

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

MMA 119129952

Date In: 11/01/19 14:03	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1 INC 19017256144	E-mail (within 3hrs, AIC 2hrs)		
Veh No: FBM 83175	I-Motor Claim Form	MT/1064906 <sup>001</sup>	11/01/19 14:57
DEFA 2719119 07:20	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP: Reporting Only	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: SJN 9515E	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 repolar.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:	INC ( ) / Non-INC ( )	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:

MA1907360	Invoice/Assessment/Claim/Repair/Other	Amount (\$)	Amount (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming status INC Only (wef 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	01/10/2019 14:03
Date Of Accident	27/09/2019 03:20
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8317S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMAD ARFIQ BIN AMRAN
NRIC No	T0027814E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90587492
Alternative Phone No	OFFICE-90587492

### Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108188455
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD ARFIQ BIN AMRAN
NRIC No	T0027814E
Date Of Birth	22/08/2000
Occupation	OUTDOOR
Date Of Driving Pass	02/01/2019
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90587492
Fax Number	
Contact Number	OFFICE-90587492
Email Address	NOEMAIL

Address	311 WOODALNDS ST 31 #08-34
Postcode	730311
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	3
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190928/7018

#### 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	SJN9515E
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FX2356M  
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)

#### DETAILS OF INJURED PERSON 1

Name MOHAMMAD ARFIQ BIN AMRAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBM8317S  
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

A = FBM 8317 S.  
B = SJW 9515 E  
C = FX 2356 M.

PIE towards Twp 3

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T12019 0928/7018.

## 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: (27/9/19) (DD/MM/YYYY), TIME: (03:20) (HH:MM)

LOCATION: PIE twds Tuas.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 83125  
 b) INSURANCE COMPANY: IMC  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 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)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Mohammad Arfig Bin Amran (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 90587492.  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

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

\*d) DATE OF BIRTH: ( ) (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)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJW 9515 G MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: FX 2356 M. MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passengers  
 (including driver)  
 (1)

\* No of passengers  
 (including driver)  
 ( )

\* No of passengers  
 (including driver)  
 ( )

\* bike photo ✓

\* License loss ✓

↓

do police report.

As ph.

lee @ Asphoon.com.

email = arfigggg222@gmail.com

fax =

video = Mo.

2/ Jan/ 2019.

License pass date.



# SINGAPORE POLICE FORCE



T/20190928/7018

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190928/7018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/09/2019 19:01		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMMAD ARFIQ BIN AMRAN			Address: 311 WOODLANDS STREET 31 #08-34 SINGAPORE 730311		
ID Type / ID No.: NRIC NO / T0027814E			Contact No.: Home/Office: Mobile: 90587492		
Nationality: SINGAPORE CITIZEN			Email: arfiqqqq2222@gmail.com		
Sex: Male	Age: 19	Date of Birth: 22/08/2000	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Despatch worker			Driving Licence Information: Class: 2B Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/09/2019 03:20	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
FBM8317S	Motorcycle	YAMAHA	RXZ	Black	Totally Damaged	0
FX2356M	Motorcycle	KAWASAKI	KRR	Red	Seriously Damaged	0
SJN9515E	Car	MITSUBISHI	Lancer	Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM8317S	NTUC Income Insurance Co-Operative Limited		20/03/2019	20/03/2020





**SINGAPORE  
POLICE FORCE**



T/20190928/7018

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20190928/7018

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX2356M	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD ARFIQ BIN AMRAN	ID No.	T0027814E
Related Vehicle	FBM8317S (Motorcycle)	Contact No.	90587492
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	27/09/2019	Date Discharge	28/09/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I was riding along PIE towards woodlands to go home, I was riding on the extreme left lane without a pillion at the speed of about 60-70km/h with my friend riding on another motorcycle. It was a straight road and then suddenly at about 3:20AM I was side swiped on the right side by a car at a questionable speed. The impact tossed me over from the main road to the side road towards Jalan Dusun. The toss was about 4-5 meters away from the impact. At about 3:45AM, two ambulance came to pick me and my friend up to the nearest hospital which was Tan Tock Seng Hospital.



