

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA120042214

Date In: 15/04/2020 15:02	Job description	Date & Time Completed	Done by
Ref No: NA/INC20005217/F	SAS e-filing		
Veh No: FBQ 69205	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 18/03/2020 17:15	i-Motor Claim Form	MT/1089000 - 002	
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: PA5168Y	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:- (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

NA2002605

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) RT : 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:-		
	ON*		
	*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 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments :-			
Cat. 1:			
Cat. 2 / 3:			

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 15:02
Date Of Accident	18/03/2020 17:45
Exact Location Of Accident	BETWEEN PIE TO KJE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ6920S
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NASIR BIN MOHD TAHIR
NRIC No	SXXXX994G
Email Address	BOI_NAS902@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81830288
Alternative Phone No	OFFICE-81830288

Vehicle Particulars

Manufacturer	YAMAHA
Model	MX KING
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	REPORTING ONLY
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	5114532521
Cover Note Number	

Driver

Name of Driver	MUHAMMAD NASIR BIN MOHD TAHIR
NRIC No	SXXXX994G
Date Of Birth	24/05/1990
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2009
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81830288
Fax Number	
Contact Number	OFFICE-81830288
Email Address	BOI_NAS902@HOTMAIL.COM

Address	BLK 240A JURONG EAST AVE 1 #14-05 SINGAPORE
Postcode	601240
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
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 REF:T/20200325/7000

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	PA5168Y
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 INJURED PERSON 1

Name	MUHAMMAD NASIR BIN MOHD TAHIR
Approximate Age	
Injuries Sustain	NECK, BACK, HAND & LEG
Injured person in which vehicle?	FBQ6920S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 05 / 2020) (DD/MM/YYYY), TIME: (1745) (HH:MM)

LOCATION: Between PTE to KJE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBQ 9208
 b) INSURANCE COMPANY: Pru
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha NX KING
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: For working
 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 WAHAB BIN MOHAMMAD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 890169946 CONTACT: 81830281
 c) ADDRESS: 240A JUTONG EAST AVE 2 #14-05
 8 (601240)

* 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: (24 / 05 / 1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 30 / 05 / 2013

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: Unknown PAS 16844 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)
 ()

* No of passengers
 (Including driver)
 ()

* No of passengers
 (Including driver)
 ()

Email = boi_nas90@hotmail.com

fax =

VIDEO =

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:

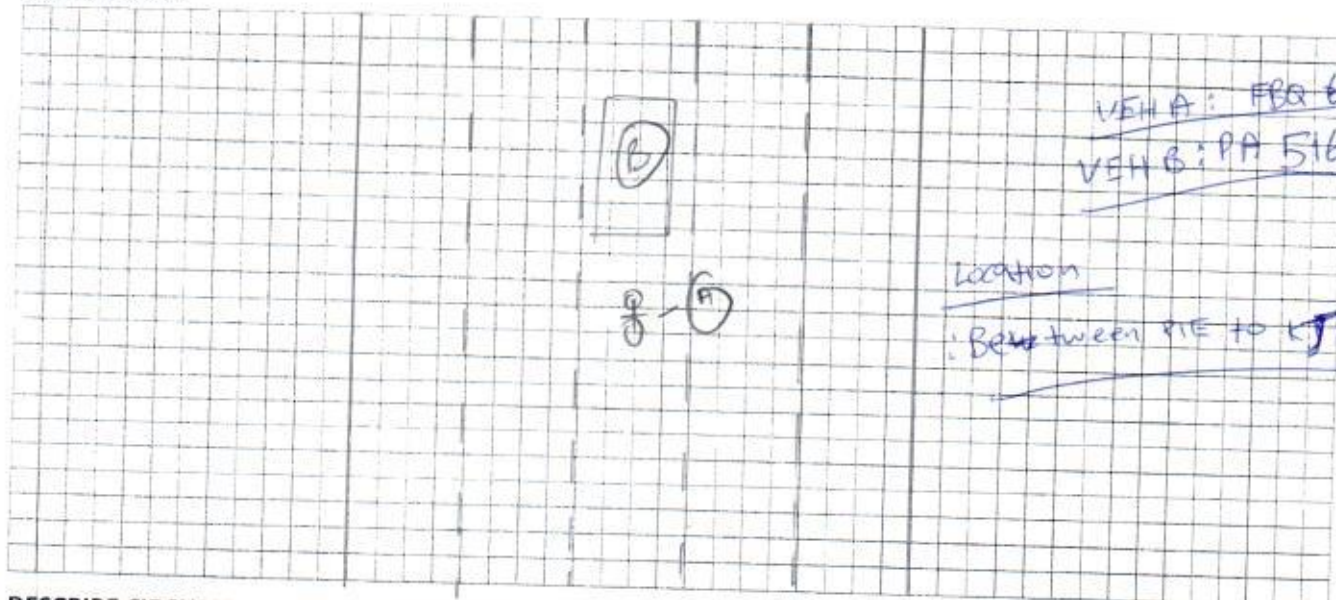


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report
REF: T/20200325/100

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.:



SINGAPORE POLICE FORCE



T/20200325/7000

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

1 of 3

Report No. T/20200325/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2020 00:23		Vide Report No.: J/20200318/0081		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD NASIR BIN MOHD TAHIR			Address: APT BLK 240A JURONG EAST AVENUE 1 #14-05 SINGAPORE 601240		
ID Type / ID No.: NRIC NO / S9016994G			Contact No.: Home/Office: Mobile: 81830288		
Nationality: SINGAPORE CITIZEN			Email: boi_nas90@hotmail.com		
Sex: Male	Age: 29	Date of Birth: 24/05/1990	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Grabfood rider			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Fatal Attended by Police	Drink Drive: No	Date/Time of Accident: 18/03/2020 17:30	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ6920S	Motorcycle	YAMAHA	MX KING T150 MANUAL	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ6920S	NTUC Income Insurance Co-Operative Limited	5114532521	02/12/2019	01/12/2020



**SINGAPORE
POLICE FORCE**



T/20200325/7000

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

2 of 3

Report No. T/20200325/7000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	FBQ6920S (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Fatal
Rider			
Name	MUHAMMAD NASIR BIN MOHD TAHIR	ID No.	S9016994G
Related Vehicle	FBQ6920S (Motorcycle)	Contact No.	81830288
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

I was travelling from jurong east and intended to go to woodlands via pie-kje tuas at about 5plus pm. It started raining heavily. And i could not remember how the accident happen. I only realise that im already in the ambulance and headed to the hospital. And again lose cautiousness till reach NUH. I cannot remember how the accident happen at that moment. I assume that i hit a yellow van and was knock out



**SINGAPORE
POLICE FORCE**



T/20200325/7000

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

3 of 3

Report No. T/20200325/7000

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 / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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:
25/03/2020 00:23

Classification Of Case:

Admission Date: 18-Mar-2020
Ward: Ward 41 (Surg)

DOB: 24-May-1994
Room: ROOM 06
Patient Type: Inpatient

Attending Dr: MEE ANNLYNETTE LOO (152680)
Patient Class: Class C

Medical Service Code: GS Trauma

DISCHARGE DETAILS

Discharge Date/Time: 23-Mar-2020 12:26
Discharge Status: Follow Up at SOC

Condition at Discharge: Improved - Condition better than at time of admission

DIAGNOSIS

PROCEDURE

TRAUMA
Laceration & SURCUTANEOUS TISSUE, LACERATION (DEEP) MULTIPLE LACERATIONS, REPAIR
Laceration & SURCUTANEOUS TISSUE, DEEP EXTENSIVE CONTAMINATED
Laceration & SURCUTANEOUS TISSUE, DEEP EXTENSIVE CONTAMINATED
Laceration & SURCUTANEOUS TISSUE, DEEP EXTENSIVE CONTAMINATED

Date/Time

National University Hospital (Singapore) Pte Ltd

5 Lower Kent Ridge Road, Singapore 119074

TEL: (65) 6779 5555

Business Registration No. 198500843R



41/13
NUH20073224

MEDICAL CERTIFICATE

ORIGINAL

NRIC: S9016994G

NAME: MUHAMMAD NASIR BIN MOHD TAHIR

Type of Medical Leave granted: HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 20 day(s) from 18-Mar-2020 to 06-Apr-2020 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 18-Mar-2020 17:55 to 23-Mar-2020 17:50

23-Mar-2020

Date

A member of the NUHS

CHONG KAR MUN (P1294A)

Issued by

NW53

Location

Signature

HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY

MUHAMMAD NASIR BIN MOHD TAHIR | S9016994G | 29Y 9M | M | Malay | 1520469451C | 18-Mar-2020 | 23-Mar-2020

ADMISSION DETAILS

Admission Date: 18-Mar-2020 DOB: 24-May-1990 Age: 29Y 9M (as of admission)
Ward: Ward 41 (Surg) Room: ROOM 06 Bed: BED 023
Patient Type: Inpatient Patient Class: Class C
Attending Dr: MEE ANN LYNETTE LOO (15268D) Medical Service Code: GS Trauma

DISCHARGE DETAILS

Discharge Date/Time: 23-Mar-2020 12:26
Discharge Status: Follow Up at SOC Condition at Discharge: Improved - Condition better than at time of admission

DIAGNOSIS

TRAUMA

PROCEDURE

Procedure	Date/Time
SKIN & SUBCUTANEOUS TISSUE, LACERATION(DEEP)/MULTIPLE LACERATIONS, REPAIR	20-Mar-2020 12:31
SKIN & SUBCUTANEOUS TISSUE, DEEP/EXTENSIVE CONTAMINATED WOUND, DEBRIDEMENT	20-Mar-2020 12:31
SKIN & SUBCUTANEOUS TISSUE, DEEP/EXTENSIVE CONTAMINATED WOUND, DEBRIDEMENT	20-Mar-2020 12:31

