

# NATIONAL Assessment Centre Services.

[ver 1 Jan 09]

MMA 1200 37164

Date In: 27/3/20 11:18	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 2000 4574/h4	E-mail (petula thos, AIC 2hrs)		
Veh No: FBM 4666K	I-Motor Claim Form	MT/1089767 <sup>09</sup>	27/3/20 14:16
DOA: 23/3/20 17:45	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OT: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wk32		

Preferred Wksp / INC Assgn Wksp / GW: (	Tel:	Fax:
TP Particulars:	Veh No: GBJ 4799B	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 from MMA 67014616)	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

MA200 2317	Invoice for Insurance Claim Checklist	Amc (\$)	RAAR (\$)
Claimants Particulars:	1) AIR: Accident Reporting (\$30);	30-00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OT:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repairs Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idno Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	27/03/2020 11:18
Date Of Accident	23/03/2020 17:45
Exact Location Of Accident	JUNC OF BENOI RD & GUL CIRCLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM4666K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD HAFASHAH BIN SAMAT
NRIC No	SXXXX027I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93880145
Alternative Phone No	OFFICE-93880145

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150
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	5096081136-02
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD HAFASHAH BIN SAMAT
NRIC No	SXXXX027I
Date Of Birth	04/12/1988
Occupation	OUTDOOR
Date Of Driving Pass	24/02/2016
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93880145
Fax Number	
Contact Number	OFFICE-93880145
EEmail Address	NOEMAIL

Address	BLK 445 JURONG WEST ST 42 #02-260
Postcode	640445
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JNC5234 (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	6
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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200325/2132

#### 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	GBJ4799B
Vehicle Make/Model/Colour	
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JNC5234

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number FBK1587K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SJS2628H

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 OTHER VEHICLE PROPERTY 5

Vehicle Registration Number PA3737T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

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 HAFASHAH BIN SAMAT

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBM4666K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode


## SKETCH PLAN

### IMPORTANT NOTICE


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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

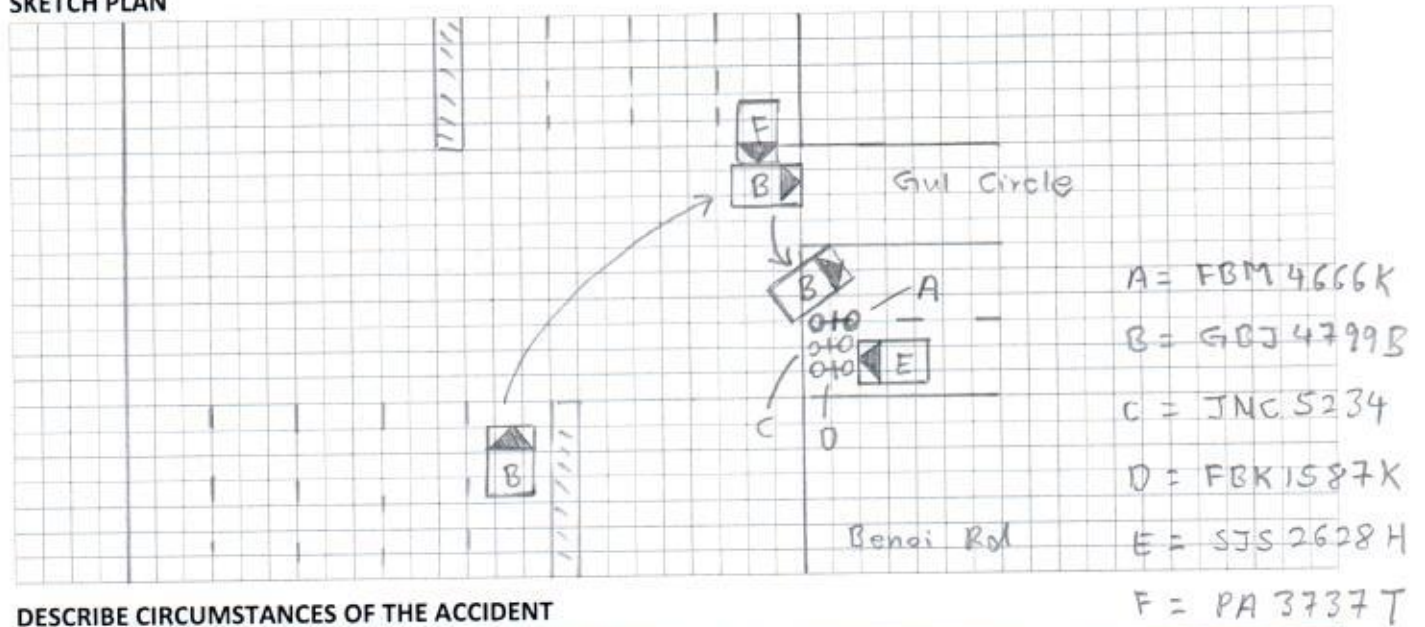
  
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200325/2132

## DECLARATION

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

  
 Policyholder's Signature  
 Date & Time:

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

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

## ACCIDENT STATEMENT

ACCIDENT DATE: ( 23 / 3 / 20 ) (DD/MM/YYYY), TIME: ( 17:45 ) (HH:MM)

LOCATION: Junc of Benoi Rd & Gul Circle

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 4666K  
b) INSURANCE COMPANY: IME  
c) POLICY NUMBER: \_\_\_\_\_  
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 Use  
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: Muhammad Hafashah Bin Samet (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 93880145  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: As Above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (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: Woodland East Npc

