

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MNA 12004 2124

Date In: 15/04/2020 09:56	Job description	Date & Time Completed	Done by
Ref No: NA/INC20005211/F	SAS e-filing		
Veh No: FBL 8381K	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 08/04/2020 20:00	i-Motor Claim Form	MT/1091401-001	
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: SMB7638P	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:
() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

Injury : _____

Date/Time	Actions

NA2002602	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
At 1:	9) N12: Idac Mobile \$0		
At 2 / 3:	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	15/04/2020 09:56
Date Of Accident	08/04/2020 20:00
Exact Location Of Accident	BUKIT BATOK EAST AVE 6 & AVE 2 JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL8381K
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARIS BIN SUKIMAN
NRIC No	SXXXX514G
Email Address	ADMIN@MYCAR.SG
Mobile Phone No	(LOCAL) +65-98511142
Alternative Phone No	OFFICE-98511142

Vehicle Particulars

Manufacturer	KYMCO
Model	X-TOWN 300I ABS
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	5114413469
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FARIS BIN SUKIMAN
NRIC No	SXXXX514G
Date Of Birth	03/08/1989
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2009
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98511142
Fax Number	
Contact Number	OFFICE-98511142
Email Address	ADMIN@MYCAR.SG

Address	BLK 228 BUKIT BATOK CENTRAL #03-01 SINGAPORE
Postcode	650228
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	WET

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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , 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 1,2&3 REF:T/20200409/2049 REF:T/20200409/2071 REF:T/20200415/7003

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	SMB1638P
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 FARIS BIN SUKIMAN
Approximate Age	
Injuries Sustain	NECK, BACK & LEG
Injured person in which vehicle?	FBL8381K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that:

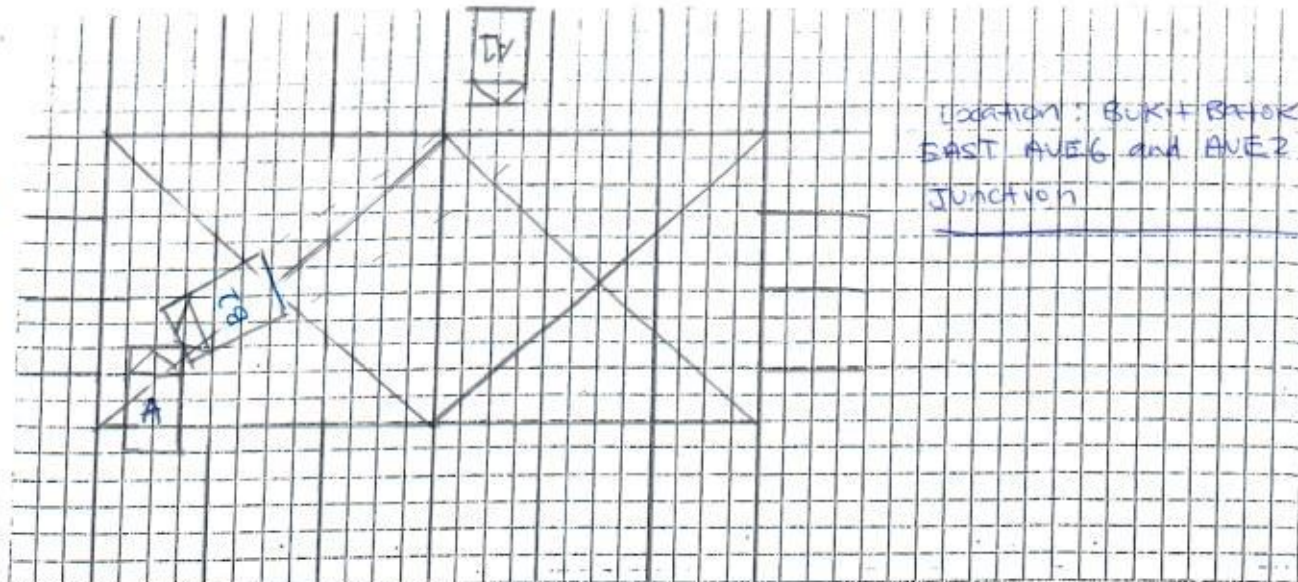
- Policyholder's Signature
Date & Time:

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

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

Vehicle A:
FBL8381K

Vehicle B:
SMB1638P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report:

REF T/20200409/2049

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.:



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

Report No. T/20200409/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2020 15:22	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD FARIS BIN SUKIMAN			Address: APT BLK 226 BUKIT BATOK CENTRAL #03-01 SINGAPORE 650226		
ID Type / ID No.: NRIC NO / S8925514G			Contact No.: Home/Office:		Mobile: 98511142
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 03/08/1989	Type of Informant: Rider		
Race: Javanese			Language:	Institution / School Name:	
Occupation: Motorcycle delivery man			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/04/2020 21:00	Type of Location:
Location: Junction of Road 1 and Road 2 BUKIT BATOK EAST AVENUE 6 BUKIT BATOK EAST AVENUE 2 AT THE JUNCTION OF BUKIT BATOK EAST AVE 6 AND BUKIT BATOK EAST AVE 2				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL8381K	Motorcycle	KYMCO	X-TOWN 300I ABS	Black		0
SKF1225A	Car	MERCEDES BENZ	C 180 KOMPRESS OR	Yellow		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200409/2049

