

NATIONAL Assessment Centre Services

Ref: 12/12/21

2/2

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 21/02/20 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC20002983/13 | SAS e-filing | | |
| Veh No: SM53978C | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 20/02/20 1800 | I-Motor Claim Form | MT/1085293-001 | |
| 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: SKV2926B | INC () / Non-INC () |
| Owner / Driver: (| Tel: (| |
| Policy No: (| Period: (| Cover Type: (|
| Confirmed by: (| Date: (| Title: (|
| 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 |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| NA2001549 | Invoice Preparation Checklist | Amc (\$) | Amc (\$) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | In Bill | Add Bill |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$50) | | |
| Contact No: | 3) TP: 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) NI: Idno DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON: | | |
| | *N5: Courtesy Car / Tpl Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idno Mobile 30 | | |
| | 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 | 21/02/2020 12:27 |
| Date Of Accident | 20/02/2020 18:00 |
| Exact Location Of Accident | PLAZA SINGAPURA CARPARK DECK 2 |
| Country/State of Loss | SINGAPORE |

| DETAILS OF OWN VEHICLE | |
|-----------------------------|----------|
| Vehicle Registration Number | SMJ3978C |

| Insured/Policyholder | |
|--------------------------|---------------------------------|
| Name Of Registered Owner | MUHAMMAD RIDTHAUDIN BIN RIDZUAN |
| NRIC No | SXXXX949B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-94552976 |
| Alternative Phone No | OTHERS-96189458 |

| Vehicle Particulars | |
|--|-------------|
| Manufacturer | BMW |
| Model | 523I |
| Exact Purpose for which vehicle was being used at time of accident | PARKED VEH |
| 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 | 5108162022 |
| Cover Note Number | |

| Driver | |
|----------------------|---------------------------------|
| Name of Driver | MUHAMMAD NURHIDAYAT BIN KHRUDIN |
| NRIC No | SXXXX272H |
| Date Of Birth | 20/02/1984 |
| Occupation | INDOOR |
| Date Of Driving Pass | 11/10/2007 |
| Driving Experience | 12 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96189458 |
| Fax Number | |
| Contact Number | |
| Email Address | LYNDA_YATO@HOTMAIL.COM |

| | |
|---|-----------------------------------|
| Address | BLK 440A FERNVALE LINK #08-183 |
| Postcode | 791440 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - BROTHER-IN-LAW |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------------------------|
| Type Of Accident | COLLIDED INTO PARKED VEHICLE |
| 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? | NO |
| 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) | 0 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION) |
| Police Station Address | ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-3910000 - FAX NO: 63964900 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: E/20200220/7038

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 | SKV2926B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MICHELLE |
| NRIC/Passport Number | |
| Contact Number | 97695547 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage
No. Of Passenger (Including Driver)

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:

 21/2/20
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 21/02/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

A - SMJ3978C

B - SKVJ926B

SMJ3978C

CARPARK DECK 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: E/20200220/7038

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



POLICE REPORT (NP299)

Report No. E/20200220/7038

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

| | | | | |
|--|---|---------------------|-----------------------------|---------------|
| Date/Time Report Made 20/02/2020 23:59 | Vide Report No. | Station Diary No. | | |
| Name Of Informant MUHAMMAD NURHIDAYAT BIN KHRUDIN | Address APT BLK 440A FERNVALE LINK #08-183 SINGAPORE 791440 | | | |
| ID Type / ID No. NRIC NO / S8405272H | Contact No. Home/Office: | Mobile: 96189458 | | |
| Nationality SINGAPORE CITIZEN | Email Address lynda_yato@hotmail.com | | | |
| Occupation Police officer | Sex Male | Age 36 | Date of Birth 20/02/1984 | Race Malay |
| Institution/School Name | Language English | | | |
| Date/Time Of Incident 20/02/2020 16:00 - 20/02/2020 18:00 | Location Of Incident 68 ORCHARD ROAD PLAZA SINGAPURA SINGAPORE 238839 | | | |

Brief details.

On 20 February 2020 at about 4pm, I parked vehicle SMJ3978C at Plaza Singapura carpark deck 2. I then parked within the marked parking lot, secured the vehicle and left. Everything was normal and intact.

