

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

Date In: 21/3/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC 21004029/71	SAS e-filing		
Veh No: SJM 4517M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/3/21	i-Motor Claim Form 30/03	MT/1126297-001	
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:	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%. P: 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

NA2102287	Invoice Preparation Checklist	Ant (\$) Inc Bill	Ant (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	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		
	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 / 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: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

at 1:

at 2 / 3:

## 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 .....	29/03/2021 20:37 (SGT)
Date of Accident .....	27/03/2021 16:30 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	PIE TOWARDS TUAS AFTER STEVEN ROAD EXIT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJM4517M
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NEYASHAN
NRIC No .....	SXXXX655F
Email Address .....	mohamedkabil1617@gmail.com
Mobile Phone No .....	(Phone) +65-98584251
Alternative Phone No .....	+65-98584251

#### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Lancer
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 .....	Private car
Transmission .....	Auto
CC .....	1584

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5118540770
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	MOHAMED KABIL S/O MOHAMED KASIM
NRIC No .....	SXXXX912G

Date Of Birth .....	04/05/1997
Occupation .....	Indoor
Date Of Driving Pass .....	02/09/2020
Driving experience .....	6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87484317
Alt. Phone Number .....	-
Email Address .....	mohamedkabil1617@gmail.com
Address .....	BLK 25 TANGLIN HALT ROAD
Address complement .....	#04-38
Postcode .....	140025
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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 .....	Wet

#### 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? .....	No
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 .....	Alexandra Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004739999
Alt. Police Station Phone No .....	(Fax) +65-64713569
Police Station Address .....	Blk 46-2 Commonwealth Drive #01-382A Singapore 140462
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO: T/20210328/2038

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	VIDEO WITH OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD6590H
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) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MOHAMED KABIL S/O MOHAMED KASIM
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJM4517M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	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 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

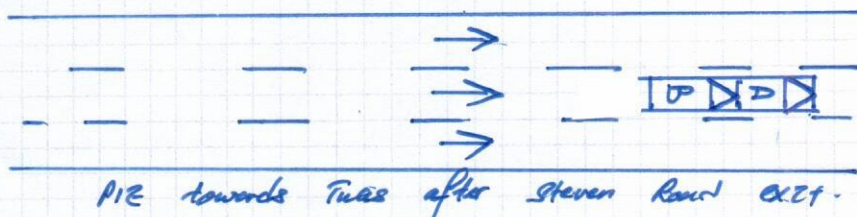
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

### Sketch Plan



(A) SJM 4517 M.


(B) SHD 65904.


**Describe Circumstances of the Accident**


Pls refer to Police Report  
No : T/20210328/2038.

**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 POLICE FORCE



T/20210328/2038

1 of 3

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

Report No. T/20210328/2038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/03/2021 15:04	Vide Report No.:	Station Diary No.: 13
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: MOHAMED KABIL S/O MOHAMED KASIM			Address: APT BLK 25 TANGLIN HALT ROAD #04-38 SINGAPORE 140025		
ID Type / ID No.: NRIC NO / S9714912G			Contact No.: Home/Office: Mobile: 87484317		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 04/05/1997	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/03/2021 16:30	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Sunny		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6590H	Car				Slightly Damaged	0
SJM4517M	Car				Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210328/2038

2 of 3

Police Station Of Origin:

Alexandra NPP

46 Tanglin Halt Road #01-328 SINGAPORE

140462

Tel No: 1800-4739999

Report No. T/20210328/2038

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	Ow Kit Chiang	ID No.	S0571870H
Related Vehicle	SHD6590H (Car)	Contact No.	NIL
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
<b>Driver</b>			
Name	MOHAMED KABIL S/O MOHAMED KASIM	ID No.	S9714912G
Related Vehicle	SJM4517M (Car)	Contact No.	87484317
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	27/03/2021	Date Discharge	27/03/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 27/03/2021 at about 1630hrs while I was driving along PIE towards Tuas there was heavy traffic and the floor is wet. I was driving at the middle lane when a car from right lane suddenly cut into my lane causing me to jam brake. The taxi(SHD6590H) behind me did not managed to brake in time and hit onto my vehicle. I then went to Alexandra Hospital as I suffered headache and pain on my shoulder and lower back and I was given 4 days of MC from 27/03/2021 to 30/03/2021.



**SINGAPORE  
POLICE FORCE**



T/20210328/2038

3 of 3

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

Report No. T/20210328/2038

**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:

D /

Sgt 2 SUNG HONG HOW

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Signature Of Informant:

Date/Time:

28/03/2021 15:04

Classification Of Case:

