY BEFORE ALEXANDRA RD EXIT				
↳ Excess					
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	1,000.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		
↳ 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 588D #08-233	Address 2	ANG MO KIO STREET 52	Address 3	PARK CENTRAL @ AMK
Address 4	SINGAPORE 564588	Address Type	Singapore address	Post Code	564588
Unit No.	02-42	Related Policy Number	5108766815		
↳ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/01/1964
Unnamed driver Name	MCHD JOFFRI BIN ABDUL RAZA	Driver NRIC	S1727009E	Driving Experience	2
Register Date of Driver License	31/03/2017	Driver Age	55	Contact No. (Home)	0
Contact No. (Mobile)	83063596	Contact No. (Office)	0	Address 3	TIONG BAHRU ORCHID
Address 1	BLK 110	Address 2	JALAN BUKIT MERAH	Post Code	160110
Address 4	SINGAPORE 160110	Address Type	Singapore address		
Unit No.	07-1582	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
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 *	OD-MX	Insured Name	FULTONN MOTOR PTE LTD	Insured NRIC	201504673R
Contact No. (Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	NIL
Email Address		OI Vehicle Number	S129236Y	TP Vehicle Number	S179249S
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	S129236Y / S179249S ON 1 Jun 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	03/06/2019 11:50	Claim Close Date		Date Received	03/06/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1047272	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/06/2019 11:51
Path *	<input type="text"/>	Category *	Please Select
	<input type="text"/>	Confidential	NO
	<input type="text"/>	Urgency *	Normal
	<input type="text"/>	Description *	

