

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **MNA120062096**

Date In: <b>23/7/05-14:14</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC20057411/24</b>	SAS e-filing		
Veh No: <b>F8832VM</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>4/7/05-13:10</b>	i-Motor Claim Form	<b>M7/159779-00</b>	<b>23/7/05 15:24</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **JMA 2334E** 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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	
	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
Cat. 1:	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
Cat. 2 / 3:	QD*:	
	*N5: Courtesy Car / Tpt 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: Idac Mobile 30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	23/07/2020 14:14
Date Of Accident	04/07/2020 13:10
Exact Location Of Accident	JUNC UPP SERANGOON RD & HOUGANG AVE 7
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5322M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD ZULHILMI BIN SAMSUDDIN
NRIC No	SXXXX060E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91828784
Alternative Phone No	OFFICE-91828784

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FINO 115
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	5116239756
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD ZULHILMI BIN SAMSUDDIN
NRIC No	SXXXX060E
Date Of Birth	03/01/1992
Occupation	OUTDOOR
Date Of Driving Pass	21/04/2010
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91828784
Fax Number	
Contact Number	OFFICE-91828784
EEmail Address	NOEMAIL

Address	BLK 186 BOON LAY AVENUE #21-108
Postcode	640186
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	JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - J/20200704/7043.

#### 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	SMQ2334E
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	MUHAMMAD ZULHILMI BIN SAMSUDDIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBE5322M
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.

