

NATIONAL Assessment Centre Services (wef 1 Jan 05) **MHA119162519**

Date In: 12/1/19-14:34	Job description	Date & Time Completed	Done by
Ref No: HA119021730/24	SAS e-filing		
Veh No: F012087A	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 7/1/19-16:30	i-Motor Claim Form	17/1075099-001	12/1/19 14:50
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: JKW473X	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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*N5: Courtesy Car / Tpl 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: Idan Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

2at 1:

2at 2/3:

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	10/12/2019 14:34
Date Of Accident	07/12/2019 16:30
Exact Location Of Accident	YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL2087A
Insured/Policyholder	
Name Of Registered Owner	SUMARI BIN NARSIMAN
NRIC No	S1048428F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90160735
Alternative Phone No	OFFICE-90160735

Vehicle Particulars

Manufacturer	HONDA
Model	AFS125MSF
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	5098928418-01
Cover Note Number	

Driver

Name of Driver	SUMARI BIN NARSIMAN
NRIC No	S1048428F
Date Of Birth	29/08/1943
Occupation	OUTDOOR
Date Of Driving Pass	31/08/1981
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90160735
Fax Number	
Contact Number	OFFICE-90160735
EMail Address	NOEMAIL

Address	BLK 608 BEDOK RESERVOIR ROAD #11-714
Postcode	470608
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : KASMIMAH BINTE OSMAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191209/2072.

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	SKG7173X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOUIS
NRIC/Passport Number	
Contact Number	87812312

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

3
NAME: :
GENDER: :

Passenger 2

NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name SUMARI BIN NARSIMAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBL2087A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name KASMIMAH BINTE OSMAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBL2087A
Were seat belts worn?
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.

X 
Policyholder's Signature
Date & Time: _____

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


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

SKETCH PLAN

A - FBL 2087A

B - SKG 7173 X



CONTACT


YIO CHU KANG
ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS POLICE REPORT
(T/20191209/2072)

DECLARATION

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

X 
Policyholder's Signature
Date & Time:

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


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

Vehicle No.	FBL 2087 A	Model / Make	HONDA WAVE
Date of Accident	7-12-19		
Time of Accident	1630	HRS	
Location of Accident	ALONG YIO CHU KANG RD		
Exact purpose use during accident	PERSONAL		
Name of Owner	SUMARI BIN NARSIMAN		
Telephone No.	H/P : 9016 0735	Home :	Office :
NRIC	S1048428F		
Address	608 BEDOK RESERVOIR RD #11-714 S(470608)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5098928418		
Name of Driver	As Above If No,		
NRIC		Any Passengers :	1
Date of birth	29-8-43		
Occupation	Outdoor / Indoor		
Driving License Pass Date			
Gender	Male / Female		
Contact No.	H/P : 9016 0735	Home :	Office :
Address	AS ABOVE		
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.	SUMARI BIN NARSIMAN	9016 0735	
Name And Contact No.	KASMIMAH BINTE OSMAN	88386383	
Police Report	No, If Yes, Where?	Eunos HPP	
Vehicle B No.	SKG 7173 X	Any Passengers :	2
Name of Driver	LOUIS	Contact No. :	8781 2312
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	SHARIL-INS @ HOTMAIL -COM		
PARTICULAR WORKSHOP	MOTO 51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Jacky 8380 2233		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n51.com.sg		



SINGAPORE POLICE FORCE



T/20191209/2072

1 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20191209/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2019 13:46		Vide Report No.:		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: SUMARI BIN NARSIMAN			Address: APT BLK 608 BEDOK RESERVOIR ROAD #11-714 SINGAPORE 470608		
ID Type / ID No.: NRIC NO / S1048428F			Contact No.: Home/Office: Mobile: 90160735		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 76	Date of Birth: 29/08/1943	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: FREE LANCE			Driving Licence Information: Class: 2B,2A,2		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/12/2019 16:30	Type of Location: Straight Road
Location: Along Road 1 YIO CHU KANG ROAD infront of bus stop B36				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL2087A	Motorcycle	HONDA	AFS125MSF	Blue	Seriously Damaged	1
SKG7173X	Car	AUDI	Q7 3.0 TFSI QUATTRO (245KW)	Black	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20191209/2072

2 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No: T/20191209/2072

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL2087A	NTUC Income Insurance Co-Operative Limited	5098928418-01	15/03/2019	12/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA.	
Pillion				
Name	KASMIMAH BINTE OSMAN		ID No.	S1048427H
Related Vehicle	FBL2087A (Motorcycle)		Contact No.	88386383
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/12/2019		Date Discharge	08/12/2019
No. of Days granted Medical Leave	07		Degree of Injury	Serious
Rider				
Name	SUMARI BIN NARSIMAN		ID No.	S1048428F
Related Vehicle	FBL2087A (Motorcycle)		Contact No.	90160735
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	07/12/2019		Date Discharge	07/12/2019
No. of Days granted Medical Leave	07		Degree of Injury	Serious
Driver				
Name	LOUIS		ID No.	NIL
Related Vehicle	SKG7173X (Car)		Contact No.	87812312
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20191209/2072

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 4

Report No. T/20191209/2072

CONTINUATION OF REPORT

Brief Details.

