

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

M. N. A. 200

Date In: <i>30/01/2020 18:07</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/INC 2000226/Y</i>	SAS e-filing		
Veh No: <i>130 647</i>	E-mail (4 jobs 3hrs, AIC 2hrs)		
D.O.A: <i>30/01/2020 07:30</i>	I-Motor Claims Form	<i>10/02/2020 10:14</i>	
OD TP : Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (<i>3-Motorists</i>)	Tel: <i>63161616</i>	Fax:
TP Particulars:	Veh No: <i>130 647</i>	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 reporter.	
() Total Loss Case : to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	
Completed by: ()	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()	
Date/Time:	

<i>M. N. A. 200138</i>	
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Watchers Comments:	
Ref 1:	
2 / 3	

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (ver 10 Jan 2005)	
6) TR: Re-inspection	\$73
7) NI: Idea DA + EMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
* NS: Courtesy Car / Tpt Allowance	\$3
* NS: Repairs Coordination	\$10
* NS: Post Repair Inspection	\$23
* NS: DV / Collect Excess Coordination	\$3
TP (NI): TP (Non INC) against INC	\$30
2) NI: Idea Mobile	
Invoice dated	
Invoice dated	

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	30/01/2020 18:09
Date Of Accident	30/01/2020 07:30
Exact Location Of Accident	GAMBAS AVENUE TOWARDS WOODLANDS AVENUE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ64C
Insured/Policyholder	
Name Of Registered Owner	HASRUNIZAL BIN HASSAN
NRIC No	SXXXX698G
Email Address	NIZALHASSAN77@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85710209
Alternative Phone No	OTHERS-85710209

Vehicle Particulars

Manufacturer	YAMAHA
Model	FJR1300-1.3
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112785444
Cover Note Number	

Driver

Name of Driver	HASRUNIZAL BIN HASSAN
NRIC No	SXXXX698G
Date Of Birth	02/09/1980
Occupation	INDOOR
Date Of Driving Pass	21/10/2003
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85710209
Fax Number	
Contact Number	OTHERS-85710209
Email Address	NIZALHASSAN77@GMAIL.COM

Address	BLK 277B COMPASSVALE LINK #02-268
Postcode	542277
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200130/2029

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	UNKNOWN
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	HASRUNIZAL BIN HASSAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBQ64C
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.

Policyholder's Signature
Date & Time:

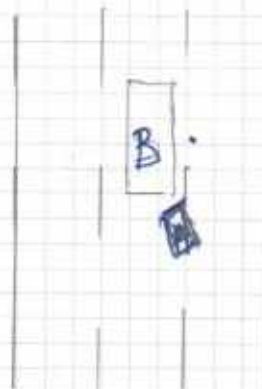
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Along GAMBAR AVE Towards Woodlands Ave 8

A) FBQ GEC
B) unknown lorry



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature] 30/01/20
14:25hrs

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

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

[Signature] 07/02/2020
Veddy M...

ACCIDENT STATEMENT

ACCIDENT DATE: 30/01/2020 (DD/MM/YYYY), TIME: 07:30 (HH:MM)

LOCATION: RAMBAS AVE TOWARDS WLANDA AVE 8

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA 64C
 b) INSURANCE COMPANY: NATC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA FJR1300
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: HASSAN BIN HASSAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8026698/6 CONTACT: _____
 c) ADDRESS: BLK 277B COMPARATIVE LINK #02-262
SCS42277

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
()

No of passenger
(including driver)
()

No of passenger
(including driver)
()

Email: nizalhasan77@gmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20200130/2029

1 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20200130/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2020 10:59		Vide Report No.:		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: HASRUNIZAL BIN HASSAN			Address: APT BLK 277B COMPASSVALE LINK #02-268 SINGAPORE 542277		
ID Type / ID No.: NRIC NO / S8026698G			Contact No.: Home/Office: Mobile: 85710209		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 02/09/1980	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Driving instructor/tester			Driving Licence Information: Class: 2B,2A,2,3,4A,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/01/2020 07:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 GAMBAS AVENUE WOODLANDS AVENUE 8 Lamp Post Number: 29				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
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
FBQ64C	Motorcycle	YAMAHA	FJR 1300 A	Blue	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ64C	NTUC Income Insurance Co-Operative Limited	5112785444	19/09/2019	18/09/2020



**SINGAPORE
POLICE FORCE**



T/20200130/2029

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No. T/20200130/2029

CONTINUATION OF REPORT

Brief Details.

On 30/01/2020 at around 0730hrs, I was riding on my motorcycle (FBQ64C) along Gambas Avenue towards Woodlands Avenue 8 on the first lane. I then decided to change to the second lane. While making the lane change, I looked to left for oncoming vehicles. Before I could look back to the front, my motorcycle collided into the back of a lorry that had stopped on the second lane. I wish to inform that while performing the lane change, the traffic was still on-going. However, the lorry in front made a sudden stop and as such, I was unable to break in time.

