

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA 2002462-01**

Date In: 9/3/20 - 09:37	Job description	Date & Time Completed	Done by
Ref No: NA/INT 2002462/24	SAS e-filing		
Veh No: FL9208A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 27/12-08:30	i-Motor Claim Form	27/1087357-001	9/3/20 09:50
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

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

TP Particulars: Veh No: **SK623305** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		for Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	09/03/2020 09:37
Date Of Accident	20/02/2020 08:30
Exact Location Of Accident	JUNC AMK AVE 5 & AMK AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FL9208A
Insured/Policyholder	
Name Of Registered Owner	RIDHWAN BIN ABDUL RAHIMAN
NRIC No	SXXXX142I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90273119
Alternative Phone No	OFFICE-90273119

Vehicle Particulars

Manufacturer	HONDA
Model	CBR400RR
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	5080952544-03
Cover Note Number	

Driver

Name of Driver	RIDHWAN BIN ABDUL RAHIMAN
NRIC No	SXXXX142I
Date Of Birth	29/08/1991
Occupation	INDOOR
Date Of Driving Pass	11/05/2016
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90273119
Fax Number	
Contact Number	OFFICE-90273119
Email Address	NOEMAIL

Address	BLK 157 ANG MO KIO AVENUE 4 #04-542
Postcode	560157
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 - 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)	1

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?	YES
If Yes, against whom?	DRIVER OF SKG2330S

Circumstances of Accident

REFER TO POLICE REPORT - T/20200227/7006.

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	SKG2330S
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)

DETAILS OF INJURED PERSON 1

Name	RIDHWAN BIN ABDUL RAHIMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FL9208A
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: 05/03/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

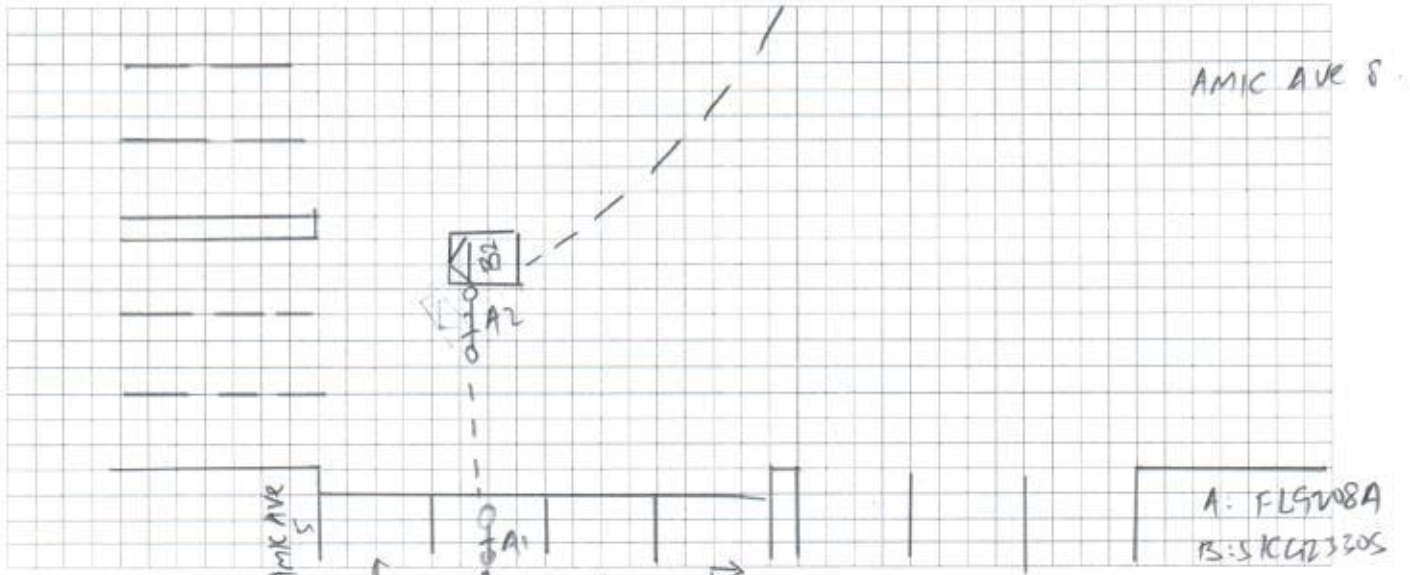


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2020277/7006.

