NATIONAL Assessment Centre Services. [wef 1 Jan'05] SH09V180005

Date In: 8/1/21 - 10:29	Job description	Date & Time Completed	Done by
Ref No: KA/IHC21000334/24	SAS e-filing		
Veh No: FBP2237M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 6/1/21 - 07:20	i-Motor Claim Form	M7/1116537-001	8/1/21 10:32
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: (Tel: Fax:)

TP Particulars: Veh No: SJB96264 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

KA2100405

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($80)			
3) TF : Towing Fee	$40/$45		
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 : Idac DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*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*		

Your NCD will be affected due to late reporting

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 witholding 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 Submission	08/01/2021 10:29 (SGT)
Date of Accident	06/01/2021 07:20 (SGT)
Exact Location of Accident	Chin Bee Dr, Singapore
Additional Location Information	before quality rd
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP2237M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	IZWAN BIN AB RAHMAN
NRIC No	SXXXX393Z
Email Address	fizzy.dizzy23@gmail.com
Mobile Phone No	(Phone) +65-97907235
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Gdr155a
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5116390147
Cover Note Number	-

DRIVER

Name of Driver	IZWAN BIN AB RAHMAN
NRIC No	SXXXX393Z
Date Of Birth	20/09/1988
Occupation	Indoor

Date Of Driving Pass	04/05/2012
Driving experience	8 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97907235
Alt. Phone Number	+--
Email Address	fizzy.dizzy23@gmail.com
Address	BLK 180 YUNG SHENG ROAD
Address complement	#09-99
Postcode	610180
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210107/7019.

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	SJB9626G
Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GOH CHONG WEE
NRIC No	SXXXX515B

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	IZWAN BIN AB RAHMAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ELBOW ABRASION
Injured person in which vehicle?	FBP2237M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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 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.
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.

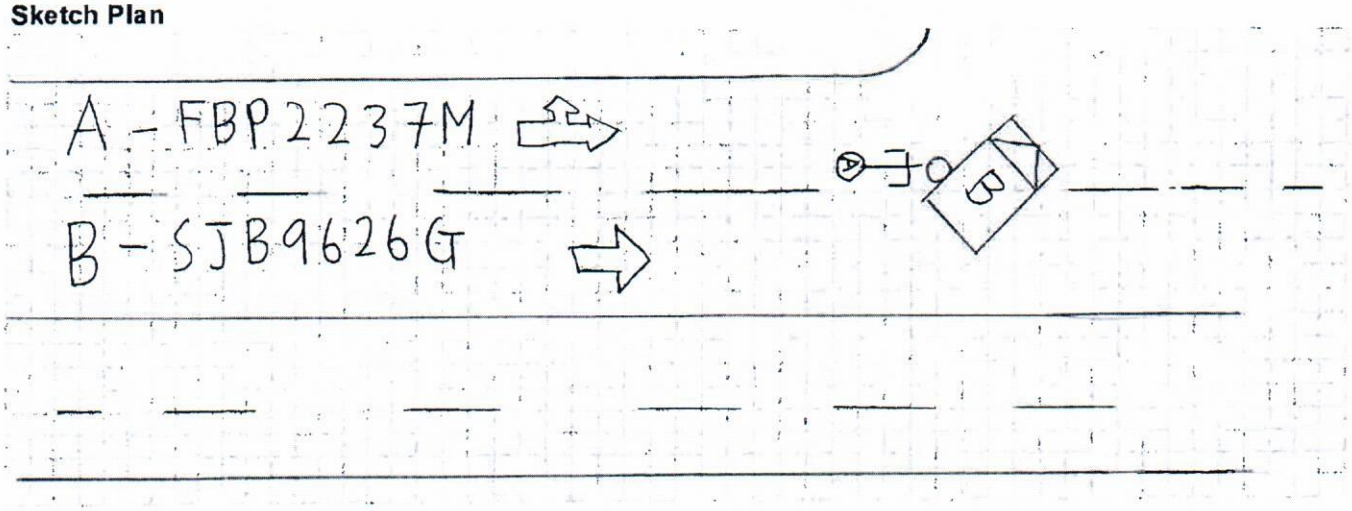
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report

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	Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