On the same day at about 6pm, I went back to the vehicle and discovered damaged at the front left side bumper. The front left side of the vehicle, black panel for fog lamp was found detached and placed on top of the front car boot.

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 20/02/2020 23:59 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp



POLICE REPORT (NP299)

Report No. E/20200220/7038

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

| | | |
|--|---|---------------------|
| Date/Time Report Made 20/02/2020 23:59 | Vide Report No. | Station Diary No. |
| Name Of Informant MUHAMMAD NURHIDAYAT BIN KHRUDIN | Address APT BLK 440A FERNVALE LINK #08-183 SINGAPORE 791440 | |
| ID Type / ID No. NRIC NO / S8405272H | Contact No. Home/Office: | Mobile: 96189458 |
| Nationality SINGAPORE CITIZEN | Email Address lynda_yato@hotmail.com | |
| Occupation Police officer | Sex Male | Age 36 |
| Institution/School Name | Date of Birth 20/02/1984 | Race Malay |
| Date/Time Of Incident 20/02/2020 16:00 - 20/02/2020 18:00 | Location Of Incident 68 ORCHARD ROAD PLAZA SINGAPURA SINGAPORE 238839 | |

Brief details.

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| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 20/02/2020 23:59 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200220/7038

| | | | |
|------------------------|---|--|--|
| Is Informant A Victim? | Yes | | |
| Person Name | MUHAMMAD NURHIDAYAT BIN KHRUDIN (Informant) | | |

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

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

Date/Time:
20/02/2020 23:59

Classification Of Case:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200220/7038

There's also a note stating "Hi, I caused damage to your car. So sorry. Please contact me at 97695547 - Michelle".

I contacted the number and the caller(Michelle), she admitted that she accidentally hit the vehicle. Both of us agreed to settle among ourselves through private settlement.

I am lodging this report for record or insurance claim in case the other party decided to change the agreement.

The other party detail: Michelle

HP: 97695547

Vehicle: SKV2926B

| Subjects Involved | | | |
|-------------------|---|--------------|-----------|
| Victim | | | |
| Person Name | MUHAMMAD NURHIDAYAT BIN KHRUDIN | | |
| ID Type | NRIC NO | ID No | S8405272H |
| Gender | Male | Age | 36 |
| Race | Malay | Language | English |
| Occupation | Police officer | Address Type | |
| Address | APT BLK 440A FERNVALE LINK #08-183 SINGAPORE 791440 | Mobile No | 96189458 |

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

20/02/2020 23:59

Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200220/7038

| | | | |
|---------------------------|---|--|--|
| Is Informant A Victim? | Yes | | |
| Person Name | MUHAMMAD NURHIDAYAT BIN KHRUDIN (Informant) | | |

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

20/02/2020 23:59

Classification Of Case:

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: 5108162022

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMJ3978C**
Chassis Number : WBAFP32030C864010
2. Name of Policyholder : MUHAMMAD RIDTHAUDIN BIN RIDZUAN
3. Effective Date of Insurance : 14 Mar 2019
4. Expiry Date of Insurance : 13 Mar 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 | : MUHAMMAD RIDTHAUDIN BIN RIDZUAN |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| 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 : KINETIC INSURANCE AGENCY (00000573090)
Date of Issue : 13 Mar 2019 11:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