DECLARATION

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

Policyholder's Signature
Date & Time: 05/02/20

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 2 / 20) (DD/MM/YYYY), TIME: (08 : 32) (HH:MM)
JMC

LOCATION: AMIC AVE 5 & AMIC AVE 8

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FL9208A
b) INSURANCE COMPANY: NAT
c) POLICY NUMBER: 5080952544.03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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: Ridhwan Bin Abdul Rahiman (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9131142 CONTACT: 92273119
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (29 / 8 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKA 2305 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 passengers
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = Ridhwan-bgr@outlook.sg

fax =

VIDEO = X



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2020 10:38	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: RIDHWAN BIN ABDUL RAHIMAN		Address: APT BLK 157 ANG MO KIO AVENUE 4 #04-542 SINGAPORE 560157	
ID Type / ID No.: NRIC NO / S9131142I		Contact No.: Home/Office: Mobile: 90273119	
Nationality: SINGAPORE CITIZEN		Email: ridhwan.bar@outlook.sg	
Sex: Male	Age: 28	Date of Birth: 29/08/1991	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: Customer service manager		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/02/2020 08:30	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FL9208A	Motorcycle	HONDA	CBR400RR	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FL9208A	NTUC Income Insurance Co-Operative Limited	5080952544-03	23/07/2019	22/07/2020



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

Report No. T/20200227/7006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RIDHWAN BIN ABDUL RAHIMAN	ID No.	S9131142I
Related Vehicle	FL9208A (Motorcycle)	Contact No.	90273119
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	20/02/2020	Date Discharge	26/02/2020
No. of Days granted Medical Leave	35	Degree of Injury	Serious

Brief Details.

In the morning of 20/02/2020, I left my home located at Block 157 Ang Mo Kio Avenue 4 04-542 (S560157) to leave for work, Fokker Services located at 1800 West Camp Road, Seletar Aerospace Dr, Park, 797521. I left my home at approximately 0815HRS, riding my bike, a Honda CBR 400 RR (Blue) - FL9208A I followed my normal route to work, where I would pass by a major intersection - cross junction, located at Ang Mo Kio Avenue 5 by Ang Mo Kio Avenue 8.

At approximately 0830HRS I was riding on Ang Mo Kio Avenue 5 towards CTE approaching the major intersection stated above, I was riding on the second lane (from the left), I intended to ride straight while the green light was showing. I did not notice any vehicles in front of me as i was nearing the intersection. I was riding at a constant speed - at approximately 45KM/H, while ensuring clear passage through the junction. Since it was clear and it was my right of way, I did not stop nor slow down while proceeding through the junction.

However, when I was at the stop line, I noticed a navy blue sedan car turning right from the same road on the opposite side of the junction. He failed to give me way and obstructed my path by making the right turn. As the driver in the blue sedan was turning, he abruptly stopped right in my lane, approximately 15 meters ahead of me. As i was riding at 45KM/H, I tried to maneuver left, towards the front of the car - past the hood, to avoid the vehicle. However, as I was about to maneuver left, the driver of the blue sedan moved the vehicle forward. As the car was moving forward, I then quickly abandoned the maneuver and maintained my direction, straightening my bike in my lane - I did this to avoid the trajected collision. However the car did not drive forward, it merely jerked forward.

Upon this realisation, it was by then too late to avoid the blue sedan. I then collided into the blue sedan at the front passenger side door. I believe i was flung away from the collision point. I was conscious and landed on my right arm, a passerby approached me informing me not to move. A few moments later, as I was attempting to remove my helmet, an LTA officer approached me advising me not to remove my helmet.

