

Date In: 28/11/17 15:40	Job description	Date & Time Completed	Done by
Ref No: NA/INC17022633/164	SAS e-filing		
Veh No: SJL 1786 C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/11/17 13:05	i-Motor Claim Form	MT10971556	28/11/17 16:51
OD <input checked="" type="checkbox"/> 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: SJE 7050 P	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 (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2008)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRI Survey \$160		
	8) NTUC Additional Services -		
	OT:		
	*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 \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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	28/11/2017 15:40
Date Of Accident	26/11/2017 13:05
Exact Location Of Accident	JUNC OF SERANGOON NORTH AVE 1 & YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL1786C
Insured/Policyholder	
Name Of Registered Owner	AUTOTREND LEASING ENTERPRISE
Co Reg No	53363236J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91426388

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093812308
Cover Note Number	-

Driver

Name of Driver	CHIA CHENG KUI
NRIC No	S1414102B
Date Of Birth	06/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	22/05/1980
Driving Experience	37 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91426388
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	7 HENDRY CLOSE
Postcode	549263
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SJE7050P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SEAH YONG HENG
NRIC/Passport Number	S1653524I
Contact Number	91548988
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF INJURED PERSON 1

Name	CHIA CHENG KUI
Approximate Age	
Injuries Sustain	NECK & BACK & SHOULDER
Injured person in which vehicle?	SJL1786C
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

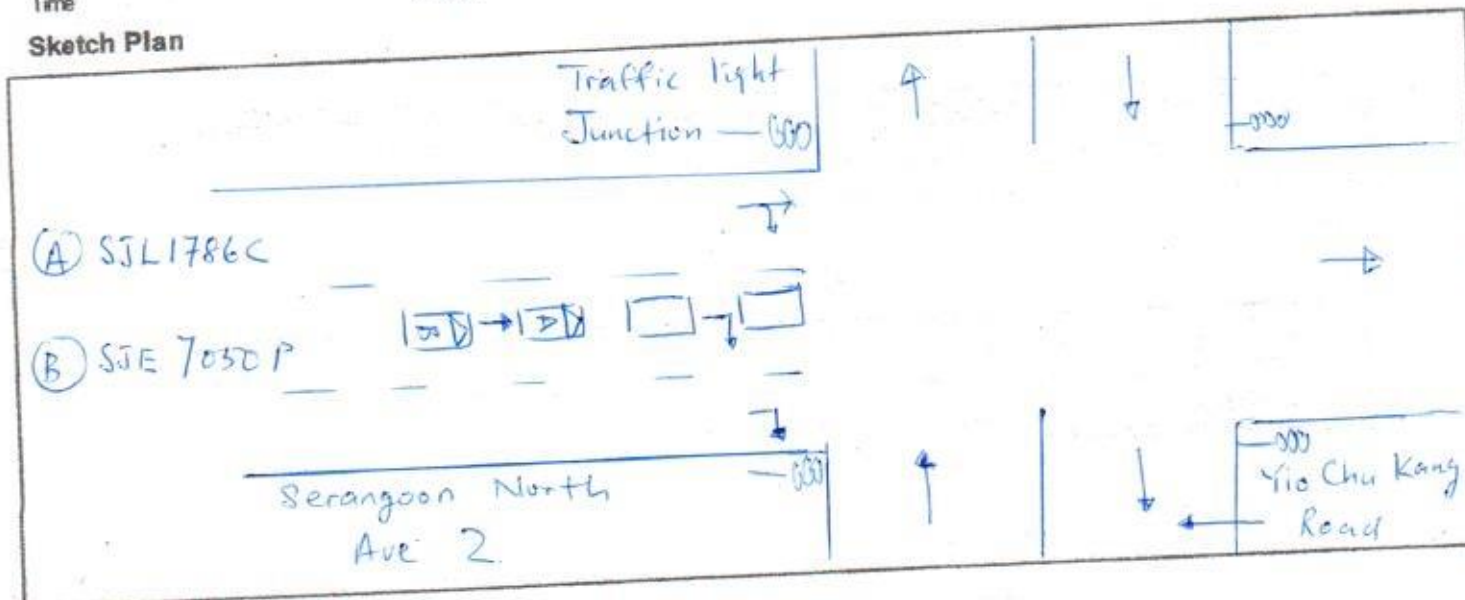


Policyholder's Signature / Date & Time

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 NO: T/20171128/2057

Declaration

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

Insurance Co.

Vehicle NO.

