

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MAA/2001551V

Date In: 22/1/20-14:28	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2001332/24	SAS e-filing		
Veh No: F21319P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/1/20-12:50	i-Motor Claim Form	27/1/08 15:32-001	22/1/20 14:42
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SL495454	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

NA 2000840	Invoice Preparation Checklist	Amt (\$) Est 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		
	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:		
	*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 (N11 INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Dat. 1:			
Dat. 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	22/01/2020 14:28
Date Of Accident	17/01/2020 13:50
Exact Location Of Accident	TAMPINES CENTRAL 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FQ1319P
Insured/Policyholder	
Name Of Registered Owner	SYARAFUDDIN BIN ZUHIR
NRIC No	SXXXX883I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81612287
Alternative Phone No	OFFICE-81612287

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5098625485-01
Cover Note Number	

Driver

Name of Driver	SYARAFUDDIN BIN ZUHIR
NRIC No	SXXXX883I
Date Of Birth	18/07/1994
Occupation	INDOOR
Date Of Driving Pass	26/12/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81612287
Fax Number	
Contact Number	OFFICE-81612287
Email Address	NOEMAIL

Address	BLK 717 TAMPINES STREET 72 #02-63
Postcode	520717
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?	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	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200117/2137.

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	SLU9545H
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)

2

DETAILS OF INJURED PERSON 1

Name

SYARAFUDDIN BIN ZUHIR

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FQ1319P

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:

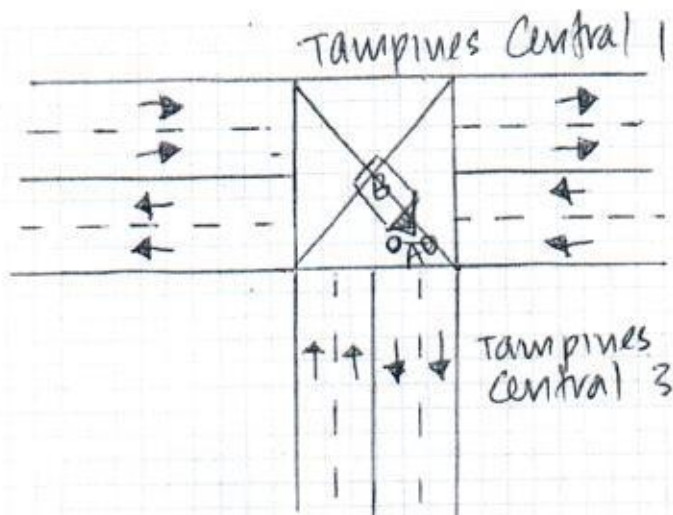
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Person's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



Veh A: FO1319P

Veh B: SLU954SH

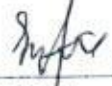
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I ^(Veh A) was travelling along Tampines Central 1 towards Tampines One. I was riding across the junction as I had the right of way. Suddenly, vehicle B collided into me. I felt a great impact and landed onto veh B windscreen. I was injured and was conveyed straight by ambulance to Changi General Hospital.

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 Person's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 17/01/2020 (DD/MM/YYYY), TIME: 13:50 (HH:MM)
LOCATION: Tampines Central 1

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FQ 1319P
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5098625485-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha RX2
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: Syara fuddin Bin Zuhir (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S94258831 CONTACT: 81612287
c) ADDRESS: Blk 717 Tampines St 72
#02-63 SE 520717

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passengers
(Including driver)
(01)

DRIVER

a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: Owner
c) ADDRESS: _____

* d) DATE OF BIRTH: 18/07/1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 7 yrs

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Tampines North NPP

8. THIRD PARTY VEHICLE

* No of passenger
(Including driver)
(02)

a) VEHICLE NUMBER: SLU 9545H MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

* No of passenger
(Including driver)
()

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

[Signature]



SINGAPORE POLICE FORCE



T/20200117/2137

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20200117/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/01/2020 19:15	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: SYARAFUDDIN BIN ZUHIR			Address: APT BLK 717 TAMPINES STREET 72 #02-63 SINGAPORE 520717		
ID Type / ID No.: NRIC NO / S9425883I			Contact No.: Home/Office: Mobile: 81612287		
Nationality: SINGAPORE CITIZEN			Email:		
Sex Male	Age: 25	Date of Birth: 18/07/1994	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: PROJECT MANAGEMENT OFFICER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/01/2020 13:50	Type of Location: Straight Road
Location: Along Road 1 TAMPINES CENTRAL 1				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FQ1319P	Motorcycle	YAMAHA	RXZ	Purple		0
SLU9545H	Car	TOYOTA	SIENTA 1.5G CVT	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FQ1319P	NTUC Income Insurance Co-Operative Limited	5098625485-01	30/04/2019	29/04/2020



Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20200117/2137

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SYARAFUDDIN BIN ZUHIR	ID No.	S9425883I
Related Vehicle	FQ1319P (Motorcycle)	Contact No.	81612287
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/01/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	BEH WEI LING	ID No.	S8821417Z
Related Vehicle	SLU9545H (Car)	Contact No.	98383161
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

Brief Details.

