

# NATIONAL Assessment Centre Services. part 1 Jan 03 MMA120052472

Date In: 18/6/20 16:25	Job description	Date & Time Completed	Done by
Ref No: MMA1INC20006428144	SAS e-filing		
Veh No: FBK 6845H	E-mail (within 3hrs, AIC 2hrs)		
DDA: 1015/20 17:15	I-Motor Claim Form	MT11092526 <sup>002</sup>	18/6/20 16:41
OP: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SLV 2163S	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:	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>MA2003301</p> <p>Claimants 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>Sub:</p>	<p>Invoice RepARATION Checklist</p> <table border="1"> <tr> <td>1) ALT: Accident Reporting (\$30);</td> <td>32.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$30)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td></td> </tr> <tr> <td>4) FT: 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 19 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-Inspection \$75</td> <td></td> </tr> <tr> <td>7) N1: Idao DA + SMRT Survey \$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td>    Q1:</td> <td></td> </tr> <tr> <td>    • N5: Courtesy Car / Tpt Allowance \$3</td> <td></td> </tr> <tr> <td>    • N6: Repair Co-ordination \$10</td> <td></td> </tr> <tr> <td>    • N7: Post Repair Inspection \$25</td> <td></td> </tr> <tr> <td>    • N8: DV / Collect Excess Coordination \$3</td> <td></td> </tr> <tr> <td>    TP (N11): TP (Non INC) against INC \$20</td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile \$0</td> <td></td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	1) ALT: Accident Reporting (\$30);	32.00	2) DA: Damage Assessment (\$100); INC (\$30)		3) TP: Towing Fee \$40/\$45		4) FT: Follow-Through Survey \$120		5) PT: Follow-Through Survey (Resurvey) \$30		For claiming against INC Only (wef 19 Jan 2003)		6) TR: Re-Inspection \$75		7) N1: Idao DA + SMRT Survey \$160		8) NTUC Additional Services:		Q1:		• N5: Courtesy Car / Tpt Allowance \$3		• 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: Idao Mobile \$0	
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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	18/06/2020 16:25
Date Of Accident	10/05/2020 17:15
Exact Location Of Accident	SENGKANG EAST WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6845H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ELFIEAN FIRDAUS BIN RIZAL
NRIC No	TXXXX771G
Email Address	FIRDAUSELFIEAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98520130
Alternative Phone No	OFFICE-98520130

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150-150CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5114982487
Cover Note Number	

### Driver

Name of Driver	ELFIEAN FIRDAUS BIN RIZAL
NRIC No	TXXXX771G
Date Of Birth	25/05/2001
Occupation	INDOOR
Date Of Driving Pass	05/12/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98520130
Fax Number	
Contact Number	OFFICE-98520130
EEmail Address	FIRDAUSELFIEAN@GMAIL.COM

Address	BLK 130 RIVERVALE ST #15-878
Postcode	540130
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 - CROSS JUNCTION
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/20200520/7007

#### 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	SLV2163S
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	ELFIEAN FIRDAUS BIN RIZAL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBK6845H
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.:

Hand-drawn sketch map of the intersection of Jalan Sengkang East and Jalan Angkrek Green. The map shows a T-junction where Jalan Angkrek Green meets Jalan Sengkang East from the left. A dashed rectangle indicates a specific area on Jalan Angkrek Green. A bus labeled 'B' is shown at the intersection, and a car labeled 'A' is shown on Jalan Sengkang East. A bus stop labeled 'LRT' is also marked. Arrows indicate the direction of traffic flow. The map is drawn on grid paper.

Refer to police report - T/20200520/7007

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

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





# SINGAPORE POLICE FORCE



T/20200520/7007

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

1 of 3

Report No. T/20200520/7007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/05/2020 12:34		Vide Report No.: F/20200510/0195		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ELFIEAN FIRDAUS BIN RIZAL			Address: APT BLK 130 RIVERVALE STREET #15-878 SINGAPORE 540130		
ID Type / ID No.: NRIC NO / T0117771G			Contact No.: Home/Office: Mobile: 98520130		
Nationality: SINGAPORE CITIZEN			Email: firdauselfiean@gmail.com		
Sex: Male	Age: 18	Date of Birth: 25/05/2001	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/05/2020 17:15	Type of Location: X-Junction
Location: SENGKANG EAST WAY				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK6845H	Motorcycle	YAMAHA	SNIPER T150	Black		0
SLV2163S	Car	MAZDA	Mazda 3	Black	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK6845H	NTUC Income Insurance Co-Operative Limited	5114982487	18/12/2019	17/12/2020