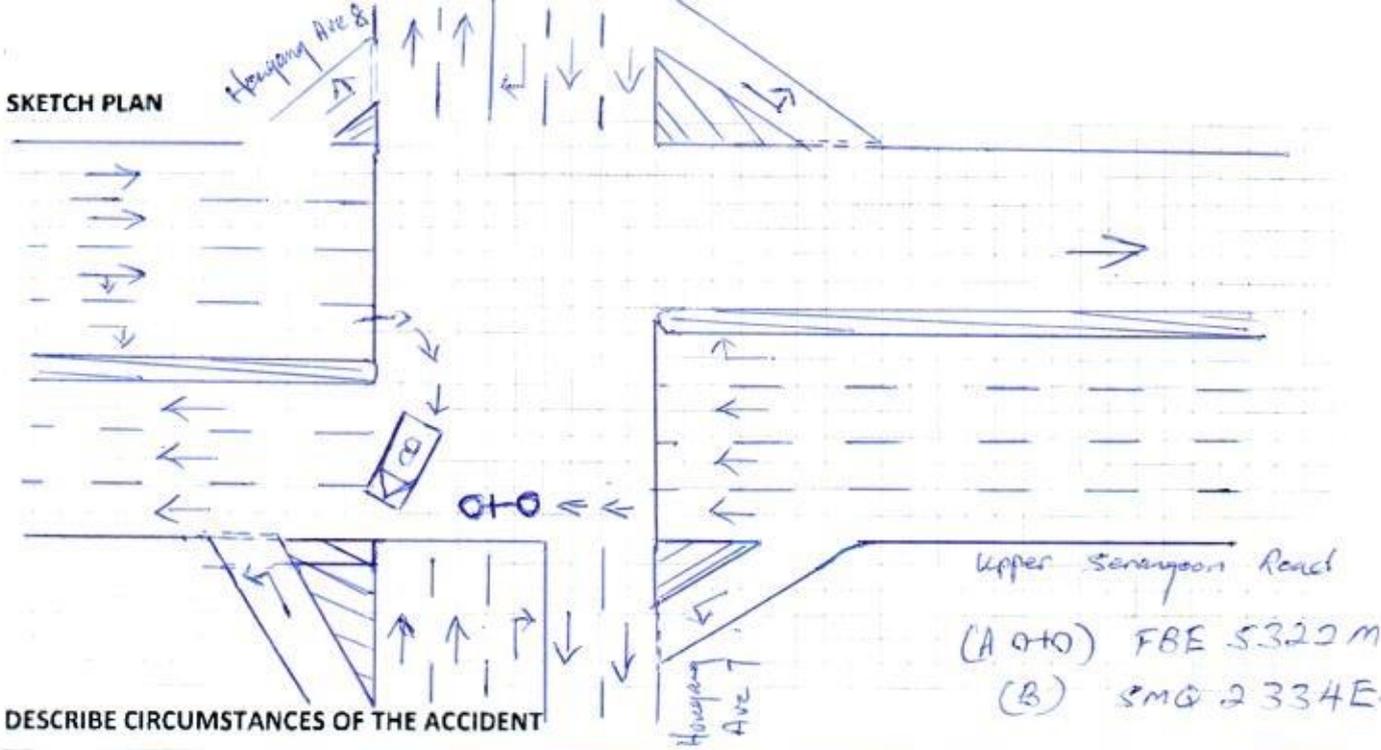
X

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Pls. refer to Police Report No  
7/20200704/7043 and  
Traffic Police Investigation Result letter.

**DECLARATION**

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

Policyholder's Signature  
Date & Time:

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

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

<b>Vehicle No.</b>	FBE 5322 M		Model / Make	Fino 115
Date of Accident	04/07/2020			
Time of Accident	1312 HRS			
Location of Accident	Upper Serangoon Road Junction Hougang Ave 7.			
Exact purpose use during accident	Private used.			
<b>Name of Owner</b>	Muhammad Zuhilmi Bin Samsuddin.			
Telephone No.	H/P: 9182 8784	Home:	Office:	
NRIC	S 9200060E			
Address	BLK 186 Boon Lay Ave #21-108 (S) 640186			
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	<u>Third Party</u>	Third Party / Fire / Theft	
Policy No.	5116239756			
<b>Name of Driver</b>	<u>As Above</u> If No,			
NRIC			Any Passengers:	N.A.
Date of birth	03/01/1992			
Occupation	<u>Outdoor</u>	/	Indoor	
Driving License Pass Date	21/04/2010			
Gender	<u>Male</u>	/	Female	
Contact No.	H/P:	Home:	Office:	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state <u>Owner</u>		
Weather condition	<u>Clear</u>	Raining	Other	
Road Surface	<u>Dry</u>	Wet	Other	
Any Injuries	No,	<u>If Yes, Who?</u>		
Name And Contact No.	Muhammad Zuhilmi Bin Samsuddin (H/P: 9182 8784)			
Name And Contact No.				
Police Report	No,	<u>If Yes, Where?</u>	<u>Jurong Division HQ (Online)</u>	
<b>Vehicle B No.</b>	SMG 2334E	Any Passengers:	Not sure	
Name of Driver				
<b>Vehicle C No.</b>				
<b>Vehicle D No.</b>				
<b>Vehicle E no.</b>				
<b>Vehicle F No.</b>				
<b>Vehicle G No.</b>				
Witness Name	N.A.		Witness Contact:	N.A.
Accident Portion	<u>Left side</u>			
Camera Recorder	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Email Address	muhdzuhilmi03@gmail.com			
<b>PARTICULAR WORKSHOP</b>	MOTO 51			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Jackee			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			



**POLICE REPORT (NP299)**

Report No. J/20200704/7043

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 04/07/2020 23:18	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD ZULHILMI BIN SAMSUDDIN	Address APT BLK 186 BOON LAY AVENUE #21-108 SINGAPORE 640186	
ID Type / ID No. NRIC NO / S9200060E	Contact No. Home/Office:	Mobile: 91828784
Nationality SINGAPORE CITIZEN	Email Address MUHDZULHILMI03@GMAIL.COM	
Occupation Despatch worker	Sex Male	Age 28
Institution/School Name	Date of Birth 03/01/1992	Race Malay
Date/Time Of Incident 04/07/2020 13:15 - 04/07/2020 13:25	Location Of Incident APT BLK 186 BOON LAY AVENUE #21-108 SINGAPORE 640186	

