

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

MMA 119112218.

Date In: 26/8/19 14:18	Job description	Date & Time Completed	Done by
Ref No: NA1 IMC19014998164	SAS e-filing		
Veh No: SJM 8172	E-mail (within 3hrs, AIC 2hrs)		
IOA: 25/8/19 12:30	I-Motor Claim Form	MT/1059489-01	26/8/19 17:46
OD: <input checked="" type="radio"/> 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/Wk312		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLG 6680-T	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:	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

NA1906296	Invoice	Amount	Ref Bill
1) AR: Accident Reporting (\$30)		30.00	
2) DA: Damage Assessment (\$100)	INC (\$40)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (ver 10 Jan 2003)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
OD:			
*N5: Courtesy Car / Tpt Allowance	\$3		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$3		
TP (Nil): TP (Non INC) against INC	\$20		
9) N12: Idao Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

QC Checked by (Engr-In-Charge): _____

Anditors Comments: _____

Ref. No: _____

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	26/08/2019 14:18
Date Of Accident	25/08/2019 12:30
Exact Location Of Accident	23 GEYLANG SERAI
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJM817Z
Insured/Policyholder	
Name Of Registered Owner	NOOR SULYANDY BIN SUHAIDI
NRIC No	S9312640H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87480799
Alternative Phone No	OFFICE-87480799
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
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	5107466898
Cover Note Number	-
Driver	
Name of Driver	NOOR SULYANDY BIN SUHAIDI
NRIC No	S9312640H
Date Of Birth	04/04/1993
Occupation	INDOOR
Date Of Driving Pass	02/11/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87480799
Fax Number	
Contact Number	OFFICE-87480799
Email Address	NOEMAIL

Address	BLK 645 AMK AVE 6 #02-4963
Postcode	560645
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?	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)	4
Passenger 1	NAME: : NOOR EZAN BINTE KAMOO GENDER: : FEMALE
Passenger 2	NAME: : FRIZIL AL-FARHAD GENDER: : FEMALE
Passenger 3	NAME: : DIMPLE D/O ABDUL RAHMAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20190825/2098

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	SLG6680T
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 NOOR SULYANDY BIN SUHAIDI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJM817Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NOOR EZAN BINTE KAMOO
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJM817Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name FRIZIL AL-FARHAD
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJM817Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 4

Name DIMPLE D/O ABDUL RAHMAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJM817Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode


SKETCH PLAN

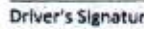
IMPORTANT NOTICE


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.:

14. S5m E 17 Z

13. SL666P07

Ref: T^o P^o M^o R T/20190825/2098.

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

Date & Time:

NRIC/FIN No.:

Hw.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 25/8/19 (DD/MM/YY) Time: 1230pm (HH:MM)
Exact location of accident	Along Geylang Serai

Details of vehicle

Vehicle registration number	SJM 8172		
Vehicle make and model	Honda Fit		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	if no, please select:	
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

Insurance information

Insurance company	NTOC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	Noor Sulzandy Bin Suhaidi	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S931264017	
Contact	87480799	
Address	645 Ang Mo Kio Ave 6 #02-4963	

Driver

Same as insured above ☒ (skip to D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	4/4/1993	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass		

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	4 (Inclusive of driver)

Passenger 1

Name	Dimple A/o Abdul Rahman
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 2

Name	Noor SulYandy Bin Suhaidi
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	Frieta Al-Farhad
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 4

Name	Noor Ezan Binte Kamal
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	



**SINGAPORE
POLICE FORCE**



T/20190825/2098

1 of 4

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20190825/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/08/2019 19:24	Vide Report No.:	Station Diary No.: 62
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Informant's Particulars

Name of Informant: NOOR SULYANDY BIN SUHAIDI		Address: APT BLK 645 ANG MO KIO AVENUE 6 #02-4963 SINGAPORE 560645	
ID Type / ID No.: NRIC NO / S9312640H		Contact No.: Home/Office: Mobile: 87480799	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 04/04/1993	Type of Informant: Driver
Race: Javanese		Language:	Institution / School Name:
Occupation: SMRT Technician		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

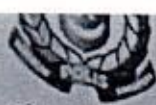
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/08/2019 12:30	Type of Location: Straight Road
Location: Along Road 1 GEYLANG SERAI 23 Geylang serai				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM817Z	Car	HONDA	FIT 1.3G A	Black	Slightly Damaged	3
SLG6680T	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM817Z	NTUC Income Insurance Co-Operative Limited	5107466898	15/02/2019	14/02/2020



SINGAPORE POLICE FORCE

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20190825/2098

2 of 4

Report No. T/20190825/2098

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Passenger			
Name	Dimple D/O Abdul Rahman		Use of Pedestrian Crossing: NA
Related Vehicle	SJM817Z (Car)	ID No.	S9002263F
Hospital/Clinic	MY FAMILY CLINIC (WOODLANDS)	Contact No.	87793077
		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/08/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NOOR SULYANDY BIN SUHAIDI		ID No.
Related Vehicle	SJM817Z (Car)	Contact No.	87480799
Hospital/Clinic	MY FAMILY CLINIC (WOODLANDS)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/08/2019	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	Frizil Al-farhad		ID No.
Related Vehicle	SJM817Z (Car)	Contact No.	81874434
Hospital/Clinic	MY FAMILY CLINIC (WOODLANDS)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/08/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**SINGAPORE
POLICE FORCE**
Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20190825/2098

3 of 4

Report No: T/20190825/2098

CONTINUATION OF REPORT

Passenger			
Name	Noor Ezan Binte Kamoo		
Related Vehicle	SJM817Z (Car)	ID No.	S1545076B
Hospital/Clinic	MY FAMILY CLINIC (WOODLANDS)	Contact No.	81318006
		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/08/2019		
No. of Days granted Medical Leave	03	Date Discharge	NIL
		Degree of Injury	Slight

Brief Details.

