

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 170014364

Date In: 1/1/10-10:55	Job description	Date & Time Completed	Done by
Ref No: NA/INC200721/14	SAS e-filing		
Veh No: FSA 6792	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/1/10-2:30p	i-Motor Claim Form	17/1/08 2:30-3:01	1/1/10 10:57
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: SHD 37805	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

1/1/2009 60	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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	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 (N11 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	01/02/2020 10:42
Date Of Accident	15/01/2020 22:20
Exact Location Of Accident	WOODLANDS AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ6879D
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Insured/Policyholder

Name Of Registered Owner	MOHAMMAD NASIRUDDIN BIN SHAJOHAN
NRIC No	SXXXX514Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81332059
Alternative Phone No	OFFICE-81332059

Vehicle Particulars

Manufacturer	YAMAHA
Model	GDR155A (AEROX)
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	5114418928
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAIRUZ BIN SHAJOHAN
NRIC No	SXXXX905G
Date Of Birth	28/08/1987
Occupation	INDOOR
Date Of Driving Pass	16/01/2006
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81332059
Fax Number	
Contact Number	OFFICE-81332059
Email Address	NOEMAIL

Address	BLK 741 WOODLANDS CIRCLE #05-421
Postcode	730741
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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)	2
Passenger 1	NAME: : NORFAEZAH BINTE HAMRAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200120/7026.

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	SHD3380S
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD FAIRUZ BIN SHAJOHAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBQ6879D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NORFAEZAH BINTE HAMRAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBQ6879D

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.

X 

Policyholder's Signature
Date & Time:

X 

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

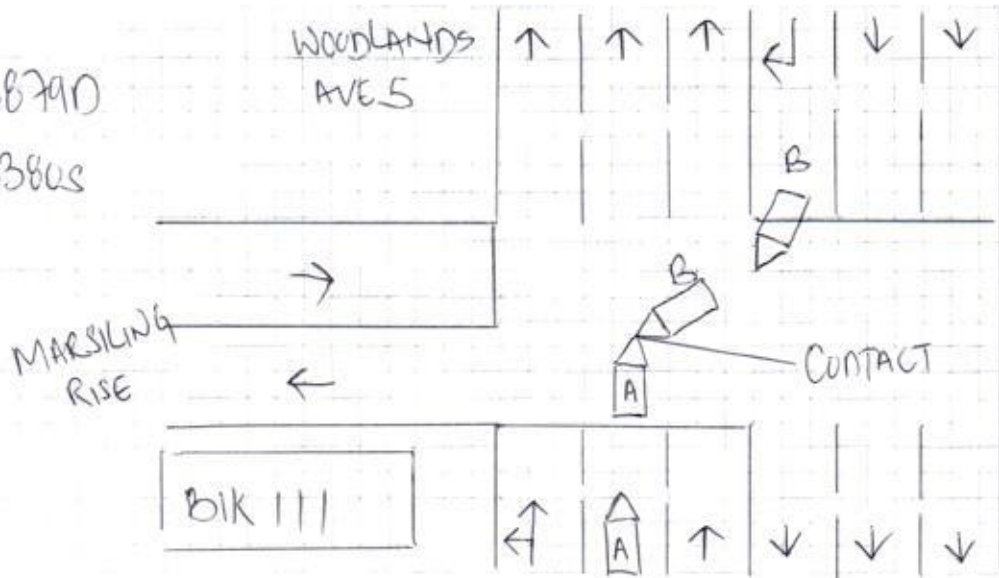


Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A - FBQ6879D

B - SHD3380S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS POLICE REPORT.

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.	FBQ6879D	Model / Make	YAMAHA AEROX
Date of Accident	15-01-2020		
Time of Accident	2220	HRS	
Location of Accident	ALONG WOODLANDS AVE S		
Exact purpose use during accident	PERSONAL		
Name of Owner	MUHAMMAD NASIRUDDIN BIN SHAJAHAN		
Telephone No.	H/P :	Home :	Office :
NRIC	S9144514Z		
Address	472 CCK AVE 3 #14-159 S(650472)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC INCOME		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5114418926		
Name of Driver	As Above If No, MUHAMMAD FAIRUZ BIN SHAJAHAN		
NRIC	S67279054	Any Passengers :	YES
Date of birth	28 AUG 1967		
Occupation	Outdoor / Indoor		
Driving License Pass Date	16 JAN 2006		
Gender	Male / Female		
Contact No.	H/P : 6133 8059	Home :	Office :
Address	741 WOODLANDS CIRCLE #05-421 S(730741)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	SIBLING	
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	MUHAMMAD FAIRUZ BIN SHAJAHAN		
Name And Contact No.	NORFAEZAH BINTE HAMRAN		
Police Report	No, If Yes, Where?	TP	
Vehicle B No.	SHD 33805	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 V		
Email Address	MOFAIRUZ28@GMAIL.COM		
PARTICULAR WORKSHOP	MOTB 51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Jackey		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		



