

NATIONAL Assessment Centre Services

Date In: 15/10/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20011204/13	SAS e-filing		
Veh No: FBL-5818M	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 02/10/20 2045	i-Motor Claim Form	MT/1106720 -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: (KIM KEAT (SSOC))	Tel:	Fax:
TP Particulars:	Veh No:	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

NA2005507	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 (\$80)			
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			
Auditors' Comments:	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:-			
	ON:			
	*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 \$0			
	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	15/10/2020 16:34
Date Of Accident	02/10/2020 20:45
Exact Location Of Accident	LEVEL 1 EMERGENCY BRAKE -SSDC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5818M
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE SAFETY DRIVING CENTRE LTD
Co Reg No	1XXXXX427W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64826060

Vehicle Particulars

Manufacturer	HONDA
Model	NC750L
Exact Purpose for which vehicle was being used at time of accident	TRAINING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	

Vehicle Category	MOTORCYCLE
------------------	------------

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5114140710
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SALIMAN BIN SULLAIMAN
NRIC No	SXXXX890H
Date Of Birth	19/03/1991
Occupation	INDOOR
Date Of Driving Pass	02/10/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90683826
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 204 MARSILING DRIVE #04-188
Postcode	730204
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TRAINEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

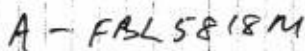
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD SALIMAN BIN SULLAIMAN
Approximate Age	
Injuries Sustain	LEFT SHOULDER ABRASION
Injured person in which vehicle?	FBL5818M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

LVL 1 EMERGENCY BRAKE - PSOC



ON 02 10 2020 AT ABOUT 2045 HRS MR MUHAMMAD
SALIMAN BIN SULLAIMAN WAS RIDING BIKE NO FBL 5818M
TO DO HIS WARM UP FOR EMERGENCY BRAKE. HE FELL
OFF THE BIKE WHEN HE COULD NOT CONTROL HIS BIKE DUE
TO EXCEED SPEED & JAM THE FRONT BRAKE WHICH CAUSE
THE BIKE TO GIVE WAY & FALL. THAT'S ALL

SINGAPORE SAFETY DRIVING CENTRE LTD
2, Woodlands Industrial Park E4
Singapore 757387
Tel: 6482 5060 Fax: 6482 5008
Cbr Reg. N5198303427W

PolicyDocReg.'N5ig198303427W

Date & Time:

John

Driver's Signature
(If driver is not the policyholder)

Date & Time:

slum 15/10/20

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

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.

SINGAPORE SAFETY DRIVING CENTRE LTD
2, Woodlands Industrial Park E4
Singapore 757387
Tel: 6482 6060 Fax: 6482 8808
Co. Reg. No. 198303427W

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.:

☐ Scene Pic
☐ Auth Letter

☐ Owner
☐ Driver

ACCIDENT STATEMENT

05

Date of Accident	Time (24 HRS)	Location of Accident
02 10 2020	2045	LEVEL 1 EMERGENCY BRAKE - SSDC

OWNER/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

Vehicle Registration Number	FBL 5818 M
Name of Policyholder	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	SINGAPORE SAFETY DRIVING CENTRE LTD
Address	2, Woodlands Industrial Park E4
Address	Singapore 757387
Contact Number	Tel: 6482 6060 Fax: 6482 8808
	Co. Reg. No. 198303427W
Email Address	Hp:

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	Honda NC 750 L
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus, <u>Motorcycle</u> , Others:
Are you claiming under your own insurance policy?	<input checked="" type="radio"/> Yes <input type="radio"/> No Remarks:
Vehicle category	<input type="radio"/> Private Hire <input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company	NTUC Income
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input checked="" type="radio"/> Yes <input type="radio"/> No
Policy Number	51/4140710

DRIVER

PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver	MUHAMMAD SALIMAN BIN SULAIMAN
NRIC/ FIN/ Passport	S 9108890 H
Date of Birth	19 03 1991
Occupation	
Driving Pass Date	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number	Tel: Hp: 90683826
Address	BLK 204 MARSILING DRIVE #04-188
Address	S (730204)
Email Address	

Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, relationship of Driver with the Insured.	TRAINEE RIDER
No. of Passenger in vehicle (including Driver)	1 (including Driver)

