

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA11908800

Date In: 6/2/19-12:00	Job description	Date & Time Completed	Done by
Ref No: NA11901952/24	SAS e-filing		
Veh No: PBL25384	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 5/2/19-12:00	i-Motor Claim Form	M7105257-001	6/2/19 12:15
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: JH50024	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

NA11905024	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		1st 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			
	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:-			
QC Checked by (Engr-In-Charge):	QD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11) : TP (Non INC) against INC \$20			
Dat 1:	9) N12: Idac Mobile 30			
Dat 2 / 3:	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	06/07/2019 12:00
Date Of Accident	05/07/2019 12:20
Exact Location Of Accident	PIE (TUAS) BEFORE EUNOS LINK EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL7538H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD SYARIZ BIN AFFANDI
NRIC No	S9513984A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97518339
Alternative Phone No	OFFICE-97518339

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400X MANUAL
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5108094485
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SYARIZ BIN AFFANDI
NRIC No	S9513984A
Date Of Birth	27/04/1995
Occupation	INDOOR
Date Of Driving Pass	14/11/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97518339
Fax Number	
Contact Number	OFFICE-97518339
EMail Address	NOEMAIL

Address	BLK 118 PASIR RIS STREET 11 #02-503
Postcode	510118
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 - CHANGE/CROSS LANE
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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190705/2100.

#### 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	SLG5002H
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)

1

**DETAILS OF INJURED PERSON 1**

Name

MUHAMMAD SYARIZ BIN AFFANDI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBL7538H

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:

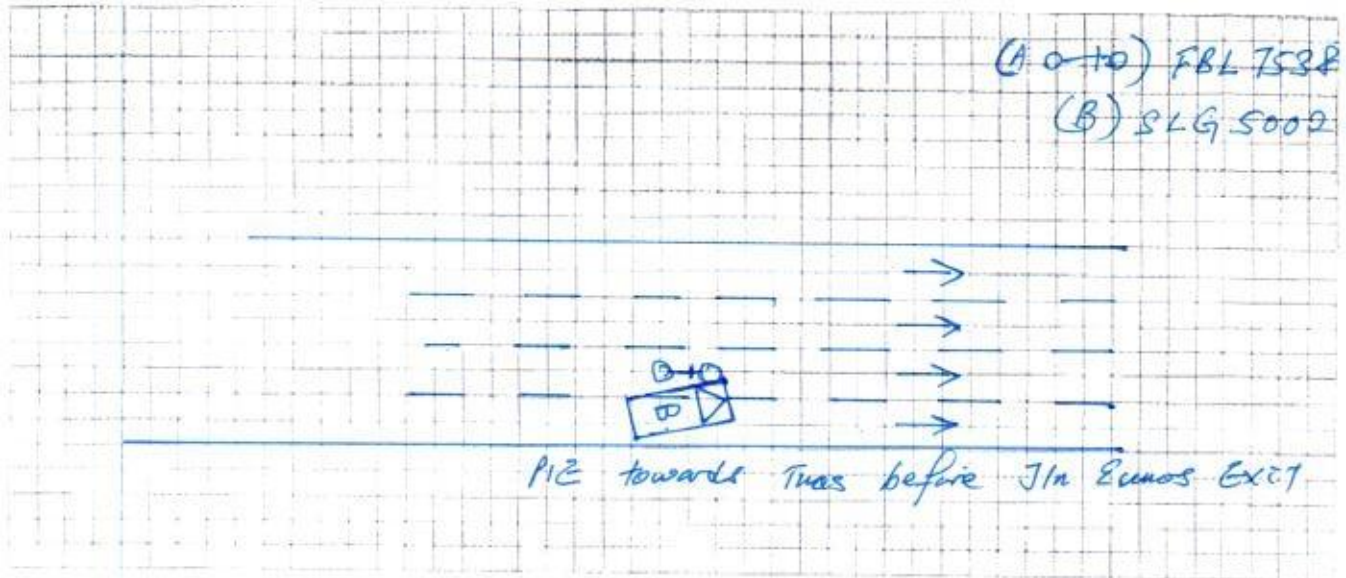
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Pls refer to Police Report No: T/20190705/2100.