SINGAPORE POLICE FORCE



T/20200120/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200120/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2020 16:05		Vide Report No.: L/20200115/0143		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD FAIRUZ BIN SHAJOHAN			Address: 741 WOODLANDS CIRCLE #05-421 SINGAPORE 730741		
ID Type / ID No.: NRIC NO / S8727905G			Contact No.: Home/Office: Mobile: 81332059		
Nationality: SINGAPORE CITIZEN			Email: MDFAIRUZ28@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 28/08/1987	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: self employed			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/01/2020 22:20	Type of Location: T-Junction
Location: woodlands ave 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ6879D	Motorcycle	YAMAHA	aerox	Black	Seriously Damaged	1
	Taxi					0
	Car					0

Details of Vehicle Insurance

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



T/20200120/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200120/7026

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ6879D	NTUC Income Insurance Co-Operative Limited	5114418928	26/11/2019	25/11/2020

Details of Person Involved

Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Pillion				
Name	NORFAEZAH BINTE HAMRAN		ID No.	S8715401G
Related Vehicle	FBQ6879D (Motorcycle)		Contact No.	92383433
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/01/2020		Date Discharge	16/01/2020
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Rider				
Name	MUHAMMAD FAIRUZ BIN SHAJOHAN		ID No.	S8727905G
Related Vehicle	FBQ6879D (Motorcycle)		Contact No.	81332059
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	15/01/2020		Date Discharge	16/01/2020
No. of Days granted Medical Leave	07		Degree of Injury	Serious

Brief Details.

I was riding on the middle lane along Woodlands ave 5. As I reach junction of Marsiling Rise, traffic light was green on my favor. Suddenly, an oncoming taxi make a right turn and collided with my bike. Upon collision, the taxi continue driving and stop along Marsiling Rise. My bike was badly damage. My pillion and myself was injured and was convey to KTPH by ambulance. We were given 4 days and 7 days MC respectively. There was a vehicle with in-car cam who witness the whole incident. Video of the incident was already submitted to traffic police.



**SINGAPORE
POLICE FORCE**



T/20200120/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200120/7026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SUFYAN BIN KHAIRI
Contact No.: 65476390

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
20/01/2020 16:05

Classification Of Case:



Charge Office
10 Ubi Avenue 3
Singapore 408865

NF 168 No: 1/20200120/7036 Name: Muhammad Fairuz Bin Shajohan
Accident Date Time: 15/01/2020 2220hrs Address: 741 Woodlands Circle #05-421
Vehicle(s) Involved: FBQ6879D
SHD3380S NRIC No: S8727905G
Tel No: 81332059
Date: 28/01/2020

Dear Sir/ Madam

I wish to amend as follows:

include detail of taxi involved.

vehicle no: SHD3380S.

Type: Taxi.

I also wish to remove 'car' option in the original report.

Amendment was read over to
me in English. I confirm it
to be true and correct.

Amendment was concluded
by Sgt Ahmed.

Woodlands East NPC
No. 3 Woodlands Drive 63
Singapore 737890
Tel: 6767 9999 Fax: 6764 3652

Yours faithfully

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5114418928

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

FBQ6879D

Chassis Number

MH3SG4640KJ056816

2. Name of Policyholder

MOHAMMAD NASIRUDDIN BIN SHAJOHAN

3. Effective Date of Insurance

26 Nov 2019

4. Expiry Date of Insurance

25 Nov 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)	: MOHAMMAD NASIRUDDIN BIN SHAJOHAN
NAMED DRIVER (2)	: MUHAMMAD FAIRUZ BIN SHAJOHAN
HIRE PURCHASE COMPANY	: REVO FINANCIAL PTE. LTD.
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 : WTT INSURANCE AGENCIES PTE LTD (00000614933)

