

NATIONAL Assessment Centre Services. [ref: Jan03] MMA 120045736.

Date In: 11/25/20 17:03	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA1 INC 2000 5658/h4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: FBM 8136Y	I-Motor Claim Form	MT/1092539-001	12/5/20 09:51
IP: 915/20 12:45	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP: (IP) Reporting Only	I-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
IP Particulars:	Veh No: SKV 4026.D.	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 repolrer.

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

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

Remarks:	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

<p>NA 2002870</p> <p>Client's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>NA 1:</p> <p>NA 2:</p>	<p>Invoice Breakdown Checklist:</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$10)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td></td> </tr> <tr> <td>4) PT: Follow-Through Survey \$120</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey) \$30</td> <td></td> </tr> <tr> <td colspan="2">For claiming against INC Only (wef 10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-Inspection \$75</td> <td></td> </tr> <tr> <td>7) NI: Idau DA + SMRT Survey \$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td>ON:</td> <td></td> </tr> <tr> <td>*NS: Courtesy Car / Tpt Allowance \$5</td> <td></td> </tr> <tr> <td>*NG: Repair Coordination \$10</td> <td></td> </tr> <tr> <td>*ND: Post Repair Inspection \$25</td> <td></td> </tr> <tr> <td>*NH: DV / Collect Excess Coordination \$5</td> <td></td> </tr> <tr> <td>TP (Nil): TP (Non INC) against INC \$20</td> <td></td> </tr> <tr> <td>9) NIT: Idau Mobile \$0</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> </table>	1) AR: Accident Reporting (\$30)	30.00	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 2003)		6) TR: Re-Inspection \$75		7) NI: Idau DA + SMRT Survey \$160		8) NTUC Additional Services:		ON:		*NS: Courtesy Car / Tpt Allowance \$5		*NG: Repair Coordination \$10		*ND: Post Repair Inspection \$25		*NH: DV / Collect Excess Coordination \$5		TP (Nil): TP (Non INC) against INC \$20		9) NIT: Idau Mobile \$0		Invoice dated	Fee Charged	Invoice dated	Fee Charged
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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	11/05/2020 17:03
Date Of Accident	09/05/2020 12:15
Exact Location Of Accident	TOH GUAN RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8136Y
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD AMIRUL BIN AMRAN
NRIC No	SXXXX876D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91708194
Alternative Phone No	OFFICE-91708194

Vehicle Particulars

Manufacturer	HONDA
Model	RS150R MANUAL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5099941415-02
Cover Note Number	

Driver

Name of Driver	MOHAMMAD AMIRUL BIN AMRAN
NRIC No	SXXXX876D
Date Of Birth	31/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	04/12/2014
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91708194
Fax Number	
Contact Number	OFFICE-91708194
EMail Address	NOEMAIL

Address	BLK 369 WOODLANDS AVE 1 #05-849
Postcode	730369
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 - U-TURN
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
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

REFER TO POLICE REPORT T/20200511/2025

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	SKV4026D
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	MOHAMMAD AMIRUL BIN AMRAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBM8136Y
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:

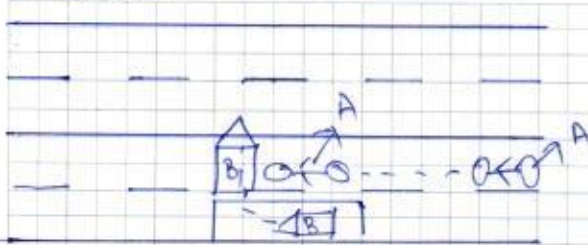
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:


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


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

SKETCH PLAN



A)FBM8136Y

B)SKV4026D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report T/20200511/2025

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (09/06/20) (DD/MM/YYYY), TIME: (12:16) (HH:MM)

LOCATION: TOH GUAN ROAD EAST

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 81369
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA RS150R
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: TO PAY BIKE INSTALLMENT
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 AMIRUL ISAM RAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S94108460 CONTACT: 91708194
c) ADDRESS: Block 369 WOODLANDS AVENUE 1
#05-849 SC730369

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: (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: Driver

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: 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:

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER

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

photo haven't take

1) EMAIL :

90966559

- send whatsapp

2) VIDEO : No.