I was informed by a passerby to not worry and that an AB was called. There was a passerby(91376184) who reassured me while I was sprawled on the road, I requested for him to call my wife to inform him about the incident at 0840HRS. I also requested the blue sedan driver(90729613) to call my colleague Arif (91996902) at 0854HRS. AB arrived shortly after and after casualty



**SINGAPORE
POLICE FORCE**



T/20200227/7006

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

3 of 4

Report No. T/20200227/7006

CONTINUATION OF REPORT

management was complete at the site, I was loaded on the AB and conveyed to KTPH hospital -
A&E



**SINGAPORE
POLICE FORCE**



T/20200227/7006

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

4 of 4

Report No. T/20200227/7006

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 / TPHQ /
LIM ENG KUAN, CLARENCE
Contact No.: 65476195

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

Date/Time:
27/02/2020 10:38

Classification Of Case:

Authentication Stamp

NP168

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120029662 Vehicle Registration No: FL9208A
Name(as shown in NRIC) : RIDHWAN BIN ABDUL RAHIMAN NRIC/FIN/Passport No : SXXXX142I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 157 ANG MO KIO AVENUE 4 #04-542 Singapore(560157)
Contact (Tel) : _____ Mobile No. : 90273119
Email Address : _____
Date of Accident : 20/02/2020 Time of Accident : 08:30
Place of Accident : JUNC AMK AVE 5 & AMK AVE 8
Insurance Company: NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- 1) Amend driver name _____
- 2) Amend was notice of intended prosecution given - yes _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Policyholder / Driver's Signature
Date:



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

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5080952544-03		RIDHWAN BIN ABDUL RAHIMAN	591311421	GMC	Third Party	FL9208A	FL9208A	23/07/2019	22/07/2020

Continue

Policy Information

Policy No.	5080952544-03	Policyholder Name	RIDHWAN BIN ABDUL RAHIMAN	Policyholder NRIC	S9131142I
Certificate No.					
Address	BLK 754 #13-215 CHOA CHU KANG NORTH 5 SINGAPORE 680754				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	08/07/2019	Effective Date	23/07/2019 00:00	Expiry Date	22/07/2020 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	TELESALES-DIRECT MARKETINC	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 754 #13-215	Address 2	CHOA CHU KANG NORTH 5	Address 3	SINGAPORE 680754
Address 4		Address Type	Singapore address	Post Code	680754
Unit No.	13-215	Related Policy Number	5080952544-03		

Insured Object: FL9208A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

Claim Handling

Accident MT/1087353

Policy No.	5080952544-03	Vehicle No.	FL9208A	GST Registration No.	
Certificate No.					
Policyholder Name	RIDHWAN BIN ABDUL RAHMAN			Policyholder NRIC	59131142I
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90273119	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
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	09/03/2020 09:49	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	20/02/2020	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC AMK AVE 5 & AMK AVE 8				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OO Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OO Excess	0.00	YIED TP Excess	0.00		
Additional Excess		Total TP Excess Applicable	0.00		
Total OO Excess Applicable	0.00				

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 754 #13-215	Address 2	CHOA CHU KANG NORTH 5	Address 3	SINGAPORE 680754
Address 4		Address Type	Singapore address	Post Code	680754
Unit No.	13-215	Related Policy Number	5080952544-03		

OT Driver Info

Driver Name	RIDHWAN BIN ABDUL RAHMAN	Driver Type	Main Driver	Driver DOB	29/08/1991
Unnamed driver Name		Driver NRIC	59131142I	Driving Experience	3
Register Date of Driver License	11/05/2016	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	90273119	Contact No.(Office)	0	Address 3	MAYFLOWER SHOPPING & POCE
Address 1	BLK 157	Address 2	ANG MO KIO AVENUE 4	Post Code	560157
Address 4	SINGAPORE 560157	Address Type	Singapore address		
Unit No.	04-542				
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 *	OO-MX	Insured Name	RIDHWAN BIN ABDUL RAHMAN	Insured NRIC	59131142I
Contact No.(Mobile)	90273119	Contact No.(Home)	57509254	Contact No.(Office)	
Email Address	ridhwan.bar@outlook.sg	O1 Vehicle Number	FL9208A	TP Vehicle Number	5KG23305
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FL9208A / 5KG23305 ON 20 Feb 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	09/03/2020 09:50	Claim Close Date		Date Received	09/03/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1087353	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/03/2020 09:51

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"/>

09/03/2020

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (OO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 09:51	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 09:51	SAS		Normal	SAS 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 09:51	Photos		Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 09:51	Photos		Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 09:51	Photos		Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 09:51	Photos		Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 09:50	Photos		Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 09:50	Photos		Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 09:50	Photos		Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 09:50	Photos		Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 09:50	Photos		Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 09:50	Photos		Normal	Photos 2020-3-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Mar 2020 09:50	Photos		Normal	Photos 2020-3-9	

Video List

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