

NATIONAL Assessment Centre Services

(wef 1 Jan 05) M 11A1923426-01

Date In: 25/1/14 - 15:16	Job description	Date & Time Completed	Done by
Ref No: NA/INC1923426-01	SAS e-filing		
Veh No: 55M62602	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 17/1/14 - 08:00	i-Motor Claim Form	M1/1055004-02	25/1/14 15:38
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: 51 68262	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

NA19 5530	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	Int 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 / Tpl 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 \$0		
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	25/07/2019 15:16
Date Of Accident	10/07/2019 08:00
Exact Location Of Accident	JUNC JURONG ISLANG HWY & MERLIMAU RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM6260J
Insured/Policyholder	
Name Of Registered Owner	MOHAMED AFIQ BIN ABDUL RAHIM
NRIC No	S8519156Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84282807
Alternative Phone No	OFFICE-84282807

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA GTS SUPER/SUPERSPORT 300 E4
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	5097170829-01
Cover Note Number	

Driver

Name of Driver	MOHAMED AFIQ BIN ABDUL RAHIM
NRIC No	S8519156Z
Date Of Birth	06/07/1985
Occupation	INDOOR
Date Of Driving Pass	17/04/2017
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84282807
Fax Number	
Contact Number	OFFICE-84282807
Email Address	NOEMAIL

Address	BLK 348 UBI AVENUE 1 #05-1047
Postcode	400348
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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190720/2145.

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	FT6876Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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

MOHAMED AFIQ BIN ABDUL RAHIM

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBM6260J

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:

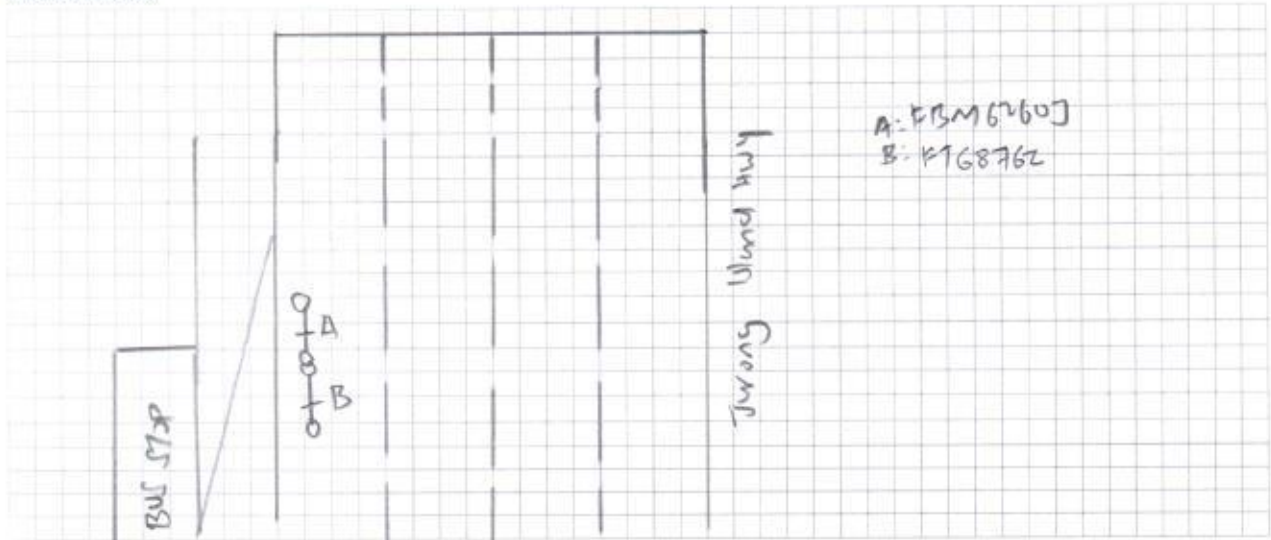
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Refer to police report - 19019022012143.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 7 / 14) (DD/MM/YYYY), TIME: (08:00) (HH:MM)

