

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA 2005 409

Date In: 15/6/20 - 14.13	Job description	Date & Time Completed	Done by
Ref No: 14/145200624824	SAS e-filing		
Veh No: 15/6/20 - 16.00	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/6/20 - 16.00	i-Motor Claim Form	15/6/20 14:27	
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: 15/6/20 7 P

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 repairer.

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

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

Remarks:	(INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

Injury: _____

Date/Time	Actions

<p>NA 2003209</p> <p>Claimant'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>Dat 1:</p> <p>Dat 2 / 3:</p>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Est Bill	Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
ON*				
*N5: Courtesy Car / Tpl Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$3				
TP (N11): TP (Non INC) against INC \$20				
9) N12: Idac 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	15/06/2020 14:13
Date Of Accident	13/06/2020 16:00
Exact Location Of Accident	BLK 112 PASIR RIS ST 11 SERVICE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP3756A
Insured/Policyholder	
Name Of Registered Owner	ABDIL QAIYYIM BIN ABDUL MUTALIB
NRIC No	SXXXX453B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90706760
Alternative Phone No	OFFICE-90706760

Vehicle Particulars

Manufacturer	YAMAHA
Model	CZD300A / XMAX300
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	5108498652-01
Cover Note Number	

Driver

Name of Driver	ABDIL QAIYYIM BIN ABDUL MUTALIB
NRIC No	SXXXX453B
Date Of Birth	14/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2010
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90706760
Fax Number	
Contact Number	OFFICE-90706760
Email Address	NOEMAIL

Address	BLK 119 PASIR RIS STREET 11 #02-497
Postcode	510119
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200614/2000 & T/20200615/2035.

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	GBF2067P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan


SKETCH PLAN

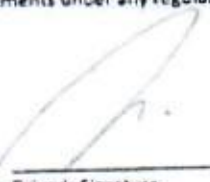
IMPORTANT NOTICE


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.

X 
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 Sketch Plan

SKETCH PLAN



BUC 112 Pasir Ris Street 11 Service road

Veh A: FBP 3756A

Veh B: 6BF 2067P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report NO: T/20200614/2000

T/2020065/2035

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.

Jackson,

Vehicle No.	FBP 3756A		Model / Make	Yamaha XMAX 300
Date of Accident	13/6/2020			
Time of Accident	1600 HRS			
Location of Accident	Along BLK 112 Pasir Rd St 11 service road			
Exact purpose use during accident	Private use			
Name of Owner	Abdil Qaiyyim Bin Abdul Mutalib			
Telephone No.	H/P : 9076 6760	Home :	Office :	
NRIC	S8916453B			
Address	BLK 119 Pasir Ris Street 11 #02-4975 (S10119)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5108498652-01			
Name of Driver	As Above If No,			
NRIC	Any Passengers : -			
Date of birth	14/5/1989			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	30/3/2010			
Gender	Male / Female			
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No,	If yes, Reg No.	SLF5164D	
Relationship	Employee,	If no, state	Owner	
Weather condition	Clear	Raining	Other	Dizzling
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.				
Name And Contact No.				
Police Report	No,	If Yes, Where?	Pasir Ris NPC	
Vehicle B No.	GBF 2067P		Any Passengers :	
Name of Driver			Contact No. :	
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name			Witness Contact :	
Accident Portion	Hit on the right, fall to the left			
Camera Recorder	Yes / No			
Email Address	abdil-qaiyyim@gmail.com			
PARTICULAR WORKSHOP	Moto SI			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Brandon			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			



SINGAPORE POLICE FORCE



T/20200614/2000

1 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20200614/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2020 00:15	Vide Report No.:	Station Diary No.: 1
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Informant's Particulars

Name of Informant: ABDIL QAIYYIM BIN ABDUL MUTALIB			Address: APT BLK 119 PASIR RIS STREET 11 #02-497 SINGAPORE 510119		
ID Type / ID No.: NRIC NO / S8916453B			Contact No.: Home/Office: Mobile: 90706760		
Nationality: SINGAPORE CITIZEN			Email: abdil.qaiyyim@gmail.com		
Sex: Male	Age: 31	Date of Birth: 14/05/1989	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: ATHLETE			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2020 16:00	Type of Location: Car Park
Location: Along Road 1 PASIR RIS STREET 11				
Service road of Pasir Risst 11 near Blk 112 Pasir Ris St 11				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP3756A	Motorcycle	YAMAHA	CZD300A / XMAX300	Black	Slightly Damaged	0
	Van			White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP3756A	NTUC Income Insurance Co-Operative Limited	5108498652-01	26/03/2020	25/03/2021



SINGAPORE POLICE FORCE



T/20200614/2000

2 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20200614/2000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDIL QAIYYIM BIN ABDUL MUTALIB	ID No.	S8916453B
Related Vehicle	FBP3756A (Motorcycle)	Contact No.	90706760
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
Driver			
Name	HIRMAN	ID No.	NIL
Related Vehicle	(Van)	Contact No.	85680853
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 13/6/2020 at about 4:00pm, I had my motorcycle FBP3756A parked near Blk 112 Pasir Ris St 11 along the service road. I then went up to the block. About 0 minutes later, I heard a loud crash. I lookout from my mother's house window and saw that my motorcycle had fallen to the left and I saw a driver of a white van was looking at my motorcycle. I went down and met with the van driver.

