

NATIONAL Assessment Centre Services

Ref: 13-10-2

Date In: 11/07/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20007180/13	SAS e-filing		
Veh No: FBP1561H	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 28/06/20 1720	i-Motor Claim Form	MT/1096549 - 001	
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: G809531E	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%; F: 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

NA2003614	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
Auditors' Comments:	Invoice dated	Fee Charged	
Dat. 1:	Invoice dated	Fee Charged	
Dat. 2/3:			

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	11/07/2020 09:01
Date Of Accident	28/06/2020 17:20
Exact Location Of Accident	ALONG LOYANG AVE JUNC OF OLD TAMPINES ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP1561H
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD IRFAN BIN OSMAN
NRIC No	SXXXX694Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94254095
Alternative Phone No	OTHERS-94254095

Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX
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	5107623982-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD IRFAN BIN OSMAN
NRIC No	SXXXX694Z
Date Of Birth	27/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	05/02/2009
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94254095
Fax Number	
Contact Number	OTHERS-94254095
Email Address	NOEMAIL

Address	BLK 758 PASIR RIS ST 71 #04-178
Postcode	510758
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	SIDE SWIPE
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?	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	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

PLS REFER TO THE POLICE REPORT: T/20200629-2093

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 Witness 1

Name	LU HWEE HONG
Phone Number	90668204
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD9531E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AFIQ REZZA BIN NORREZAT
NRIC/Passport Number	SXXXX210Z

Contact Number 98803765
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJK5123U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver PEGGY
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD IRFAN BIN OSMAN
Approximate Age
Injuries Sustain LEG & LOWER BACK
Injured person in which vehicle? FBP1561H
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: 09/07/2020

Driver's Signature

(If driver is not the policyholder)

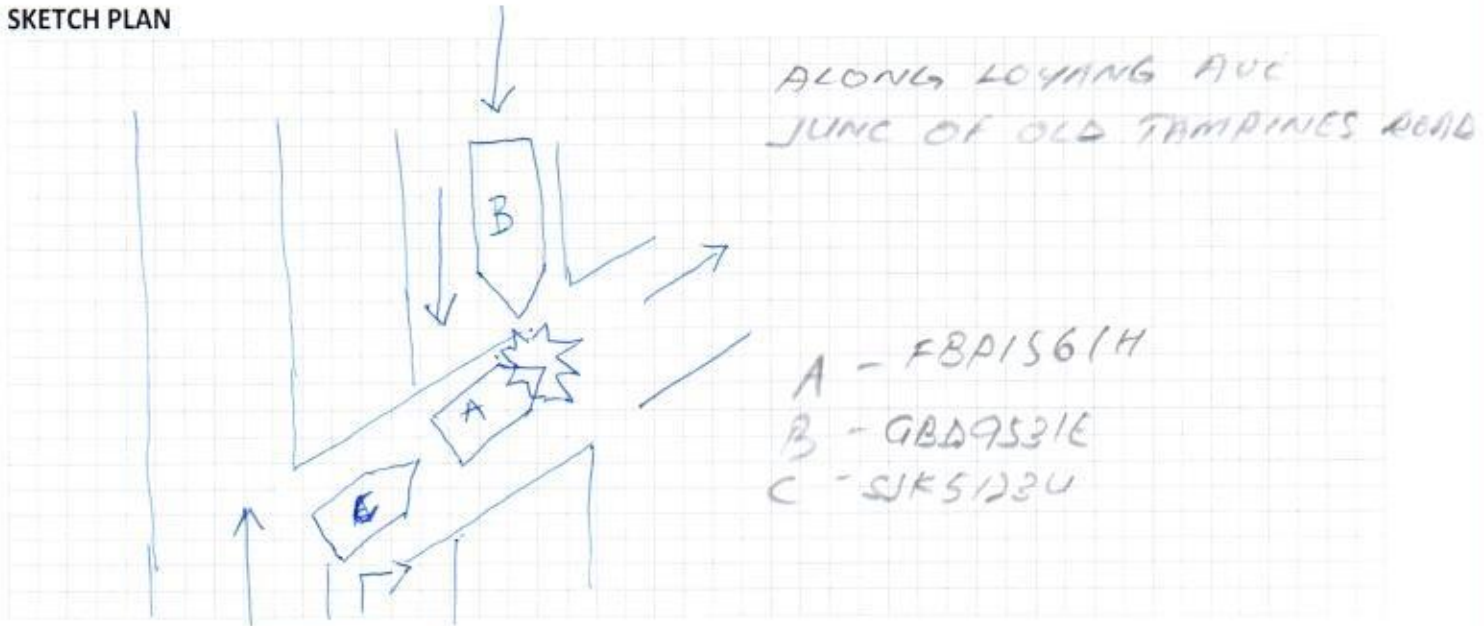
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20200629/2093

