

# NATIONAL Assessment Centre Services

Wef 1 JAN 05 **NA119150831**

Date In: <b>14/11/19 - 16:33</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/14/19/020246/14</b>	SAS e-filing		
Veh No: <b>PSJ8229D</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>31/12/19 - 19:15</b>	i-Motor Claim Form	<b>NA/107142-001</b>	<b>14/11/19 16:51</b>
OD: <b>(P)</b> 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: <b>5JJ993114</b>	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

<b>NA1408664</b>	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) 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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Ref 1:	6) TR: Re-inspection \$75			
Ref 2 / 3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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		



## 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	14/11/2019 16:33
Date Of Accident	31/10/2019 19:15
Exact Location Of Accident	UPP SERANGOON RD TWDS BENDEMEER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ8229D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHD SYAHRIZAH BIN MOHD SAHAD
NRIC No	S9428580A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87500349
Alternative Phone No	OFFICE-87500349

### Vehicle Particulars

Manufacturer	HONDA
Model	400X MANUAL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5105185381
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SYAHRIZAH BIN MOHAMED SAHAD
NRIC No	S9428580A
Date Of Birth	11/08/1994
Occupation	OUTDOOR
Date Of Driving Pass	22/04/2016
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87500349
Fax Number	
Contact Number	OFFICE-87500349
Email Address	NOEMAIL

Address	BLK 342B YISHUN RING ROAD #10-1926
Postcode	762342
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191104/2082.

#### 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	SJJ9931H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

MUHAMMAD SYAHRIZAH BIN MOHAMED SAHAD

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBJ8229D

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:

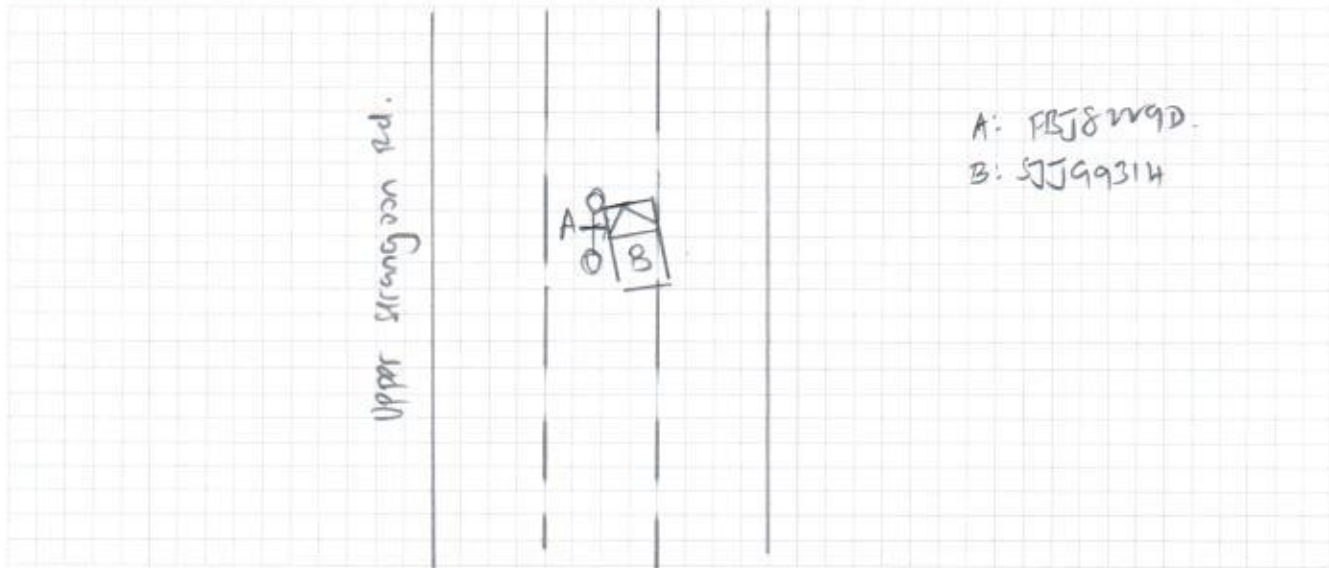
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 7/2019/104/2582.