**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.:



<b>Vehicle No.</b>	FBL 75384	<b>Model / Make</b>	HONDA CB400X
<b>Date of Accident</b>	05/07/19		
<b>Time of Accident</b>	1220 HRS		
<b>Location of Accident</b>	PIE towards Tuas before Eunos extt.		
<b>Exact purpose use during accident</b>	Private Used.		
<b>Name of Owner</b>	Muhammad Syariz Bin Affandi		
<b>Telephone No.</b>	H/P : 97518339	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S 9513984 A		
<b>Address</b>	BLK 118, Pasir Res St. 11 #02-503 (S) 510118.		
<b>Claim type</b>	OD <u>THIRD PARTY</u> REPORTING ONLY		
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive Third Party <u>Third Party / Fire / Theft</u>		
<b>Policy No.</b>	5108094485		
<b>Name of Driver</b>	As Above ID No,		
<b>NRIC</b>		<b>Any Passengers :</b>	N.A.
<b>Date of birth</b>	27/04/1995		
<b>Occupation</b>	Outdoor / <u>Indoor</u>		
<b>Driving License Pass Date</b>	14/11/2016		
<b>Gender</b>	<u>Male</u> / Female		
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state <u>owner</u>		
<b>Weather condition</b>	<u>Clear</u> Raining Other		
<b>Road Surface</b>	<u>Dry</u> Wet Other		
<b>Any Injuries</b>	No, <u>If Yes, Who?</u>		
<b>Name And Contact No.</b>	Muhammad Syariz Bin Affandi		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, <u>If Yes, Where?</u> Tempur N. P. C.		
<b>Vehicle B No.</b>	SLG 5002 1/	<b>Any Passengers :</b>	N.A.
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>	N.A	<b>Witness Contact :</b>	N.A
<b>Accident Portion</b>	Right side.		
<b>Camera Recorder</b>	Yes / <u>No</u>		
<b>Email Address</b>	syarizaffandi-27@gmail.com.		
<b>PARTICULAR WORKSHOP</b>	MOTO 51		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Jackee		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales@n51.com.sg		





Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/07/2019 16:56	Vide Report No.: G/20190705/0119	Station Diary No.: 67
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**Informant's Particulars**

Name of Informant: MUHAMMAD SYARIZ BIN AFFANDI			Address: APT BLK 118 PASIR RIS STREET 11 #02-503 SINGAPORE 510118		
ID Type / ID No.: NRIC NO / S9513984A			Contact No.: Home/Office: Mobile: 97518339		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 27/04/1995	Type of Informant: Rider		
Race: Malay		Language:		Institution / School Name:	
Occupation: UNEMPLOYED			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/07/2019 12:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  TOWARDS TUAS, BEFORE EUNOS EXIT Lamp Post Number: 345				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL7538H	Motorcycle	HONDA	CB400X MANUAL	Red	Slightly Damaged	0
SLG5002H	Car	HONDA	VEZEL 1.5X CVT	Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL7538H	NTUC Income Insurance Co-Operative Limited	5108094485	13/03/2019	19/02/2020

**Brief Details.**

On the 5th of July 2019 at about 1220hrs, I was riding on my motorbike bearing plate number FBL7538H, along Pan Island Expressway towards Tuas before Eunos exit, near lamp post 345. I was travelling on the 2nd when the car bearing plate number SLG5002H, travelling on the 1st lane applied break and suddenly swerved out into my lane causing his vehicle to collide onto my motorbike. I was flown off about 10 metres away from my motorbike. At that point of time, the driver was still in his moving vehicle as such I stood beside his vehicle to stop him from leaving. I sustained abrasion on my right arms and feel pain on my shoulder as such the driver called for ambulance and I was subsequently conveyed to Changi General Hospital.

I was given 4 days MC (EMD2019130867) from 05/07/2019 to 08/07/2019 due to right shoulder sprain and multiple abrasion secondary to trauma.

The traffic police were also at scene vide G/20190705/0119.

I am not sure about the damages to both vehicles.

The other driver is namely Christopher Lee Kuan Li, S9113658I.



SINGAPORE  
POLICE FORCE



T/20190705/2100

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3




Report No. T/20190705/2100

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: G / Sgt 3 SITI NUR SYAFIQAH BINTE AZMAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/07/2019 16:56
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No. 65476200	Classification Of Case:
Authentication NP168	 SINGAPORE POLICE FORCE  SIGNATURE



REPUBLIC OF SINGAPORE
DRIVING LICENCE



Licence Number: **S9513984A**  
Name: **MUHAMMAD SYARIZ BIN AFFANDI**  
Birth Date: **27 Apr 1995**  
Issue Date: **15 Jul 2015**



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9513984A**



Name: **MUHAMMAD SYARIZ BIN AFFANDI**  
Race: **MALAY**  
Date of birth: **27-04-1995**  
Country of birth: **SINGAPORE**



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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 100 CC	15 Jul 2015
Class 2A	Motorcycles between 201 CC and 400 CC	14 Nov 2016

S9513984A

S / No. 9000237087



NP 428A





NRIC No. **S9513984A**  
Date of issue: **22-01-2010**

**APT BLK 118 PASIR RIS STREET 11 #02-503**  
**SINGAPORE 510118**

**NRIC No: S9513984A**

**Date: 18/07/2012**

**No: 6873807**

**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 : 5108094485 Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : FBL7538H  
Chassis Number : NC471101574  
2. Name of Policyholder : MUHAMMAD SYARIZ BIN AFFANDI  
3. Effective Date of Insurance : 13 Mar 2019  
4. Expiry Date of Insurance : 12 Mar 2020