On 17/1/2020, I was riding along Tampines Central 1 towards Tampines One. I was riding across the traffic junction as I had the right of way.

Suddenly, I felt an impact and I was flung from my motorcycle and landed on a car windscreen. I was conscious throughout the accident. That was when I realized that another car had collided into me while I was riding across the traffic junction.

One of the passer by called for ambulance. The ambulance and traffic police arrived shortly and I was then conveyed to Changi General Hospital.

As a result of the accident, I sustained multiple abrasions and contusions. I was given 5 days of medical leave (17/1/2020-21/1/2020).



**SINGAPORE
POLICE FORCE**



T/20200117/2137

3 of 3

Report No. T/20200117/2137

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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 3 BRYAN LIM GHIM SONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Signature Of Informant:

Date/Time:

17/01/2020 19:15

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.	<input type="text"/>	Date of Accident	<input type="text" value="17/01/2020 13:50"/>							
Vehicle No.(For Motor)	<input type="text" value="FQ1319P"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098625485-01		SYARAFUDDIN BIN ZUHIR	S94258831	GMC	Third Party	FQ1319P	FQ1319P	30/04/2019	29/04/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5098625485-01	Policyholder Name	SYARAFUDDIN BIN ZUHIR	Policyholder NRIC	S94258831				
Certificate No.									
Address	BLK 717 #02-63 TAMPINES STREET 72 SINGAPORE 520717								
Product Name	MOTORCYCLE INSURANCE	Plan	Group Policy Flag N						
Policy issue Date	26/04/2019	Effective Date	30/04/2019 00:00	Expiry Date	29/04/2020 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	VICOM LTD	Agent Tel.	66975221	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

Policyholder Mailing Address

Address 1	BLK 717 #02-63	Address 2	TAMPINES STREET 72	Address 3	SINGAPORE 520717
Address 4		Address Type	Singapore address	Post Code	520717
Unit No.		Related Policy Number	5098625485-01		

Insured Object: FQ1319P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	20/05/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 20 May 2019, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: SYAQEEQ BIN ZUHIR.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 07 Nov 2019, the following amendment(s) is/are made to this policy: THIS POLICY IS EXTENDED TO INCLUDE FOOD DELIVERY SERVICES. In view of this amendment, an additional premium of \$31.48 (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 07 Nov 2019, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$31.48 (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>
2	07/11/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	
3	07/11/2019 00:00	Basic Information Endorsement	Entry Rejected	

Continue Cancel

Claim Handling

Accident MT/1081372

Policy No.	5098525485-01	Vehicle No.	FQ1219P	GST Registration No.	
Certificate No.					
Policyholder Name	SYARAFUDDIN BIN ZUHIR			Policyholder NRIC	S94258831
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	81612287	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	22/01/2020 14:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/01/2020	Time of Accident hh:mm	13:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES CENTRAL 1				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
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 Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 717 402-63	Address 2	TAMPINES STREET 72	Address 3	SINGAPORE 520717
Address 4		Address Type	Singapore address	Post Code	520717
Unit No.		Related Policy Number	5098525485-01		

Q1 Driver Info

Driver Name	SYARAFUDDIN BIN ZUHIR	Driver Type	Main Driver	Driver DOB	18/07/1994
Unnamed driver Name		Driver NRIC	S94258831	Driving Experience	6
Register Date of Driver License	26/12/2013	Driver Age	25	Contact No.(Home)	0
Contact No.(Mobile)	81612287	Contact No.(Office)	0	Address 1	SINGAPORE 520717
Address 1	BLK 717	Address 2	TAMPINES STREET 72	Address 3	SINGAPORE 520717
Address 4		Address Type	Singapore address	Post Code	520717
Unit No.	02-63				
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-MX	Insured Name	SYARAFUDDIN BIN ZUHIR	Insured NRIC	S94258831
Contact No.(Mobile)	81612287	Contact No.(Home)		Contact No.(Office)	
Email Address	SYARAFUDDIN123@GMAIL.COM	Q1 Vehicle Number	FQ1219P	TP Vehicle Number	SLU9545H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FQ1219P / SLU9545H DN 17 Jan 2020				
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	22/01/2020 14:42	Claim Close Date		Date Received	22/01/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit













Attachment

Accident No.	MT/1081372	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/01/2020 14:43

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 22 Jan 2020 14:43	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Jan 2020 14:43	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Jan 2020 14:43	SAS		Normal	SAS 2020-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Jan 2020 14:43	Photos		Normal	Photos 2020-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Jan 2020 14:43	Photos		Normal	Photos 2020-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Jan 2020 14:43	Photos		Normal	Photos 2020-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Jan 2020 14:43	Photos		Normal	Photos 2020-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Jan 2020 14:42	Photos		Normal	Photos 2020-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Jan 2020 14:42	Photos		Normal	Photos 2020-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Jan 2020 14:42	Photos		Normal	Photos 2020-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Jan 2020 14:42	Photos		Normal	Photos 2020-1-22
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 22 Jan 2020 14:42	Photos		Normal	Photos 2020-1-22

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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