☐ Reporting Only

☐ Own Damage Claim

☒ Third Party Claim

Date Of Accident

NTUC
SJL 1786C
26, 11, 2017

VEHICLE NO: SSL 1786 C MAKE & MODEL: NISSAN LATIO

DATE OF ACCIDENT	<u>26 / 11 / 2017</u>	
TIME OF ACCIDENT	<u>13:05</u> AM <input checked="" type="radio"/> PM	
LOCATION OF ACCIDENT	<u>Serangoon North Ave 1 Toward Yio Chu Kang Rd.</u>	
Exact Purpose use during accident	<u>Working</u>	
NAME OF OWNER	<u>AutoTrend Leasing Enterprise</u>	
TELP NO	<u>91426388</u>	
NRIC	<u>5336236-J</u>	
CLAIM TYPE	OD <input type="radio"/> <u>THIRD PARTY</u> <input checked="" type="radio"/> Reporting Only	
INSURANCE CO.	<u>NTUC</u>	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	<u>5093812308</u>	
NAME OF DRIVER	As above <input type="radio"/> If No: <u>Chia Cheng Kui</u>	
NRIC	<u>S1414102-B</u>	Any passengers: <u>0</u>
DATE OF BIRTH	<u>6 / 1 / 1960</u>	
OCCUPATION	<u>Outdoor</u> <input checked="" type="radio"/> Indoor <input type="radio"/>	
DATE OF DRIVING PASS	<u>22 / 5 / 1980</u>	
GENDER	<u>Male</u> <input checked="" type="radio"/> Female <input type="radio"/>	
CONTACT NO.	<u>91426388</u>	Office: <input type="radio"/> Home: <input type="radio"/>
ADDRESS	<u>7 Hendry Close S'549263</u>	
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> <input checked="" type="radio"/> If yes: Reg No:	
RELATIONSHIP	<u>Employee</u> <input checked="" type="radio"/> If No: <u>Driver</u>	
WEATHER CONDITION	<u>Clear</u> <input type="radio"/> <u>Raining</u> <input checked="" type="radio"/> Other: <input type="radio"/>	
ROAD SURFACE	<u>Dry</u> <input type="radio"/> <u>Wet</u> <input checked="" type="radio"/> Other: <input type="radio"/>	
ANY INJURIES	<u>No</u> <input checked="" type="radio"/> If yes: Who? <u>Chia Cheng Kui</u> Neck, Back, ^{RIH} Shoulder	
CONTACT NO.	<u>91426388</u>	
POLICE REPORT	<u>No</u> <input checked="" type="radio"/> If yes: Where? <u>Eunos NPP</u>	
VEHICLE B NO.	<u>SJE 7050 P</u>	Any Passenger: <u>0</u>
NAME	<u>Seah Yong Heng</u> IC: <u>S1653524-I</u>	
CONTACT NO.	<u>91548988</u>	
VEHICLE C NO.	Any Passenger: <input type="radio"/>	
VEHICLE D NO.	Any Passenger: <input type="radio"/>	
VEHICLE E NO.	Any Passenger: <input type="radio"/>	
VEHICLE F NO.	Any Passenger: <input type="radio"/>	
ANY WITNESS	<u>NIL</u>	
WITNESS CONTACT NO.	<u>NIL</u> Camera: <u>NO</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<u>NIL</u> YES <input type="radio"/> NO <input checked="" type="radio"/>	
ARTICULAR WORKSHOP	<u>TK Motor</u>	
ELP NO		
CONTACT PERSON		
AX NO.	<u>Fax: 68442641</u>	



**SINGAPORE
POLICE FORCE**



T/20171128/2057

1 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20171128/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2017 13:08	Vide Report No.: T/20171127/2138	Station Diary No.: 9
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Informant's Particulars

Name of Informant: CHIA CHENG KUI			Address: 7 HENDRY CLOSE SINGAPORE 549263		
ID Type / ID No.: NRIC NO / S1414102B			Contact No.: Home/Office:		Mobile: 91426388
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 06/01/1960	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Driver: No	Date/Time of Accident: 26/11/2017 13:05	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SERANGOON NORTH AVENUE 1 YIO CHU KANG ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SJE7050P	Car				Slightly Damaged	0
SJL1786C	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171128/2057

2 of 3

Report No. T/20171128/2057

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT

Driver			
Name	SEAH YONG HENG	ID No.	S1653524I
Related Vehicle	SJE7050P (Car)	Contact No.	91548988
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
Driver			
Name	CHIA CHENG KUI	ID No.	S1414102B
Related Vehicle	SJL1786C (Car)	Contact No.	91426388
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	27/11/2017	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

I have previously lodged a traffic accident report, T/20171127/2138. I would like to make some amendments to said report and hence is lodging this report.

