

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA11915738**

Date In: 8/11/19 - 16:22	Job description	Date & Time Completed	Done by
Ref No: NA/11915738	SAS e-filing		
Veh No: FDK3804M	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 8/11/19 - 08:35	i-Motor Claim Form	27/10/18 18:22-001	8/11/19 16:36
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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SDY4330D	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% F: 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

NA/11915738	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments:-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
Dat 1:	TP (N11): TP (N11 INC) against INC \$20		
Dat 2 / 3:	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	18/11/2019 16:22
Date Of Accident	08/11/2019 08:35
Exact Location Of Accident	AMK AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3564M
Insured/Policyholder	
Name Of Registered Owner	NORFATEHA BINTE KAMARUDIN
NRIC No	S8822601A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90050095
Alternative Phone No	OFFICE-90050095

Vehicle Particulars

Manufacturer	VESPA
Model	VESPA PRIMAVERA 150
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	5102533143-01
Cover Note Number	

Driver

Name of Driver	NORFATEHA BINTE KAMARUDIN
NRIC No	S8822601A
Date Of Birth	26/06/1988
Occupation	INDOOR
Date Of Driving Pass	17/07/2008
Driving Experience	11 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90050095
Fax Number	
Contact Number	OFFICE-90050095
Email Address	NOEMAIL

Address	BLK 279A SENGKANG EAST AVENUE #07-517
Postcode	541279
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 - MAJOR/MINOR RD
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191109/2094.

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	SDY4370D
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	NORFATEHA BINTE KAMARUDIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBK3564M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

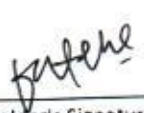
SKETCH PLAN


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:

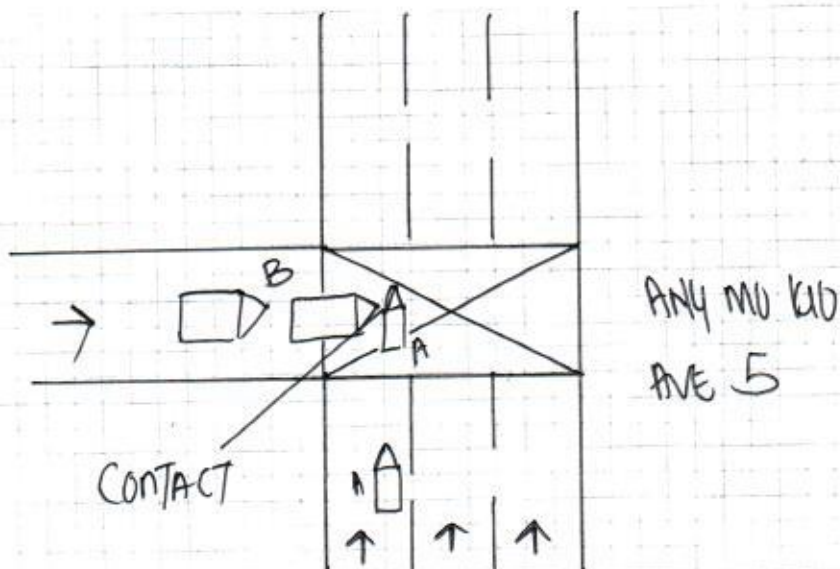

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

A - FBK3564M

B - SDY4370D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

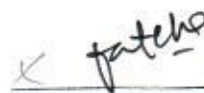
As refer To Police Report

No: T/20191109/2094

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.:

Vehicle No.	FBK3564M		Model / Make	PAGGIO VESPA PRIMAVERA
Date of Accident	8 NOV 2019			
Time of Accident	0835	HRS		
Location of Accident	ALONG AMK AVE S			
Exact purpose use during accident				
Name of Owner	NOR FATEHA BINTE KAMARUDIN			
Telephone No.	H/P: 90050095	Home:	Office:	
NRIC	8822601A			
Address	279A SENGKANG EAST AVE #07-517			
Claim type	80	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC HOME			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5102533143-01			
Name of Driver	As Above If No,			
NRIC	Any Passengers:			
Date of birth	26 JUNE 1988			
Occupation	Outdoor	/ Indoor		
Driving License Pass Date	17 JULY 2008			
Gender	Male	/ Female		
Contact No.	H/P:	Home:	Office:	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	No,	If Yes, Where?	SERANGAP / NPC	
Vehicle B No.	SOY 4370 D		Any Passengers:	
Name of Driver			Contact No.:	
Vehicle C No.			Any Passengers:	
Vehicle D No.			Any Passengers:	
Vehicle E no.			Any Passengers:	
Vehicle F No.			Any Passengers:	
Vehicle G No.			Any Passengers:	
Witness Name			Witness Contact:	
Accident Portion				
Camera Recorder	Yes / No			
Email Address	norfateha.kamarudin@gmail.com			
PARTICULAR WORKSHOP	Moto 51			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Jacky 8880 2222			
FAX NO	6741 0510			
WORKSHOP Email ADDRESS	sales@n51.com.sg			



SINGAPORE POLICE FORCE



T/20191109/2094

1 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20191109/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2019 15:32	Vide Report No.: F/20191108/0060	Station Diary No.: 56
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Informant's Particulars

Name of Informant: NORFATEHA BINTE KAMARUDIN			Address: APT BLK 279A SENGKANG EAST AVENUE #07-517 SINGAPORE 541279		
ID Type / ID No.: NRIC NO / S8822601A			Contact No.: Home/Office: Mobile: 90050095		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 31	Date of Birth: 26/06/1988	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: SERVICE QUALITY OFFICER			Driving Licence Information: Class: 2B,2A,3 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: 08/11/2019 08:35	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 5				
Ang mo Kio Avenue 5 towards CTE, near entrance of block 7000 ang mo kio industrial park				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBK3564M	Motorcycle	PIAGGIO	VESPA PRIMAVERA 150	Blue	Slightly Damaged	0
SDY4370D	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/20191109/2094

2 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20191109/2094

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK3564M	NTUC Income Insurance Co-Operative Limited	5102533143-01	24/07/2019	23/07/2020

Brief Details.