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GJB 4799B 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)  
( 1 )

\* No of passenger  
(Including driver)  
(    )

\* No of passenger  
(Including driver)  
(    )

\* photo

Email = Jung

fax =

VIDEO = No





# SINGAPORE POLICE FORCE



T/20200325/2132

1 of 3

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20200325/2132

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/03/2020 21:48		Vide Report No.:		Station Diary No.: 218	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD HAFASHAH BIN SAMAT			Address: APT BLK 445 JURONG WEST STREET 42 #02-260 SINGAPORE 640445		
ID Type / ID No.: NRIC NO / S88480271			Contact No.: Home/Office: Mobile: 93880145		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 04/12/1988	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: SURVEYOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/03/2020 17:45	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 GUL CIRCLE BENOI ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK1587K	Motorcycle					0
FBM4666K	Motorcycle	YAMAHA	SNIPER T150	Blue		0
GBJ4799B	Van					0
JNC5234	Motorcycle					0
PA3737T	Van					0



**SINGAPORE  
POLICE FORCE**



T/20200325/2132

3 of 3

Report No. T/20200325/2132

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

**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 /

Sr Staff Sgt YANG ZHESONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 HO JIEKANG, IVAN

Contact No.: 65476170

Signature Of Informant:

Date/Time:

25/03/2020 21:48

Classification Of Case:

Authentication Stamp

NP168





Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20200325/2132

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM4666K	NTUC Income Insurance Co-Operative Limited	5096081136-02	20/11/2019	19/11/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD HAFASHAH BIN SAMAT	ID No.	S8848027I
Related Vehicle	FBM4666K (Motorcycle)	Contact No.	93880145
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	23/03/2020	Date Discharge	25/03/2020
No. of Days granted Medical Leave	24	Degree of Injury	Serious

**Brief Details.**

On 23/03/2020 at about 1745hrs, I was riding my motorcycle, FBM4666K along Gul Circle on lane 1 and was intending to turn left into Benoi Road. As I approached at the T-Junction, I noticed the traffic light was red. As such, I stopped my motorcycle behind the traffic light to wait for the traffic light to turn green.

All of a sudden, a white van (GBJ4799B) which was travelling straight on Benoi Road collided with a white van (PA3737T) which was turning right into Gul Circle from Benoi Road as the driver of PA3737T did not check for oncoming traffic before making the turn. The collision caused white van (GBJ4799B) to spin and lost control. Eventually, the white van GBJ4799B spin towards my direction and collided with my motorcycle and 2 other motorcycles (JNC5234 and FBK1587K) behind of me. I was badly injured due to the accident and was conveyed to the NUH by the ambulance. I was given with 24 days of MC from 23/03/2020 to 15/04/2020. My motorcycle was towed away by the TP and I have yet to assess the damages on it.

I did not managed to take down the particulars of the other drivers and riders involved however my friend: Ricky Loh, Hp: 90174346 who was driving behind of me had assisted me to take down their particulars. My friend's car was installed with a in-car camera and managed to capture down the accident.

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="23/03/2020 14:53"/>
Vehicle No.(For Motor)	<input type="text" value="FBM4666K"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096081136-02		MUHAMMAD HAFASHAH BIN SAMAT	S88480271	GMC	Third Party, Fire & Theft	FBM4666K	FBM4666K	20/11/2019	19/11/2020



## Claim Handling

Accident MT/1089767

Policy No.	5096081136-02	Vehicle No.	FBM4666K	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD HAFASHAH BIN SAMAT	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S8848027I
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	93880145	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

## ▼ Accident Details

Report Date	27/03/2020 14:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	23/03/2020	Time of Accident hh:mm	17:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF BENOI RD & GUL CIRCLE				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Not Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

## ▼ Benefits

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

## ▼ Policyholder Mailing Address

Address 1	BLK 445 #02-260	Address 2	JURONG WEST STREET 42	Address 3	SINGAPORE 640445
Address 4		Address Type	Singapore address	Post Code	640445
Unit No.		Related Policy Number	5096081136-02		

## ▼ OI Driver Info

Driver Name	MUHAMMAD HAFASHAH BIN SAMAT	Driver Type	Main Driver	Driver DOB	04/12/1988
Unnamed driver Name		Driver NRIC	S8848027I	Driving Experience	12
Register Date of Driver License	02/10/2007	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	93880145	Contact No.(Office)		Address 3	SINGAPORE 640445
Address 1	BLK 445 #02-260	Address 2	JURONG WEST STREET 42	Post Code	640445
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	MUHAMMAD HAFASHAH BIN SAMAT	Insured NRIC	S8848027I
Contact No.(Mobile)	93880145	Contact No. (Home)	65192140	Contact No. (Office)	
Email Address		Vehicle Number	FBM4666K	TP Vehicle Number	GB1471
Claim Description	FBM4666K / GB14799B ON 23 Mar 2020			Name of Preferred Workshop	
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Repair Option	Preferred	Preferred Workshop, Name unknown		Claim Close Date	27/03/2020 14:15
Date Registered		Report Taken By	LEW SHAN HUI	Date Received	27/03/2020

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1089767	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/03/2020 14:16
Path *		Category *	
Choose File	No file chosen	Please Select	
Choose File	No file chosen	Please Select	
Choose File	No file chosen	Please Select	
Choose File	No file chosen	Please Select	
Choose File	No file chosen	Please Select	
Choose File	No file chosen	Please Select	
Choose File	No file chosen	Please Select	
Message Read			

## ▼ Attachment List

<https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do>