Upon collision, my motorcycle fell to the right, however I managed to break my fall. The driver of the said lorry did not come out of his vehicle and continued to drive on when the traffic started to move. I am unsure why the driver did not come out of the vehicle. My motorcycle front fairing and headlight was badly damaged. I did not manage to take down the carplate number of the lorry in time.

I had then decided to call for police and traffic police arrived shortly and attended to me ref L/20200130/005 in charge IO Dylan. I did not suffer any injuries however I am feeling discomfort in my shoulder and stomach area hence, I will be seeing a doctor after making the report.

I have a camera installed on my motorcycle however am unable to retrieve the footage of the incident due to system error.



**SINGAPORE
POLICE FORCE**



T/20200130/2029

3 of 3

Report No. T/20200130/2029

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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: L / Sgt 2 CARISSA TENG KE EN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/01/2020 10:59
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437	Classification Of Case: SN 130
Authentication Stamp NP168  Signature:  Singapore Police Force	

Claim Handling

Accident MT/1083595

Policy No.	5112785444	Vehicle No.	FBQ64C	GST Registration No.
Certificate No.				
Policyholder Name	HASRUNIZAL BIN HASSAN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	85710209	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFX	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire
Accident Details				
Report Date	10/02/2020 10:07	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	20/01/2020	Time of Accident hh:mm	07:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	GAMBAS AVENUE TOWARDS WOODLANDS AVENUE B			
Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	1,000.00	TP Standard Excess	0.00	
YIED-OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	1000.00	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 277B #02-268	Address 2	COMPASSVALE LINK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5112785444	
OI Driver Info				
Driver Name	HASRUNIZAL BIN HASSAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8026688G	Driver DOB
Register Date of Driver License	29/06/2000	Driver Age	39	Driving Experience
Contact No.(Mobile)	85710209	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 277B #02-268	Address 2	COMPASSVALE LINK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	FBQ64C	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-MO	Insured Name	HASRUNIZAL BIN HASSAN
Contact No.(Mobile)	85710209	Contact No. (Home)	67537359
Email Address	hanizal@gmail.com	Vehicle Number	FBQ64C
Claim Description	FBQ64C / UNKNOWN LORRY ON 30 Jan 2020		
Preferred Workshop	SPEEDWAY MOTOR PTE LTD	Insured Liability	Fully at Fault
Repair Option	<input checked="" type="checkbox"/> Repair <input type="checkbox"/> Option	Preferred Workshop (refer below)	
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	10/02/2020 10:13
			ROSLI WAHAB
<input type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1083595	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/02/2020 10:14
Path *		Category *	
		Confidential	Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Clear

Clear




















Clear

Clear

Clear

Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:14	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:14	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:14	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:14	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:14	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:14	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:14	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:14	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:13	SAS	Normal	SAS 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:13	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:13	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:13	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:13	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:13	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:12	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:12	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:12	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:12	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:12	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:11	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:11	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:11	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:11	Photos	Normal	Photos 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:11	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-10
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Feb 2020 10:11	SAS	Normal	SAS 2020-2-10

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window

Scan and uploading

rsbm

From: Clarence Richard Anthony <clarence.anthony@income.com.sg>
Sent: Monday, 10 February, 2020 8:56 AM
To: LKK Bukit Merah (rsbm@lkkauto.com)
Cc: ODsupport
Subject: FW: FBQ64C COMPREHENSIVE CLAIM
Attachments: FBQ64C.pdf

Importance: High

Hi Rosli - pls create MD file for the subject. There is no need to do DA and you may invoice the reporting fee of \$32.10.

Hi ODsupport - pls monitor creation of case file and assign case. Survey is arranged tomorrow.

Regards

Clarence Anthony
Manager
Operations, Motor & Personal Lines
T +65 6430 7877
www.income.com.sg

-----Original Message-----

From: Linda Wong [mailto:linda_688@yahoo.com.sg]
Sent: Friday, 7 February 2020 5:46 PM
To: MTSurvey <MTSurvey@income.com.sg>
Subject: RE: FBQ64C COMPREHENSIVE CLAIM

Dear Sir /Mdm,

Please arrange surveyor to survey the above mentioned bike at Blk 1008 Bukit Merah Lane 3 #01-14 Singapore 159722 on Monday 10.02.20 .

Regards,
Linda
Speedway Motor Pte Ltd
Tel: 63161611

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

Hello, NAC_BUKIT_MERAH_800676

[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="30/01/2020 14:22"/>							
Vehicle No.(For Motor)	<input type="text" value="FBQ64C"/>	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 checked="" type="radio"/>	5112785444		HASRUNIZAL BIN HASSAN	S8026698G	GMC	Comprehensive	FBQ64C	FBQ64C	19/09/2019	18/09/2020
<input type="button" value="Continue"/>										