## 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: (31 / 12 / 19) (DD/MM/YYYY), TIME: (19 : 15) (HH:MM)

LOCATION: Upper Brangan Rd twds Bendemeer.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ82V9D  
b) INSURANCE COMPANY: NTU  
c) POLICY NUMBER: 5105185181  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) THIRD PARTY  
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  
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: Muhammad Syahid Bin Mohd Shahril (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9428584 CONTACT: 87500349  
c) ADDRESS: Blk 34V B Yishun Ring Road A 10-1926 (76234V)

\* 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: (11 / 8 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) \_\_\_\_\_

f) YEARS OF DRIVING EXPERIENCE: 22/4/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR  
b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 509A314 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: \_\_\_\_\_

Email = msbmbsbj@live.com

fax =

VIDEO = ✓



**SINGAPORE  
POLICE FORCE**



T/20191104/2082

1 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20191104/2082

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/11/2019 14:25	Vide Report No.:	Station Diary No.: 59
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**Informant's Particulars**

Name of Informant: MUHAMMAD SYAHRIZAN BIN MOHAMED SAHAD			Address: APT BLK 342B YISHUN RING ROAD #10-1926 SINGAPORE 762342		
ID Type / ID No.: NRIC NO / S9428580A			Contact No.: Home/Office: Mobile: 87500349		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 11/08/1994	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: FOODPANDA			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/10/2019 19:15	Type of Location: Straight Road
Location: Along Road 1 UPPER SERANGOON ROAD  ALONG UPPER SERANGOON ROAD TOWARDS BENDEMEER BEFORE SERANGOON CENTRAL NEAR LAMP POST NO. 84/29				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ8229D	Motorcycle	HONDA	400X MANUAL	White	Seriously Damaged	0
SJJ9931H	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

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



T/20191104/2082

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

2 of 3

Report No. T/20191104/2082

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ8229D	NTUC Income Insurance Co-Operative Limited	5105185381	02/11/2018	13/11/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SYAHRIZAN BIN MOHAMED SAHAD	ID No.	S9428580A
Related Vehicle	FBJ8229D (Motorcycle)	Contact No.	87500349
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	31/10/2019	Date Discharge	04/11/2019
No. of Days granted Medical Leave	12	Degree of Injury	Serious

**Brief Details.**

On 31/10/2019 at about 1915hrs, I was travelling on my motorcycle(FBJ8229D) along Upper Serangoon Road towards Bendemeer, before Serangoon Central. I was travelling in the second lane and signalled right as I wanted to turn right into Serangoon Central. The first lane was filled with cars queuing to turn right into Serangoon Central. All of a sudden, a car(SJJ9931H) that was in the first lane that was supposed to turn right into Serangoon Central, filtered into the second lane without signalling and collided into me from my right. I fell off my bike.

I sustained abrasions on my face, left and right fingers, right knee, three of my left toes and right big toe. I also sustained about 3cm cut at the back of my head and was given six stitches.

Ambulance and Traffic Police was at scene. I was conveyed by ambulance to Tan Tock Seng Hospital and was given 12 days of hospitalization leave.



SINGAPORE  
POLICE FORCE



T/20191104/2082

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 3

Report No. T/20191104/2082

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:

L /

Sgt 2 MUHAMMAD KHIDHIR BIN MOHAMED  
RAZUWAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NORAMEERA BINTE MOHAMED  
HUSSEIN

Contact No.: 65476236

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

04/11/2019 14:25

Classification Of Case:



eBaoTech

General Claim

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"/>	5105185381		MUHD SYAHRIZAH BIN MOHD SAHAD	S9428580A	GMC	Third Party	FBJ8229D	FBJ8229D	02/11/2018	13/11/2019

## Policy Information

Policy No.	5105185381	Policyholder Name	MUHD SYAHRIZAH BIN MOHD S	Policyholder NRIC	S9428580A				
Certificate No.									
Address	BLK 342B #10-1926 YISHUN RING ROAD YISHUN NATURA SINGAPORE 762342								
Product Name	MOTORCYCLE INSURANCE	Plan							
Policy issue Date	01/11/2018	Effective Date	02/11/2018 00:00	Group Policy Flag	N				
Excess Type		All Claims Excess		Expiry Date	13/11/2019 23:59				
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	DIRECT BUSINESS DEPT	Agent Tel.	NIL	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