Date of Issue : 26 Nov 2019 17:10 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"/>	S114418928		MOHAMMAD NASIRUDDIN BIN SHAJOHAN	S9144514Z	GMC	Third Party, Fire & Theft	FBQ6879D	FBQ6879D	26/11/2019	25/11/2020

Policy Information

Policy No.	5114418928	Policyholder Name	MOHAMMAD NASIRUDDIN BIN S	Policyholder NRIC	S9144514Z				
Certificate No.									
Address	BLK 472 #14-159 CHOA CHU KANG AVENUE 3 SINGAPORE 680472								
Product Name	MOTORCYCLE INSURANCE	Plan	Group Policy Flag N						
Policy issue Date	26/11/2019	Effective Date	26/11/2019 00:00	Expiry Date	25/11/2020 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	WTT INSURANCE AGENCIES PT	Agent Tel.	62965445	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

Policyholder Mailing Address

Address 1	BLK 472 #14-159	Address 2	CHOA CHU KANG AVENUE 3	Address 3	SINGAPORE 680472
Address 4		Address Type	Singapore address	Post Code	680472
Unit No.		Related Policy Number	5114418928		

Insured Object: FBQ6879D

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	26/11/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 26 Nov 2019, the following amendment(s) is/are made to this policy: The Policy is extended to cover food delivery services.

Continue

Cancel

Claim Handling

Accident MT/1082477

Policy No.	5114418928	Vehicle No.	FBQ6879D	GST Registration No.	
Certificate No.					
Policyholder Name	MOHAMMAD NASIRUDDIN BIN SHAJOHAN			Policyholder NRIC	S9144514Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	81332059	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	01/02/2020 10:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	15/01/2020	Time of Accident h:mm	22:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 5				
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	Driver is Covered?	Not Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

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

Policyholder Mailing Address	
Address 1	BLK 472 #14-159
Address 2	CHOA CHU KANG AVENUE 3
Address 3	SINGAPORE 680472
Address 4	
Address Type	Singapore address
Post Code	680472
Unit No.	
Related Policy Number	5114418928

Q1 Driver Info	
Driver Name	MUHAMMAD FAIRUZ BIN SHAJOHAN
Unnamed driver Name	
Register Date of Driver License	16/01/2006
Contact No.(Mobile)	81332059
Contact No.(Office)	0
Address 1	BLK 741
Address 2	WOODLANDS CIRCLE
Address 3	SINGAPORE 730741
Address 4	
Address Type	Singapore address
Post Code	730741
Unit No.	05-421
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Driver Vehicle No.	
Driver Insurer Company	

Declaration	
Breathalyser or Blood Test Reading?	0 mg
Any injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Modification History

Claim 001 **New**




Claim Type *	OD-MX	Insured Name	MOHAMMAD NASIRUDDIN BIN 1	Insured NRIC	S9144514Z
Contact No.(Mobile)	88175110	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	NASIRUDDINSHAJOHAN@GMAIL	Q1 Vehicle Number	FBQ6879D	TP Vehicle Number	SHD33805
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBQ6879D / SHD33805 ON 15 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	01/02/2020 10:57	Claim Close Date		Date Received	01/02/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.		MT/1082477		Claim No.		001	
Last Doc. Received		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Upload Date		01/02/2020 10:58	
Path *		Category *		Confidential		Urgency *	
	Browse...	Clear	Please Select	<input type="checkbox"/>		Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/>		Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/>		Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/>		Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/>		Normal	
	Browse...	Clear	Please Select	<input type="checkbox"/>		Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Feb 2020 10:58	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Feb 2020 10:58	SAS	Normal	SAS 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Feb 2020 10:57	Photos	Normal	Photos 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Feb 2020 10:57	Photos	Normal	Photos 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Feb 2020 10:57	Photos	Normal	Photos 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Feb 2020 10:57	Photos	Normal	Photos 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Feb 2020 10:57	Photos	Normal	Photos 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Feb 2020 10:57	Photos	Normal	Photos 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Feb 2020 10:57	Photos	Normal	Photos 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Feb 2020 10:57	Photos	Normal	Photos 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Feb 2020 10:57	Photos	Normal	Photos 2020-2-1	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in new Window	Scan and uploading	