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL8381K	NTUC Income Insurance Co-Operative Limited	5114413469	27/11/2019	25/11/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FARIS BIN SUKIMAN	ID No.	S8925514G
Related Vehicle	FBL8381K (Motorcycle)	Contact No.	98511142
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/04/2020	Date Discharge	08/04/2020
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

ON THE STATED DATE, TIME AND LOCATION,
I WAS RIDING ALONG BUKIT BATOK EAST AVE 6 TOWARDS OLD JURONG ROAD ON LEFTMOST LANE. AS I CAME CLOSER TO THE JUNCTION, I SAW THAT THE TRAFFIC LIGHT WAS GREEN. HENCE, I CONTINUED GOING STRAIGHT. A BUS MADE A RIGHT TURN FROM BUKIT BATOK AVE 6 INTO BUKIT BATOK EAST AVE 2 ALTHOUGH THE GREEN LIGHT WAS IN MY FAVOR. AS A RESULT, I WAS UNABLE TO AVOID AND WAS KNOCKED DOWN BY THE BUS. ONE OF THE WITNESS OF THE ACCIDENT CONTACTED THE AMBULANCE AND POLICE. WHEN THE AMBULANCE ARRIVED, I WAS CONVEYED TO NG TENG FONG HOSPITAL.
MR HACTER, DRIVER OF CAR (SKF1225A), WAS A WITNESS OF THIS ACCIDENT AS HE WAS DRIVING A DISTANCE BEHIND ME AND SAW THE ENTIRE ACCIDENT UNFOLD. THAT'S ALL.
IO IN-CHARGE: DAVID YAP



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

Report No. T/20200409/2049

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:
TP /
MUHAMMAD AMIRUL M

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/04/2020 15:22

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: _____



T/20200409/2071

1 of 3

Report No. T/20200409/2071

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 0

Report Number T/20200409/2071

Vide Report Number T/20200409/2049

Date/Time of Report Made 09/04/2020 18:17

Place Report Lodged Traffic Police

Type of Informant Rider

Name of Informant MUHAMMAD FARIS BIN SUKIMAN

ID Type / ID No. NRIC NO / S8925514G

Home/Office

Mobile 98511142

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by
ambulance Yes

Date/Time of Accident 08/04/2020 21:00

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMB1638P	Bus/Coach/Mi nibus	MAN	NL 320F (A22) 11L AUTO ABS TURBO	Multi-Colored	Slightly Damaged	0



T/20200409/2071

2 of 3

Report No. T/20200409/2071

Continuation of CSF For NP168

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	PENG CHANGSHENG		ID No.	G8763318M
Related Vehicle	SMB1638P (Bus/Coach/Minibus)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Rider				
Name	MUHAMMAD FARIS BIN SUKIMAN		ID No.	S8925514G
Related Vehicle	NIL		Contact No.	98511142
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Facts.

In the report T/20200409/2049, the bus belong to this company 'SMRT' and the car plate is SMB1638P. I would wish to add another witness contact number H/P: 91466955 however I was not able to get his name.





T/20200409/2071

3 of 3

Report No. T/20200409/2071

Continuation of CSF For NP168

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.

Case Sensitivity No

Officer-In-Charge of Case TP / GIT /
THABAGESH JEYATHESH

Classification of Case 1) INJURY / CONVEYED BY AMBULANCE





SINGAPORE POLICE FORCE



T/20200415/7003

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

1 of 3

Report No. T/20200415/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2020 11:12		Vide Report No.: T/20200409/2049		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD FARIS BIN SUKIMAN			Address: APT BLK 226 BUKIT BATOK CENTRAL #03-01 SINGAPORE 650226		
ID Type / ID No.: NRIC NO / S8925514G			Contact No.: Home/Office: Mobile: 98511142		
Nationality: SINGAPORE CITIZEN			Email: mdfarys@gmail.com		
Sex: Male	Age: 30	Date of Birth: 03/08/1989	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/04/2020 20:00	Type of Location: 4 way yellow box junction
Location: Along Bukit Batok East Ave 6				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 40 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL8381K	Motorcycle	KYMCO	X-TOWN 300I ABS	Black		0
SMB1638P	Bus/Coach/Mi nibus	MAN		Multi-Colored	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL8381K	NTUC Income Insurance Co-Operative Limited	5114413469	27/11/2019	25/11/2020



**SINGAPORE
POLICE FORCE**



T/20200415/7003

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

2 of 3

Report No. T/20200415/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FARIS BIN SUKIMAN	ID No.	S8925514G
Related Vehicle	FBL8381K (Motorcycle)	Contact No.	98511142
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

This report is to amend the accident timing from 9pm to 8pm
please attach this report to existing report no. T/20200409/2049



