

NATIONAL Assessment Centre Services

[Ref: JN102]

Date In: 14/07/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20007051/13	SAS e-filing		
Veh No: FN9131B	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 01/07/20 1545	i-Motor Claim Form	MT/1096747 - 001	
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: (MOTO 51)	Tel:	Fax:
TP Particulars:	Veh No: SLR1450	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

NA 2003668	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	QP:			
	*N5: Courtesy Car / Tp Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N11 INC) against INC \$20			
	N12: Idao 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	14/07/2020 09:24
Date Of Accident	01/07/2020 15:45
Exact Location Of Accident	ALONG PIE TWDS TUAS B4 CTE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FN9131B
Insured/Policyholder	
Name Of Registered Owner	AHMAD AFFENDDIE BIN BASRI
NRIC No	SXXXX098A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83853349
Alternative Phone No	OTHERS-88910242
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400
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
Fleet Policy	NO
Policy Number	5075755828-04
Cover Note Number	
Driver	
Name of Driver	NURUL SYAZANA BINTE AHMAD AFFENDDIE
NRIC No	SXXXX333J
Date Of Birth	04/08/1995
Occupation	OUTDOOR
Date Of Driving Pass	14/07/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88910242
Fax Number	
Contact Number	
EMail Address	NURULSYAZANA18@GMAIL.COM

Address	BLK 661C EDGEDALE PLAINS #09-644
Postcode	823661
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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)	2
Passenger 1	NAME: : ZAFIRAH BINTE HARON GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200704/2085

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR145D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	XIAO JIAN
NRIC/Passport Number	GXXXX349P

Contact Number 96399820
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NURUL SYAZANA BINTE AHMAD AFFENDIE
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? FN9131B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ZAFIRAH BINTE HARON
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? FN9131B
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.

8

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Veh A: FN91318
Veh B: SLR145D

Refer to police report

Report NO: T/20200704/2085

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.:



**SINGAPORE
POLICE FORCE**



T/20200704/2085

1 of 4

Report No. T/20200704/2085

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2020 20:58	Vide Report No.:	Station Diary No.: 228
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Informant's Particulars

Name of Informant: NURUL SYAZANA BINTE AHMAD AFFENDIE			Address: APT BLK 661C EDGEDALE PLAINS #09-644 SINGAPORE 823661		
ID Type / ID No.: NRIC NO / S9528333J			Contact No.: Home/Office:		Mobile: 88910242
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 24	Date of Birth: 04/08/1995	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/07/2020 15:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards Tuas, near to CTE exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FN9131B	Motorcycle	HONDA	CB400F3T	Red	Slightly Damaged	1
SLR145D	Car	VOLVO	S60 T2 A/T	White	No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20200704/2085

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 4

Report No: T/20200704/2085

CONTINUATION OF REPORT

Pillion			
Name	ZAFIRAH BINTE HARON	ID No.	SS9502494G
Related Vehicle	FN9131B (Motorcycle)	Contact No.	94518134
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/07/2020	Date Discharge	02/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Rider			
Name	NURUL SYAZANA BINTE AHMAD AFFENDIE	ID No.	S9528333J
Related Vehicle	FN9131B (Motorcycle)	Contact No.	88910242
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	01/07/2020	Date Discharge	03/07/2020
No. of Days granted Medical Leave	10	Degree of Injury	Serious
Driver			
Name	XIAO JIAN	ID No.	G0562349P
Related Vehicle	NIL	Contact No.	96399820
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: 12/02/2025
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 1 July 2020 at about 1545hrs, I was riding my motorcycle on lane two with my pillion, Zafirah. I am unable to recall the accident and only remembered waking up in the ambulance with paramedics attending to me.

Zafirah informed me that a white car bearing registration number: SLR145D, cut into my lane from Lane 1 and believed to be a side swipe without checking the blindspot. Zafirah said that when she flew forward and rolled on the ground. When she has stopped, she immediately stood up and ran towards me as I was lying flat face down, unconscious. She fell in between me and my motorcycle. The involved car stopped in front of my motorcycle which was the floor lying on its right. Another car, a black Audi, which was not involved with the accident, had assisted to block the lane using the car. Zafirah managed to exchange contact with the passenger of the mentioned car. The driver is her husband namely, Richard, and her



**SINGAPORE
POLICE FORCE**



T/20200704/2085

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

3 of 4

Report No. T/20200704/2085

CONTINUATION OF REPORT

name is Justine, Hp: 96803343. Zafirah also took the particulars of the white car's driver.

Zafirah and I were conveyed to Tan Tock Seng Hospital where we both had received treatments. I sustained the following injuries:

- Face: 1st degree burn on lower lip, swollen jaw, abrasions on right temple, superficial abrasion under right eye, abrasion on chin
- Hands: 3rd degree burn on both hands and right knuckles, abrasion on right elbow
- Legs: 3rd degree burn on both knees, right shin
- Body: 3rd degree burn on right chest area

Zafirah sustained the following injuries:

- 3rd degree burn on right knee, abrasions on both hands including elbows, 2nd degree burn on left shoulder, abrasions on left and right parts of the hip

I have camera installed both at the front and rear of my motorcycle.



