

NATIONAL Assessment Centre Services.

1st Jan 2005

MNA/20045395

Date Rec: 09/05/2020 10:04	Job description	Date & Time Completed	Done by
Ref No: NA/INC20005624/Y	SAS e-filing		
Veh No: F 827SP	E-mail (3 days, A/C 2 hrs)		
DOA: 07/05/2020 16:10	I-Motor Claim Form	m711092411-001	09/05/2020 10:36
OID: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SMG 6154D

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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Repair: () / ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time:

Actions:

NA2002897

Claimant's Details:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Ref: 1:

2/3

Invoice Item	Amount	Remarks
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpt Allowance	\$3	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$3	
TP (Nil): TP (Non INC) against INC	\$20	
9) N12: Idao Mobile	\$30	
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	09/05/2020 10:04
Date Of Accident	07/05/2020 16:10
Exact Location Of Accident	AYE TOWARDS CTE BEFORE MOULMEIN ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	F8275P
Insured/Policyholder	
Name Of Registered Owner	SYARUL NIZAM BIN SALLEH
NRIC No	SXXXX892E
Email Address	SYARUL.NZMSLH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94501435
Alternative Phone No	OTHERS-94501435
Vehicle Particulars	
Manufacturer	VESPA
Model	PX150-150CC
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
Fleet Policy	NO
Policy Number	5047907223-08
Cover Note Number	
Driver	
Name of Driver	SYARUL NIZAM BIN SALLEH
NRIC No	SXXXX892E
Date Of Birth	25/11/1989
Occupation	INDOOR
Date Of Driving Pass	11/09/2008
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94501435
Fax Number	
Contact Number	OTHERS-94501435
EMail Address	SYARUL.NZMSLH@GMAIL.COM

Address	BLK 26B ST. GEORGE'S LANE #17-31
Postcode	322026
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 - MAJOR/MINOR RD
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?	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200508/2021 AND T/20200508/2045

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	SMG6754D
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 INJURED PERSON 1

Name SYARUL NIZAM BIN SALLEH

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? F8275P

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: 8/5/20

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

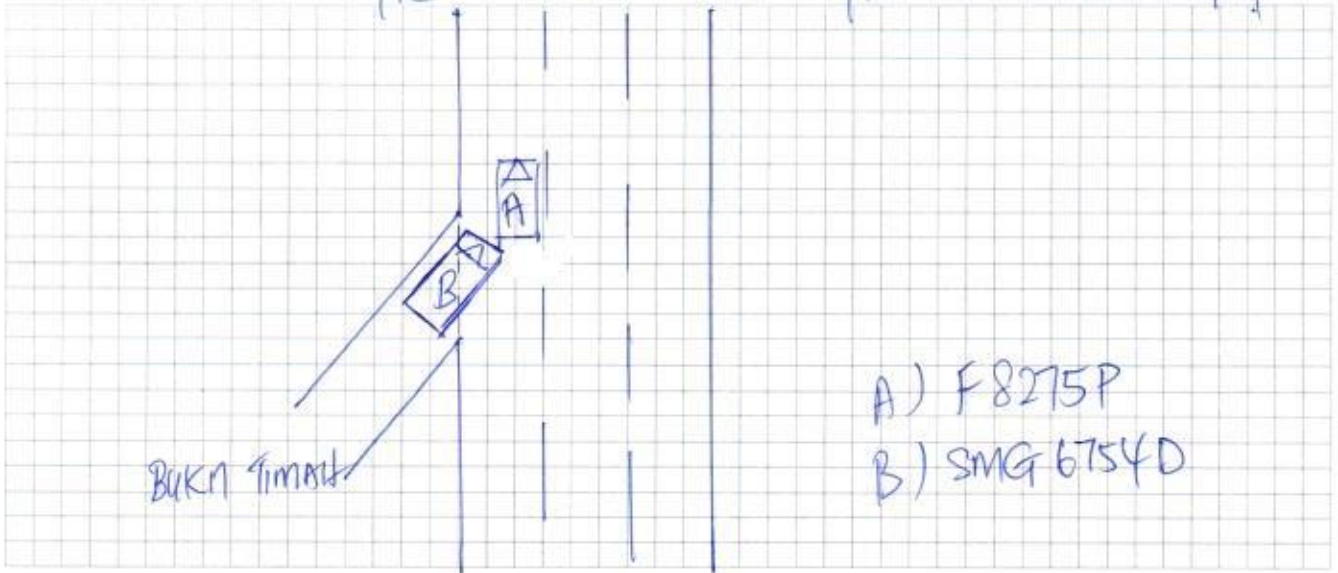
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

09/05/2020
Kosa WAB

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200508/2021 & 7/20200508/2045

DECLARATION

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

Policyholder's Signature

Date & Time: 8/5/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (07/05/2020) (DD/MM/YYYY), TIME: (16:10) (HH:MM)