On 8 November 2019 at about 0835hrs, I was riding my motorcycle bearing FBK3564M along Ang Mo Kio Avenue 5 towards CTE. I had stopped my motorcycle on lane 2 and 3 at the traffic light junction near block 7000 Ang Mo Kio industrial park. All other vehicles was also stationary due to the traffic light. Suddenly from the most left lane, 1 car bearing SDY4370D drove towards me and did not stop in time. As a result, the front right of SDY4370D collided onto the front left of my motorcycle. I fell off my motorcycle and landed on right side.

The driver came out to assist as I sustained some abrasions and bruises. Traffic police and ambulance was then at scene and I was conveyed to Seng Kang Hospital. I was discharged on the same day and granted 5 days medical leave till 12 November 2019.



SINGAPORE
POLICE FORCE



T/20191109/2094

3 of 3

Report No. T/20191109/2094

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

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:

F /
Sgt 2 TOH RUI YUN

Signature Of Informant:

fat che

Signature Of Interpreter:
Not applicable

Date/Time:
09/11/2019 15:32

Officer In Charge Of Case:

TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476129

Classification Of Case:

SN 154

Authentication Stamp
NP168

Signature:

Singapore Police Force

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5102533143-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: **FBK3564M**

Chassis Number

: ZAPM8120000003738

2. Name of Policyholder

: NORFATEHA BINTE KAMARUDIN

3. Effective Date of Insurance

: 24 Jul 2019

4. Expiry Date of Insurance

: 23 Jul 2020

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: NORFATEHA BINTE KAMARUDIN

NAMED DRIVER (2)

: ROSMAH BINTE RASID

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TELESales-DIRECT MARKETING (00000601661)

Date of Issue : 19 Jul 2019 11:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5102533143-01		NORFATEHA BINTE KAMARUDIN	S8822601A	GMC	Third Party, Fire & Theft	FBK3564M	FBK3564M	24/07/2019	23/07/2020

▼ Policy Information

Policy No.	5102533143-01	Policyholder Name	NORFATEHA BINTE KAMARUDIN	Policyholder NRIC	S8822601A
Certificate No.					
Address	BLK 279A #07-517 SENGKANG EAST AVENUE SINGAPORE 541279				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	19/07/2019	Effective Date	24/07/2019 00:00	Expiry Date	23/07/2020 23:59
Excess Type	Per Accident	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	TELESALES-DIRECT MARKETINC. Agent Tel.			GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 279A #07-517	Address 2	SENGKANG EAST AVENUE	Address 3	SINGAPORE 541279
Address 4		Address Type	Singapore address	Post Code	541279
Unit No.		Related Policy Number	5102533143-01		

▶ Insured Object: FBK3564M

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1071862

Policy No.	5102533143-01	Vehicle No.	FBK3564M	GST Registration No.	
Certificate No.					
Policyholder Name	NORFATEHA BINTE KAMARUDIN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S6822601A
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90050095	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	18/11/2019 16:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	08/11/2019	Time of Accident hh:mm	08:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AMK AVE 5				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Not Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 279A #07-517	Address 2	SENGKANG EAST AVENUE	Address 3	SINGAPORE 541279
Address 4		Address Type	Singapore address	Post Code	541279
Unit No.		Related Policy Number	5102533143-01		

OI Driver Info

Driver Name	NORFATEHA BINTE KAMARUDIN	Driver Type	Main Driver	Driver DOB	26/06/1988
Unnamed driver Name		Driver NRIC	S6822601A	Driving Experience	11
Register Date of Driver License	17/07/2008	Driver Age	31	Contact No. (Home)	0
Contact No. (Mobile)	90050095	Contact No. (Office)	0	Address 3	SINGAPORE 541279
Address 1	BLK 279A	Address 2	SENGKANG EAST AVENUE	Post Code	541279
Address 4		Address Type	Singapore address		
Unit No.	07-517				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer 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 OD-MX

New

Claim Type *	OD-MX	Insured Name	NORFATEHA BINTE KAMARUDIN	Insured NRIC	S6822601A
Contact No. (Mobile)	90050095	Contact No. (Home)	67444413	Contact No. (Office)	
Email Address	NORFATEHA.KAMARUDIN@GMA	OI Vehicle Number	FBK3564M	TP Vehicle Number	SDY4370D
Claimant Type/Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBK3564M / SDY4370D ON 8 Nov 2019	Name of Preferred Workshop			
Preferred Workshop Contact No.		Injured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/11/2019 16:36	Claim Close Date		Date Received	18/11/2019 16:37
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit



Attachment

Accident No.	MT/1071862	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/11/2019 16:37

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Nov 2019 16:37	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-11-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Nov 2019 16:37	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-11-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Nov 2019 16:36	SAS	Normal	SAS 2019-11-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Nov 2019 16:36	Photos	Normal	Photos 2019-11-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Nov 2019 16:36	Photos	Normal	Photos 2019-11-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Nov 2019 16:36	Photos	Normal	Photos 2019-11-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Nov 2019 16:36	Photos	Normal	Photos 2019-11-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Nov 2019 16:36	Photos	Normal	Photos 2019-11-18	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Nov 2019 16:36	Photos	Normal	Photos 2019-11-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Nov 2019 16:36	Photos	Normal	Photos 2019-11-18	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 18 Nov 2019 16:36	Photos	Normal	Photos 2019-11-18	

Video List

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