

NATIONAL Assessment Centre Services.

[wef 1 Jan 05] **NA11929541**

Date In: 23/2/19-15:52	Job description	Date & Time Completed	Done by
Ref No: NA11929541	SAS e-filing		
Veh No: 534 1107K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/2/19-15:52	i-Motor Claim Form	NA11054621-201	23/2/19 18:25
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: 534 6187M	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

NA11929541	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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:-		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

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	23/07/2019 15:52
Date Of Accident	22/07/2019 18:00
Exact Location Of Accident	CHOA CHU KANG DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH1167K
Insured/Policyholder	
Name Of Registered Owner	JUWAHIR BIN RATI
NRIC No	S1326077Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96714427
Alternative Phone No	OFFICE-96714427

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6L VTI AUTO
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103012670
Cover Note Number	

Driver

Name of Driver	MOHAMMAD SHOLLEH BIN JUWAHIR
NRIC No	S9808551C
Date Of Birth	21/03/1998
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96714427
Fax Number	
Contact Number	OFFICE-96714427
EMail Address	NOEMAIL

Address	BLK 14 EUNOS CRESCENT #03-2811
Postcode	400014
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	WET

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: : AADIL MOHAMED ZAKI SHIRBEENI GENDER: : MALE

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/20190722/2193.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6187M
Vehicle Make/Model/Colour	MERCEDES
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 SHOLLEH BIN JUWAHIR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJH1167K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name AADIL MOHAMED ZAKI SHIRBEENI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJH1167K
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 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:

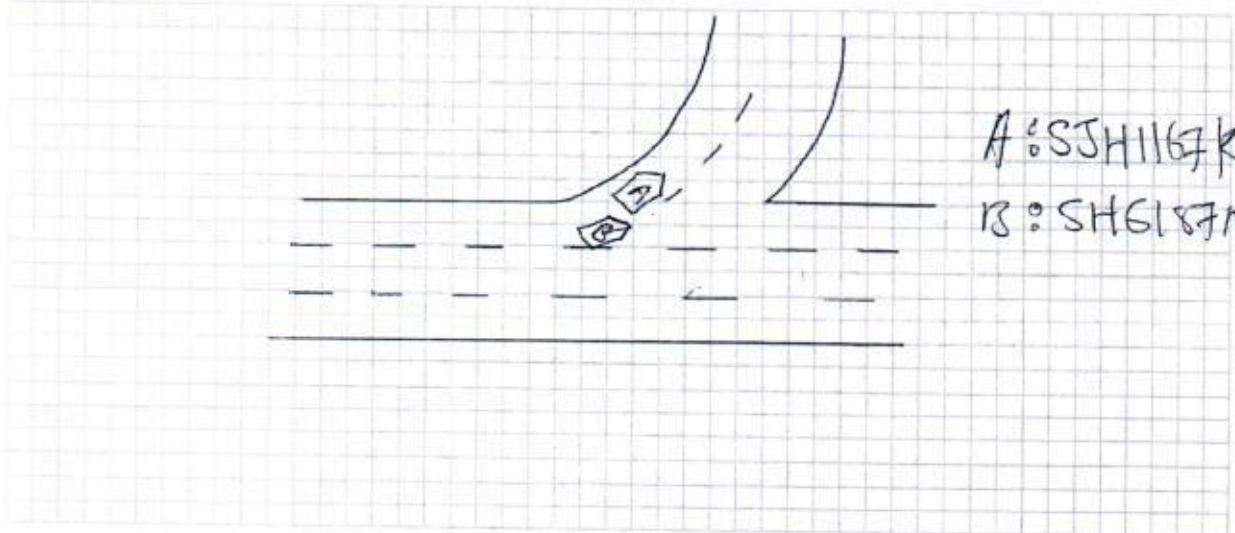


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

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.:

Date of Accident : 22/07/2019 Accident Time: 1800 (24-HR-Format)
Accident Place : Cheong Chu Keng Drive along Road 2
Vehicle No. (Car Plate No.) : SSH1167K Make/Model: Honda Civic
Insurance Company : China Taiping Policy No: DMPASN305544900
Owner or Company Name / IC No. : Mr. Suwahir Bin Retti S1326077Z
Owner or Company Contact No. : 96714427 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Mohammed Shalleh bin Suwahir S9808551C
DRIVER'S Date Of Birth : 21/03/1998 DRIVER'S License Pass Date 14/12/2016
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 14 Eunos Crescent #03-2811 S400014
DRIVER'S Contact No./ Alt No. : 1) 96714427 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim \ Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 02
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
Any Injury (If YES, Pls state): Yes 2 injuries