## Policyholder Mailing Address

Address 1	BLK 342B #10-1926	Address 2	YISHUN RING ROAD	Address 3	YISHUN NATURA
Address 4	SINGAPORE 762342	Address Type	Singapore address	Post Code	762342
Unit No.	10-1926	Related Policy Number	5105185381		

## Insured Object: FBJ8229D

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	06/05/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 02 Nov 2018 TO 13 Nov 2019 In view of this amendment, an additional premium of \$10.76 (inclusive of GST) is payable under your policy.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 21 Aug 2019, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$17.53 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 21 Aug 2019, the following amendment(s) is/are made to this policy: The Policy is extended to cover Food Delivery services. In view of this amendment, an additional premium of \$17.53 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number 4628-45xx-xxxx-5412.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 22 Oct 2019, the following amendment(s) is/are</p>
2	21/08/2019 00:00	Basic Information Endorsement	Entry Rejected	
3	21/08/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	



## Claim Handling

Accident MT/1071420

Policy No.	5105185381	Vehicle No.	FBJ82290	GST Registration No.	
Certificate No.					
Policyholder Name	MUHD SYAHRIZAH BIN MOHD SAHAD	Cover Type	Third Party	Policyholder NRIC	S9428580A
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	87500349	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
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	14/11/2019 16:49	Accident Report Within 24 Hrs	Yes	Accident Type	Collision / Change / Cross lane
Date of Accident	31/10/2019	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UWP SERANGOON RD TWOS BENDEMER				

**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 342B #10-1926	Address 2	YISHUN RING ROAD	Address 3	YISHUN NATURA
Address 4	SINGAPORE 762342	Address Type	Singapore address	Post Code	762342
Unit No.	10-1926	Related Policy Number	5105185381		

## OI Driver Info

Driver Name	Muhammad Syahrizan bin mohamed sahad	Driver Type	Main Driver	Driver DOB	11/08/1994
Unnamed driver Name		Driver NRIC	S9428580A	Driving Experience	1
Register Date of Driver License	22/04/2016	Driver Age	25	Contact No.(Home)	0
Contact No.(Mobile)	87500349	Contact No.(Office)	0	Address 3	YISHUN NATURA
Address 1	BLK 342B	Address 2	YISHUN RING ROAD	Post Code	762342
Address 4	SINGAPORE 762342	Address Type	Singapore address		
Unit No.	10-1926				
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-TP	Insured Name	MUHD SYAHRIZAH BIN MOHD SAHAD	Insured NRIC	S9428580A
Contact No.(Mobile)	87500349	Contact No.(Home)	67677740	Contact No.(Office)	
Email Address	MSBMSB1@LIVE.COM	OI Vehicle Number	FBJ82290	TP Vehicle Number	6279933H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBJ82290 / S219931H ON 31 Oct 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	14/11/2019 16:51	Claim Close Date		Date Received	14/11/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1071420	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/11/2019 16:52

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Normal	

☐ Send Message

**Attachment List**

Msg Sent?

Attachment	Uploaded By/Date	Category	Urgency	Description	(CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 14 Nov 2019 16:52	NRIC/ Driving License	Y	NRIC/ Driving License 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 14 Nov 2019 16:52	SAS	Normal	SAS 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 14 Nov 2019 16:52	Photos	Normal	Photos 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 14 Nov 2019 16:52	Photos	Normal	Photos 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 14 Nov 2019 16:52	Photos	Normal	Photos 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 14 Nov 2019 16:52	Photos	Normal	Photos 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 14 Nov 2019 16:52	Photos	Normal	Photos 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 14 Nov 2019 16:52	Photos	Normal	Photos 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 14 Nov 2019 16:52	Photos	Normal	Photos 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 14 Nov 2019 16:51	Photos	Normal	Photos 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 14 Nov 2019 16:51	Photos	Normal	Photos 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 14 Nov 2019 16:51	Photos	Normal	Photos 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 14 Nov 2019 16:51	Photos	Normal	Photos 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 14 Nov 2019 16:51	Photos	Normal	Photos 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 14 Nov 2019 16:51	Photos	Normal	Photos 2019-11-14	
Video List					
Uploaded By/Date	Folder Date	File Name	Source	Action	
		Display in New Window	Scan and uploading		