**SINGAPORE
POLICE FORCE**



T/20200415/7003

3 of 3

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

Report No. T/20200415/7003

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 /
MOHAMMED FERAZ BIN HUSSEIN
Contact No.: 65476206

Authentication Stamp

NP168

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

Date/Time:
15/04/2020 11:12

Classification Of Case:

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="08/04/2020 17:43"/>							
Vehicle No.(For Motor)	<input type="text" value="FBL8381K"/>	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"/>	5114413469		MUHAMMAD FARIS BIN SUKIMAN	S8925514G	GMC	Third Party, Fire & Theft	FBL8381K	FBL8381K	27/11/2019	25/11/2020
<input type="button" value="Continue"/>										

Date of Accident : 08/04/2019²⁰ Accident Time: 8:15 PM ^{~~2000~~ 2000} (24-HR-Format)
Accident Place : Bukit Batok East Ave 6 and Ave 2 Junction
Vehicle Reg. No. (Car Plate No.) : FBI 8381K
Vehicle Make/Model : Kymco x-town 300i ABS
Insurance Company : NTUC Policy No. _____
Owner or Company Name /IC No. : Muhammad Farris Bin Sukiman
Owner or Company Contact No. : 98511142 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Muhammad Farris Bin Sukiman
DRIVER'S Date Of Birth : 03/08/1989 DRIVER'S License Pass Date 10 Oct 2012
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 226 Bukit Batok Central #03-01 5650226
DRIVER'S Contact No./ Alt No. : 1) 98511142 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Admin@mycar.sg
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 0 MC 4 days.
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SMB 1638P</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

Claim Handling

Accident MT/1091401

Policy No.	5114413469	Vehicle No.	FBL8381K	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD FARIS BIN SUKIMAN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S8925514G
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98511142	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Report Date 15/04/2020 12:04 Accident Report Within 24 hrs Yes

Date of Accident 08/04/2020 Time of Accident hh:mm 20:00

Reporting Centre Orange Force

Accident Location BUKIT BATOK EAST AVE 6 & AVE 2 JUNCTION

Accident Type Collision - Head on collision

Country of Accident Singapore

ICM No.

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess		Driver Is Covered?	Not Covered
Total OD Excess Applicable	0.00	Total TP 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 226 #03-01	Address 2	BUKIT BATOK CENTRAL	Address 3	SINGAPORE 650226
Address 4		Address Type	Singapore address	Post Code	650226
Unit No.	03-01	Related Policy Number	5114413469		

01 Driver Info

Driver Name	MUHAMMAD FARIS BIN SUKIMAN	Driver Type	Main Driver	Driver DOB	03/06/1989
Unnamed driver Name		Driver NRIC	S8925514G	Driving Experience	10
Register Date of Driver License	07/12/2009	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	SINGAPORE 650226
Address 1	BLK 226 #03-01	Address 2	BUKIT BATOK CENTRAL	Post Code	650226
Address 4		Address Type	Singapore address		
Unit No.	03-01				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Any injury?

☐ Yes ☒ No

Claim 001

New

Insured	Insured
MUHAMMAD FARIS BIN SUKMA	S8925514G
OD-MX	More

Contact No. (Mobile)	98511142	Contact No.	
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Vehicle	Vehicle	Vehicle
FBI8381K		SWB1638P
MDFARTS@GMAIL.COM		

Claim Description	Marine Unit Preferred
FBI 8381K / SMB1638P ON 8 Apr 2020	

Preferred Kilgobon Professional Practitioner	<input type="text"/> <input type="text"/>	Insured Liability	<input type="text"/> <input type="text"/>	GIA report	<input type="text"/> Received <input type="text"/>	Claim	Date
Yes	Preferred	Please Select					
Option	Repair						

Date Registered		Option
15/04/2020 12:07	Chose	Date
		15/04/2020 00:00

Report Taken By _____

Save Submit

Accident No.	MT/1091401	Claim No.	001
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Last Doc. Received	Yes	No	Upload Date
	<input checked="" type="radio"/>	<input type="radio"/>	15/04/2020 12:15

Path •

Choose File

No file chosen

Clear

Please Select

NO

Normal

Choose File

No file chosen

Clear

Please Select

▼

NO

▼

Normal

▼

Choose File	No file chosen
Clear	
Please Select	
NO	Normal

Choose File	No file chosen	Clear
Please Select	▼	
ND	▼	Normal
	▼	

Choose File	No file chosen
Clear	
Please Select	
▼	▼
NO	Normal
▼	▼

Choose File	No file chosen
Clear	
Please Select	
ND	Normal

Message Read Send Message Upload

Attachment	Urgency	Category	Updated By/Date	Description	Msg Sent?	Action











YAC PAVA UBI 800601 (NATIONAL ASSESSMENT CENTRE SERVICES) o	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-15	Y	Edit
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Y

NormalNRJC/ Driving License 2020-4-15

Figure 1

Edit

	MAC_PAVA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 15 Apr 2020 12:15	SAS	Normal	SAS 2020-4-15	Edit
	MAC_PAVA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 15 Apr 2020 12:15	Photos	Normal	Photos 2020-4-15	Edit
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Video List

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