

NATIONAL Assessment Centre Services. [part 1 Jan 05] MMA 1200 52267

Date In: 18/6/20 08:58	Job description	Date & Time Completed	Done by
Ref No: MA/INC 2000 6394/h4	SAS e-filing		
Veh No: FBD 8834 M	E-mail (within 3hrs, A/C 2hrs)		
IP: 11/6/20 09:20	I-Motor Claim Form	MT/1094351-02	18/6/20 16:56
IP: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whgn		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: Unknown	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 () / Non-INC ()	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

MA2003298	Invoice / Insurance Checklist	Am't (\$)	Payable (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Wgnr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claimant against INC Only (w/c 10 Jan 2005)		
Call:	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	18/06/2020 08:58
Date Of Accident	11/06/2020 09:20
Exact Location Of Accident	ADAM RD TWDS FARRER RD FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD8834M
Insured/Policyholder	
Name Of Registered Owner	YASHOK KUMAR S/O RAJAGOPAL
NRIC No	SXXXX829F
Email Address	VEHICLEMATTERS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96624016
Alternative Phone No	OFFICE-96624016

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R6S
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5111979255
Cover Note Number	

Driver

Name of Driver	YASHOK KUMAR S/O RAJAGOPAL
NRIC No	SXXXX829F
Date Of Birth	04/11/1986
Occupation	INDOOR
Date Of Driving Pass	08/03/2011
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96624016
Fax Number	
Contact Number	OFFICE-96624016
Email Address	VEHICLEMATTERS@GMAIL.COM

Address	BLK 224 AMK AVE 1 #10-539
Postcode	560224
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	CHAIN COLLISION
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	3
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT & POLICE REPORT T/20200616/2096

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	UNKNOWN
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKZ3113X
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	YASHOK KUMAR S/O RAJAGOPAL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBD8834M
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:

15/06/2026 1448hrs

Driver's Signature

(If driver is not the policyholder)

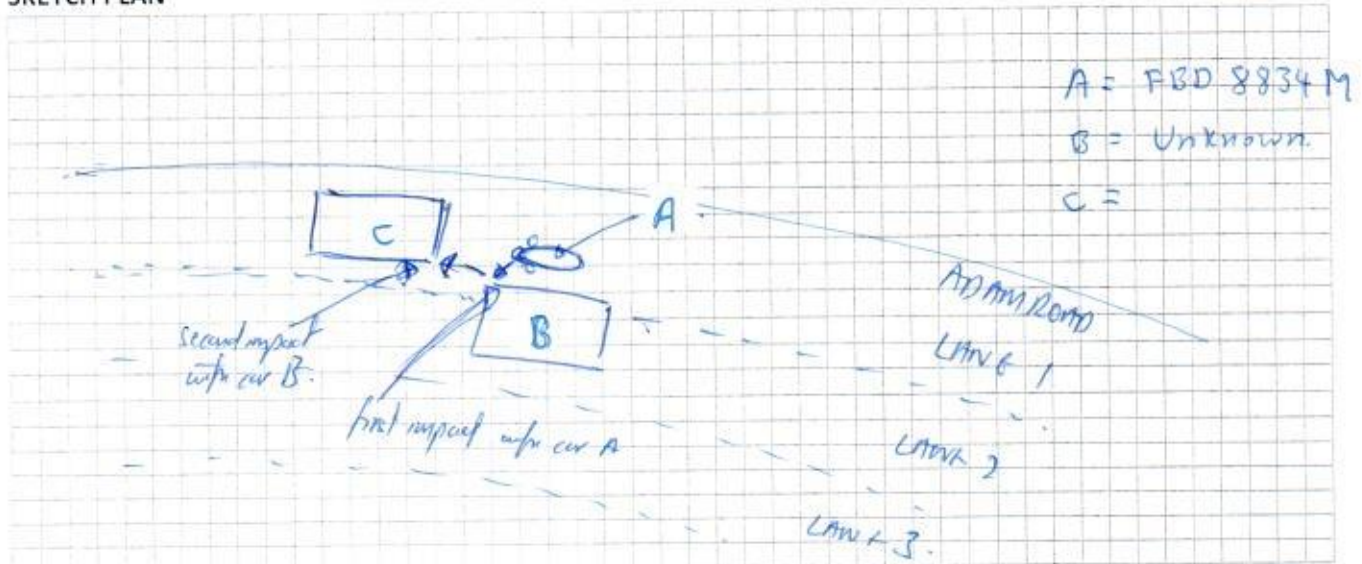
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was ^{to work} travelling along Adm road, towards farmer flyover, at around 90am, when I was involved in an accident.