TICE

- d submit this form to the individual insurance authorised reporting centre.
- correctly on the details of the accident to speed up the claim process.
- orm must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS		
Date of accident	6 January 2021	(DD/MM/YY)
Time of accident	07 20 Hrs	(HH:MM)
Exact location of accident	Chin Bee Drive ~~&~~ before Quality road	

DETAILS OF VEHICLE	
Vehicle registration number	FBP 2237M
Vehicle make and model	Yamaha Aerox
Type of vehicle	Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ Motorcycle ☑ Others:_____
Vehicle category	Private ☐ Commercial ☐ Motorcycle ☑
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes ☐ No ☐ if no, please select: Third part claim ☑ Reporting only ☐

INSURANCE INFORMATION	
Insurance company	NTUC
Policy number	
Type of policy	Comprehensive ☐ Third party fire & theft ☐ TP only ☐

INSURED / POLICY HOLDER	
Name	IZWAN BIN AB RAHMAN Male ☐ Female ☐
NRIC / Fin / Passport number	S8834393Z
Contact	9790 7235
Address	BLK 180 YUNG SHENG ROAD #09-99

DRIVER	SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)
Name	Male ☐ Female ☐
NRIC / Fin / Passport number	
Contact	
Address	
Email address	fizzy.dizzy23@gmail.com
Date of birth	20-09-1988
Occupation	Indoor ☑ Outdoor ☐
Driving date pass	25 Nov 2017

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes ☐ No ☑ If no, relationship of the driver and insured: Owner
Accident captured by camera?	Yes ☐ No ☑
Weather condition	Clear ☑ Raining ☐ Others:
Road surface	Dry ☑ Wet ☐
No of passenger	1 (Inclusive of driver)

PASSENGER 1	
Name	IZWAN BIN AB RAHMAN
Gender	Male ☑ Female ☐

PASSENGER 2	
Name	
Gender	Male ☐ Female ☐

PASSENGER 3	
Name	
Gender	Male ☐ Female ☐

PASSENGER 4	
Name	
Gender	Male ☐ Female ☐

PASSENGER 5	
Name	
Gender	Male ☐ Female ☐

PASSENGER 6	
Name	
Gender	Male ☐ Female ☐

OTHER INFORMATION	
Was anybody injured?	Yes ☑ No ☐
Was other vehicle damaged?	Yes ☑ No ☐

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes ☑ No ☐ If yes, please state which police station.
Police station name	Jurong Division HQ

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SJB 9626G
Vehicle make model	Hondai ELANTRA
Name	Golt Chong wee
NRIC / Fin / Passport number	S6922515B
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	IZWAN BIN AB RAHMAN
Injuries sustained	Elbow abrasion
Which vehicle person in?	Driver
Were seat belts worn?	Yes ☐ No ☑
Was injured conveyed to hospital by ambulance?	Yes ☑ No ☐

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

SINGAPORE POLICE FORCE

T/20210107/7019

Report No. T/20210107/7019

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
07/01/2021 14:30		

Informant's Particulars

Name of Informant: IZWAN BIN AB RAHMAN			Address: 180 YUNG SHENG ROAD #09-99 SINGAPORE 610180	
ID Type / ID No.: NRIC NO / S8834393Z			Contact No.: Home/Office:	Mobile: 97907235
Nationality: SINGAPORE CITIZEN			Email: FIZZY.DIZZY23@GMAIL.COM	
Sex: Male	Age: 32	Date of Birth: 20/09/1988	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: Occupational health professional			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/01/2021 07:20	Type of Location: Straight Road

Location:

Chin Bee Drive Before quality road

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBP2237M	Motorcycle	YAMAHA	GDR155A (AEROX)	Blue		0
SJB9626G	Car	HYUNDAI	Elantra			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/20210107/7019

Report No. T/20210107/7019

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP2237M	NTUC Income Insurance Co-Operative Limited	5116390147	01/03/2020	28/02/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	IZWAN BIN AB RAHMAN	ID No.	S8834393Z
Related Vehicle	FBP2237M (Motorcycle)	Contact No.	97907235
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	06/01/2021	Date	06/01/2021
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On the stated date and time, i was travelling along Chin Bee Drive. The road is a two way lane. I was travelling on the second lane of the vehicle. i noticed that vehicle B(SJB9626G) which was on the first lane was travelling below speed limit. While i proceeded travelling straight in my own lane, vehicle b from the first lane suddenly make a left turn cut into my lane colliding onto my motorcycle causing me to fall off with my motorcycle. I was then conveyed to the hospital and was given 7 days mc.