On the 25/08/2019 at about 1230hrs, I was driving my vehicle bearing the plate number SJM817Z Honda Fit black in colour along 23 Geylang serai when a vehicle bearing the plate number SLG6680T Honda Civic black in colour, suddenly swerved to the left into my lane. He was from the centre lane and I was in the left lane.

The said vehicle hit me on the front right of my bumper with his left side rear bumper. My vehicle suffers cracks and scratches on my right side bumper. His vehicle only suffers scratches on its left rear bumper. No traffic police or ambulance was at scene.

There were 3 passengers in my vehicle and all 4 of us suffers slight injuries. I suffer pain on my right wrist and received 2 days of medical leave. Noor Ezan Binte Kamoo suffers slight pain on her lower back and received 3 days of medical leave. Frizil Al-Farhad suffers slight pain on her left eye as she hit on my head rest as the car hit me from the right, she also recently went for an eye surgery as such it is painful to her and she received 3 days of medical leave. Dimple D/O Abdul Rahman suffers pain on her left shoulder, as such was given 3 days of medical leave.

I am making this report for insurance purpose.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20190825/2098

4 of 4

Report No: T/20190825/2098

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

STATEMENT

centre
exs.
representation of
of policy liability
on

MM/YY)

4/

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 /
SC2 MOHAMMAD NUR ILHAM BIN AHMAD
SHAHARUDDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

25/08/2019 19:24

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE



S9312640H

NOOR SULYANDY BIN SUHAIDI

Birth Date: 04 Apr 1993

Issue Date: 02 Nov 2018



002864789E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9312640H



Name

NOOR SULYANDY BIN
SUHAIDI

Race

JAVANESE

Date of birth

04-04-1993

Sex

M

Country of birth

SINGAPORE

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 $\leq 2500\text{kg}$ 02 Nov 2018

NP 478A

Licence No: S9312640H

4199321



NRIC No: S9312640H

Date of issue
03-04-2008

APT BLK 645 ANG MO KIO AVENUE 6 #02-4963
SINGAPORE 560645

NRIC No: S9312640H

Date: 29/12/2015

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="25/08/2019 14:13"/>
Vehicle No. (For Motor)	<input type="text" value="SJM817Z"/>	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 checked="" type="radio"/>	5107466898		NOOR SULYANDY BIN SUHAIDI	S9312640H	GPC	drive CLASSIC	SJM817Z	SJM817Z	15/02/2019	14/02/2020

Claim Handling

Accident MT/1059489

Policy No.	5107466898	Vehicle No.	SJM817Z	GST Registration No.	
Certificate No.				Policyholder NRIC	S9312640H
Policyholder Name	NOOR SULYANDY BIN SUHAIDI	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	87480799	Special Remark		eCode	No *
Email Address		TCA	No Yes	eCode Reason	
KPK	No Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No				

▼ Accident Details

Report Date	26/08/2019 17:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	25/08/2019	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	23 GEYLANG SERAI				

→ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	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 645 #02-4963	Address 2	ANG MO KIO AVENUE 6	Address 3	ANG MO KIO 61
Address 4	SINGAPORE 560645	Address Type	Singapore address	Post Code	560645
Unit No.	02-4963	Related Policy Number	5107466898		

▼ OI Driver Info

Driver Name	NOOR SUL YANDY BIN SUHAIDI	Driver Type	Main Driver	Driver DOB	04/04/1993
Unnamad driver Name		Driver NRIC	S9312640H	Driving Experience	0
Register Date of Driver License	02/11/2018	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)	87480799	Contact No.(Office)		Address 3	ANG MO KIO 61
Address 1	BLK 645 #02-4963	Address 2	ANG MO KIO AVENUE 6	Post Code	560645
Address 4	SINGAPORE 560645	Address Type	Singapore address		
Unit No.	02-4963			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	No Yes
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NOOR SULYANDY BIN SUHAIDI	Insured NRIC	S9312640H
Contact No.(Mobile)	87480799	Contact No.(Home)		Contact No.(Office)	
Email Address		CI		TP	
Claim Description		Vehicle Number	SJM817Z	Vehicle Number	SLG661
Preferred Workshop	0	SJM817Z / SLG6680T ON 25 Aug 2019		Name of Preferred Workshop	0
Preferred Repair Option	Not at Fault	GIA report	Received		
Finalisation	Yes	Claim Case Date	25/08/2019 17:45	Date Received	26/08/2019
Date Registered		Report Taken By	LIEW SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1059489	Claim No.	001
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Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2019 17:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-8-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2019 17:45	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-8-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2019 17:45	SAS		Normal	SAS 2019-8-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2019 17:45	Photos		Normal	Photos 2019-8-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2019 17:45	Photos		Normal	Photos 2019-8-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2019 17:45	Photos		Normal	Photos 2019-8-26
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2019 17:45	Photos		Normal	Photos 2019-8-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2019 17:45	Photos		Normal	Photos 2019-8-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2019 17:45	Photos		Normal	Photos 2019-8-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2019 17:45	Photos		Normal	Photos 2019-8-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2019 17:45	Photos		Normal	Photos 2019-8-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2019 17:45	Photos		Normal	Photos 2019-8-26
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Aug 2019 17:45	Photos		Normal	Photos 2019-8-26

Video List

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