**Brief details.**

Accident happened between junction of Upper Serangoon Road and Hougang Ave 4. I was going straight and the traffic turned amber and i was at first arrow before stop line. So i continued. If i were to brake i know i wont make it to stop before the stop line. At that point of time there was a white car making a u turn and i try to avoid contact with it. So i braked and fell towards my left side. Thank you

<b>Subjects Involved</b>	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/07/2020 23:18
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200704/7043

Suspect			
Person Name	Sze Yong		
Victim			
Person Name	MUHAMMAD ZULHILMI BIN SAMSUDDIN		
ID Type	NRIC NO	ID No	S9200060E
Gender	Male	Age	28
Race	Malay	Language	English
Occupation	Despatch worker	Address Type	
Address	APT BLK 186 BOON LAY AVENUE #21-108 SINGAPORE 640186	Mobile No	91828784
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD ZULHILMI BIN SAMSUDDIN (Informant)		

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case:

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 04/07/2020 23:18
Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 0000  
Fax +65 6547 6259  
[www.police.gov.sg](http://www.police.gov.sg)

Our Ref : TP/IP/28507/2020  
Date : 8 July, 2020

MUHAMMAD ZULHILMI BIN SAMSUDDIN  
BLK 186 BOON LAY AVENUE  
#21-108  
SINGAPORE 640186

Dear Sir/Madam

**ACCIDENT INVOLVING FBE5322M & SMQ2334E ALONG UPPER SERANGOON ROAD  
JUNCTION OF HOUGANG AVENUE 7 ON 4 JULY 2020 AT 1312 HRS.**

I refer to the above accident.

2. Please be informed that we have completed our investigations which shows that the driver of **SMQ2334E** has committed an offence of Careless Driving Causing Hurt under Section 65(4)(a) of the Road Traffic Act, Chapter 276. Action has been initiated against the driver for the said offence.
3. If you have any queries, please contact the Investigation Officer, Noor Hidayah at telephone number 6547 6251 or via email at [Noorhidayah\\_ABDULLAH@spf.gov.sg](mailto:Noorhidayah_ABDULLAH@spf.gov.sg).

Yours faithfully

HAFIZ FAIZAL  
for HEAD TRAFFIC INVESTIGATION  
TRAFFIC POLICE  
SINGAPORE POLICE FORCE

## 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

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Policy Number : 5116239756  
The Policyholder : MUHAMMAD ZULHILMI BIN SAMSUDDIN  
BLK 186 #21-108  
BOON LAY AVENUE  
SINGAPORE 640186

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Period of Insurance : 15 Feb 2020 To 14 Feb 2021  
Sum Insured : N/A  
Premium (inclusive GST) : S\$208.98

#### Interest Insured

Cover Type	: Third Party		
Named Driver (1)	: MUHAMMAD ZULHILMI BIN SAMSUDDIN		
Named Driver (2)	: N/A		
Make/Model	: YAMAHA/FINO 115		
Capacity	: 110cc	Number of Seater	: 2
Registration Number	: FBE5322M	Registration Year	: 2010
Chassis Number	: 4D0986707	Insure with COE	: N/A
Excess (Section 1)	: N/A	NCD Entitlement	: 0%
Excess (Section 2)	: N/A	Loyalty Discount	: 5%
Hire Purchase Company	: N/A		

**Memo A:** THIS POLICY IS EXTENDED TO INCLUDE FOOD DELIVERY SERVICES.

#### Endorsement Operative: M1

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Agency : YU JIAXIN (00000602649)  
Date of Issue : 15 Feb 2020 11:58 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

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116239756		MUHAMMAD ZULHILMI BIN SAMSUDDIN	S9200060E	GMC	Third Party	FBES322M	FBES322M	15/02/2020	14/02/2021

Continue

Policy Information

Policy No.	5116239756	Policyholder Name	MUHAMMAD ZULHILMI BIN SAM	Policyholder NRIC	S9200060E
Certificate No.					
Address	BLK 186 #21-108 BOON LAY AVENUE SINGAPORE 640186				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	15/02/2020	Effective Date	15/02/2020 00:00	Expiry Date	14/02/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	YU JIAXIN	Agent Tel.	86071020	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	BLK 186 #21-108	Address 2	BOON LAY AVENUE	Address 3	SINGAPORE 640186
Address 4		Address Type	Singapore address	Post Code	640186
Unit No.		Related Policy Number	5054162734-08		

Insured Object: FBE5322M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	15/02/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 15 Feb 2020, the following amendment(s) is/are made to this policy: THIS POLICY IS EXTENDED TO INCLUDE FOOD DELIVERY SERVICES.

