

NATIONAL Assessment Centre Services.

(Ref: 1 Jan 200)

MA 4200 4476

Date In: 29/04/2020 12:36	Job description	Date & Time Completed	Done by
Ref No: N/BA/1/00025477/4	SAS e-filing		
Veh No: FBQ 7889T	E-mail (by date then, A/C then)		
O.O.A: 28/04/2020 11:00	I-Motor Claim Form	11/10/2013-201	29/04/2020
	I-Motor W/O (with: OD 2hrs, TP 4hrs)		14:13
OID (TP): Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Registration:	Veh No: SH 918CL	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Consented by: (Date:	Time:
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]	
Year of Registration: (Warranty: YRS () / 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: _____

Date: _____

MA 2002804	1) All Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$10/\$40
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claim against INC Only (over 10 Jan 200)	\$75
	6) TR: Re-inspection	\$160
	7) NI: IDA + SMRT Survey	
	8) IFUC Additional Services	
	9) NI: IDA Mobile	
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2nd 1:

2/2

Fee Charged

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	29/04/2020 12:36
Date Of Accident	28/04/2020 17:00
Exact Location Of Accident	ALONG TANJONG PAGAR ROAD TOWARDS KEE SENG STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ7889T
Insured/Policyholder	
Name Of Registered Owner	HASMIN BIN MOHAMED KASHIM
NRIC No	SXXXX470C
Email Address	MINTYATI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94249258
Alternative Phone No	OTHERS-94249258

Vehicle Particulars

Manufacturer	YAMAHA
Model	CZD300A / XMAX300-292CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5115080740
Cover Note Number	

Driver

Name of Driver	HASMIN BIN MOHAMED KASHIM
NRIC No	SXXXX470C
Date Of Birth	25/07/1983
Occupation	OUTDOOR
Date Of Driving Pass	01/03/2019
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94249258
Fax Number	
Contact Number	OTHERS-94249258
Email Address	MINTYATI@GMAIL.COM

Address	BLK 606 BEDOK RESERVOIR ROAD #05-736
Postcode	470606
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/20200429/2012 (TYPE OF ACCIDENT 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	SH9180L
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG BOON HOCK (HUANG WENFU)
NRIC/Passport Number	SXXXX622G
Contact Number	91178989
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	HASMIN BIN MOHAMED KASHIM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBQ7889T
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:

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

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

TAXI STAND



REFER to Police Report: 7/20200429/2017

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 28/04/20 (DD/MM/YYYY), TIME: 17:00 (HH:MM)

LOCATION: TAJONG PAGAR ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA 7889 T
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: XMAX 300
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: HASMIN BIN MOHAMED KASHIM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S830470C CONTACT: 9424458
 c) ADDRESS: BLK 606 BEDOK RESERVOIR ROAD
#05-736 170606

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

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

*d) DATE OF BIRTH: 25/07/1983 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01 MARCH 2019

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: QUEENSTOWN

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH 9180L MODEL: COMFORT
 b) DRIVER'S NAME: NG BOON HOCK (HUANG WENHAI)
 c) NRIC/FIN/PASSPORT: SH1250226 CONTACT: 9178989

9. THIRD PARTY VEHICLE

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

()
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER

()
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER
 ()
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER

1) EMAIL : mintyati@gmail.com

2) VIDEO :



SINGAPORE POLICE FORCE



T/20200429/2012

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

1 of 4

Report No. T/20200429/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/04/2020 12:00		Vide Report No.:		Station Diary No.: 23	
Informant's Particulars					
Name of Informant: HASMIN BIN MOHAMED KASHIM			Address: APT BLK 606 BEDOK RESERVOIR ROAD #05-736 SINGAPORE 470606		
ID Type / ID No.: NRIC NO / S8322470C			Contact No.: Home/Office: Mobile: 94249258		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 25/07/1983	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVEROO RIDER			Driving Licence Information: Class: 2B,2A,3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/04/2020 17:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TANJONG PAGAR ROAD KEE SENG STREET ALONG TANJONG PAGAR ROAD TOWARDS KEE SENG STREET IN FRONT OF AMARA HOTEL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
FBQ7889T	Motorcycle	YAMAHA	CZD300A / XMAX300	Black	Slightly Damaged	0
SH9180L	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ7889T	NTUC Income Insurance Co-Operative Limited	5115080740	21/12/2019	20/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	HASMIN BIN MOHAMED KASHIM		ID No.	S8322470C
Related Vehicle	FBQ7889T (Motorcycle)		Contact No.	94249258
Hospital/Clinic	PHOON CLINIC AND SURGERY		Class of Driving Licence & Expiry Date	Class: 2B,2A,3A Date of Expiry: NIL
Date Treatment	28/04/2020		Date Discharge	28/04/2020
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	NG BOON HOCK (HUANG WENFU)		ID No.	S7125622G
Related Vehicle	SH9180L (Car)		Contact No.	91178989
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 28/04/2020 at about 1700hrs, I was riding my motorcycle with registration plate, FBQ7889T, along Tanjong Pagar Road towards Kee Seng Street on Lane 1. Suddenly, I felt an impact on the right side of my motorcycle. Luckily, I pulled back my motorcycle just in time and did not fall. I stopped my motorcycle along the road and saw a blue ComfortDelGro taxi with registration plate, SH9180L, drove past me and joined the taxi queue in front of Amara Hotel. I walked to the taxi and told him that he had hit me. He informed that he did not see my riding thus hit onto me. His right front bumper hit onto the right rear side of my motorcycle. The right side of my motorcycle suffered scratches and dents. The exhaust pipe suffered dents and the muffler broke into 4 pieces and fell on the road. The taxi has suffered dents and scratches on the right front bumper. At that point of time, no one required emergency medical attention thus no Ambulance was activated. No Police was activated and there is no government property damaged.