Authentication Stamp

NP168

VEHICLE NO:	SJM 4517M		MAKE & MODEL:	Mit. Lancer		AUTO	<input checked="" type="checkbox"/> MANUAL
DATE OF ACCIDENT:	27 / 03 / 2021.		CC:	1.6.			
TIME OF ACCIDENT:	1630 HRS						
LOCATION OF ACCIDENT:	PIE towards Tuas after Steven Road Ext.						
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <input checked="" type="checkbox"/> PRIVATE USE / PRIVATE HIRE						
NAME OF OWNER:	Neyashan						
TEL NO:	H/P: 9858 4251		OFFICE:	HOME:			
NRIC:	S 9573655F.						
ADDRESS:	BLK 25 Tanglin Halt Road #04-38 (S) 140025.						
EMAIL:	-						
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY						
FLEET POLICY:	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> ?						
INSURANCE COMPANY:	NTUC						
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft						
POLICY NO:	5118540770						
NAME OF DRIVER:	AS ABOVE / IF NO: Mohamed Kabil s/o Mohamed Kasim.						
NRIC:	S 9714912G.		ANY PASSENGER:	N.A.			
DATE OF BIRTH:	04 / 05 / 1997.		LICENCE PASSED DATE:	02 / 09 / 2020.			
OCCUPATION:	OUTDOOR / <input checked="" type="checkbox"/> INDOOR						
GENDER:	<input checked="" type="checkbox"/> MALE / FEMALE						
CONTACT NO:	H/P: 8748 4317.		OFFICE:	HOME:			
ADDRESS:	BLK 25 Tanglin Halt Road #04-38 (S) 140025.						
EMAIL:	mohamedkabil1617@gmail.com.						
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO / IF YES, REG NO:		INSURER:				
RELATIONSHIP:	Brother.						
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR / RAINING / OTHERS:						
ROAD SURFACE:	DRY / <input checked="" type="checkbox"/> WET / OTHER:						
ANY INJURIES:	NO / <input checked="" type="checkbox"/> IF YES, WHO?						
NAME & CONTACT:	Mohamed Kabil s/o Mohamed Kasim (H/P: 8748 4317)						
NAME & CONTACT:							
POLICE REPORT:	NO / <input checked="" type="checkbox"/> IF YES, WHERE?		Alexandra NPP.				
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?						
VEHICLE B REG NO:	S/HO 6590 H.		ANY PASSENGERS:		01 (F).		
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?	<input checked="" type="checkbox"/> YES / NO						
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO						
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / NO						
ACCIDENT PORTION:	Rear Portion.						
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?			YES <input checked="" type="checkbox"/> NO				
WORKSHOP PARTICULAR:	Twincor.						
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:** 5118540770

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJM4517M**  
 Chassis Number : JMYSNCS3A8U007556
2. Name of Policyholder : NEYASHAN
3. Effective Date of Insurance : 14 Aug 2020
4. Expiry Date of Insurance : 13 Aug 2021
5. Persons or Classes of Persons entitled to drive#  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NEYASHAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SSL HOLDINGS 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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)  
 Date of Issue : 14 Aug 2020 17:34 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive

## Claim Handling

## Accident MT/1126297

Policy No.	5118540770	Vehicle No.	SJM4517M	GST Registration No.	
Certificate No.					
Policyholder Name	NEYASHAN			Policyholder NRIC	S9573655F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98584251	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 type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	30/03/2021 16:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/03/2021	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TUAS AFT STEVEN RD EXIT				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	2,500.00	YIED TP Excess	0.00	Driver Is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	3,100.00	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 25 #04-38	Address 2	TANGLIN HALT ROAD	Address 3	SINGAPORE 140025
Address 4		Address Type	Singapore address	Post Code	140025
Unit No.		Related Policy Number	5118540770		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMED KABIL S/O MOHAME	Driver NRIC	S9714912G	Driver DOB	04/05/1997
Register Date of Driver License	02/09/2020	Driver Age	23	Driving Experience	0
Contact No.(Mobile)	87484317	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 25	Address 2	TANGLIN HALT ROAD	Address 3	TANGLIN GROVE
Address 4	SINGAPORE 140025	Address Type	Singapore address	Post Code	140025
Unit No.	#04-38				
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
-------------------------------------	------	-------------	---

## Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	NEYASHAN	Insured NRIC	S9573655F
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJM4517M	TP Vehicle Number	SHD6590H
Claim Description	SJM4517M / SHD6590H ON 27 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	30/03/2021 16:44	Claim Close Date		Date Received	30/03/2021 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter 

## Attachment

Accident No.	MT/1126297	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/03/2021 00:00

Path \*

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

## ▼ Attachment List

Category *	Confidential	Urgency *	Description
<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Clear"/> Please Select	NO	Normal	
<input type="button" value="Clear"/> Please Select	NO	Normal	

☐ Send Mes

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2021 16:44	SAS		Normal	SAS 2021-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2021 16:39	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2021 16:39	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2021 16:38	Photos		Normal	Photos 2021-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2021 16:38	Photos		Normal	Photos 2021-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2021 16:38	Photos		Normal	Photos 2021-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2021 16:38	Photos		Normal	Photos 2021-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2021 16:38	Photos		Normal	Photos 2021-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2021 16:38	Photos		Normal	Photos 2021-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2021 16:36	Photos		Normal	Photos 2021-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2021 16:36	Photos		Normal	Photos 2021-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2021 16:36	Photos		Normal	Photos 2021-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2021 16:36	Photos		Normal	Photos 2021-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2021 16:36	Photos		Normal	Photos 2021-3-30	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 30 Mar 2021 16:36	Photos		Normal	Photos 2021-3-30	

Video List

Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	