

# NATIONAL Assessment Centre Services

Date In: 20/11/2017 12:42	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC17022055/14	E-mail (within 8hrs, AIC 2hrs):		
Veh No: GY 2991L	i-Motor Claim Form: MT/0970431	20/11/2017 @ 16:05	
D.O.A: 19/11/2017 10:20	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	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: SFT 8824	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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) RT: 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	



## 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 ability.
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 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	20/11/2017 12:42
Date Of Accident	19/11/2017 10:20
Exact Location Of Accident	SLIP RD ANG MO KIO AVE 3 (CTE - AYE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY2991L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KWANG CHUN PTE LTD
Co Reg No	201424747H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81183932
Alternative Phone No	OFFICE-64686066

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5072913319-02
Cover Note Number	

### Driver

Name of Driver	KATHIRVEL NATARAJAN
Work Permit No	F7762256W
Date Of Birth	23/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2014
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81183932
Fax Number	
Contact Number	OTHERS-81183932
EEmail Address	NOEMAIL

Address SHAO FOOK ENGINEERING PTE LTD  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Vehicle -  
 Insurance Company of Driver's Own Vehicle -

### 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 this accident? NO  
 Was any body injured in the Accident? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 1

### Details of Police Action

Was the accident reported to the police? 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFT882U  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

### Details of Witness

Name  
 Phone Number  
 Email Address




## 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.

  
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.:

20/11/2017

# SKETCH PLAN

A - GY 2991

B - SFT 8824

CTE → AGE Slip Rd. into AMK Ave 3

Ang Mo Kio Ave 3

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopping stationary along CTE towards AGE Slip Rd. into AMK Ave 3 as to give way to oncoming traffic. Out of the sudden, van (B) came from the rear and collided directly into the rear portion of my vehicle.

A - GY 2991

B - SFT 8824

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

20/11/2017



<b>Vehicle No.</b>	GY 2991 L	Model / Make	Cabstar Nissan
Date of Accident	19/11/17		
Time of Accident	10.20am	HRS	
Location of Accident	Stp Rd of Auk Ave 3 (ITE -> AYE)		
Exact purpose use during accident	Commercial use		
<b>Name of Owner</b>	kwang Chun atz Ltd		
Telephone No.	H/P :	Home :	Office : 64686066
NRIC	20142474744		
Address	21, Tek Guan Rd East, #01-03, Tan Guan Centre, 16038609		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	(Third Party / Fire / Theft)
Policy No.	5072913319-02		
<b>Name of Driver</b>	As Above If No, KATHIRVEL A. Natarajan		
NRIC	F77622562	Any Passengers :	
Date of birth	23/5/1972		
Occupation	(Outdoor) / Indoor		
Driving License Pass Date	03/10/2017		
Gender	Male / Female		
Contact No.	H/P : 81183932	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If (no) state	hired	
Weather condition	Clear	Raining Other	
Road Surface	Dry	Wet Other	
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
<b>Vehicle B No.</b>	SFT 882 U	Any Passengers :	
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
<b>Accident Portion</b>	Rear portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	Tru Co Automotive P/L		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Shirley		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales @ n51.com.sg		

REPUBLIC OF SINGAPORE
DRIVING LICENCE

Licence Number: F7762256W

Name: KATHIRVEL NATARAJAN

Birth Date: 23 May 1972

Issue Date: 03 Oct 2014

Valid Till: 02 Oct 2019

002352078C

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: SHAO FOOK ENGINEERING PTE. LTD.

Sector: PROCESS

Name: KATHIRVEL NATARAJAN

Occupation: PROCESS MAINTENANCE & CONSTRUCTION WORKER

Work Permit No: 031061681

Date of Application: 15-07-2017

Date of Issue: 27-07-2017

Date of Expiry: 28-07-2018

L8173334

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)
EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc
03 Oct 2014

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg
03 Oct 2014

Licence No. F7762256W

NP 428A

VISIT PASS
Immigration Regulations

Name: KATHIRVEL NATARAJAN

Date of Birth: 23-05-1972

Sex: M

Nationality: INDIAN

Date of Issue: 27-07-2017

Date of Expiry: 26-07-2018

FIN: F7762256W

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Text size + -

0% 25% 50% 75% 100%

**Transfer Of Vehicle Ownership (Acknowledgement)****Vehicle Details**

Vehicle No.:	GY2991L	Vehicle Scheme:	Normal
Vehicle Type:	B31 - Goods (Open) Lorry (Metal Body)/Pickup	Vehicle Model:	CABSTAR
Vehicle Make:	NISSAN	Engine No.:	QD32202664
Chassis No.:	JN1SF4F23Z0853730	Trailer Chassis No.:	-
Motor No.:	-	Passenger Capacity:	1
Propellant:	Diesel	Power Rating:	-
Engine Capacity:	3153 cc	Maximum Laden Weight:	3350 kg
Unladen Weight:	1780 kg	Secondary Colour:	-
Primary Colour:	Gold	Maximum Power Output:	-
IU Label No.:	1042000694	Original Registration Date:	25 Feb 2005
First Registration Date:	25 Feb 2005	Open Market Value:	\$20,873.00
Manufacturing Year:	2005	Minimum PARF Benefit:	\$0.00
PARF Eligibility:	No		
No. of Transfer:	1		