I was riding close to the center white lines between lane 1 and lane 2, and was in the process of overtaking car B (a ~~car~~ SUV) when car B shifted slightly to its right; its right rear mirror colliding with me. This caused my bike to wobble and crash into car C (a white BMW). I was also flung off my bike and landed near lane 3.

After the accident, the driver of car C approached and claimed I hit him and took down my particulars. I could not get his particulars as I was feeling giddy and was ~~slightly~~ injured with abrasions. A police staff patrol car was nearby and rendered help.

After help was rendered to me, I realised that car B was missing from the accident scene.

DECLARATION

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

Policyholder's Signature

Date & Time:

15/06/2020 15:00hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

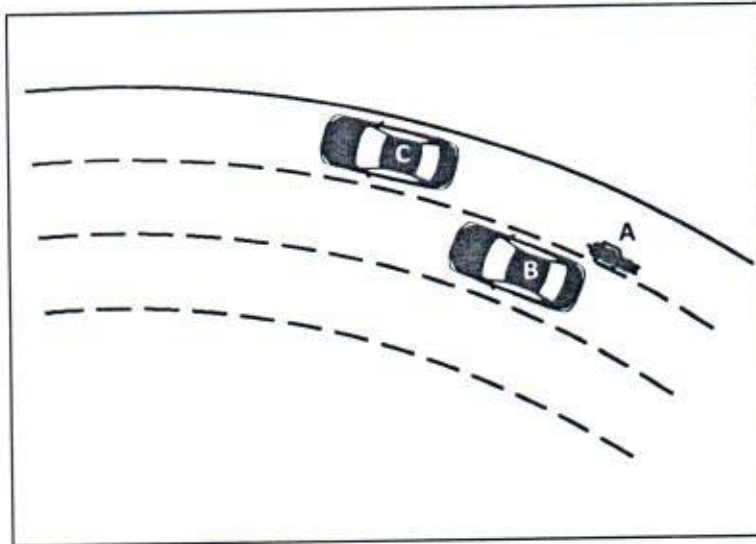
Reporting Centre Personnel's Signature

Name:

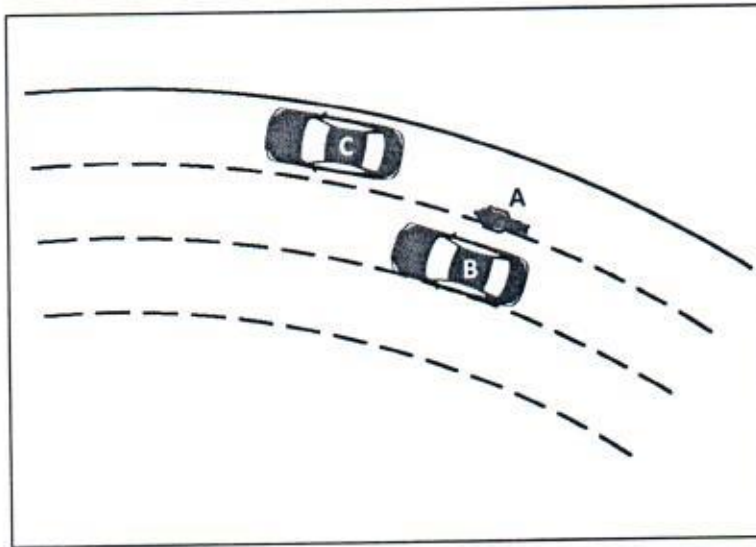
NRIC/FIN No.:

I'm Yashok kumar s/o Rajagopal and the following is my recount of the road traffic accident I was involved in, along Adam Road, towards Farrer Flyover on Thursday, the 11th of June 2020.

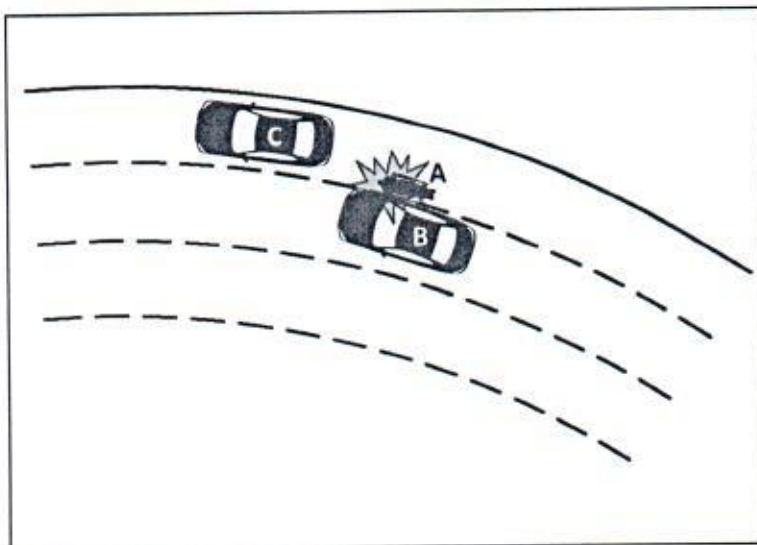
On the morning of 11th June 2020, at around 920hrs, I was riding along Adam road, towards Farrer Flyover, when I was involved in an accident, purportedly with 2 cars. This is the usual route I take to work. The weather was normal and the road condition was dry. The following describes the accident from my perspective.



