

# NATIONAL Assessment Centre Services.

Date In: 21/04/2020 10:05	Job description	Date & Time Completed	Done by
Ref No: NCA/INC 20005309/Y	SAS e-filing		
Veh No: FRC 28954	E-mail (e-filing, AIC, etc)		
D.O.A: 20/04/2020 11:48	I-Motor Claim Form	21/04/2020 11:04	
OD: (T) Reporting Only	I-Motor W/O (with/without OD, TP, etc)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Pax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fact: (
TP Particulars: (	Veh No: SJT 92824	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 ( )	

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )
1) Apply for Transport Allowance ( ) / Courtesy Car ( )
2) QC Check / Post Repair Inspection ( )
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )
Damage: ( )
Other: ( )

NA2002-758	1) All Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$10/\$15
Contact No:	3) TP: Towing Fee	\$120
Damage Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Bgr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over 10 Jan 2005)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + SMRT Survey	
	8) NIUC Additional Services	
	9) NI: New Mobile	
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	100) NI: New Mobile	



## 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	21/04/2020 10:05
Date Of Accident	20/04/2020 11:45
Exact Location Of Accident	OPEN SPACE CARPARK OF BLK 35 TELOK BLANGAH RISE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC2395H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD AL SHAFIZ BIN MOHAMED SHAIB
NRIC No	SXXXX151J
Email Address	MUHAMMAD.AL.SHAFIG1999@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92478259
Alternative Phone No	OTHERS-92478259

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-124CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5096445023-02
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD AL SHAFIZ BIN MOHAMED SHAIB
NRIC No	SXXXX151J
Date Of Birth	22/02/1999
Occupation	OUTDOOR
Date Of Driving Pass	11/09/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92478259
Fax Number	
Contact Number	OTHERS-92478259
Email Address	MUHAMMAD.AL.SHAFIG1999@GMAIL.COM

Address	BLK 6 TELOK BLANGAH CRESCENT #03-424
Postcode	090006
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	SIDE SWIPE
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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200420/2047 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	SJT9282U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD MUZAMMIL BIN MOHAMED
NRIC/Passport Number	SXXXX743F
Contact Number	83994260
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD AL SHAFIZ BIN MOHAMED SHAIB
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBC2395H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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

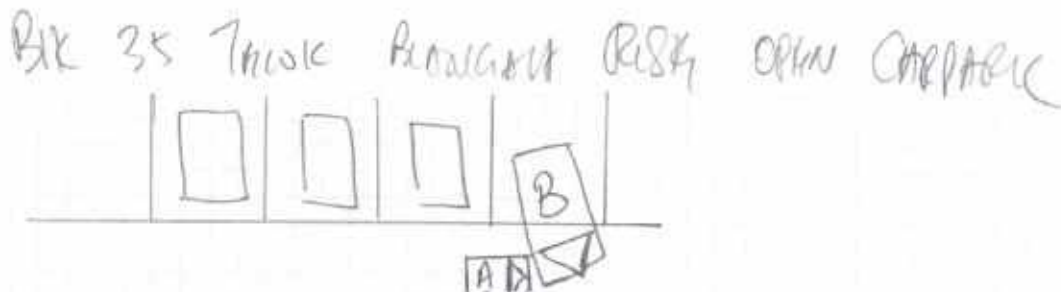
Date & Time: 20/04/2020  
5:10pm

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



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

SKETCH PLAN



A) PRK 28954

B) SJT 9282U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/04/2020 at about 1145hrs, I was leaving the open space carpark of Blk 35 Telok Blangan Rise. As I was riding my motorbike, out of a sudden, a Honda Vehicle (SJT9282U) drove out fast from the lot turning left. I had no time to react and hit onto the right side of the vehicle, at the right front tyre.

DECLARATION

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

Policyholder's Signature

Date & Time: 20/04/2020  
5:10pm.

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

21/04/2020  
Rohi Uthman



## ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 04 / 2020) (DD/MM/YYYY), TIME: (11 : 45) (HH:MM)

LOCATION: OPEN SPACE CARPARK OF BLK 35 TELOK BLANGAH RISE

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC 2395 H  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: 5096445023 - 02  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMAHA YBR 125  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY  
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 AL SHAFIZ BIN MOHAMED <sup>SHAFIZ</sup> (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 899061513 CONTACT: 92478259  
c) ADDRESS: 6 TELOK BLANGAH CRESCENT 03-424  
5090006

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

### DRIVER

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

\* d) DATE OF BIRTH: ( / / ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: Dickson Road

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STJ 92824 MODEL:  
b) DRIVER'S NAME: MUHAMMAD MUZAMMIL BIN MOHAMED YUSOFF  
c) NRIC/FIN/PASSPORT: 89214743F CONTACT: 83994260

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

email = muhammad-al-shafiz1999@gmail.com  
VIDEO



# SINGAPORE POLICE FORCE



T/20200420/2047

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20200420/2047

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/04/2020 16:30		Vide Report No.:		Station Diary No.: 48	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD AL SHAFIZ BIN MOHAMED SHAIB			Address: APT BLK 6 TELOK BLANGAH CRESCENT #03-424 SINGAPORE 090006		
ID Type / ID No.: NRIC NO / S9906151J			Contact No.: Home/Office: Mobile: 92478259		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 22/02/1999	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Grab Delivery Rider			Driving Licence Information: Class: 2B,2A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/04/2020 11:45	Type of Location: Car Park
Location: Along Road 1 TELOK BLANGAH RISE				
At the open space car park beside Blk 35 Telok Blangah Rise				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC2395H	Motorcycle	YAMAHA	YBR125	Black	Seriously Damaged	0
SJT9282U	Car					1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC2395H	NTUC Income Insurance Co-Operative Limited	5096445023-02	11/01/2020	10/01/2021





Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20200420/2047

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD AL SHAFIZ BIN MOHAMED SHAIB	ID No.	S9906151J
Related Vehicle	FBC2395H (Motorcycle)	Contact No.	92478259
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	20/04/2020	Date Discharge	20/04/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	MUHAMMAD MUZAMMIL BIN MOHAMED YUSOFF	ID No.	S9214743F
Related Vehicle	SJT9282U (Car)	Contact No.	83994260
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 Details.**

On 20/04/2020 at about 1145hrs, I was leaving the open space carpark of Blk 35 Telok Blangah Rise after my delivery. As I was riding my motorcycle out, out of a sudden, a Honda Vehicle (SJT9282U) drove out fast from the lot turning left. I had no time to react and hit onto the right side of the vehicle, at the right front tyre area. I did not fall down however I suffered pain at my left shoulder area due to the accident. No one was injured at that point of time. No visible injuries at the driver or his passenger. He came out and we exchanged particulars. He insisted that it was not his fault. Due to the accident, my motorbike was seriously damaged. I called the police and they advised me to lodge a Police report. I went to seek medical treatment at Alexandra Hospital and received 4 days of medical leave.



**SINGAPORE  
POLICE FORCE**



T/20200420/2047

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20200420/2047

**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:  
D /  
Sr Staff Sgt VIGNESWARAN MEENATCHI  
SUNDARAM SHANMUGANATHAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
20/04/2020 16:30

Classification Of Case:



## Claim Handling

Accident MT/1091659

Policy No.	309644023-02	Vehicle No.	PRC2395H	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD AL SHAFIZ BIN MOHAMED SHAIB	Cover Type	Third Party	Policyholder NRIC	99061511
Product Code	PR2100CYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	92478259	Special Remarks		Contact No.(Home)	
Email Address		TCA	No	eCode	No
KPK	No	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	21/04/2020 10:36	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	20/04/2020	Time of Accident (H:M:S)	11:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	OPEN SPACE CARPARK OF BLK 35 TELOK BLANGAH RISE				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Not Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YED OD Excess	0.00	YED 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 Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 6 #03-424	Address 2	TELOK BLANGAH CRESCENT	Address 3	MOUNT FABER GREEN
Address 4	SINGAPORE 090006	Address Type	Singapore address	Post Code	090006
Unit No.	03-424	Related Policy Number	309644023-02		

## OI Driver Info

Driver Name	MUHAMMAD AL SHAFIZ BIN MOHAMED SHAIB	Driver Type	Main Driver	Driver DOB	22/02/1999
Unnamed driver Name		Driver NRIC	99061511	Driving Experience	2
Register Date of Driver License	11/09/2017	Driver Age	21	Contact No.(Home)	
Contact No.(Mobile)	92478259	Contact No.(Office)		Address 3	MOUNT FABER GREEN
Address 1	BLK 6 #03-424	Address 2	TELOK BLANGAH CRESCENT	Post Code	090006
Address 4	SINGAPORE 090006	Address Type	Singapore address		
Unit No.	03-424	Driver Vehicle No.	PRC2395H	Driver Insurer Company	NTLC
Does he own a Singapore Registered car?	Yes - No				

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No

## Modification history

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	MUHAMMAD AL SHAFIZ BIN MO	Insured NRIC	99061511
Contact No.(Mobile)	92478259	Contact No.		Contact No.(Office)	
Email Address		DI		TP	
Claim Description		Vehicle Number	PRC2395H	Vehicle Number	5179282U
Preferred Workshop				Name of Preferred Workshop	
Remand No. Prosecution	Yes	Insured Liability	Not at Fault		
Date Registered		Preferred Workshop, Name unknown		ICM report	Received
Report Taken By		Claim Close Date	21/04/2020 10:36	Date Received	21/04/2020 01
		Workshop Receiver	BOELE WANAB	Total Loss but Repaired	

Print All letter

Save Submit

## Attachment

Accident No.	MT/1091659	Claim No.	001
Last Doc. Received	Yes No	Upload Date	21/04/2020 11:04
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
NAC_PAYA_UBI_000601 ( NATIONAL ASSESSMENT CENTRE SERVICES) :		NRIC/ Driving License	Normal	NRIC/ Driving License 2020-4-21	

21 Apr 2020 11:04

072

	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Apr 2020 11:04	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Apr 2020 10:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Apr 2020 10:58	SAS		Normal	SAS 2020-4-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Apr 2020 10:58	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Apr 2020 10:58	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Apr 2020 10:58	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Apr 2020 10:58	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Apr 2020 10:57	Photos		Normal	Photos 2020-4-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Apr 2020 10:57	Photos		Normal	Photos 2020-4-21
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 21 Apr 2020 10:56	Photos		Normal	Photos 2020-4-21

Video List

Uploaded By/Date

Folder Date

File Name

Source

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## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5096445023-02		MUHAMMAD AL SHAFIZ BIN MOHAMED SHAIK	S99051513	GMC	Third Party	FBC2395H	FBC2395H	11/01/2020	10/01/2021