**SINGAPORE
POLICE FORCE**



T/20200704/2085

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

4 of 4

Report No. T/20200704/2085

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: J / Sgt 3 NUR SYAHIRAH BINTE MOHAMED SALLEH
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Contact No.:

Signature Of Informant: A
Date/Time: 04/07/2020 20:58
Classification Of Case:

Authentication Stamp
NP168

NS

Vehicle No.	FN9131B	Model / Make	Honda CB400
Date of Accident	1/7/2020		
Time of Accident	1545	HRS	
Location of Accident	Along PIE towards Tuas before CTE exit		
Exact purpose use during accident	Private use		
Name of Owner	Ahmad Affendire Bin Basri		
Telephone No.	H/P : 83853349	Home :	Office :
NRIC	S6929008A		
Address	BLK 661C Edgedale Plains #09-644 S(823661)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5075755828-04		
Name of Driver	As Above If No, Nurul Syazana Binte Ahmad Affendire		
NRIC	S9528333J	Any Passengers :	1 (F)
Date of birth	4/8/1995		
Occupation	Outdoor / Indoor		
Driving License Pass Date	21/12/2015		
Gender	Male / Female		
Contact No.	H/P : 8891 0242	Home :	Office :
Address	BLK 661C Edgedale Plains #09-644 S(823661)		
Driver have any own vehicle	No, If yes, Reg No. FBC1484R		
Relationship	Employee, If no, state Father & daughter		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	Nurul Syazana Binte Ahmad Affendire 8891 0242		
Name And Contact No.	Zafrah Binte Haron 9451 8134		
Police Report	No, If Yes, Where? Jurong West NPC		
Vehicle B No.	SLR145D	Any Passengers :	-
Name of Driver	Xiao Jian	Contact No. :	96399820
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	nurul.syazana18@gmail.com		
PARTICULAR WORKSHOP	Moto 51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Brandon		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@nsi.com.sg		

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 : 5075755828-04 **Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **FN9131B**
Chassis Number : NC311456292
 2. Name of Policyholder : AHMAD AFFENDIE BIN BASRI
 3. Effective Date of Insurance : 01 Nov 2019
 4. Expiry Date of Insurance : 31 Oct 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
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: AHMAD AFFENDIE BIN BASRI
NAMED DRIVER (2)	: NURUL SYAZANA BINTE AHMAD AFFENDIE
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : PROMISELAND INDEPENDENT PTE LTD (00000690009)
Date of Issue : 23 Oct 2019 13:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1096747

Policy No.	5075755828-04	Vehicle No.	FN9131B	GST Registration No.	
Certificate No.					
Policyholder Name	AHMAD AFFENDIE BIN BASRI			Policyholder NRIC	S69290987
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	83853349	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	14/07/2020 09:54	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	01/07/2020	Time of Accident hh:mm	15:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PIE TWD5 TLAS 94 CTE EXIT				

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

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 651C #09-644	Address 2	EDGEDALE PLAINS	Address 3	WATERWAY
Address 4	SINGAPORE 823661	Address Type	Singapore address	Post Code	823661
Unit No.		Related Policy Number	5114086766		

OI Driver Info

Driver Name	NURUL SYAZANA BINTE AHMAD AFFENDIE	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S95783333	Driver DOB	04/08/1997
Register Date of Driver License	17/07/2014	Driver Age	24	Driving Experience	5
Contact No.(Mobile)	88910242	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 681C	Address 2	EDGEDALE PLAINS	Address 3	WATERWAY
Address 4	SINGAPORE 823661	Address Type	Singapore address	Post Code	823661
Unit No.	#09-644				
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
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Modification History

Claim 001 OD-MX New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Finalisation

Insured Liability

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

Report Taken By

Print AK letter

Save Submit

Attachment

Accident No.

Last Doc. Received

Claim No.

Upload Date

Path *

Category *

Confidential

Urgency *

Choose File

Choose File

Choose File

Clear

Clear

Clear

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal






Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 09:58	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 09:58	SAS		Normal	SAS 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 09:58	Photos		Normal	Photos 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 09:58	Photos		Normal	Photos 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 09:58	Photos		Normal	Photos 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 09:58	Photos		Normal	Photos 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 09:58	Photos		Normal	Photos 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 09:58	Photos		Normal	Photos 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 09:58	Photos		Normal	Photos 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 09:57	Photos		Normal	Photos 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 09:57	Photos		Normal	Photos 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 09:57	Photos		Normal	Photos 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 09:57	Photos		Normal	Photos 2020-7-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jul 2020 09:57	Photos		Normal	Photos 2020-7-14
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