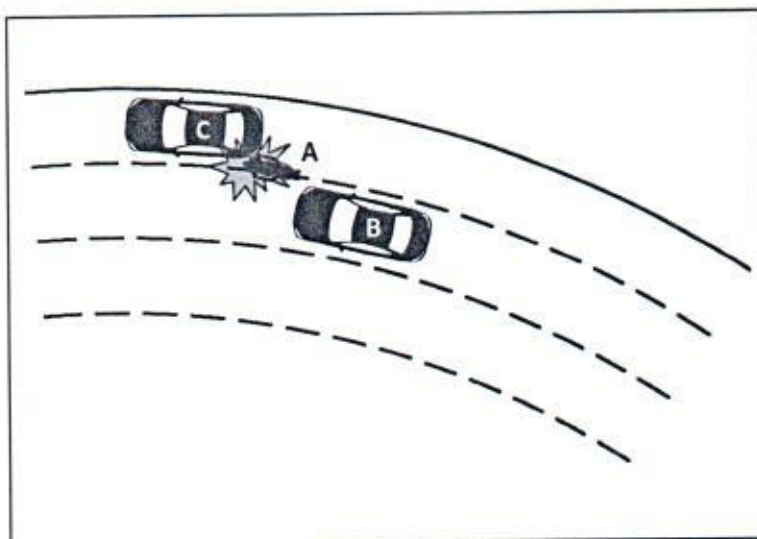
I was riding on vehicle A on the first lane, near the road dash-markings, preparing to overtake vehicle B, which was on the second lane.



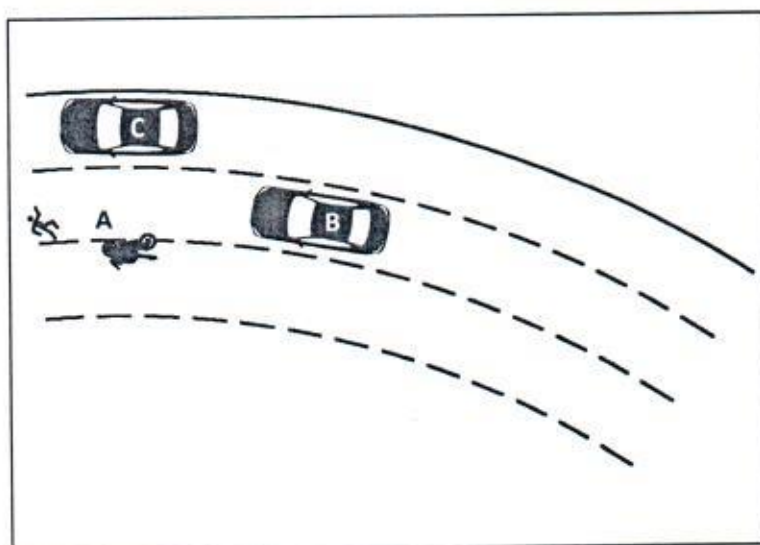
Vehicle B shifted out the lane and seemed to be changing to the left lane. I took this opportunity to overtake vehicle B slowly in-between the lanes.



