

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 04/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19009837/13	SAS e-filing		
Veh No: FB1046K	E-mail (within 8 hrs, AIC 2 hrs)		
DOA: 31/05/19 1745	i-Motor Claim Form	MT/1047260-002	
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( MOTO 51 Tel: Fax: )

TP Particulars:	Veh No: SLN8785A	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

NA1904322

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac 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 (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	04/06/2019 12:09
Date Of Accident	31/05/2019 17:45
Exact Location Of Accident	T-JUNC OF BOON LAY /BOON LAY DR
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ1046K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHD KAMAL B ABD HALIM
NRIC No	S9019597B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98229966
Alternative Phone No	OTHERS-98229966

#### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16
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	5069724068-03
Cover Note Number	

#### Driver

Name of Driver	MUHD KAMAL B ABD HALIM
NRIC No	S9019597B
Date Of Birth	11/06/1990
Occupation	INDOOR
Date Of Driving Pass	19/05/2011
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98229966
Fax Number	
Contact Number	OTHERS-98229966
EMail Address	NOEMAIL

Address	BLK 501A YISHUN ST 51 #02-482
Postcode	761501
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - 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?	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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190601/2085

#### 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 Witness 1

Name	HENRY
Phone Number	98519221
Email Address	

#### Details of Witness 2

Name	MR CHO
Phone Number	82331176
Email Address	

#### Details of Witness 3

Name	UNKNOWN
Phone Number	93671009

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN8785A  
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 MUHD KAMAL B ABD HALIM  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? FBJ1046K  
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:

 04/06/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

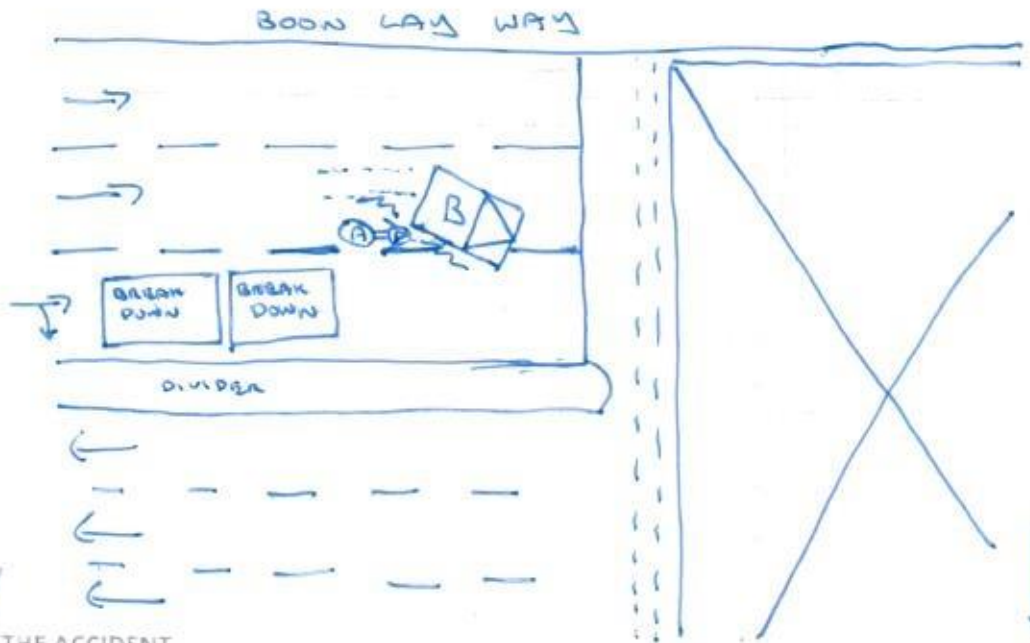
# SKETCH PLAN

VEHICLE A

- FBJ 1046K

VEHICLE B

- SLN 87TS A



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT.