LOCATION: Ayer Toward CTE B/F MOULMEIN ROAD EAT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F 8275P
b) INSURANCE COMPANY: XMC
c) POLICY NUMBER: YESPA 1X H
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:
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: SYARUL ALI ZAM BIA SALAH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 91501435
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS. ABUVA (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 11/09/2008

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: T/P

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMG 6754P 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:

Email = Syarul.nzmSLH@gmail.com
VIDEO



**SINGAPORE
POLICE FORCE**



T/20200508/2021

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

1 of 3

Report No. T/20200508/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2020 12:51		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SYARUL NIZAM BIN SALLEH			Address: APT BLK 26B ST. GEORGE'S LANE #17-31 ST GEORGE'S TOWERS SINGAPORE 322026		
ID Type / ID No.: NRIC NO / S8941892E			Contact No.: Home/Office: Mobile: 94501435		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 25/11/1989	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/05/2020 16:10	Type of Location:
Location: Along Road 1 AYER RAJAH EXPRESSWAY CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
F8275P	Motorcycle	VESPA	PX15	Green	Seriously Damaged	0
SMG6754D	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
F8275P	NTUC Income Insurance Co-Operative Limited	5047907223-08	08/10/2019	07/10/2020



**SINGAPORE
POLICE FORCE**



T/20200508/2021

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

2 of 3

Report No. T/20200508/2021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SYARULNIZAM BIN SALLEH	ID No.	S8941892E
Related Vehicle	F8275P (Motorcycle)	Contact No.	94501435
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS DRIVING AT THE EXTREME LEFT OF 3 LANES. I FELT AN IMPACT FROM THE LEFT OF MY MOTORBIKE. I DROPPED OFF MY BIKE AND IT WENT FORWARD QUITE A DISTANCE. TWO MOTORISTS WERE THERE AS WELL. SOMEONE CALLED THE AMBULANCE AND I WAS BROUGHT TO SGH AND WAS PLACED AT THE OBSERVATION WARD. I WAS PLACED ON MC FOR 7 DAYS.

THAT IS ALL.



SINGAPORE
POLICE FORCE



T/20200508/2021

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

3 of 3

Report No. T/20200508/2021

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 MOINUR RAHMAN

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:
08/05/2020 12:51

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: _____



SINGAPORE POLICE FORCE



T/20200508/2045

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

1 of 3

Report No. T/20200508/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2020 16:04		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SYARUL NIZAM BIN SALLEH			Address: APT BLK 26B ST. GEORGE'S LANE #17-31 ST GEORGE'S TOWERS SINGAPORE 322026		
ID Type / ID No.: NRIC NO / S8941892E			Contact No.: Home/Office: Mobile: 94501435		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 25/11/1989	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/05/2020 16:10	Type of Location:
Location: Along Road 1 AYER RAJAH EXPRESSWAY CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
F8275P	Motorcycle	VESPA	PX15	Green	Seriously Damaged	0
SMG6754D	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
F8275P	NTUC Income Insurance Co-Operative Limited	5047907223-08	08/10/2019	07/10/2020



**SINGAPORE
POLICE FORCE**



T/20200508/2045

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20200508/2045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SYARUL NIZAM BIN SALLEH	ID No.	S8941892E
Related Vehicle	F8275P (Motorcycle)	Contact No.	94501435
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS DRIVING AT THE EXTREME LEFT OF 3 LANES. I FELT AN IMPACT FROM THE LEFT OF MY MOTORBIKE. I DROPPED OFF MY BIKE AND IT WENT FORWARD QUITE A DISTANCE. TWO MOTORISTS WERE THERE AS WELL. SOMEONE CALLED THE AMBULANCE AND I WAS BROUGHT TO SGH AND WAS PLACED AT THE OBSERVATION WARD. I WAS PLACED ON MC FOR 7 DAYS. I WISH TO INCLUDE THAT DURING THE ACCIDENT MY IC AND HANDPHONE WAS DAMAGED AND I LOST MY DRIVER'S LICENCE.

THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20200508/2045

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

3 of 3

Report No. T/20200508/2045

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 MOINUR RAHMAN

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:
08/05/2020 16:04

Classification Of Case:



**SINGAPORE
POLICE FORCE**


Signature: 



ORIGINAL

MEDICAL CERTIFICATE

EMD2020139691

Name SYARUL NIZAM BIN SALLEH		NRIC No. S8941892E
This is to certify that the above-named is unfit for duty for a period of inclusive <u>7</u> days from <u>07-May-2020</u> to <u>13-May-2020</u>		
Type of medical leave granted : <input type="checkbox"/> Hospitalization Leave <input checked="" type="checkbox"/> Outpatient Sick Leave Admitted on : _____ Discharged on : _____ <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Sterilization Leave Delivered on : _____ Operated on : _____		
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u> The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Diagnosis		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic Emergency Medicine Singapore General Hospital	Ward No. Emergency Department Date 07-May-2020	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  RYAN YUAN GUO RONG , 65953C

MC

Medical BILL

DEM Billing Form

6720913106Z (E) 07-05-2020 16:29
SYARUL NIZAM BIN SALLEH (M)