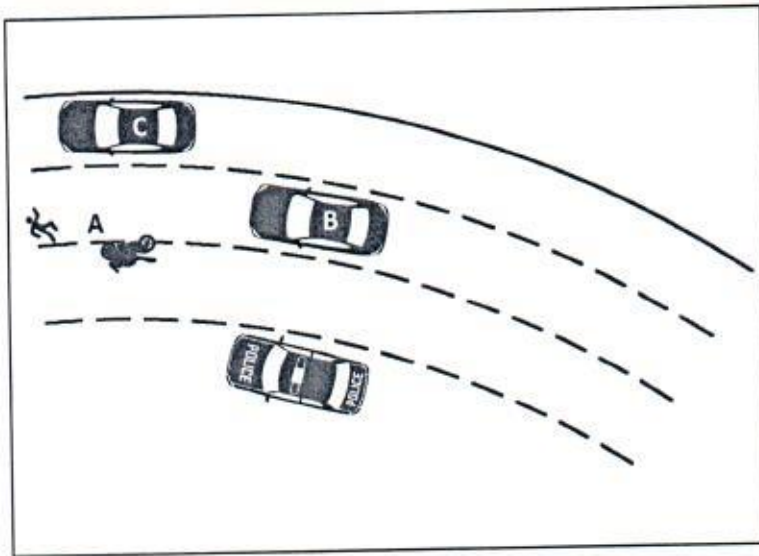
Vehicle B shifted back to the right and caused me to hit its right-side mirror, causing me to wobble, lose control and skid.



As it was a bend, I skidded and crashed onto vehicle C; onto its rear-left bumper.



The accident caused me to be flung off my bike a good distance from the point of initial impact. My bike landed near lane 3.



A state patrol car, which was nearby, quickly came to my aid.

After the accident, I got up and went to the side of the road. I received aid from passers-by and two police officers who happened to be travelling along Adam Road in the same direction as me, while waiting for the paramedics. A fellow motorcyclist helped me in shifting my vehicle to the side of the road.

During the accident, I remember that all the vehicles stopped on their respective lanes. But after my bike and I were moved to the side of the road, the traffic resumed.

The driver of vehicle C later walked up to me, demanding for my particulars despite me feeling giddy and injured. The two police officers took down both our particulars. Help was also rendered by two other people, who later revealed themselves to be passer-by. An ambulance arrived shortly and the paramedics later rendered professional assistance.

While being treated by the paramedics, I realised that vehicle B was nowhere to be seen. Until I gained proper conscious, I initially thought that the two passer-by, who came to my aid, were the driver and passenger of vehicle B. It became conclusive that vehicle B did not stop after the accident and drove away. I remember it being an SUV.

As I was initially shocked and feeling light-headed, I did not even take down the particulars of the driver of vehicle C. One of the passer-by, however, did a favour for me by snapping pictures of the damaged vehicle (vehicle C) and its plate number. Vehicle C sustained minor damages on the left side of its rear bumper; dents and paintwork (images attached below)

The following are some details of the accident:

Location of accident:

Adam road, towards Farrer flyover, after Camden Park. Location is indicated on the map below by an arrow.



Details of my vehicle (vehicle A):

Vehicle registration plate: FBD 8834 M

Type of vehicle: Motorbike

Make and model: Yamaha R6S

Details of vehicle B:

Yet to find. I recall it being an SUV.

Details of vehicle C:

Vehicle registration plate: SKZ 3113 X

Type of vehicle: Sedan

Make and model: BMW 2-series, 228i

Photos of the damage sustained by vehicle C are as follows:





**SINGAPORE
POLICE FORCE**



T/20200616/2096

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No: T/20200616/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2020 21:07	Vide Report No.:	Station Diary No.: 55
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Informant's Particulars

Name of Informant: YASHOK KUMAR S/O RAJAGOPAL			Address: APT BLK 224 ANG MO KIO AVENUE 1 #10-539 SINGAPORE 560224	
ID Type / ID No.: NRIC NO / S8631829F			Contact No.:	Mobile: 96624016
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 33	Date of Birth: 04/11/1986	Type of Informant: Rider	
Race: Indian			Language:	Institution / School Name
Occupation: ARCHITECTURE ASSISTANT			Driving Licence Information: Class: 2B,2A,2	
			Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/06/2020 09:20	Type of Location: Straight Road
Location: Along Road 1 ADAM ROAD				
Towards Farrer Road Flyover				
Weather: Clear		Road Surface: Dry		Road Speed Lim
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Chain collision				Anyone conveyed by ambulance No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD8834M	Motorcycle	YAMAHA	YZF-R6S	Red	Seriously Damaged	0
SKZ3113X	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD8834M	NTUC Income Insurance Co-Operative Limited	5111979255	08/09/2019	07/09/2020



**SINGAPORE
POLICE FORCE**



T/20200616/2096

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

2 of 3

Report No. T/20200616/2096

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	YASHOK KUMAR S/O RAJAGOPAL	ID No.	S8631829F
Related Vehicle	FBD8834M (Motorcycle)	Contact No.	96624016
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A.2 Date of Expiry: NIL
Date Treatment	11/06/2020	Date Discharge	11/06/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 11th June 2020 at about 0920 hours, I was riding my vehicle bearing registration number FBD8834M along Adam Road towards Farrer Road Flyover on the 2nd lane. I wanted to overtake the car in front of me and while overtaking, I thought the car wanted to change lane to the 3rd lane. The unknown car then sideswipe my vehicle, which caused me to collide with the vehicle bearing registration number SKZ3113X, which was on the 1st lane.