**SINGAPORE  
POLICE FORCE**



T/20200520/7007

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

2 of 3

Report No. T/20200520/7007

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV2163S	NTUC Income Insurance Co-Operative Limited	5114982487	18/12/2019	17/12/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ELFIEAN FIRDAUS BIN RIZAL	ID No.	T0117771G
Related Vehicle	FBK6845H (Motorcycle)	Contact No.	98520130
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	10/05/2020	Date Discharge	19/05/2020
No. of Days granted Medical Leave	20	Degree of Injury	Serious
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SLV2163S (Car)	Contact No.	93866562
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.**

I was riding in the left most lane from Sengkang East Road towards Buangkok Green, going straight. The involved vehicle (Mazda 3, SLV2163S, black) was oncoming on Sengkang East Road towards Punggol Way. The junction of Sengkang East Avenue was when I remembered last, the driver turned right into my lane while my traffic was green I could stop in time, upon impact I blacked out. That was my last moment to recall.





**SINGAPORE  
POLICE FORCE**



T/20200520/7007

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

3 of 3

Report No. T/20200520/7007

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
NG BEIFENG  
Contact No.: 65476415

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
20/05/2020 12:34

Classification Of Case:

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

17/06/2020 09:50

Vehicle No.(For Motor)

FBK6845H

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"/>	5114982487		ELFIEAN FIRDAUS BIN RIZAL	T0117771G	GMC	Third Party, Fire & Theft	FBK6845H	FBK6845H	18/12/2019	17/12/2020



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5114982487

**Cover** : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBK6845H

Chassis Number

: MH3UG0740F0006398

2. Name of Policyholder

: ELFIEAN FIRDAUS BIN RIZAL

3. Effective Date of Insurance

: 18 Dec 2019

4. Expiry Date of Insurance

: 17 Dec 2020

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: ELFIEAN FIRDAUS BIN RIZAL

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: A.S. PHOON PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : A S PHOON PTE LTD (00000571911)

Date of Issue : 18 Dec 2019 13:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

# ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 05 / 2019) (DD/MM/YYYY), TIME: (17 : 30) (HH:MM)

LOCATION: Sengkang East Way

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK6845H  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 511 498 2487  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Yamaha Sniper 150  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / (MOTORCYCLE) OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Personal use  
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: Elifan Firdaus Bin Pital (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: T01177716 CONTACT: 9852 0130  
c) ADDRESS: Rivervale Street Block 130, #15-878 (540130)

\* 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: ( / / ) (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:

## 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: SLV2163S MODEL: Mazda 3  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT: 9386 6562

## 9. THIRD PARTY VEHICLE

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

\* photo-

Email = firdaus elifan@gmail.com

fax =

VIDEO = no



## Claim Handling

Accident MT/1092526

Policy No.	5114982487	Vehicle No.	FBK6845H	GST Registrati
Certificate No.				
Policyholder Name	ELFIEAN FIRDAUS BIN RIZAL			Policyholder NI
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
XFK	<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(%)	0	Private Hire

## ▼ Accident Details

Report Date	12/05/2020 08:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/05/2020	Time of Accident hh:mm	17:10	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	SENGKANG EAST ROAD			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess		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 130 #15-878	Address 2	RIVERVALE STREET	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	15-878	Related Policy Number	5114982487	

## ▼ OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experi
Register Date of Driver License		Driver Age		Contact No.(Hi
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	ELI
Contact No.(Mobile)	98520130	Contact No. (Home)	
Email Address		Vehicle Number	FBK6845H / SLV2163S ON 10 May 2020
Claim Description			
Preferred Workshop	Insured Liability	Not at Fault	
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/06/2020 16:40	Claim Close Date	
Report Taken By	SHAN HUI		

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1092526	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/06/2020 16:41

  

Path *	Category *	Confider
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### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2020 16:40	SAS		Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2020 16:40	Photos		Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2020 16:40	Photos		Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2020 16:40	Photos		Normal
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2020 16:40	Photos		Normal
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Jun 2020 16:40	Photos		Normal

### Video List

Uploaded By/Date	Folder Date	File Name	
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