On the 07/12/2019 at 1630hrs I was riding on the middle lane along Yio Chu Kang Road when suddenly the other vehicle, a black Audi (SKG7173X) hit against the rear of my bike. The collision caused me to lose control of my bike and me and my wife fell off the bike onto our right side. We both were badly injured and as such I wanted to call for the ambulance and traffic police but the driver of the other vehicle stopped me and sent me and my wife to Sengkang General Hospital. My bike was then left unattended at the scene. Both me and my wife suffered severe injuries, I dislocated my shoulder and had bruises and abrasions on my fingers, elbows and knees while my wife had swollen arm and also suffered abrasions to her forearm and fingers also. My wife was warded and I was discharged on the same day and both of us were given 7 days medical leave respectively.



**SINGAPORE
POLICE FORCE**



T/20191209/2072

4 of 4

Report No. T/20191209/2072

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 LIM SHAO WEI, CLARENCE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/12/2019 13:46

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MÖHD SAID

Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP168

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	509892841B-01		SUMARI BIN NARSIMAN	S1048428F	GMC	Third Party, Fire & Theft	FBL2087A	FBL2087A	15/03/2019	12/01/2020

Policy Information

Policy No.	S098928418-01	Policyholder Name	SUMARI BIN NARSIMAN	Policyholder NRIC	S1048428F
Certificate No.					
Address	BLK 608 #11-714 BEDOK RESERVOIR ROAD SINGAPORE 470608				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/01/2019	Effective Date	15/03/2019 00:00	Expiry Date	12/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	PEOPLES INSURANCE AGENCY P	Agent Tel.	62630555	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 608 #11-714	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470608
Address 4		Address Type	Singapore address	Post Code	470608
Unit No.		Related Policy Number	S098928418-01		

Insured Object: FBL2087A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	15/03/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	coa from 571380 to 614852
2	15/03/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	coa
3	15/03/2019 00:00	Changing Commission Rate	Endorsement Take Effective	The agreement code has been changed from (00000571380) to (00000614852). The commission rate (MOTOR ACT) has been changed from 0.12 to 0.12 on 15/03/2019.

Continue

Cancel

Claim Handling

Task Transfer Edit

IDB SCL TDB

Accident MT/1075099

Policy No.	SD98928418-01	Vehicle No.	PBL2087A	GST Registration No.	
Carplate No.					
Policyholder Name	SUMARI BIN NARSIMAN	Driver Type	Third Party, Fire & Theft	Policyholder NRIC	S1048428F
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90180725	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	10/12/2019 14:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/12/2019	Time of Accident (H:MM)	18:30	Country of Accident	Singapore
Assessing Centre	NATIONAL ASSESSMENT CENTRE	Orange Force	No	ICM No.	
Accident Location	110 CHU KANG RD				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured 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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 608 #11-714	Address 2	BEDOK RESERVOIR ROAD	Address 3	SINGAPORE 470608
Address 4		Address Type	Singapore address	Post Code	470608
Unit No.		Related Policy Number	SD98928418-01		

GI Driver Info

Driver Name	SUMARI BIN NARSIMAN	Driver Type	Main Driver	Driver DOB	29/08/1943
Uninsured driver name		Driver NRIC	S1048428F	Driving Experience	38
Register Date of Driver License	31/08/1983	Driver Age	76	Contact No. (Home)	0
Contact No. (Mobile)	90180725	Contact No. (Office)	0	Address 3	SINGAPORE 470608
Address 1	BLK 608	Address 2	BEDOK RESERVOIR ROAD	Post Code	470608
Address 4		Address Type	Singapore address		
Unit No.	11-714				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> 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
Modification History			

Investigation

Claim 001 OD-MX

New

Claim Case Officer

IDB SCL TDB

Claim Type	OD-RD	Insured Name	SUMARI BIN NARSIMAN	Insured NRIC	S1048428F
Contact No. (Mobile)	91027452	Contact No. (Home)	62454339	Contact No. (Office)	
Email Address		GI Vehicle Number	PBL2087A	TP Vehicle Number	9KQ71738
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	PBL2087A / 34QT173K ON 7 Dec 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	ISA report	Received
Date Registered	10/12/2019 14:50	Claim Close Date		Date Received	10/12/2019 00:00
Report Taken By	Jackson	Workshop Receiver		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment

or

Accident No.	MT/1075099	Claim No.	001
Last Doc Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/12/2019 00:00

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"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SE RVICES on 10 Dec 2019 14:47	NRC/ Driving License	Normal	NRC/ Driving License 2018-12-10		Edit
	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SE RVICES on 10 Dec 2019 14:47	SAS	Normal	SAS 2019-12-10		Edit
	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SE RVICES on 10 Dec 2019 14:47	Photos	Normal	Photos 2019-12-10		Edit
	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SE RVICES on 10 Dec 2019 14:47	Photos	Normal	Photos 2019-12-10		Edit
	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SE RVICES on 10 Dec 2019 14:48	Photos	Normal	Photos 2019-12-10		Edit
	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SE RVICES on 10 Dec 2019 14:48	Photos	Normal	Photos 2019-12-10		Edit
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	NAC_PAYA_UBI_800601 NATIONAL ASSESSMENT CENTRE SE RVICES on 10 Dec 2019 14:48	Photos	Normal	Photos 2019-12-10		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				