

NATIONAL Assessment Centre Services

Date In: 18/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC21003555/13	SAS e-filing		
Veh No: FBC9545X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/03/21 2330	i-Motor Claim Form 19/03 MT/1124937-001		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SME396G	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

NA2102246	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)	30	
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)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	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	

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 Submission 18/03/2021 10:26 (SGT)
Date of Accident 11/03/2021 23:30 (SGT)
Exact Location of Accident Upper Changi Rd E, Singapore
Additional Location Information JUNC PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBC9545X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD SYAHMI BIN MOHAMED TAJUDIN
NRIC No SXXXX098C
Email Address MIMI.NINETYFIVE@GMAIL.COM
Mobile Phone No (Phone) +65-82184984
Alternative Phone No +65-82184984

VEHICLE PARTICULARS

Manufacturer Honda
Model SUPER 4
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 5107891435-02
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD SYAHMI BIN MOHAMED TAJUDIN
NRIC No SXXXX098C
Date Of Birth 07/04/1995
Occupation Indoor

Date Of Driving Pass	23/04/2018
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82184984
Alt. Phone Number	+65-82184984
Email Address	MIMI.NINETYFIVE@GMAIL.COM
Address	BLK 230 PASIR RIS ST 21
Address complement	#06-54
Postcode	510230
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 - Head to Rear
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	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210312/2058

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	SHE396G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
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	MUHAMMAD SYAHMI BIN MOHAMED TAJUDIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	FBC9545X
Were seat belts worn?	No
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.

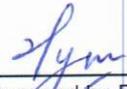
(collectively the "Purposes")

(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

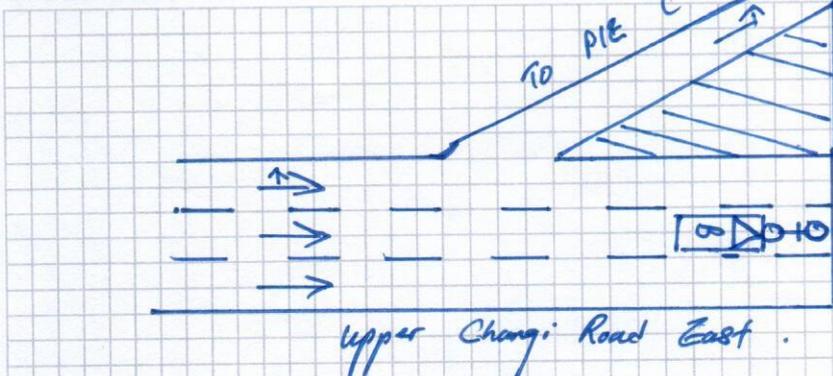
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

 18/03/21
Witnessed by Reporting Centre Personnel

Sketch Plan



(A 010) FBC 9545X.

(B) SHE 396G.

Describe Circumstances of the Accident

Please refer to Police Report

No: T/20210312/2058

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

 18/03/21

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210312/2058

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519557
Tel No: 1800-5852999

Report No. T/20210312/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2021 14:17	Vide Report No.:	Station Diary No.: 47
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Informant's Particulars			
Name of Informant: MUHAMMAD SYAHMI BIN MOHAMED TAJUDIN		Address: APT BLK 230 PASIR RIS STREET 21 #06-54 SINGAPORE 510230	
ID Type / ID No.: NRIC NO / S9511098C		Contact No.: Home/Office:	Mobile: 82184984
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 07/04/1995	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Financial Advisor		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/03/2021 23:30	Type of Location: Straight Road
Location: UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC9545X	Motorcycle				Totally Damaged	0
SHE396G	SMRT TAXI					0

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



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

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD SYAHMI BIN MOHAMED TAJUDIN	ID No.	S9511098C
Related Vehicle	FBC9545X (Motorcycle)	Contact No.	82184984
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHE396G (SMRT TAXI)	Contact No.	94779225
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 11th March 2021 at about 11.30pm, I was riding my motorbike along Upper Changi Road East towards Loyang Ave at lane 2 near lamppost 71. As the traffic light was amber, as such I applied brake and stop at the traffic light.

I would wish to state that my motorbike was completely stationary at the traffic light, suddenly a SMRT taxi collided onto my motorbike rear. I could not remember exactly what happened, but I was conscious at the point of time.

My motorbike was quite a distance away in front of the stop line at the traffic light. My motorbike is badly damaged, and I was conveyed to hospital. My motorbike does not have any video recording device on it.

I was conveyed to Changi General Hospital and was given 4 days MC. I sustained abrasion and soreness at my right leg, and I felt pain at the back of my body due to the impact of collision.



**SINGAPORE
POLICE FORCE**



T/20210312/2058

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

3 of 3

*Report No. T/20210312/2058

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: G / Sr Staff Sgt CHUA WANGLONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/03/2021 14:17
Officer In Charge Of Case: TP / GIT / *Sr Staff Sgt CHONG GUAN FATT *Contact No.: 65476083	Classification Of Case:
Authentication Stamp NP168	