A-FBP2237M
B-SJB9626G

SINGAPORE
POLICE FORCE

T/20210107/7019

Report No. T/20210107/7019

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 07/01/2021 14:30
Officer In Charge Of Case: TP / TPIB / YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:

Authentication Stamp

NP168

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language | Change Password | Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident 06/01/2021 07:20

Vehicle No.(For Motor) FBP2237M

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
O	5116390147		IZWAN BIN AB RAHMAN	S8834393Z	GMC	Third Party, Fire & Theft	FBP2237M	FBP2237M	01/03/2020	28/02/2021

Continue

Policy Information

Policy No.	5116390147	Policyholder Name	IZWAN BIN AB RAHMAN	Policyholder NRIC	S8834393Z
Certificate No.					
Address	BLK 180 #09-99 YUNG SHENG ROAD SINGAPORE 610180				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	24/02/2020	Effective Date	01/03/2020 00:00	Expiry Date	28/02/2021 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	TELESALES-DIRECT MARKETING	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 180 #09-99	Address 2	YUNG SHENG ROAD	Address 3	SINGAPORE 610180
Address 4		Address Type	Singapore address	Post Code	610180
Unit No.	09-99	Related Policy Number	5116390147		

Insured Object: FBP2237M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	28/10/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 28 Oct 2020, the following amendment(s) is/are made to this policy: NAMED DRIVER 1: AHMAD SYAFIE BIN SHEIKH NAJIB BAGHARIB In view of this amendment, an additional premium of $6.98 (inclusive of GST) is payable under your policy.

Continue Cancel

Claim Handling

Accident MT/1116537

Policy No.	5116390147	Vehicle No.	FBP2237M	GST Registration No.	
Certificate No.					
Policyholder Name	IZWAN BIN AB RAHMAN			Policyholder NRIC	S8834393Z
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97907235	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	08/01/2021 10:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	06/01/2021	Time of Accident hh:mm	07:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Chin Bee Dr				

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	Driver is Covered?	Not Covered
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 180 #09-99	Address 2	YUNG SHENG ROAD	Address 3	SINGAPORE 610180
Address 4		Address Type	Singapore address	Post Code	610180
Unit No.	09-99	Related Policy Number	5116390147		

OI Driver Info

Driver Name	IZWAN BIN AB RAHMAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8834393Z	Driver DOB	20/09/1988
Register Date of Driver License	04/05/2012	Driver Age	32	Driving Experience	8
Contact No.(Mobile)	97907235	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 180	Address 2	YUNG SHENG ROAD	Address 3	SINGAPORE 610180
Address 4		Address Type	Singapore address	Post Code	610180
Unit No.	09-99				
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 **New**

Claim Type *	OD-MX	Insured Name	IZWAN BIN AB RAHMAN	Insured NRIC	S8834393Z
Contact No.(Mobile)	97907235	Contact No.(Home)		Contact No.(Office)	
Email Address	FIZZY.DIZZY23@GMAIL.COM	OI Vehicle Number	FBP2237M	TP Vehicle Number	SJB9626G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	FBP2237M / SJB9626G ON 6 Jan 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Prefererred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/01/2021 10:32	Claim Close Date		Date Received	08/01/2021 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1116537	Claim No.	001
Last Doc. Received	◉ Yes ◯ No	Upload Date	08/01/2021 10:34

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

Message Read

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2021 10:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2021 10:34	SAS		Normal	SAS 2021-1-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2021 10:33	Photos		Normal	Photos 2021-1-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2021 10:33	Photos		Normal	Photos 2021-1-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2021 10:33	Photos		Normal	Photos 2021-1-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2021 10:33	Photos		Normal	Photos 2021-1-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2021 10:33	Photos		Normal	Photos 2021-1-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2021 10:32	Photos		Normal	Photos 2021-1-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2021 10:32	Photos		Normal	Photos 2021-1-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2021 10:32	Photos		Normal	Photos 2021-1-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2021 10:32	Photos		Normal	Photos 2021-1-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2021 10:32	Photos		Normal	Photos 2021-1-8	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2021 10:32	Photos		Normal	Photos 2021-1-8	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Actior

Display in New Window Scan and uploading