Please state Passenger Names:	Name: MUHAMMAD SALIMAN Gender: M
	Name: Gender:
	Name: Gender:

Vehicle Number of Driver's Own Vehicle (if applicable)	
Insurance of Driver's Own Vehicle (if applicable)	

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others:
Road Surface	<input checked="" type="radio"/> Wet <input type="radio"/> Dry <input type="radio"/> Others:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)	<input type="radio"/> No <input checked="" type="radio"/> Yes Ambulance (Yes/ No)
Was any other vehicle(s) or property damaged?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was there any video captured? (in-car camera in YOUR CAR)	<input checked="" type="radio"/> No <input type="radio"/> Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, please state which police station.	
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, against whom?	

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION

Vehicle Registration Number	
Make/ Model/ Others	
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number	

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number	
Make/ Model/ Others	
Vehicle category	<input type="radio"/> Private <input checked="" type="radio"/> Commercial <input type="radio"/> Motorcycle
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number	

DETAILS OF WITNESS

Name	
Phone / Email Address	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD SALIMAN BIN SULLAIMAN
Contact Number	90683826
Injuries Sustained	LEFT SHOULDER ABRASION
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was Injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input checked="" type="radio"/> No

DETAILS OF INJURED PERSON 2

Name	
Contact Number	N/A
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to Hospital by Ambulance?	<input type="radio"/> Yes <input type="radio"/> No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

SINGAPORE SAFETY DRIVING CENTRE LTD
2, Woodlands Industrial Park E4
Singapore 757387
Tel: 6482 6060 Fax: 6482 8888
Co. Reg. No. 198303427W

Date & Time

Signature of Policy Holder
(Company Chop if applicable)

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="02/10/2020 20:45"/>
Vehicle No.(For Motor)	<input type="text" value="FBL5818M"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114140710	5114140710-000025	SINGAPORE SAFETY DRIVING CENTRE LTD	198303427W	GFM	Comprehensive	FBL5818M	FBL5818M	01/01/2020	31/12/2020

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref 2212160101N020280607

22 Dec 2016

SINGAPORE SAFETY DRIVING CENTRE LTD
2 WOODLANDS INDUSTRIAL PARK E4
SINGAPORE 757387



Dear Sir/Madam

**NOTIFICATION ON REGISTRATION OF VEHICLE AND ROAD TAX
(PLEASE DISPLAY THE ENCLOSED ROAD TAX DISC ON YOUR VEHICLE
WINDSCREEN)**

We wish to inform you that you have successfully registered vehicle FBL5818M on 22 Dec 2016. The Business Transaction Reference No. is 20161222121709367370. **Enclosed is a validated road tax disc for the vehicle. Please display the said disc on your vehicle windscreen.**

2. The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

- | | | |
|-----|-------------------------|--|
| 1. | Name | : SINGAPORE SAFETY DRIVING CENTRE LTD |
| 2. | Identification No. Type | : Company |
| 3. | Identification No. | : 198303427W |
| 4. | Place Of Passport Issue | : - |
| 5. | Registered Address | : 2 WOODLANDS INDUSTRIAL PARK E4
SINGAPORE 757387 |
| 6. | Mailing Address | : - |
| 7. | Vehicle No. | : FBL5818M |
| 8. | Vehicle Type | : P00 - Passenger Motorcycle/Autocycle/Moped |
| 9. | Vehicle Scheme | : Normal |
| 10. | Vehicle Make | : HONDA |
| 11. | Vehicle Model | : NC750L |
| 12. | Remarks | : To renew the COE, the Prevailing Quota Premium payable
is that of Category D. |

3. You can login to LTA's e-Services@ONE.MOTORING (<http://www.onemotoring.com.sg>) to access a wide range of vehicle-related services using your NRIC number/FIN and SingPass. Firm and organisation can login to LTA's e-Services using User ID and Password or EASY. You can apply for your EASY account at <http://www.iras.gov.sg>. A separate Transaction PIN is required for the following transactions via the Internet or at our Electronic Service Agents. Please apply for your Transaction PIN before performing any of these transactions. Visit <http://www.onemotoring.com.sg> > **LTA Information & Guidelines > Transaction PIN & User Account** for more information about obtaining Transaction PIN and the documents needed (e.g. Board Resolution for company).

