

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA19 16293**

Date In: 11/12/19 - 11:48	Job description	Date & Time Completed	Done by
Ref No: NA19INC19221829/24	SAS e-filing		
Veh No: 5224940C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/12/19 - 21:40	i-Motor Claim Form	M71075227-001	11/12/19 12:08
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</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **4C8775J** 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
NA19-9330			
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)		
Dat 1:	6) TR: Re-inspection \$75		
Dat 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
	*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	11/12/2019 11:48
Date Of Accident	10/12/2019 21:40
Exact Location Of Accident	AMK AVE 1 TWDS CTE (SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ4940C
Insured/Policyholder	
Name Of Registered Owner	M I MUHAMMAD ABDULLAH
NRIC No	S7176910J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90096994
Alternative Phone No	OFFICE-90096994
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PICNIC AUTO W/O ROOF RACK
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112361864
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AL-IHSANULLAH BIN MUHAMMAD ABDULLAH
NRIC No	T0105543C
Date Of Birth	22/02/2001
Occupation	INDOOR
Date Of Driving Pass	06/11/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98255465
Fax Number	
Contact Number	OFFICE-98255465
Email Address	NOEMAIL

Address	BLK 997B BUANGKOK CRESCENT #06-863
Postcode	532997
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SHC8775J
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

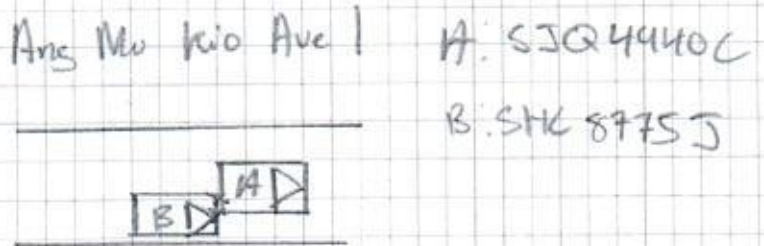
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

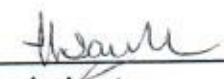
I was travelling along Ang Mo Kio Avenue 1 Slip Road entering CTE (SHE), where suddenly Vehicle B: SHC 8775J collided on to the rear of my vehicle.

I then alighted my vehicle to check on my vehicle and attempted to exchange particulars with the Taxi Driver. The Taxi Driver refused to provide his particulars despite asking several times politely. The Taxi Driver then proceed to ask me to file an Insurance report then proceed to drive off.

DECLARATION

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


Policy holder's signature
Date & time:


Driver's signature
(if driver is not policy holder)
Date & time:


reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT DETAILS

Date of accident	10-12-2014	(DD/MM/YY)
Time of accident	2140 Hrs	(HH:MM)
Exact location of accident	Slip Road towards Angmokia Ave B, CTE (SHE) AMK AVE 1 towards CTE (SHE)	

DETAILS OF VEHICLE

Vehicle registration number	SJA 4940C		
Vehicle make and model	Toyota Picnic		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input checked="" type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	Travelling Home		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if no, please select:
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

INSURANCE INFORMATION

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

INSURED / POLICY HOLDER

Name	M I Muhammad Abdullah	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7176910 J		
Contact	900969194		
Address	APT Blk 997B Bungkok Crescent #06-863 (S) 532997		

DRIVER

SAME AS INSURED ABOVE (SKIP TO D.O.B)

Name	Muhammad Al-Ihsanullah Bin Muhammad Abd	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	T0105543C		
Contact	98255465		
Address	APT Blk 997B Bungkok Crescent #06-863 (S) 532997		
Email address			
Date of birth	22-02-2001		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	06-11-2019		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Father & Son</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>
No of passenger	<u>02</u> (Inclusive of driver)

PASSENGER 1	
Name	<u>Muhammad Al-Insanullah Bin Muhammad Abdullah</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