DEBIT NOTE / TAX INVOICE

DEBIT NOTE NUMBER: D19NB16057878

MUHAMMAD RIDTHAUDIN BIN RIDZUAN
BLK 310C #04-590

DATE: 13 MAR 2019

Claim Handling

Accident MT/1085293

| | | | | |
|---|---|-------------------------------|---|------------------------|
| Policy No. | 5108162022 | Vehicle No. | SMJ3978C | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | MUHAMMAD RIDTHAUDIN BIN RIDZUAN | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 94552976 | Contact No.(Office) | 0 | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <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 |
| <div>▼ Accident Details</div> | | | | |
| Report Date | 21/02/2020 15:56 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 20/02/2020 | Time of Accident hh:mm | 18:00 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | PLAZA SINGAPURA CARPARK DECK 2 | | | |
| <div>▼ Total Excess Applicable</div> | | | | |
| Excess Type | Per Accident | Windscreen Excess | 100.00 | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | |
| YIED OD Excess | 500.00 | YIED TP Excess | | Driver is Covered? |
| Additional Excess | 0.00 | | | |
| Total OD Excess Applicable | 1,100.00 | Total TP Excess Applicable | | |
| <div>▼ Benefits</div> | | | | |
| <div>▼ GST Registered Information</div> | | | | |
| GST Registered | No | GST Registration Date | | |
| GST Registration No. | | GST Status Verified | Yes | |
| Modification History | | | | |
| <div>▼ Policyholder Mailing Address</div> | | | | |
| Address 1 | BLK 310C #04-590 | Address 2 | PUNGGOL WALK | Address 3 |
| Address 4 | SINGAPORE 823310 | Address Type | Singapore address | Post Code |
| Unit No. | 04-590 | Related Policy Number | 5108162022 | |
| <div>▼ OI Driver Info</div> | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | |
| Unnamed driver Name | MUHAMMAD NURHIC | Driver NRIC | SXXXX272H | Driver DOB |
| Register Date of Driver License | 11/10/2007 | Driver Age | 36 | Driving Experience |
| Contact No.(Mobile) | 96189458 | Contact No.(Office) | 0 | Contact No.(Home) |
| Address 1 | BLK 440A | Address 2 | FERNVALE LINK | Address 3 |
| Address 4 | SINGAPORE 791440 | Address Type | Singapore address | Post Code |
| Unit No. | #08-183 | | | |
| 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 type="radio"/> Yes <input checked="" type="radio"/> No | |
| Modification History | | | | |

Claim 001 OD-MX

New

| | | | | |
|---|------------------------------------|-------------------------|----------------------------------|----------------------------|
| Claim Type * | OD-MX | Insured Name | MUHAMMAD RIDTHAUDIN BIN | Insured NRIC |
| Contact No.(Mobile) | 94552976 | Contact No.(Home) | 67653214 | Contact No.(Office) |
| Email Address | | OI Vehicle Number | SMJ3978C | TP Vehicle Number |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | |
| Claimant Name * | | Claimant NRIC * | | |
| Claimant Address | | | | |
| Claim Description | SMJ3978C / SKV29268 ON 20 Feb 2020 | | | 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 |
| Date Registered | 21/02/2020 16:02 | Claim Close Date | | Date Received |
| Report Taken By | ROSILINDA | Workshop Repairer | | Total Loss but Repaired |
| <input checked="" type="checkbox"/> Print AK letter | | | | |

Attachment

Save

Submit

▼

Accident No.

MT/1085293

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

21/02/2020 00:00

Path *

Category *

Confidential

Urgency

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Browse...

Clear

Please Select

NO

Normal

Memory Used

▼ Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|---|---|-----------------------|----------|-------------------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Feb 2020 16:02 | NRIC/ Driving License | Y Normal | NRIC/ Driving License 2020-2- |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Feb 2020 16:02 | NRIC/ Driving License | Y Normal | NRIC/ Driving License 2020-2- |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Feb 2020 16:02 | NRIC/ Driving License | Y Normal | NRIC/ Driving License 2020-2- |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Feb 2020 16:02 | NRIC/ Driving License | Y Normal | NRIC/ Driving License 2020-2- |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Feb 2020 16:02 | SAS | Normal | SAS 2020-2-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Feb 2020 16:01 | Photos | Normal | Photos 2020-2-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Feb 2020 16:01 | Photos | Normal | Photos 2020-2-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Feb 2020 16:01 | Photos | Normal | Photos 2020-2-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Feb 2020 16:01 | Photos | Normal | Photos 2020-2-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Feb 2020 16:01 | Photos | Normal | Photos 2020-2-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Feb 2020 16:01 | Photos | Normal | Photos 2020-2-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Feb 2020 16:00 | Photos | Normal | Photos 2020-2-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Feb 2020 16:00 | Photos | Normal | Photos 2020-2-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Feb 2020 16:00 | Photos | Normal | Photos 2020-2-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Feb 2020 16:00 | Photos | Normal | Photos 2020-2-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 21 Feb 2020 16:00 | Photos | Normal | Photos 2020-2-21 |

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