DRUG ALLERGY DATA

Adverse Drug Reaction / Drug Allergy
No drug allergy

Medical Alert
No medical alert

The drug allergy data is accurate as at 23-Mar-2020 19:22

CLINICAL SUMMARY

Follow up

On discharge, twice a week OPS dressing change
TCU HRM Dr Ellen 3/4/20 for KIV STO
TCU Ortho Trauma Prof Lau Leok Lim in 2/52, WI OA
TCU NES 1 month with CT brain OA
TCU GS Trauma 2/52
TCU PRAS Dressing Clinic Friday 27/3/20
TCU Eye PRN

Discharge Medication

The discharge medication data is accurate as at 23-Mar-2020 17:23

Route	Medication Name	Dosage Regimen	Instructions
Topical	CHLORTETRACYCLINE Eye Oint	1 APPLY 3 times a day when necessary 2 WEEKS	to wounds if dressings fall
PO	NEUROBION Tablet	1 TAB every morning 2 WEEKS	

Date : 23-Mar-2020 19:22

By : CHONG KAR MUN(P1294A)

This is a computer-generated summary of information available and correct at point of print.
Please refer to your doctor for further information or clarification.

Printed by: OOI KITT GIN
Printed Date/Time: 23-Mar-2020 19:38
A member of NUHS

NATIONAL UNIVERSITY HOSPITAL

5 Lower Kent Ridge Road, Singapore 119074 Tel: (65) 6779 5555

**HOSPITAL INPATIENT DISCHARGE SUMMARY - PATIENT COPY**

MUHAMMAD NASIR BIN MOHD TAHIR | S9016994G | 29Y 9M | M | Malay | 1520469451C | 18-Mar-2020 | 23-Mar-2020

PO	PARACETAMOL Tablet	1 G every 6 hours 2 WEEKS	
PO	TRAMADOL Tablet	50 MG every 8 hours when necessary 1 WEEK	Pain.
PO	METOCLOPRAMIDE Tablet	10 MG every 8 hours when necessary 1 WEEK	Nausea and/or vomiting.
PO	ETORICOXIB Tablet	90 MG every morning 4 DAYS	
PO	OMEPRAZOLE Cap	20 MG before breakfast 4 DAYS	

Medical Certificate

MC Number : NUH20073224
Leave Type : Hospitalization Leave
Unfit for duty : 18-Mar-2020 to 06-Apr-2020
Remarks :

Issued by : CHONG KAR MUN
Fit to attend court : Yes
Fit for light duty :

Future Appointment

Not Applicable

Planned Orders

Not Applicable

By : CHONG KAR MUN(P1294A)

This is a computer-generated summary of information available and correct at point of print.
Please refer to your doctor for further information or clarification.

Printed by OOI KITT GIN

Date : 23-Mar-2020 19:22

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="18/03/2020 10:39"/>
Vehicle No.(For Motor)	<input type="text" value="FBQ6920S"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5114532521		MUHAMMAD NASIR BIN MOHD TAHIR	S9016994G	GMC	Third Party, Fire & Theft	FBQ6920S	FBQ6920S	02/12/2019	01/12/2020

Claim Handling

Accident MT/1089000

• Exit

Policy No.	5114532521	Vehicle No.	FBQ69205	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD NASIR BIN MOHD TAHER	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S9016994G
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NIL	Special Remark		Contact No.(Home)	
Email Address		TCA		eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	MCD Entitlement(%)	0	eCode Reason	
MCD Protection	No			Private Hire	No

Report Date	20/03/2020 11:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/03/2020	Time of Accident hh:mm	16:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PIE (BUKIT BATOK TWDS TUAS)				

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

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

Policyholder Mailing Address	
Address 1	BLK 240A #14-05
Address 4	SINGAPORE 601240
Unit No.	14-05
Q1 Driver Info	
Address 2	JURONG EAST AVENUE 1
Address Type	Singapore address
Related Policy Number	5114532521
Address 3	JURONG EAST VISTA
Post Code	601240

Driver Name	
Unnamed driver Name	Driver Type
Register Date of Driver License	Driver NRIC
Contact No.(Mobile)	Driver Age
Address 1	Contact No.(Office)
Address 2	Address 2
Address 4	Address Type
Unit No.	Foreign address
Does he own a Singapore Registered car?	Driver Vehicle No.
<input type="radio"/> Yes <input checked="" type="radio"/> No	
	Driver Insurer Company

Claim 002 **New**

Claim Type *

Contact No. (Mobile)

Email Address

Claim Description

Preferred Workshop Report No. Finalisation Date Registered

Insured Liability Partially at Fault

GIA report Received

Report Taken By

Print AK letter

Save Submit

Attachment



Accident No.

MT/1089000

Last Doc. Received

☒ Yes ☐ No

Claim No.

002

Upload Date

15/04/2020 15:26

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

Description *

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Attachment List

Attachment

Uploaded By/Date

Category



Urgency

Description

Msg Sent? (CO)

Action



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o

15 Apr 2020 15:26

NRIC/ Driving License

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o












15 Apr 2020 15:26

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