AFTER THE IMPACT MY VEHICLE HIT ONTO VEHICLE C

I GOT TO KNOW THAT VEHICLE C WAS HIT FROM VEHICLE A AFTER
7 DAYS WARDEN IN HOSPITAL

DECLARATION

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

Policyholder's Signature

Date & Time: 09/07/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20200629/2093

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

1 of 4

Report No. T/20200629/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2020 20:18		Vide Report No.:		Station Diary No.: 63	
Informant's Particulars					
Name of Informant: MUHAMMAD IRFAN BIN OSMAN			Address: APT BLK 758 PASIR RIS STREET 71 #04-176 SINGAPORE 510758		
ID Type / ID No.: NRIC NO / S8818694Z			Contact No.: Home/Office: Mobile: 94254095		
Nationality: SINGAPORE CITIZEN			Email: IRFANOSM@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 27/05/1988	Type of Informant: Rider		
Race: Malay		Language:		Institution / School Name:	
Occupation: AVIATION TECHNICIAN		Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/06/2020 17:20	Type of Location: Straight Road
Location: Along Road 1 LOYANG AVENUE LOYANG AVENUE, TURNING RIGHT ONTO OLD TAMPINES ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
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
FBP1561H	Motorcycle	YAMAHA	AEROX GDR155A CVT	Black		0
GBD9531E	Van	NISSAN		Black		0

Details of Vehicle Insurance

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



T/20200629/2093

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

2 of 4

Report No. T/20200629/2093

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1561H	NTUC Income Insurance Co-Operative Limited	5107623982-01	18/02/2020	17/02/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD IRFAN BIN OSMAN		ID No.	S8818694Z
Related Vehicle	FBP1561H (Motorcycle)		Contact No.	94254095
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	28/06/2020		Date Discharge	29/06/2020
No. of Days granted Medical Leave	14		Degree of Injury	NIL
Driver				
Name	AFIQ REZZA BIN NORREZAT		ID No.	S9001210Z
Related Vehicle	GBD9531E (Van)		Contact No.	98803705
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 28/06/2020 at about 1720hrs, I was riding my motorcycle (Greyish Black Yamaha AEROX GDR155A CVT bearing license plate FBP1561H) along Loyang Avenue. When the green arrow showed for the right turn onto Old Tampines Road, I began to ride towards Old Tampines Road. All of a sudden, a van (Black Nissan van bearing license plate GBD9531E) collided into the front left of my motorcycle. I then flew across the road with my motorcycle due to the impact. While I laid on the road, several by-standers came to assist me. One of the by-standers then called for ambulance and an off-duty Traffic Police came to my assistance as well. One of the witnesses (Name: Lu Hwee Hong, Vehicle license plate number: SLU1688G, Contact number: 90668204) approached me and informed me that his vehicle's front-facing camera captured the accident and that the black van had beat the red light. The witness had also sent me the footage via WhatsApp.

Subsequently, Traffic Police and ambulance arrived. I was then conveyed to Changi General Hospital for my leg and lower back injuries. I was warded and discharged on 29/06/2020 and given 13days Hospitalization Leave.



**SINGAPORE
POLICE FORCE**



T/20200629/2093

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/20200629/2093

CONTINUATION OF REPORT

I did not have any recording device that captured the accident.

ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 06 / 2020) (DD/MM/YYYY), TIME: (17 : 17) (HH:MM)

LOCATION: ALONG LOYANG AVE JUNCTION OF OLD TAMPINES ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP1561H
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5107623982-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA AEROX 155CC
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: MUHAMMAD IRFAN BIN OSMAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8818694Z CONTACT: 94254095
c) ADDRESS: BLK 758 PASIR RIS STREET 71 #04-176 S(510758)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (27 / 05 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2009

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 CONCRETE)

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: G8D953IE MODEL: NISSAN VAN
b) DRIVER'S NAME: AFIQ REZZA BIN NORREZAT
c) NRIC/FIN/PASSPORT: S9001210Z CONTACT: 98803705

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SJK5123U MODEL: _____
e) DRIVER'S NAME: PEGGY
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = IRFANOSM@GMAIL.COM

fax =

video =

THE SCHEDULE

Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.