POLICE REPORT  
T/2019 0601/2085

VEHICLE A - FBJ 1046K

VEHICLE B - SLN 87TS A

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

*Karel*

Policyholder's Signature  
Date & Time:

*Karel*

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

*shy* 04/06/19

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





# SINGAPORE POLICE FORCE



T/20190601/2085

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

1 of 4

Report No. T/20190601/2085

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2019 14:52		Vide Report No.:		Station Diary No.: 67	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD KAMAL BIN ABDUL HALIM			Address: APT BLK 501A YISHUN STREET 51 #02-482 SINGAPORE 761501		
ID Type / ID No.: NRIC NO / S9019597B			Contact No.: Home/Office: Mobile: 98229966		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 11/06/1990	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Accountant			Driving Licence Information: Class: 2A,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/05/2019 17:45	Type of Location: T-Junction
Location: Along Road 1 BOON LAY WAY				
Near to the T-Junction of Boon Lay Way and Boon Lay Drive				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ1046K	Motorcycle	YAMAHA	FZ 16	Red		0
SLN8785A	Car	TOYOTA	Vios	Grey	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ1046K	NTUC Income Insurance Co-Operative Limited	5069724068-03	02/07/2018	01/07/2019





**SINGAPORE  
POLICE FORCE**



T/20190601/2085

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

2 of 4

Report No. T/20190601/2085

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD KAMAL BIN ABDUL HALIM	ID No.	S9019597B
Related Vehicle	FBJ1046K (Motorcycle)	Contact No.	98229966
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2A,3 Date of Expiry: NIL
Date Treatment	31/05/2019	Date Discharge	31/05/2019
No. of Days granted Medical Leave	08	Degree of Injury	Slight

**Brief Details.**

On 31/05/2019 at about 5.45pm, I was riding my motorcycle (FBJ1046K, red Yamaha FZ16) along Boon Lay Way at the right most lane (it is a 3 way lane). As I was approaching a T-junction of Boon Lay Way and Boon Lay Drive, I saw that there were 2 cars parked in a stationary position at the right most lane. I then changed to the middle lane and continued riding forward. After I had overtake the 2 stationary cars, I signaled to the right and wanted to change back to the right most lane. However, at that juncture, suddenly a grey car (SLN8785A, a grey Toyota Vios) appear out of nowhere and was going to the right most lane. I applied my brakes, but I could not stop in time. As such, my motorcycle collided into the rear right of the grey car. I skidded to the left for some distance.

After the skidding, I was still conscious and I can remember that a few people came to help me. Some of them told me that they had seen what had happened and told me that they were willing to be a witness. I then managed to get their contact numbers. I can also recalled that I had confronted the driver of the grey car. However, no assault took place. Moments later, ambulance came down to scene and conveyed me to Ng Teng Fong Hospital where I was treated as an outpatient. I was given 8 days of hospitalization leave. Whilst I was in the hospital, a Traffic Police investigating officer (tel: 6547 6200) called me and advised me to call him back when I am feeling better. I have tried to call him on 01/06/2019, but there was no response.

I wish to state that I cannot recall where the grey car had came from (from the left most lane or the middle lane). I am unable to recall if there were any passengers in the grey car. My motorcycle is not with me and I believed that it is being towed away. I am unsure of the damages to my motorcycle. As for the car, I saw that there some dents on the right rear bumper. One of the witness had also sent me a video of his in-car camera which managed to partially recorded the accident.

The witnesses are as follows:

- 1) Henry - HP: 9851 9221
- 2) Mr Cho - HP: 8233 1176
- 3) Unknown - HP: 9367 1009





**SINGAPORE  
POLICE FORCE**



T/20190601/2085

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

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Report No. T/20190601/2085

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20190601/2085

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

4 of 4


Report No. T/20190601/2085

**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:   
L /  
Sr Staff Sgt MUHAMMAD FAIZAL BIN AFFANDI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

Contact No.:

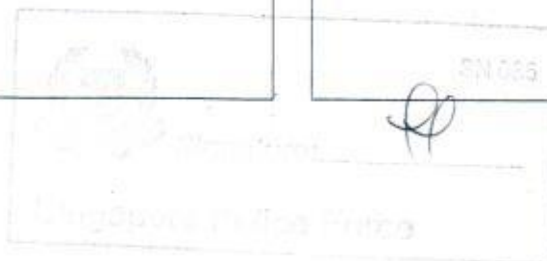
Authentication Stamp  
NP168

Signature Of Informant:



Date/Time:  
01/06/2019 14:52

Classification Of Case:





Vehicle No.	FBJ 1046K		Model / Make	YAMAHA FZ 16	
Date of Accident	31/05/19				
Time of Accident	1745		MRS		
Location of Accident	T JUNCTION OF BOON LAY WAY / BOON LAY DR				
Exact purpose use during accident	PRIVATE USE				
Name of Owner	MUHAMMAD KAMAL BIN ABDUL HALIM				
Telephone No.	H/P: 98229966		Home:	Office:	
NRIC	S 9019597B				
Address	BLK 501A YISHUN ST 51 #02-482 S(761501)				
Claim type	OD THIRD PARTY REPORTING ONLY				
Insurance Company	NTUC				
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft				
Policy No.	506 972 4068-03				
Name of Driver	As Above If No,				
NRIC	Any Passengers: NIL				
Date of birth	11 JUN 1990				
Occupation	Outdoor / Indoor				
Driving License Pass Date	19 MAY 2011				
Gender	Male / Female				
Contact No.	H/P:		Home:	Office:	
Address					
Driver have any own vehicle	No, If yes, Reg No.				
Relationship	Employee, If no, state OWNER				
Weather condition	Clear Raining Other				
Road Surface	Dry Wet Other				
Any Injuries	No, If Yes, Who?				
Name And Contact No.	MUHAMMAD KAMAL BIN ABDUL HALIM, 98229966				
Name And Contact No.					
Police Report	No, If Yes, Where? YISHUN SOUTH NPC				
Vehicle B No.	SLN 8785 A		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 AND FALL ON THE LEFT				
Camera Recorder	Yes / No				
Email Address					
PARTICULAR WORKSHOP	MOTO 51 PTE LTD				
CONTACT NO.	6842 0051 / 6744 0510				
CONTACT PERSON	IAN				
FAX NO	6741 0510				
WORKSHOP Email ADDRESS	sales@n51.com.sg				

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9019597B



Name  
**MUHAMMAD KAMAL BIN ABDUL HALIM**  
محمد كمال بن عبدالحليم  
Race  
**INDIAN**  
Date of birth  
**11-06-1990** Sex  
**M**  
Country of birth  
**SINGAPORE**

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S9019597B**  
Name:  
**MUHAMMAD KAMAL BIN ABDUL HALIM**  
Birth Date: **11 Jun 1990**  
Issue Date: **30 Oct 2012**



3730207

NRIC No. **S9019597B**



Date of issue  
**20-06-2005**

APT BLK 501A YISHUN STREET 51 #02-482  
SINGAPORE 761501

NRIC No: **S9019597B**

Date 23/12/2018

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 19 May 2011  
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 01 Jun 2009

NP 4284





## 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** : 5069724068-03

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle

: **FBJ1046K**

Chassis Number

: ME121C0G6D2013229

2. Name of Policyholder

: MUHD KAMAL B ABD HALIM

3. Effective Date of Insurance

: 02 Jul 2018

4. Expiry Date of Insurance

: 01 Jul 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)

: MUHD KAMAL B ABD HALIM

NAMED DRIVER (2)

: KHAIRIL ANWAR BIN ABDUL HALIM

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 : TELESales-DIRECT MARKETING (00000601661)

Date of Issue : 28 Jun 2018 12:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

## Accident MT/1047260

Policy No.	5069724068-03	Vehicle No.	FBJ1046K	GST Registration No.
Certificate No.				
Policyholder Name	MUHD KAMAL B ABD HALIM			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

## ▼ Accident Details

Report Date	03/06/2019 11:22	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	31/05/2019	Time of Accident hh:mm	17:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF BOON LAY WAY & BOON LAY DRIVE			

## ▼ 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 105 #02-402	Address 2	TOWNER ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5069724068-03	

## ▼ OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	MUHD KAMAL B ABD HALIM
Contact No.(Mobile)	98229966	Contact No.(Home)	NIL
Email Address	kamal_arsenal@hotmail.com	Vehicle Number	FBJ1046K
Claim Description	FBJ1046K / SLN8785A ON 31 May 2019		
Preferred Workshop		Insured Liability	Not at Fault
Workshop Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Pending
Report Taken By		Claim Close Date	04/06/2019 12:28
		Workshop Repairer	ROSLINDA

Print AX letter

Save Submit



## Attachment

Accident No. MT/1047260 Claim No. 002  
 Last Doc. Received ☒ Yes ☐ No Upload Date 04/06/2019 00:00

Path \*

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Message Read

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Confidential

NO

NO

NO

NO

NO

NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2019 12:28	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2019 12:28	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2019 12:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2019 12:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2019 12:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2019 12:27	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2019 12:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2019 12:27	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2019 12:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2019 12:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2019 12:27	Photos	Normal	Photos

## Video List

Uploaded By/Date

Folder Date

File Name

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