LOCATION: Junc Jorong Ward Hwy 2 Mertman Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PBM 62603
b) INSURANCE COMPANY: UTIC
c) POLICY NUMBER: 5092120829-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) (2)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Mohamed Arief Bin Abdul Rahim (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 585191362 CONTACT: 84282807
c) ADDRESS: Blok 348 U5 Avenue 1 A05-1043 (40028)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (6 / 7 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) - waiting

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: PT6E762 MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

① waiting vehicle

Email = mohamedarif.ar@gmail.com

fax =

VIDEO =



SINGAPORE POLICE FORCE



T/20190720/2145

1 of 3

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20190720/2145

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2019 17:35	Vide Report No.:	Station Diary No.: 70
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Informant's Particulars

Name of Informant: MOHAMED AFIQ BIN ABDUL RAHIM			Address: APT BLK 348 UBI AVENUE 1 #05-1047 SINGAPORE 400348	
ID Type / ID No.: NRIC NO / S8519156Z			Contact No.:	
			Home/Office:	Mobile: 84282807
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 06/07/1985	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: TECHNICAL OFFICER			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/07/2019 08:00	Type of Location: Bend
Location: Along Road 1 JURONG ISLAND HIGHWAY				
Opposite of SRC bus stop		Road Surface: Dry	Road Speed Limit:	
Weather: Clear		Traffic Control:	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
FBM6260J	Motorcycle	PIAGGIO	VESPA GTS SUPER/SUP ERSPORT 300 E4	Grey	Seriously Damaged	0
FT6876Z	Motorcycle					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20190720/2145

2 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20190720/2145

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM6260J	NTUC Income Insurance Co-Operative Limited	5097170829-01	04/01/2019	03/01/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED AFIQ BIN ABDUL RAHIM	ID No.	S8519156Z
Related Vehicle	FBM6260J (Motorcycle)	Contact No.	84282807
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/07/2019	Date Discharge	18/07/2019
No. of Days granted Medical Leave	51	Degree of Injury	Serious

Brief Details.

On 10/07/19 at about 0800hrs, I was riding my motorcycle (FBM6260J) along lane 4 of Jurong island highway, going towards Jurong island. I was nearby a bend which is opposite of Singapore refining company, before the traffic light junction, I was slowing down from about 40 kmph to about 30 kmph. While I was slowing down, I suddenly felt an impact from the rear, it was a motorbike (FT6876Z) had collided into me. Due to this, I fell down and was pinned under my motorbike.

Moments later, ambulance came to scene and I was conveyed to Ng Teng Fong general hospital. The doctor confirmed that I had a serious fracture on my right leg and an operation was needed.

I was warded from 10/07/19 till 18/07/19.

I was issued hospitalization leave and unfit for duty from 10/07/19 to 30/08/19.



**SINGAPORE
POLICE FORCE**



T/20190720/2145

3 of 3

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20190720/2145

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 NURBIHAYAT BIN ABDUL JALIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/07/2019 17:35

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:

Authentication Stamp

NP168

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119097426 Vehicle Registration No: FBM6260J
Name (as shown in NRIC) : MOHAMED AFIQ BIN ABDUL RAHIM NRIC/FIN/Passport No : S8519156Z
(~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 348 UBI AVENUE 1 #05-1047 Singapore (400348)
Contact (Tel) : _____ Mobile No. : 84282807
Email Address : _____
Date of Accident : 10/07/2019 Time of Accident : 08:00
Place of Accident : JUNC JURONG ISLANG HWY & MERLIMAU RD
Insurance Company : NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend driver name

Policyholder / Driver's Signature
Date:

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8519156Z



Name
MOHAMED AFIQ BIN ABDUL RAHIM
محمد أفيق بن عبدالرحيم

Race
MALAY

Date of birth
06-07-1985

Sex
M

Country/Place of birth
SINGAPORE






REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8519156Z

Name
MOHAMED AFIQ BIN ABDUL RAHIM

Birth Date 06 Jul 1985

Issue Date 18 Nov 2003

001007465A

5508994



NRIC No. S8519156Z



Date of issue
06-08-2015

Address
APT BLK 34B UBI AVENUE 1
#05-1047
SINGAPORE 400348

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Valid Until
Class 2B	Motorcycles < 200 CC	27 Jan 2016
Class 2A	Motorcycles between 201 CC and 400 CC	17 Apr 2017
Class 2	Motorcycles > 400 CC	04 Mar 2019
Class 3	Motor cars < 3400 kg with < 7 passengers, exclusive of the driver, and motor machines/vehicles < 2500 kg	18 Nov 2003

S8519156Z

S / No. 9000327458

Licence No. S8519156Z

NP 428A



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"/>	5097170829-01		MOHAMED AFIQ BIN ABDUL RAHIM	S8519156Z	GMC	Third Party, Fire & Theft	FBM62603	FBM62603	04/01/2019	03/01/2020

Policy Information

Policy No.	5097170829-01	Policyholder Name	MOHAMED AFIQ BIN ABDUL RAI	Policyholder NRIC	S8519156Z
Certificate No.					
Address	BLK 348 #05-1047 UBI AVENUE 1 SINGAPORE 400348				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/01/2019	Effective Date	04/01/2019 00:00	Expiry Date	03/01/2020 23:59
Excess Type		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	WTT INSURANCE AGENCIES PTI	Agent Tel.	62965445	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 348 #05-1047	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400348
Address 4		Address Type	Singapore address	Post Code	400348
Unit No.		Related Policy Number	5097170829-01		

Insured Object: FBM6260J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Exit

Accident MT/1055004

Policy No.	5097170829-01	Vehicle No.	FBM62603	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMED AFIQ BIN ABDUL RAHIM	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S8519156Z
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	84282807	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	25/07/2019 15:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/07/2019	Time of Accident hh:mm	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG JURONG ISLAND HWY & MERLIMAU RD				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 348 #05-1047	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400348
Address 4		Address Type	Singapore address	Post Code	400348
Unit No.		Related Policy Number	5097170829-01		
OT Driver Info					
Driver Name	MOHAMED AFIQ BIN ABDUL RAHIM	Driver Type	Main Driver	Driver DOB	06/07/1985
Unnamed driver Name		Driver NRIC	S8519156Z	Driving Experience	2
Register Date of Driver License	17/04/2017	Driver Age	34	Contact No.(Home)	0
Contact No.(Mobile)	84282807	Contact No.(Office)	0	Address 1	SINGAPORE 400348
Address 1	BLK 348	Address 2	UBI AVENUE 1	Post Code	400348
Address 4		Address Type	Singapore address		
Unit No.	05-1047				
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-MR	Insured Name	MOHAMED AFIQ BIN ABDUL RAI	Insured NRIC	S8519156Z
Contact No.(Mobile)	84282807	Contact No.(Home)		Contact No.(Office)	
Email Address	mohamedafiq.ar@gmail.com	OT Vehicle Number	FBM62603	TP Vehicle Number	PT6876Z
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBM62603 / PT6876Z ON 10 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	25/07/2019 15:38	Claim Close Date		Date Received	25/07/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					





















Save Submit

Attachment

Accident No.	MT/1055004	Claim No.	001						
Last Doc Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/07/2019 15:39						
Path *		Category *		Confidential		Urgency *		Description *	
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				
	Browse...	Clear	Please Select	NO	Normal				
	Clear	Clear	Please Select	NO	Normal				

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="P.O."/>	<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="P.O."/>	<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="P.O."/>	<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 25 Jul 2019 15:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:39	SAS	Normal	SAS 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:39	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:39	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:39	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:39	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:39	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:39	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:39	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:39	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:38	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:38	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:38	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:38	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:38	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:38	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:38	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:38	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:38	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:38	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Jul 2019 15:38	Photos	Normal	Photos 2019-7-25		Edit

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"/>				