Other Party Driver's Particular (if any)

Vehicle No: <u>SHG187M</u>	Vehicle No: _____
Vehicle Make/Model: <u>Mercedes Mercedes</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

ADIC MOHAMED ZAKI SHIRBEENI - Male



**SINGAPORE
POLICE FORCE**



T/20190722/2193

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

1 of 3

Report No. T/20190722/2193

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2019 23:55		Vide Report No.:		Station Diary No.: 155	
Informant's Particulars					
Name of Informant: MOHAMMAD SHOLLEH BIN JUWAHIR			Address: APT BLK 14 EUNOS CRESCENT #03-2811 SINGAPORE 400014		
ID Type / ID No.: NRIC NO / S9808551C			Contact No.: Home/Office: Mobile: 96714427		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 21/03/1998	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 3 Date of Expiry:		

General information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/07/2019 18:00	Type of Location: Bend
Location: Along Road 1 CHOA CHU KANG DRIVE Filter road to KJE (BKE)				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
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
SH6187M	TAXI	MERCEDES BENZ		White	Slightly Damaged	1
SJH1167K	Car	HONDA	Civic	Silver	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/20190722/2193

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

2 of 3

Report No. T/20190722/2193

CONTINUATION OF REPORT

Driver			
Name	MOHAMMAD SHOLLEH BIN JUWAHIR	ID No.	S9808551C
Related Vehicle	SJH1167K (Car)	Contact No.	96714427
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	AADIL MOHAMED ZAKI SHIRBEENI	ID No.	S9414420E
Related Vehicle	SJH1167K (Car)	Contact No.	87428743
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

Brief Details.

On the 22/7/2019 at about hrs, I was driving my car bearing vehicle no. SJH1167K along Choa Chu Kang Drive with my friend sitting as passenger at the front passenger seat. As I had just entered the slip road towards KJE (BKE), all of a sudden, I felt a collision from my car's rear. I then slowed down and saw that a white Mercedes taxi had just overtook me and did not seem to be slowing down. I asked my friend to take photo of the vehicle's license plate and the vehicle number is SH6187M. The taxi did not slow down or stop. I tried to sound my horn to alert the taxi to stop but the taxi just drove off.

I have in car camera installed in my car that is facing the rear that captured the incident.

As a result of the accident, my car had scratches on the right rear bumper and the bumper is now misaligned.



SINGAPORE
POLICE FORCE



T/20190722/2193

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

3 of 3

Report No. T/20190722/2193

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 MUHAMMAD DANIYAL BIN
BAHARUDDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/07/2019 23:55

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt TAN JEOK LENG
Contact No.: 65476144

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1326077Z



Name

JUWAHIR BIN RATI

For LKK/NAC Use Only

Race

JAVANESE

Date of birth

13-06-1958

Sex

M

Country of birth

SINGAPORE



4486291

NRIC No. S1326077Z



For LKK/NAC Use Only

Date of issue

07-11-2009

Address

APT BLK 14 EUNOS CRESCENT
#03-2811
SINGAPORE 400014



SINGAPORE ARMED FORCES IDENTITY CARD

Name

MOHAMMAD SHOLLEH
BIN JUWAHIR

NRIC No

S9808551C



For LKK/NAC Use Only

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number

S9808551C

Name

MOHAMMAD SHOLLEH BIN
JUWAHIR



For LKK/NAC Use Only

Birth Date: 21 Mar 1998

Issue Date: 12 Apr 2019



002922547H

GEMALTO8GPU1054519B0418

00000050341800

NRIC No / Colour
S9808551C/ PINK

Race
JAVANESE

Date Of Birth
21/03/1998

Service Status
NSF

Address

Blk 14 EUNOS CRESCENT

#03-2811 SINGAPORE 400014

Blood Group

AB (+)

Sex

M

Country Of Birth

SINGAPORE

Military Rank Status

ENLISTEE

For LKK/NAC Use Only



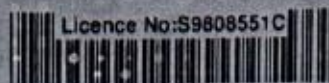
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 14 Dec 2016