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
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MUHAMMAD SYARIZ BIN AFFANDI
NAMED DRIVER (2)	: AFFANDI BIN KAMARULZAMAN
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : SIOW LEIP HO (00000602454)  
Date of Issue : 09 Mar 2019 14:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



eBaoTech

GeneralClaim

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"/>	5108094485		MUHAMMAD SYARIZ BIN AFFANDI	S9513984A	GMC	Third Party, Fire & Theft	FBL7538H	FBL7538H	13/03/2019	19/02/2020

## Policy Information

Policy No.	5108094485	Policyholder Name	MUHAMMAD SYARIZ BIN AFFAN	Policyholder NRIC	S9513984A
Certificate No.					
Address	BLK 118 #02-503 PASIR RIS STREET 11 SINGAPORE 510118				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	09/03/2019	Effective Date	13/03/2019 00:00	Expiry Date	19/02/2020 23:59
Excess Type	Per Accident	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	SIOW LEIP HO	Agent Tel.	85053989	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 118 #02-503	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510118
Address 4		Address Type	Singapore address	Post Code	510118
Unit No.		Related Policy Number	5108094485		

## Insured Object: FBL7538H

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	13/03/2019 00:00	NCD Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We have confirmed that the NCD entitlement from your previous insurer is 15% and not 20% as declared in your policy application. In view of the reduction of NCD, an additional premium of \$38.64 (inclusive of GST) is payable under your present 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, credit card or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 13 Mar 2019 TO 19 Feb 2020 In view of this amendment, a refund of \$38.64 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 28 Jun 2019,</p>
2	11/06/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	



## Claim Handling

Exit

Accident MT/1052153

Policy No.	510809485	Vehicle No.	FBL7538H	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD SYARIZ BIN AFFANDI			Policyholder NRIC	S9513984A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97518339	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<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(%)	15	Private Hire	No

▼ Accident Details

Report Date	06/07/2019 12:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	06/07/2019	Time of Accident hh:mm	12:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PSE (TUAS) BEFORE EUNOS LINK EXIT				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 118 #02-503	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510118
Address 4		Address Type	Singapore address	Post Code	510118
Unit No.		Related Policy Number	510809485		

▼ O1 Driver Info

Driver Name	MUHAMMAD SYARIZ BIN AFFANDI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9513984A	Driver DOB	27/04/1995
Register Date of Driver License	14/11/2016	Driver Age	24	Driving Experience	2
Contact No.(Mobile)	97518339	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 118	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510118
Address 4		Address Type	Singapore address	Post Code	510118
Unit No.	02-503				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	MUHAMMAD SYARIZ BIN AFFANDI	Insured NRIC	S9513984A	
Contact No.(Mobile)	97518339	Contact No.(Home)		Contact No.(Office)		
Email Address		O1 Vehicle Number	FBL7538H	TP Vehicle Number	SLG5002H	
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	FBL7538H / SLG5002H ON 5 Jul 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	06/07/2019 12:15	Claim Close Date		Date Received	06/07/2019 00:00	
Report Taken By	Jackson					

☒ Print AX letter

Save Submit

Attachment

Accident No.	MT/1052153	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/07/2019 12:16

Path \*

Category \*

Confidential

Urgency \*

Description \*

Browse...

Clear

Please Select

N/A

Normal

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>	<input type="text"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 06 Jul 2019 12:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 06 Jul 2019 12:16	SAS	Normal	SAS 2019-7-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 06 Jul 2019 12:15	Photos	Normal	Photos 2019-7-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 06 Jul 2019 12:15	Photos	Normal	Photos 2019-7-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 06 Jul 2019 12:15	Photos	Normal	Photos 2019-7-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 06 Jul 2019 12:15	Photos	Normal	Photos 2019-7-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 06 Jul 2019 12:15	Photos	Normal	Photos 2019-7-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 06 Jul 2019 12:15	Photos	Normal	Photos 2019-7-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 06 Jul 2019 12:15	Photos	Normal	Photos 2019-7-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 06 Jul 2019 12:15	Photos	Normal	Photos 2019-7-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 06 Jul 2019 12:15	Photos	Normal	Photos 2019-7-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 06 Jul 2019 12:15	Photos	Normal	Photos 2019-7-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 06 Jul 2019 12:15	Photos	Normal	Photos 2019-7-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 06 Jul 2019 12:15	Photos	Normal	Photos 2019-7-6		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 06 Jul 2019 12:15	Photos	Normal	Photos 2019-7-6		<a href="#">Edit</a>

## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				