**Owner Particulars**

Owner Name: KWANG CHUN PTE LTD  
Owner ID Type: Company  
Owner ID: 201424747H  
Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
Registered Block/House No.: 21  
Registered Street Name: TOH GUAN ROAD EAST  
Registered Unit No.: # 01 - 03  
Registered Building Name: TOH GUAN CENTRE  
Registered Postal Code: 608609  
COE No./Expiry Date: 2005020105000514R / 31 Oct 2019  
COE Bid Category: C - Goods Vehicle & Bus  
PQP Paid: \$25,133.00

**Transaction Details**

Business Transaction Ref. No.: 20150814113240028974  
Business Transaction Date: 14 Aug 2015  
Business Transaction Time: 11:32:40

**Message**

Vehicle has been successfully transferred to KWANG CHUN PTE LTD (201424747H).

Please note that \$246.00 will be deducted from your GIRO account.

OK

Land Transport Authority

Please read through the Privacy Statement, Terms of Use and Disclaimer.



## 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)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5072913319-02

**Cover :** Third Party, Fire & Theft

- |  |                      |
|--|----------------------|
| 1. Index mark and Registration Number of Vehicle   | : GY2991L            |
| Chassis Number   | : JN1SF4F23Z0853730  |
| 2. Name of Policyholder  | : KWANG CHUN PTE LTD |
| 3. Effective Date of Insurance   | : 24 Jul 2017        |
| 4. Expiry Date of Insurance  | : 23 Jul 2018        |
| 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.<br>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 or Hirer's business.   |                      |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.   |                      |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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)	: S\$1,500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: LIAN HONG PRIVATE LIMITED
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 : ANG KOK CHIN (00000587457)  
Date of Issue : 21 Jul 2017 11:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

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

Vehicle No.(For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5072913319-02	KWANG CHUN PTE LTD	201424747H	GFT	Third Party, Fire & Theft	GY2991L	GY2991L	24/07/2017	

Continue



## ▼ Policy Information

Policy No.	5072913319-02	Policyholder Name	KWANG CHUN PTE LTD	Policyholder NRIC	201424747H
Address	21 TOH GUAN ROAD EAST #01-03 TOH GUAN CENTRE SINGAPORE 608609				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	21/07/2017	Effective Date	24/07/2017 00:00	Expiry Date	23/07/2018 23:59
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess		OS Premium	11344.26		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ANG KOK CHIN	Agent Tel.	94567080	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	21 TOH GUAN ROAD EAST	Address 2	#01-03 TOH GUAN CENTRE	Address 3	SINGAPORE 608609
Address 4		Address Type	Singapore address	Post Code	608609
Unit No.	01-03	Related Policy Number	5074641978-02		

## 🔍 Insured Object: GY2991L

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	24/07/2017 00:00	Basic Information Endorsement	000001286605447	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 2 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GV7279T 24-07-2017 \$1,104.22 2. GV7643A 24-07-2017 \$1,104.22 In view of this amendment, an additional premium of \$2,208.44 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 2 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GBB283R 24-07-2017 \$1,104.22 2. GBA7967K 24-07-2017 \$1,104.22 In view of this amendment, an additional premium of \$2,208.44</p>

## Claim Handling

The premium on this policy has not been collected.

Accident MT/0970431

Policy No.	5072913319-02	Vehicle No.	GY2991L	GST Registration No.	
Policyholder Name	KWANG CHUN PTE LTD			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	81183932	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0		
<b>Accident Details</b>					
Report Date	20/11/2017 15:54	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	19/11/2017	Time of Accident hh:mm	10:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD ANG MO KIO AVE 3 (CTE - AYE)				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	21 TOH GUAN ROAD EAST	Address 2	#01-03 TOH GUAN CENTRE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	01-03	Related Policy Number	5074641978-02		
<b>O1 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	KATHIRVEL NATARAJAN	Driver NRIC	F7762256W	Driving Experience	
Register Date of Driver License	03/10/2014	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	81183932	Contact No.(Office)	0	Address 3	
Address 1	SHAO FOOK ENGINEERING PTE	Address 2		Post Code	
Address 4		Address Type	Singapore address		
Unit No.					
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 type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	KWANG CHUN PTE LTD	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	GY2991L	TP Vehicle Number	
Claim Description	GY2991L / SFT882U ON 19 Nov 2017				
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	
Date Registered	20/11/2017 16:02	Claim Close Date		Date Received	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0970431	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/11/2017 16:05
Path *		Category *	Confidential Urgency



<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal

#### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 16:02	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 16:00	SAS	Normal	SAS ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 15:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 15:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 15:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 15:59	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 15:59	Photos	Normal	Photos

#### Video List

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