26B ST. GEORGE'S LANE
#17-31 Singapore 322026

25.11.1989

S8941892E

SGH



Please circle appropriately

- Residential Status : SC / PR / FR / NR
- MCPS / WAPA / LOG / HIC / WAREF / POL / SPL / OTHERS (Specify):

Jesslyn Chan

85302

Registered by: Admitting Services @DEM

KEEP AWAY FROM CHILDREN

S8941892E (SUB, MT-) <GPASYH>
SYARUL NIZAM BIN SALLEH

07/05/2020

Payment: CASH	Items 4
Standard Drugs	\$ 10.12
Non Standard Drugs	\$ 0.00
Non Formulary Drugs	\$ 0.00
Total Subsidy	\$ 9.12
Total Cost (Less subsidy)	\$ 1.00
Other payer (s)	\$ 0.00
Payable amount	\$ 1.00
PG \$ 0	

SINGAPORE GENERAL HOSPITAL DEM PHARMACY
OUTRAM ROAD S(169608) TEL: 6321 4458

Attendance Fee:

\$121

Total Charges:

*Please staple this form to the prescription
*If no prescription required, please return this
form to the Cashier

Final billing done by:

BREAKFIXNOW

Professional Reliable Affordable

62 Queen Street,
Little Red Dot Building,
#ABFL5, Singapore 188541
Tel : 6337 2739
www.breakfixnow.com.sg

BUGIS REPAIR
Served by: Jo Breakfixnow at BREAKFIXNOW
REGISTER

Receipt / Tax Invoice #33837
8 May 2020, 2:40PM

IPXS / LCD

1 @ \$320.00

\$320.00

TOTAL (1 item)

\$320.00

NETS

\$320.00

Fri, 8 May 20, 2:40PM

TO PAY

\$0.00



Term & Condition

Limited Warranty: All repair and parts have a warranty will be stated on the receipt. Any 3rd party or service attempt not authorised by Breakfixnow will void all warranties.

Accidental damage by user will not be covered: Any cracks or physical damage or mishandling of it will void the warranty instantly.

(No warranty for water damage.)

Receipt must be provided for warranty purposes. No claims can be made by any staff without valid proof of repair.

Warranty 3 Months for
parts replaced.

ID:

Pin:

Redeem:

Signature: _____

Customer Copy

Handwritten signature: Hong P Hoi E

Claim Handling

Accident MT/1092411

Policy No.	5047907223-08	Vehicle No.	F8275P	GST Registration No.	
Certificate No.					
Policyholder Name	SYARUL NIZAM BIN SALLEH			Policyholder NRIC	S8941892E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	94501435	Contact No.(Office)		Contact No.(Home)	
Email Address	syarul.nizamsh@gmail.com	Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	09/05/2020 10:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - 1
Date of Accident	07/05/2020	Time of Accident hh:mm	16:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TOWARDS CTE BEFORE MOULMEIN ROAD EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Covered
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 503 #03-17	Address 2	CANBERRA LINK	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	750503
Unit No.		Related Policy Number	5047907223-08		

01 Driver Info

Driver Name	SYARUL NIZAM BIN SALLEH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8941892E	Driver DOB	25/11/1986
Register Date of Driver License	11/09/2008	Driver Age	30	Driving Experience	11
Contact No.(Mobile)	94501435	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 503 #03-17	Address 2	CANBERRA LINK	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	750503
Unit No.					
Does he own a Singapore Registered car?	No Yes	Driver Vehicle No.	F8275P	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SYARUL NIZAM BIN SALLEH	In- NF
Contact No.(Mobile)	98639983	Contact No. (Home)	NIL	Co No (O TP
Email Address	sariah.sulaiman@sgh.com.sg	Vehicle Number	F8275P	Ve No AL
Claim Description	F8275P / SMG6754D ON 7 May 2020			No Ph- W)
Preferred Workshop		Insured Liability	Not at Fault	
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered			Received	
Report Taken By			09/05/2020 10:22	Claim Close Date
			ROSJI WAHAB	Workshop Repairer

Print AK letter

Attachment

Accident No.	MT/1092411	Claim No.	001
Last Doc. Received	Yes No	Upload Date	09/05/2020 10:36
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select

Category *	Confidential	Urgency *
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal














Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2020 10:35	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2020 10:35	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2020 10:35	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2020 10:35	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2020 10:35	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2020 10:35	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2020 10:35	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2020 10:35	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2020 10:35	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2020 10:35	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2020 10:35	Photos		Normal	Photos 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2020 10:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-5-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2020 10:35	SAS		Normal	SAS 2020-5-9

Video List

Uploaded By/Date	Folder Date	File Name		Source
		<div>Display in New Window</div>	<div>Scan and uploading</div>	

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="07/05/2020 10:38"/>
Vehicle No.(For Motor)	<input type="text" value="F8275P"/>	Certificate Number	<input type="text"/>

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"/>	5047907223-08		SYARUL NIZAM BIN SALLEH	S8941892E	GMC	Third Party	F8275P	F8275P	08/10/2019	07/10/2020

Continue