- | | |
|----|---|
| a. | Vehicle PIN - Transfer of Ownership and De-registration of Vehicle |
| b. | TCOE PIN - Transfer of TCOE (For Category C and E COE bid under individual) |
| c. | Rebate PIN - Transfer and Splitting of PARF/COE Rebate |

Transaction ref 20161222121709367370

The owner and vehicle particulars for Vehicle No. FBL5818M as at 22 Dec 2016 are as follows:

1.	Name	: SINGAPORE SAFETY DRIVING CENTRE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 198303427W
4.	Place Of Passport Issue	: -
5.	Registered Address	: 2 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757387
6.	Mailing Address	: -
7.	Vehicle No.	: FBL5818M
8.	Effective Date of Ownership	: 22 Dec 2016
9.	Original Registration Date	: 22 Dec 2016
10.	First Registration Date	: 22 Dec 2016
11.	Vehicle Type	: P00 - Passenger Motorcycle/Autocycle/Moped
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: HONDA
17.	Vehicle Model	: NC750L
18.	Year of Manufacture	: 2016
19.	Primary Colour	: White
20.	Secondary Colour	: -
21.	Passenger Capacity	: 1
22.	Chassis/Trailer Chassis No.	: RC671100020 / -
23.	Propellant/Emission Standard	: Petrol / Euro III
24.	Engine No./Motor No.	: RC67E1100035 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 745 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 217
28.	Maximum Laden Weight(kg)	: 367
29.	Open Market Value	: \$8,545.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2016100106000584H
35.	COE Expiry Date	: 21 Dec 2026
36.	COE Category	: D - Motorcycle
37.	Quota Premium/Prevailing Quota Premium	: \$6,501.00
38.	Actual Quota Premium/PQP Paid	: \$6,501.00
39.	Actual ARF Paid	: \$1,282.00
40.	CO2 Emission(g/km)	: -
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: \$192.00
46.	Road Tax Start Date	: 22 Dec 2016
47.	Road Tax End Date	: 21 Dec 2017
48.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.

Claim Handling

Accident MT/1106720

Policy No.	S114140710	Vehicle No.	FBL5818M	GST Registration No.	M20061771
Certificate No.	S114140710-000025				
Policyholder Name	SINGAPORE SAFETY DRIVING CENTRE LTD			Policyholder NRIC	198303427
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64826060	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	<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

Accident Details

Report Date	15/10/2020 17:02	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	02/10/2020	Time of Accident hh:mm	20:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LEVEL 1 EMERGENCY BRAKE -SSDC				

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	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200617762	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	2 WOODLANDS INDUSTRIAL P#	Address 2	SINGAPORE SAFETY DRIVING C	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	757387
Unit No.		Related Policy Number	S042740237-10		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/03/199
Unnamed driver Name	MUHAMMAD SALIMAN BIN SULI	Driver NRIC	S9108890H	Driving Experience	0
Register Date of Driver License	02/10/2020	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	BLK 204	Address 2	MARSILING DRIVE	Post Code	730204
Address 4		Address Type	Singapore address		
Unit No.	#04-188				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MD

New

Claim Type *	OD-MD	Insured Name	SINGAPORE SAFETY DRIVING C	Ini NF
Contact No.(Mobile)		Contact No.		Co
Email Address		Vehicle Number	FBL5818M	TP
Claim Description	FBL5818M ON 2 Oct 2020			Na
Preferred Workshop		Insured Liability	Fully at Fault	Pin
Repair Option	Yes	Income to assign workshop	Yes	Wk
Date Registered	15/10/2020 17:08	GIA report	Received	
Report Taken By	ROSJINDA	Workshop Repairer		
Print AX letter				

Save Submit

Attachment

Accident No.	MT/1106720	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/10/2020 00:00
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		

No file chosen No file chosen No file chosen

Please Select

NO

Normal

Please Select

NO

Normal

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 17:08	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 17:07	SAS		Normal	SAS 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 17:07	Photos		Normal	Photos 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 17:07	Photos		Normal	Photos 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 17:07	Photos		Normal	Photos 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 17:07	Photos		Normal	Photos 2020-10-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Oct 2020 17:07	Photos		Normal	Photos 2020-10-15

Video List

Uploaded By/Date	Folder Date	File Name		Source
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