For LKK/NAC Use Only

NP 428A



Licence No: S9808551C

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/07/2019 18:00"/>
Vehicle No.(For Motor)	<input type="text" value="SJH1167K"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103012670		JUWAHIR BIN RATI	S1326077Z	GPC	drive CLASSIC	SJH1167K	SJH1167K	14/08/2018	13/08/2019

Policy Information

Policy No.	5103012670	Policyholder Name	JUWAHIR BIN RATI	Policyholder NRIC	S13260772
Certificate No.					
Address	BLK 14 #03-2811 EUNOS CRESCENT SINGAPORE 400014				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N		
Policy Issue Date	14/08/2018	Effective Date	14/08/2018 00:00	Expiry Date	13/08/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 14 #03-2811	Address 2	EUNOS CRESCENT	Address 3	SINGAPORE 400014
Address 4		Address Type	Singapore address	Post Code	400014
Unit No.		Related Policy Number	5103012670		

Insured Object: SJH1167K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	14/08/2018 00:00	NCD Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We would like to inform you that from 14 Aug 2018, you are entitled to 10% NCD under your policy. In view of your NCD entitlement, a cheque refund of \$215.00 (inclusive of GST) will be mailed to you.</p> <p>Thank you for giving us the opportunity to serve you. We note that you have not cancelled your insurance policy with your previous insurer. Hence, we are unable to accord you the NCD of 20% in your policy with us. In view of the reduction of NCD, an additional premium of \$296.54 (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>
2	14/08/2018 00:00	NCD Endorsement	Endorsement Take Effective	
3	14/08/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	int adj to offset \$0.01 parked at PAB

Continue

Cancel

Claim Handling

Accident MT/1054671

Exit

Policy No.	5103012670	Vehicle No.	SH1167K	GST Registration No.	
Certificate No.					
Policyholder Name	JUWAHER BIN RATI			Policyholder NRIC	S13260772
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	96714427	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		#Code	1
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(%)	10	Private Hire	No
Accident Details					
Report Date	23/07/2019 16:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/07/2019	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	OHDA CHU KANG DR				
Excess					
Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
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 14 #03-2811	Address 2	EUNOS CRESCENT	Address 3	SINGAPORE 400014
Address 4		Address Type	Singapore address	Post Code	400014
Unit No.		Related Policy Number	5103012670		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/03/1998
Unnamed driver Name	MUHAMMAD SHOLEH BIN JUW	Driver NRIC	S9808551C	Driving Experience	2
Register Date of Driver License	14/12/2016	Driver Age	21	Contact No.(Home)	0
Contact No.(Mobile)	96714427	Contact No.(Office)	0	Address 3	SINGAPORE 400014
Address 1	BLK 14	Address 2	EUNOS CRESCENT	Post Code	400014
Address 4		Address Type	Singapore address		
Unit No.	03-2811				
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		

Modification History

Claim 001 New

Claim Type *	OD-MK	Insured Name	JUWAHER BIN RATI	Insured NRIC	S13260772
Contact No.(Mobile)	97312699	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		01 Vehicle Number	SH1167K	TP Vehicle Number	SH5187M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SH1167K / SH5187M ON 22 Jul 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	23/07/2019 16:35	Claim Close Date		Date Received	23/07/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1054671	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/07/2019 16:36
Path *			
	Browse...	Category *	Confidential
	Browse...	Urgency *	Description *
	Browse...		
	Browse...		
	Browse...		
	Browse...		

Browse...

Browse...












Browse...

Clear
Please Select
1/1
Normal

Clear
Please Select
1/1
Normal

☐ Send Message
 Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Jul 2019 16:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Jul 2019 16:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Jul 2019 16:36	SAS	Normal	SAS 2019-7-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Jul 2019 16:35	Photos	Normal	Photos 2019-7-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Jul 2019 16:35	Photos	Normal	Photos 2019-7-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Jul 2019 16:35	Photos	Normal	Photos 2019-7-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Jul 2019 16:35	Photos	Normal	Photos 2019-7-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Jul 2019 16:35	Photos	Normal	Photos 2019-7-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Jul 2019 16:35	Photos	Normal	Photos 2019-7-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Jul 2019 16:35	Photos	Normal	Photos 2019-7-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 23 Jul 2019 16:35	Photos	Normal	Photos 2019-7-23		Edit

Video List

uploaded By/Date	Folder Date	File Name	Source	Action
Display in New Window Scan and uploading				