He said admitted to hitting my motorcycle while he was driving past and the van left mirror had grazed against my motorcycle causing it to fall. My motorcycle had some scratches and my handlebar was slightly misaligned. When I asked for his particulars. He then passed me a name card with the name and contact number and he then told me to contact him because he was busy working. he then left and I forgot to take down the vehicle number.

I then contacted him and I sent him the damages of my motorcycle. He replied saying that he will contact me on Monday and did not reply any further on my other messages. His van left mirror was cracked when he hit against my motorcycle and there were no other damages pointed out.



**SINGAPORE
POLICE FORCE**



T/20200614/2000

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457

Tel No: 1800-5852999

3 of 4

Report No. T/20200614/2000

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200614/2000

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

4 of 4

Report No. T/20200614/2000

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:

G /

Staff Sgt MUHAMMAD AMINULLAH BIN MOHD
YUSOF

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/06/2020 00:15

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE POLICE FORCE



T/20200615/2035

Station Of Origin:

Macpherson NPP

1 of 3

54 Phip Road #01-82/84 SINGAPORE

370054

Report No. T/20200615/2035

Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

15/06/2020 12:50

Vide Report No.:

T/20200614/2000

Station Diary No.:

15

Informant's Particulars

Name of Informant:

ABDIL QAIYYIM BIN ABDUL
MUTALIB

Address:

APT BLK 119 PASIR RIS STREET 11 #02-497 SINGAPORE
510119

ID Type / ID No.:

NRIC NO / S8916453B

Contact No.:

Home/Office:

Mobile: 90706760

Nationality:

SINGAPORE CITIZEN

Email:

Sex:

Male

Age:

31

Date of Birth:

14/05/1989

Type of Informant:

Driver

Race:

Indian

Language:

Institution / School Name:

Occupation:

Artist

Driving Licence Information:

Class:

Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2020 16:00	Type of Location: Car Park
Location: Along Road 1 PASIR RIS STREET 11				
Service road of Pasir ris st 11 near Blk 112 Pasir ris St11				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP3756A	Motorcycle	YAMAHA	CZD300A / XMAX300	Black	Slightly Damaged	0
GBF2067P	Van				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP3756A	NTUC Income Insurance Co-Operative Limited	5108498652-01	26/03/2020	25/03/2021



**SINGAPORE
POLICE FORCE**



T/20200815/2035

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20200815/2035

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CONTINUATION OF REPORT

Brief Details.

I manage to get his vehicle's plate number by going to the van driver's place and found his van. I had checked and it was the same van that had hit into my motorcycle. I wish to state that I heard the loud cash after going up to the block for around 10 minutes. I have yet to received any reply from the van driver, thus I will proceed for insurance claim.

RECEIVED
SINGAPORE POLICE
10-11
10-11
10-11



**SINGAPORE
POLICE FORCE**



T/20200615/2035

3 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20200615/2035

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:

G /

Sgt 2 LING JUNXIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No. 65474815



Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

15/06/2020 12:50

Classification Of Case:

Claim Handling

Exit

Accident MT/1094424

Policy No.	5108498652-03	Vehicle No.	F8P3756A	GST Registration No.	
Certificate No.					
Policyholder Name	ABDIL QAIYYIM BIN ABDUL MUTALIB			Policyholder NRIC	S8916453B
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90706760	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	A
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	15/06/2020 14:30	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	13/06/2020	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 119 PASIR RIS ST 11 SERVICE RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED 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 119 #02-497	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510119
Address 4		Address Type	Singapore address	Post Code	510119
Unit No.	02-497	Related Policy Number	5108498652-03		

OI Driver Info

Driver Name	ABDIL QAIYYIM BIN ABDUL MUTALIB	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8916453B	Driver DOB	14/05/1989
Register Date of Driver License	30/03/2010	Driver Age	31	Driving Experience	10
Contact No.(Mobile)	90706760	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 119	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510119
Address 4		Address Type	Singapore address	Post Code	510119
Unit No.	02-497				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ABDIL QAIYYIM BIN ABDUL M	Insured NRIC	S8916453B
Contact No.(Mobile)	90706760	Contact No.	NIL	Contact No.(Office)	
Email Address	iamgonzalaz@hotmail.com	Vehicle Number	F8P3756A	Vehicle Number	G8F2067P
Claim Description	F8P3756A / PASIR RIS ST 11 S.L. 119				
Preferred Workshop	<input type="radio"/> Yes <input checked="" type="radio"/> No	Insured Preferred Workshop	<input type="radio"/> Yes <input checked="" type="radio"/> No	Insured Preferred Workshop	
Date Registered	15/06/2020 14:33	Claim Close Date		Date Received	15/06/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1094424	Claim No.	901
Last Doc. Received	<input type="radio"/> Yes <input checked="" type="radio"/> No	Upload Date	15/06/2020 14:33
Path *		Category *	Please Select
Choose File no file selected		Confidential	NO
Choose File no file selected		Urgency *	Normal
Choose File no file selected		Description *	