On the 26/11/2017 at about 1305hrs, I was driving my vehicle SJL1786C along Serangoon North Avenue 1. As the traffic light signal was red, I stopped my vehicle. While waiting for the traffic light signal to change, I suddenly felt an impact from the rear of my vehicle. I went out to make a check and saw that a vehicle SJE7050P had collided into the rear portion of my vehicle. Both vehicles did not have any other passengers, and both drivers were not visibly injured, so we did not call for the traffic police or ambulance. We exchanged particulars and agreed to settle the damages via insurance claim, and drove off in our vehicles.

On the 27/11/2017, I felt some pain at my neck, my back and my shoulder area. I went to see a doctor at Singapore General Hospital and was given a medical certificate of 4 days.



**SINGAPORE
POLICE FORCE**



T/20171128/2057

3 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20171128/2057

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/
Sgt 2 LIM WEI SIANG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt LEE SOON LYE
Contact No.: 65476239

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
28/11/2017 13:08

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1414102B



Name: CHIA CHENG KUI
謝清貴
Race: CHINESE
Date of Birth: 06-01-1960
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE




Identification Number: S1414102B
Name: CHIA CHENG KUI
Birth Date: 06 Jan 1960
Issue Date: 04 Nov 2015


002490145K

SG 50

3006711



PSG No: S1414102B



Blood Group: Date of Issue: 21-06-2003


7 HENDRY CLOSE
SINGAPORE 549263
NRIC No: S1414102B
Date: 28/05/2012
No: 7003217

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	22 May 1980
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	23 Dec 1983

NP 428A

Licence No: S1414102B



Driver 91426388

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 type="radio"/>	5093812308	AUTOTREND LEASING ENTERPRISE	533632363	GFT	drive CLASSIC	SJL1786C	SJL1786C	16/09/2017	

Continue

Policy Information

Policy No.	5093812308	Policyholder Name	AUTOTREND LEASING ENTERPR	Policyholder NRIC	53363236J
Address	BLK 1002 #01-1439 TOA PAYOH INDUSTRIAL PARK TOA PAYOH INDUSTRIAL PARK SINGAPORE 319074				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	28/08/2017	Effective Date	31/08/2017 00:00	Expiry Date	21/06/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	1896.60		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	IVAN INSURANCE AGENCY	Agent Tel.	64400220	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 1002 #01-1439	Address 2	TOA PAYOH INDUSTRIAL PARK	Address 3	TOA PAYOH INDUSTRIAL PARK
Address 4	SINGAPORE 319074	Address Type	Singapore address	Post Code	319074
Unit No.		Related Policy Number	5093812308		

Insured Object: SJL1786C

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	31/08/2017 00:00	Basic Information Endorsement	000001286648552	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 31 Aug 2017, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: SLR9745M</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJL1786C 16-09-2017 \$1,128.69 In view of this amendment, an additional premium of \$1,128.69 (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 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE</p>
2	14/09/2017 00:00	Basic Information Endorsement	000001286654052	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE</p>

Claim Handling

The premium on this policy has not been collected.

Accident MT/0971556

Policy No.	5093612308	Vehicle No.	SJL1786C	GST Registration No.	
Policyholder Name	AUTOTREND LEASING ENTERPRISE	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	91426388	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No				
Accident Details					
Report Date	28/11/2017 16:45	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	26/11/2017	Time of Accident hh:mm	13:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG OF SERANGOON NORTH AVE 1 & YIO CHU KANG RD				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 1002 #01-1439	Address 2	TOA PAYOH INDUSTRIAL PARK	Address 3	
Address 4	SINGAPORE 319074	Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5093812308		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	CHIA CHENG KUI	Driver NRIC	S1414102B	Driving Experience	
Register Date of Driver License	22/05/1980	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	91426388	Contact No.(Office)		Address 3	
Address 1	7 # HENDRY CLOSE	Address 2	SINGAPORE 549263	Post Code	
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	AUTOTREND LEASING ENTERPRISE	Insured NRIC	
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJL1786C	TP Vehicle Number	
Claim Description	SJL1786C / SJE7050P ON 26 Nov 2017				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	28/11/2017 16:50	Claim Close Date		Date Received	
Report Taken By	LEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/0971556	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/11/2017 16:51
Path *		Category *	Confidential Urgency

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 16:51	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 16:51	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 16:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 16:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 16:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 16:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 16:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 16:50	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 16:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 16:50	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"/>