We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5107623982-01
The Policyholder	: MUHAMMAD IRFAN BIN OSMAN BLK 453 #09-208 TAMPINES STREET 42 SINGAPORE 520453

Period of Insurance	: 18 Feb 2020 To 17 Feb 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$260.35

Interest Insured

Cover Type	: Third Party, Fire & Theft	
Named Driver (1)	: MUHAMMAD IRFAN BIN OSMAN	
Named Driver (2)	: NURAZLI BIN ABDUL MALEK	
Make/Model	: YAMAHA/GDR155A	
Capacity	: 160cc	Number of Seater : 2
Registration Number	: FBP1561H	Registration Year : 2019
Chassis Number	: MH3SG4640JJ047421	Insure with COE : YES
Excess (Section 1)	: N/A	NCD Entitlement : 10%
Excess (Section 2)	: N/A	Loyalty Discount : 5%
Hire Purchase Company	: DE XING MOTOR PTE LTD	

Memo A : N/A

Endorsement Operative: M2

Agency	: ASSURE PTE. LTD. (00000572842)
Date of Issue	: 14 Feb 2020 16:38 hrs
Reprint	: 14 Feb 2020 16:38 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Claim Handling

Accident MT/1096549

Policy No.	5107623982-01	Vehicle No.	FBP1561H	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD IRFAN BIN OSMAN			Policyholder NRIC	S8818694Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	94254095	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	11/07/2020 09:54	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	26/06/2020	Time of Accident hh:mm	17:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG LOTYANG AVE JUNC OF OLD TAMPINES ROAD				

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
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00
Driver is Covered?			Not Covered

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 453 #01-208	Address 2	TAMPINES STREET 42	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	S29453
Unit No.	09-208	Related Policy Number	5107623982-01		

01 Driver Info

Driver Name	MUHAMMAD IRFAN BIN OSMAN	Driver Type	Main Driver	Driver DOB	27/05/1996
Unnamed driver Name		Driver NRIC	S8818694Z	Driving Experience	11
Register Date of Driver License	05/02/2009	Driver Age	22	Contact No.(Home)	0
Contact No.(Mobile)	94254095	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	BLK 758	Address 2	PASIR RIS STREET 71	Post Code	S10758
Address 4		Address Type	Singapore address		
Unit No.	404-178				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MUHAMMAD IRFAN BIN OSMAN	In-AP
Contact No.(Mobile)	94254095	Contact No. (Home)	NIL	Ce
Email Address	irfanosm@gmail.com	OT Vehicle Number	FBP1561H	Ac
Claim Description	FBP1561H / GB09531E ON 28 Jun 2020			IO
Preferred Workshop		Insured Liability	Not at Fault	TP
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Ve
Date Registered		GIA report	Received	Nz
Report Taken By		Claim Close Date	11/07/2020 10:02	Ph
		Workshop Reparer	ROSLINDA	Wi
Print AK letter				

Save Submit

Attachment

Accident No.	MT/1096549	Claim No.	001
Last Doc. Received	Yes No	upload Date	11/07/2020 00:00
Path *		Category *	
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
		Confidential	Normal
		Urgency *	Normal

Choose FileNo file chosen

Choose FileNo file chosen

Choose FileNo file chosen

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 10:01	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 10:01	SAS		Normal	SAS 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 10:01	Photos		Normal	Photos 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 10:01	Photos		Normal	Photos 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 10:01	Photos		Normal	Photos 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 09:59	Photos		Normal	Photos 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 09:59	Photos		Normal	Photos 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 09:59	Photos		Normal	Photos 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 09:59	Photos		Normal	Photos 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 09:59	Photos		Normal	Photos 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 09:59	Photos		Normal	Photos 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 09:59	Photos		Normal	Photos 2020-7-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2020 09:59	Photos		Normal	Photos 2020-7-11
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