VEHICLE NO:	FBC 9545 X.	MAKE & MODEL:	Honda Super 4	AUTO (MANUAL)
DATE OF ACCIDENT:	11 / 03 / 2021	CC:	400.	
TIME OF ACCIDENT:	2330 HRS			
LOCATION OF ACCIDENT:	Upper Changi Road East Junction PTE			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER:	Muhammad Syahmi Ben Mohamed Tajudin.			
TEL NO:	H/P: 8218 4984	OFFICE:	HOME:	
NRIC:	S 9511098 C.			
ADDRESS:	BLK 230 Passer Res St 21 #06-54 (S) 510230			
EMAIL:	mimi.ninetyfive@gmail.com.			
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY:	YES / NO?			
INSURANCE COMPANY:	N.P.C.			
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO:	5107891435-02			
NAME OF DRIVER:	(AS ABOVE) IF NO:			
NRIC:				ANY PASSENGER: N-A.
DATE OF BIRTH:	07 / 04 / 1995	LICENCE PASSED DATE: 23 / 04 / 2018.		
OCCUPATION:	OUTDOOR / INDOOR			
GENDER:	(MALE) FEMALE			
CONTACT NO:	H/P:	OFFICE:	HOME:	
ADDRESS:				
EMAIL:				
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:	INSURER:		
RELATIONSHIP:	owner.			
WEATHER CONDITION:	(CLEAR) RAINING / OTHERS:			
ROAD SURFACE:	(DRY) WET / OTHER:			
ANY INJURIES:	NO (IF YES, WHO?)			
NAME & CONTACT:	Muhammad Syahmi Ben Mohamed. Tajudin.			
NAME & CONTACT:				
POLICE REPORT:	NO (IF YES, WHERE?) Passer Res N.P.C.			
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) IF YES, WHO?			
VEHICLE B REG NO:	SYE 396 G.	ANY PASSENGERS:	N.A.	
NAME OF DRIVER:				CONTACT NO:
VEHICLE C REG NO:				ANY PASSENGERS:
VEHICLE D REG NO:				ANY PASSENGERS:
VEHICLE E REG NO:				ANY PASSENGERS:
VEHICLE F REG NO:				ANY PASSENGERS:
VEHICLE G REG NO:				ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:	N.A.	WITNESS CONTACT: N.A.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO			
WAS THERE ANY AUDIO RECORDED?	YES / NO.			
ACCIDENT SCENE PHOTOS TAKEN?	(YES) / NO			
ACCIDENT PORTION:	Rear Portion and right side.			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?				YES / NO
WORKSHOP PARTICULAR:	MOTO 51			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Joseph TAN.			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.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 : 5107891435-02

Cover : Third Party, Fire & Theft

- | | |
|---|---------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBC9545X |
| Chassis Number | : JH2NC39906M201101 |
| 2. Name of Policyholder | : MUHAMMAD SYAHMI BIN MOHAMED TAJUDIN |
| 3. Effective Date of Insurance | : 08 Mar 2021 |
| 4. Expiry Date of Insurance | : 07 Mar 2022 |
| 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. | |

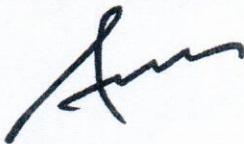
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MUHAMMAD SYAHMI BIN MOHAMED TAJUDIN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ALBERT MOTOR SUPPLY PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : CHANG HUI CHUNG (00000602604)
 Date of Issue : 17 Feb 2021 16:19 hrs
 Reprint : 17 Feb 2021 16:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1124937

Policy No.	5107891435-02	Vehicle No.	FBC9545X	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD SYAHMI BIN MOHAMED TAJUDIN			Policyholder NRIC	S9511098C
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	82184984	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	19/03/2021 10:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/03/2021	Time of Accident hh:mm	23:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF UPP CHANGI RD EAST & PIE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver Is Covered?	Not Covered
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 230 #06-54	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510230
Address 4		Address Type	Singapore address	Post Code	510230
Unit No.	06-54	Related Policy Number	5107891435-02		

OI Driver Info

Driver Name	Muhammad Syahmi Bin Mohamed Tajudin	Driver Type	Main Driver	Driver DOB	07/04/1995
Unnamed driver Name		Driver NRIC	S9511098C	Driving Experience	4
Register Date of Driver License	13/04/2016	Driver Age	25	Contact No.(Home)	0
Contact No.(Mobile)	82184984	Contact No.(Office)	0	Address 3	SINGAPORE 510230
Address 1	BLK 230	Address 2	PASIR RIS STREET 21	Post Code	510230
Address 4		Address Type	Singapore address		
Unit No.	#06-54			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Declaration

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

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	MUHAMMAD SYAHMI BIN MOHA	Insured NRIC	S9511098C
Contact No.(Mobile)	82184984	Contact No.(Home)		Contact No.(Office)	
Email Address	mimi.ninetyfive@gmail.com	OI Vehicle Number	FBC9545X	TP Vehicle Number	SHE396G
Claim Description	FBC9545X / SHE396G ON 11 Mar 2021				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/03/2021 10:45	Claim Close Date		Date Received	19/03/2021 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

Print AK letter

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1124937	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/03/2021 00:00

Path *

Category *	Confidential	Urgency *	Description
Choose File No file chosen	<input type="checkbox"/>	Normal	
Choose File No file chosen	<input type="checkbox"/>	Normal	
Choose File No file chosen	<input type="checkbox"/>	Normal	
Choose File No file chosen	<input type="checkbox"/>	Normal	
Choose File No file chosen	<input type="checkbox"/>	Normal	
Choose File No file chosen	<input type="checkbox"/>	Normal	
Choose File No file chosen	<input type="checkbox"/>	Normal	
Message Read			

Send Mes

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2021 10:45	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2021 10:45	SAS		Normal	SAS 2021-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2021 10:45	Photos		Normal	Photos 2021-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2021 10:45	Photos		Normal	Photos 2021-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2021 10:45	Photos		Normal	Photos 2021-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2021 10:45	Photos		Normal	Photos 2021-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2021 10:45	Photos		Normal	Photos 2021-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2021 10:44	Photos		Normal	Photos 2021-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2021 10:44	Photos		Normal	Photos 2021-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2021 10:44	Photos		Normal	Photos 2021-3-19	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 19 Mar 2021 10:44	Photos		Normal	Photos 2021-3-19	

Video List

Uploaded By/Date	Folder Date	File Name		Source
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