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

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

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SNC 8775 J
Vehicle make model	Hyundai I40
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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: 5112361864	Cover : drivo CLASSIC
1. Index mark and Registration Number of Vehicle	: SJQ4940C
Chassis Number	: JTEGH23B700026543
2. Name of Policyholder	: M I MUHAMMAD ABDULLAH
3. Effective Date of Insurance	: 03 Sep 2019
4. Expiry Date of Insurance	: 02 Sep 2020
5. Persons or Classes of Persons entitled to drive#	
(a) The Policyholder.	
(b) Any other person who is driving on the Policyholder's order or with his/her permission.	
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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: M I MUHAMMAD ABDULLAH
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING (PRIVATE) LIMITED
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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 02 Sep 2019 17:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident 10/12/2019 21:40
 Vehicle No.(For Motor) SJQ4940C Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5112361864		M I MUHAMMAD ABDULLAH	S71769103	GPC	drivo CLASSIC	SJQ4940C	SJQ4940C	03/09/2019	02/09/2020

Continue

▼ Policy Information

Policy No.	5112361864	Policyholder Name	M I MUHAMMAD ABDULLAH	Policyholder NRIC	S7176910J
Certificate No.					
Address	BLK 997B #06-863 BUANGKOK CRESCENT BUANGKOK EDGEVIEW SINGAPORE 532997				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag N
Policy Issue Date	02/09/2019	Effective Date	03/09/2019 00:00	Expiry Date	02/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 997B #06-863	Address 2	BUANGKOK CRESCENT	Address 3	BUANGKOK EDGEVIEW
Address 4	SINGAPORE 532997	Address Type	Singapore address	Post Code	532997
Unit No.			Related Policy Number	5112361864	

▶ Insured Object: SJQ4940C

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1075227

Policy No.	5112361864	Vehicle No.	5JQ4940C	GST Registration No.	
Certificate No.					
Policyholder Name	M I MUHAMMAD ABDULLAH	Cover Type	Drive CLASSIC	Policyholder NRIC	571769103
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	90096994	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No	Orange Force		Private Hire	No

Accident Details

Report Date	11/12/2019 12:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/12/2019	Time of Accident hh:mm	21:40	Country of Accident	Singapore
Reporting Centre				ICM No.	
Accident Location	AMK AVE 1 TWDS CTE (SLE)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	2500.00	YIED TP Excess			
Additional Excess	0	Total TP Excess Applicable			
Total OD Excess Applicable	3100.00				

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 997B #06-863	Address 2	BUANGKOK CRESCENT	Address 3	BUANGKOK EDGEVIEW
Address 4	SINGAPORE 532997	Address Type	Singapore address	Post Code	532997
UNR No.		Related Policy Number	5112361864		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/02/2001
Unnamed driver Name	MUHAMMAD AL-IHSANULLAH B I	Driver NRIC	T0105543C	Driving Experience	0
Register Date of Driver License	06/11/2019	Driver Age	18	Contact No. (Home)	0
Contact No. (Mobile)	98255445	Contact No. (Office)	0	Address 3	BUANGKOK EDGEVIEW
Address 1	BLK 997B	Address 2	BUANGKOK CRESCENT	Post Code	532997
Address 4	SINGAPORE 532997	Address Type	Singapore address		
UNR No.	06-863	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	CO-NX	Insured Name	M I MUHAMMAD ABDULLAH	Insured NRIC	571769103
Contact No. (Mobile)	90096994	Contact No. (Home)	65542535	Contact No. (Office)	
Email Address	alynullah@yahoo.com	DI Vehicle Number	5JQ4940C	TP Vehicle Number	SHC87751
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	5JQ4940C / SHC87751 ON 10 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	GIA report	Received
Date Registered	11/12/2019 12:08	Claim Close Date		Date Received	11/12/2019 00:00
Report Taken By	Jackson				

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1075227	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/12/2019 12:08

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"/>
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Send Message

Attachments (10)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Dec 2019 12:08	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Dec 2019 12:08	SAS	Normal	SAS 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Dec 2019 12:08	Photos	Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Dec 2019 12:08	Photos	Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Dec 2019 12:08	Photos	Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Dec 2019 12:08	Photos	Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Dec 2019 12:08	Photos	Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Dec 2019 12:08	Photos	Normal	Photos 2019-12-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Dec 2019 12:08	Photos	Normal	Photos 2019-12-11	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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