I felt achy from using strength to pull back my motorcycle during the impact thus I went to see the doctor at Phoon Clinic and Surgery at Blk 632 Bedok Reservoir Rd #01-828. I was given medication and 3 days



**SINGAPORE
POLICE FORCE**



T/20200429/2012

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

3 of 4

Report No. T/20200429/2012

CONTINUATION OF REPORT

MC from 28/04/2020 to 30/04/2020, both dates inclusive.

I wish to state that the taxi driver did not ask for my particulars and I also did not give it to him. The taxi driver has also made an illegal U-turn on the opposite side of the road.



**SINGAPORE
POLICE FORCE**



T/20200429/2012

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

4 of 4

Report No. T/20200429/2012

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 /
Sgt 2 CHOW YUN NI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
29/04/2020 12:00

Classification Of Case:

SIGNATURE

PHOON CLINIC & SURGERY

Block 632, Bedok Reservoir Road, #01-828
Singapore 470632
Tel: 64452119

No.A 86025

MEDICAL CERTIFICATE

NAME: Mr Hasmin & Mohd Iqbal

is certified fit/unfit for normal duties

for since days from 28/4/20 to 30/4/20

Provisional Diagnosis asthma

Remarks:

The certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

DATE

28/4/20

DOCTOR

DR PHOON CHIONG FOOK
MBBS (SINGAPORE)

01860J

PHOON CLINIC & SURGERY

Claim Handling

Accident MY/1092023

Policy No.	ST150M0740	Vehicle No.	FBQ7889T	GST Registration No.	
Licenseplate No.					
Policyholder Name	HASHIM BIN MOHAMED KASHIM			Policyholder NRIC	8822470C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No. (Mobile)	94246258	Contact No. (Office)		Contact No. (Home)	
Email Address	HINTYATIS@GMAIL.COM	Special Remark		eCode	<input type="button" value="No"/>
APR	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	29/04/2020 14:38	Accident Report Within 24 hrs.	Yes	Accident Type	Others
Date of Accident	29/04/2020	Time of Accident (Hh:mm)	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		OPR No.	
Accident Location	ALONG TANJONG PAGAR ROAD TOWARDS BEE SENG STREET				

Total Excess Applicable

Excess Type	Per Accident	Whichever Excess			
GD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
VED GD Excess	0.00	VED TP Excess	0.00		
Additional Excess					
Total GD 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 104 #01-1873	Address 2	JALAN BUKIT MERAH	Address 3	TIONG BAHU ORCHID
Address 4	SINGAPORE 160104	Address Type	Singapore address	Post Code	160104
Unit No.		Related Policy Number	ST150M0740		

OL Driver Info

Driver Name	HASHIM BIN MOHAMED KASHIM	Driver Type	Main Driver	Driver DOB	21/07/1983
Unnamed Driver Name		Driver NAIC	SR122470C	Driving Experience	9
Register Date of Street License	08/10/2018	Driver Age	36	Contact No. (Home)	
Contact No. (Mobile)	94246258	Contact No. (Office)		Address 3	TIONG BAHU ORCHID
Address 1	BLK 104 #01-1873	Address 2	JALAN BUKIT MERAH	Post Code	160104
Address 4	SINGAPORE 160104	Address Type	Singapore address		
Unit No.					
Does not own a Singapore Registered car?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Driver Vehicle No.	FBQ7889T	Driver Insurer Company	NTUC

Declaration			
Smear/Alcohol or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Modification History

Claim 000

Claim Type *	GD No.	Insured Name	HASHIM BIN MOHAMED KASHIM	Insured NRIC	8822470C
Contact No. (Mobile)	88221082	Contact No. (Home)		Contact No. (Office)	
Email Address	HINTYATIS@GMAIL.COM	Vehicle Number	FBQ7889T	Vehicle Number	2048300
Claim Description	FBQ7889T / SHR (DOL ON 29 Apr 2020)			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Endorse No.		Reported	Report Option	Preferred Workshop Name	unknown
Date Registered		CSA report	Received		
Report Taken By	29/04/2020 14:42	Claim Close Date		Date Reported	29/04/2020 00:01
	BOSLI WAHAR				

Attachment

Accident No.	MY/1092023	Claim No.	001
Last Doc. Received	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Upload Date	29/04/2020 14:43
Choose File	No file chosen	Category *	Confidential <input type="checkbox"/> Urgency *
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		
Choose File	No file chosen		
Message Sent			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 29 Apr 2020 14:43		Photos	Normal	Photos 2020-4-29	

[illegible]

Hello, NAC_BUKIT_MERAH_800676

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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="28/04/2020 12:35"/>
Vehicle No.(For Motor)	<input type="text" value="FBQ7889T"/>	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"/>	5115080740		HASMIN BIN MOHAMMED KASHIM	58122470C	GMC	Third Party, Fire & Theft	FBQ7889T	FBQ7889T	21/12/2019	20/12/2020