Continue Cancel

**Claim Handling**

Accident MT/1097719

Policy No.	5116239756	Vehicle No.	FBES322M	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD ZULHILMI BIN SAMSUDDIN			Policyholder NRIC	5920060E
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91828784	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	23/07/2020 15:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	04/07/2020	Time of Accident hh:mm	13:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG UPP SERANGOON RD & HOUGANG AVE 7				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess			
DD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YED DD Excess	0.00	YED TP Excess	0.00		
Additional Excess					
Total DD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 186 #21-108	Address 2	BOON LAY AVENUE	Address 3	SINGAPORE 640186
Address 4		Address Type	Singapore address	Post Code	640186
Unit No.		Related Policy Number	5054162734-08		
<b>DI Driver Info</b>					
Driver Name	MUHAMMAD ZULHILMI BIN SAMSUDDIN	Driver Type	Main Driver	Driver DOB	03/01/1992
Unnamed driver Name		Driver NRIC	5920060E	Driving Experience	10
Register Date of Driver License	21/04/2010	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	91828784	Contact No.(Office)	0	Address 3	SINGAPORE 640186
Address 1	BLK 186	Address 2	BOON LAY AVENUE	Post Code	640186
Address 4		Address Type	Singapore address		
Unit No.	21-108				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

<b>Claim 001</b> <span style="background-color: #ccc; padding: 2px;">New</span>																																								
Claim Type *	<input type="text" value="DD-IX"/>	Insured Name	MUHAMMAD ZULHILMI BIN SAM	Insured NRIC	5920060E																																			
Contact No.(Mobile)	91828784	Contact No.(Home)	68941040	Contact No.(Office)																																				
Email Address	MUHDZULHILMI03@GMAIL.COM	DI Vehicle Number	FBES322M	TP Vehicle Number	SMQ2334E																																			
Claimant Type/Claimant Type *	<input type="text" value="Please Select"/>	Type of Benefit *	<input type="text" value="Please Select"/>																																					
Claimant Name *	<input type="text" value=""/>	Claimant NRIC *	<input type="text" value=""/>																																					
Claimant Address	<input type="text" value=""/>																																							
Claim Description	FBES322M / SMQ2334E ON 4 Jul 2020				Name of Preferred Workshop	<input type="text" value=""/>																																		
Preferred Workshop Contact No.	<input type="text" value=""/>	Insured Liability *	<input type="text" value="Not at Fault"/>																																					
Require Finalisation	<input type="text" value="Yes"/>	Preferred Repair Option	<input type="text" value="Preferred Workshop, Name unknown"/>	GIA report	<input type="text" value="Received"/>																																			
Date Registered	23/07/2020 15:24	Claim Close Date	<input type="text" value=""/>	Date Received	23/07/2020 00:00																																			
Report Taken By	Jackson																																							
<input checked="" type="checkbox"/> Print AK letter																																								
<span>Save</span> <span>Submit</span>																																								
<b>Attachment</b>																																								
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Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 23 Jul 2020 15:26	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-7-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 23 Jul 2020 15:26	SAS	Normal	SAS 2020-7-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 23 Jul 2020 15:25	Photos	Normal	Photos 2020-7-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 23 Jul 2020 15:25	Photos	Normal	Photos 2020-7-23	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 23 Jul 2020 15:24	Photos	Normal	Photos 2020-7-23	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 23 Jul 2020 15:24	Photos	Normal	Photos 2020-7-23	

Video List

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