SINGAPORE POLICE FORCE



T/20200511/2025

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

1 of 4

Report No. T/20200511/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2020 13:36		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMAD AMIRUL BIN AMRAN			Address: APT BLK 369 WOODLANDS AVENUE 1 #05-849 SINGAPORE 730369		
ID Type / ID No.: NRIC NO / S9410876D			Contact No.: Home/Office: Mobile: 91708194		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 31/03/1994	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: LOGISTIC ASSISTANT			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/05/2020 12:15	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 TOH GUAN ROAD JURONG GATEWAY ROAD TOH GUAN RD EAST TWDS JURONG GATEWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM8136Y	Motorcycle	HONDA	RS150R MANUAL	Orange		0
SKV4026D	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20200511/2025

2 of

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

Report No. T/20200511/2025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM8136Y	NTUC Income Insurance Co-Operative Limited	5099941415-02	16/04/2020	15/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD AMIRUL BIN AMRAN	ID No.	S9410876D
Related Vehicle	FBM8136Y (Motorcycle)	Contact No.	91708194
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/05/2020	Date Discharge	09/05/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	CHAN CHONG WEI	ID No.	NIL
Related Vehicle	SKV4026D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE STATED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG TOH GUAN RD EAST TWDS JURONG GATEWAY, WHILE RIDING ALONG THE SAID LOCATION ON THE RIGHT LANE, I SAW A CAR OF NUMBER PLATE SKV4026D STATIONARY AT THE BUS BAY. THE CAR THEN MAKE A SUDDEN ILLEGAL U TURN, ALTHOUGH I SOUNDED MY HORN AND APPLY E BRAKE BUT COULD NOT STOP IN TIME AND COLLIDED ONTO THE SAID CAR PASSENGER DOOR.

I FELL OFF FROM MY BIKE AND WAS CONVEYED TO NG TENG FONG HOSPITAL. I SUFFERED FROM ONLY SLIGHT ABRASION AND WAS DISCHARGED ON THE SAME DAY WITH 3 DAYS OF MC. THAT ALL.

VIDE INCIDENT NUMBER: D/20200509/0061.



**SINGAPORE
POLICE FORCE**



T/20200511/2025

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 4

Report No. T/20200511/2025

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200511/2025

4 of 4

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

Report No. T/20200511/2025

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 /
EUGENE AW WEI XUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt LEE GUANG HUI
Contact No.: 65476138

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
11/05/2020 13:36

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: 

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="11/05/2020 13:51"/>
Vehicle No. (For Motor)	<input type="text" value="FBM8136Y"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099941415-02		MOHAMMAD AMIRUL BIN AMRAN	S9410876D	GMC	Third Party, Fire & Theft	FBM8136Y	FBM8136Y	16/04/2020	15/04/2021

Claim Handling

Accident MT/1092539

Policy No.	5099941415-02	Vehicle No.	FBM8136Y	GST Registrati
Certificate No.				
Policyholder Name	MOHAMMAD AMIRUL BIN AMRAN			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	91708194	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire

▼ Accident Details

Report Date	12/05/2020 09:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/05/2020	Time of Accident hh:mm	12:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	TOH GUAN RD EAST			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
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 369 #05-849	Address 2	WOODLANDS AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-278	Related Policy Number	5099941415-02	

▼ OI Driver Info

Driver Name	MOHAMMAD AMIRUL BIN AMRAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9410876D	Driver DOB
Register Date of Driver License	04/12/2014	Driver Age	26	Driving Exper
Contact No.(Mobile)	91708194	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 369 #05-849	Address 2	WOODLANDS AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-278			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	MO
Contact No.(Mobile)	91708194	Contact No. (Home)	
Email Address	mariocruzzy1994@hotmail.com	Vehicle Number	FBM8136Y
Claim Description	FBM8136Y / SKV4026D ON 9 May 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred Repair Option	Preferred Workshop, Name unknown	
Date Registered	12/05/2020 09:50	Claim Close Date	
Report Taken By	SHAN HUI		

Print AK letter

Attachment



Accident No. MT/1092539 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 12/05/2020 09:51

Path *

Category *

Confider

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:51	SAS	Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:51	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:51	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:51	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:50	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:50	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:50	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:50	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 May 2020 09:50	Photos	Normal	Ph
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