**SINGAPORE  
POLICE FORCE**



T/20190928/7018

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190928/7018

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
NORAMEERA BINTE MOHAMED HUSSEIN  
Contact No.: 65476236

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
28/09/2019 19:01

Classification Of Case:





# SINGAPORE POLICE FORCE



L/20190930/7040

1 of 2

**POLICE REPORT (NP322)**

Report No. L/20190930/7040

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-4660000

Date/Time Report Made 30/09/2019 20:17	Vide Report No.	Station Diary No.
Name Of Informant MOHAMMAD ARFIQ BIN AMRAN	Address 311 WOODLANDS STREET 31 #08-34 SINGAPORE 730311	
ID Type / ID No. NRIC NO / T0027814E	Contact No. Home/Office: Mobile: 90587492	
Nationality SINGAPORE CITIZEN	Email Address arfiqqqq2222@gmail.com	
Occupation	Sex Male	Age 19
	Date of Birth 22/08/2000	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 30/09/2019 12:14 - 30/09/2019 12:14	Location Of Incident 311 WOODLANDS STREET 31 #08-34 HDB- WOODLANDS SINGAPORE 730311	

**Brief details.**

Today, when I needed to use my driving license for clarification, I found out that my driving license was missing.

Property Information								
S/N	Item	Type	Brand	Model	Serial No/ IMEI No	Quantit y	Value	Description

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

L / Woodlands Police Divisional Investigation Branch  
SHAUN CHANG RONG QUAN  
Contact No.: 67360068

Authentication Stamp

Signature Of Informant:

The identity of the person making this  
report has been authenticated by  
SingPass. No signature is required.

Date/Time:

30/09/2019 20:17

Classification Of Case:

FUPO hotline number: 68429645



**SINGAPORE  
POLICE FORCE**



L/20190930/7040

2 of 2

**POLICE REPORT (NP322)**

**CONTINUATION OF REPORT**

Report No. L/20190930/7040

1	Licence	Lost	Qualified Driving Licence		T0027814 1 E		Blue
---	---------	------	---------------------------------	--	-----------------	--	------

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

L / Woodlands Police Divisional Investigation Branch  
SHAUN CHANG RONG QUAN  
Contact No.: 67360068

Authentication Stamp

Signature Of Informant:

The identity of the person making this  
report has been authenticated by  
SingPass. No signature is required.

Date/Time:

30/09/2019 20:17

Classification Of Case:

FUPO hotline number: 68429645



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="27/09/2019 16:39"/>
Vehicle No.(For Motor)	<input type="text" value="FBM8317S"/>	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"/>	5108188455		MOHAMMAD ARFIQ BIN AMRAN	T0027814E	GMC	Third Party	FBM8317S	FBM8317S	20/03/2019	19/03/2020

## Claim Handling

Accident MT/1064906

Policy No.	5108188455	Vehicle No.	FBM83175	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMMAD ARFIQ BIN AMRAN	Cover Type	Third Party	Policyholder NRIC	T0027814E
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90587492	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	01/10/2019 14:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	27/09/2019	Time of Accident hh:mm	03:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TUAS				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 311 #08-34	Address 2	WOODLANDS STREET 31	Address 3	SINGAPORE 730311
Address 4		Address Type	Singapore address	Post Code	730311
Unit No.	08-34	Related Policy Number	5108188455		
<b>OI Driver Info</b>					
Driver Name	MOHAMMAD ARFIQ BIN AMRAN	Driver Type	Main Driver	Driver DOB	22/08/2000
Unnamed driver Name		Driver NRIC	T0027814E	Driving Experience	0
Register Date of Driver License	02/01/2019	Driver Age	19	Contact No.(Home)	
Contact No.(Mobile)	90587492	Contact No.(Office)		Address 3	SINGAPORE 730311
Address 1	BLK 311 #08-34	Address 2	WOODLANDS STREET 31	Post Code	730311
Address 4		Address Type	Singapore address		
Unit No.	08-34				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
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-MX	Insured Name	MOHAMMAD ARFIQ BIN AMRAN	Insured NRIC	T0027814E
Contact No.(Mobile)	90587492	Contact No.(Home)		Contact No.(Office)	
Email Address		TP Vehicle Number	FBM83175	Vehicle Number	SIN9515E
Claim Description	FBM83175 / SIN9515E ON 27 Sept 2019				
Preferred Workshop	0	Insured Liability	Not at Fault		
Repair Option	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	01/10/2019 14:51	Date Received	01/10/2019
Report Taken By	JIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1064906	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/10/2019 14:57
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read		Please Select	NO

Attachment List



Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2019 14:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2019 14:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2019 14:57	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2019 14:56	SAS		Normal	SAS 2019-10-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2019 14:56	Photos		Normal	Photos 2019-10-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2019 14:56	Photos		Normal	Photos 2019-10-1	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2019 14:51	Photos		Normal	Photos 2019-10-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2019 14:51	Photos		Normal	Photos 2019-10-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2019 14:51	Photos		Normal	Photos 2019-10-1	
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	Video List					
Uploaded By/Date	Folder Date	File Name		Source		
		<a href="#">Display in New Window</a>		<a href="#">Scan and uploading</a>		