I remembered that my helmet hit onto the right side mirror of the unknown car. However, the car left subsequently. Police officers came and gave assistance to us E/20200611/0037. The damages on my vehicle was heavily damaged. The other vehicle SKZ3113Z had minor scratches on the left side of the fender and some paintwork damages.

I went to Tan Tock Seng Hospital due to abrasions on my legs, hands and lower back. I wish to state that when the police was attending to me, I told them that I self-skidded. However, after recalling the incident, I remembered that the unknown car had sideswiped me.

I wish to also add that this is not the first time such an incident happened. I remembered that the unknown car was an SUV vehicle.



**SINGAPORE
POLICE FORCE**



T/20200616/2096

3 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20200616/2096

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:

F /

Sgt 3 MASLINA BINTE MOHAMAD ALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/06/2020 21:07

Officer In Charge Of Case:

TP / HRT /

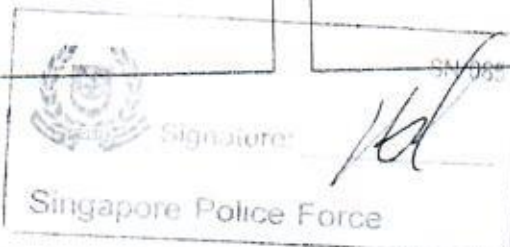
SI TAN JEOK LENG

Contact No.: 65476144

Classification Of Case:

Authentication Stamp

NP168



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.

Date of Accident

Vehicle No.(For Motor)

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111979255		YASHOK KUMAR S/O RAJAGOPAL	S8631829F	GMC	Third Party, Fire & Theft	FBD8834M	FBD8834M	08/09/2019	07/09/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 06 / 2020) (DD/MM/YYYY), TIME: (10 : 20) (HH:MM)

LOCATION: Adam road near Camden Park (Lane 1)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F3D 8834 M
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA R6S
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 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: YASHOK KUNAR & RAJA HOARL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8631829F CONTACT: 96624026
 c) ADDRESS: Blk 224, ANH MO KIO AVE 1, #10-539, S/160224

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (04 / 11 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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) - Pending
 IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SK2 3113X MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

* License

* Veh B^C no

* Police Report

Email = vehiclematters@gmail.com

Fax =

Video = No.

Claim Handling

Accident MT/1094351

Policy No.	5111979255	Vehicle No.	FBD8834M	GST Registrati
Certificate No.				
Policyholder Name	YASHOK KUMAR S/O RAJAGOPAL			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	96624016	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(%)	10	Private Hire

▼ Accident Details

Report Date	15/06/2020 08:14	Accident Report Within 24 hrs	Non-Reporting	Accident Type
Date of Accident	11/06/2020	Time of Accident hh:mm	09:15	Country of Acc
Reporting Centre	administrator	Orange Force	No	ICM No.
Accident Location	ADAM ROAD NEW CAMDEN PARK			

▼ 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 224 #10-539	Address 2	ANG MO KIO AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-539	Related Policy Number	5111979255	

▼ OI Driver Info

Driver Name	YASHOK KUMAR S/O RAJAGOPAL	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8631829F	Driving Exper
Register Date of Driver License	08/03/2011	Driver Age	33	Contact No.(Hi
Contact No.(Mobile)	96624016	Contact No.(Office)		Address 3
Address 1	BLK 224 #10-539	Address 2	ANG MO KIO AVENUE 1	Post Code
Address 4		Address Type	Singapore address	
Unit No.	10-539			
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	YA
Contact No.(Mobile)	96624016	Contact No. (Home)	64
Email Address		OI Vehicle Number	FBI
Claim Description	FBD8834M / UNKNOWN ON 11 Jun 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	18/06/2020 16:55	Claim Close Date	
Report Taken By	shan hui		

☒ Print AK letter

Attachment

Accident No.	MT/1094351	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/06/2020 16:56
Path *		Category *	Confider
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2020 16:56	NRIC/ Driving License	Y	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2020 16:56	NRIC/ Driving License	Y	Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2020 16:56	SAS		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2020 16:56	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2020 16:55	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2020 16:55	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2020 16:55	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2020 16:55	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2020 16:55	Photos		Normal
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2020 16:55	Photos		Normal

Video List

Uploaded By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>