

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

|                                    |  |                       |         |
|------------------------------------|--|-----------------------|---------|
| Date In: <b>02/12/17</b>           | Job description                          | Date & Time Completed | Done by |
| Ref No: <b>NA/INC/7022905/13</b>   | SAS e-filing                             |                       |         |
| Veh No: <b>G8D22495</b>            | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: <b>01/12/17</b> <b>0815</b> | i-Motor Claim Form                       | <b>MT/0972076</b>     |         |
| OD: <b>(TP)</b> 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: <b>0A9615Y</b>                                   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|  |   |                             |                             |
|--|---|-----------------------------|-----------------------------|
| <b>NA1707454</b>                       | <b>Invoice Preparation Checklist</b>            | <b>Amt (\$)</b><br>1st Bill | <b>Amt (\$)</b><br>Add Bill |
| <b>Claimant's Particulars :-</b>       | 1) AR : Accident Reporting (\$30);              |                             |                             |
| <b>Driver/Owner:</b>                   | 2) DA : Damage Assessment (\$100); INC (\$80)   |                             |                             |
| <b>Contact No:</b>                     | 3) TF : Towing Fee \$40/\$45                    |                             |                             |
| <b>Damaged Portion:</b>                | 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:   |                             |                             |
| <b>QC Checked by (Engr-In-Charge):</b> | *N5: Courtesy Car / Tpt Allowance \$5           |                             |                             |
|  | *N6: Repair Co-ordination \$10                  |                             |                             |
|  | *N7: Post Repair Inspection \$25                |                             |                             |
| <b>Auditors' Comments :-</b>           | *N8: DV / Collect Excess Coordination \$5       |                             |                             |
| <b>Cat. 1:</b>                         | TP (N11) : TP (Non INC) against INC \$20        |                             |                             |
| <b>Cat. 2 / 3:</b>                     | 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             | 02/12/2017 15:59 |
| Date Of Accident           | 01/12/2017 08:15 |
| Exact Location Of Accident | ORCHARD TURN     |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBD2249S |
|-----------------------------|----------|

#### Insured/Policyholder

|                          |                                |
|--------------------------|--------------------------------|
| Name Of Registered Owner | TAI SING CORPORATION (PTE) LTD |
| Co Reg No                | 197100260C                     |
| Email Address            | NOEMAIL                        |
| Mobile Phone No          |                                |
| Alternative Phone No     | OFFICE-62912633                |

#### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | HIACE              |
| 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          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5081531085-01                          |
| Cover Note Number         |  |

#### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LIM ENG LEONG         |
| NRIC No              | S0133199Z             |
| Date Of Birth        | 05/11/1953            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 08/08/1979            |
| Driving Experience   | 38 YEARS AND 3 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-94557399  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |

## 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 willful 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 making 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/are 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.

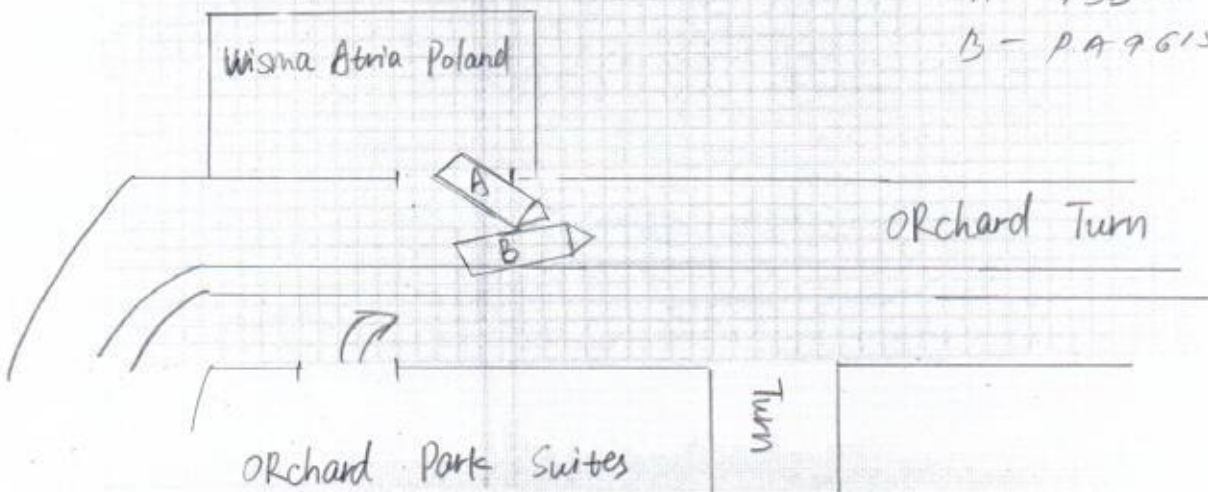
**TAI SING CORPN. (PTE) LTD.**  
732, NORTH BRIDGE ROAD  
SINGAPORE 198700  
TEL: 62912633

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Person

Sketch Plan



A - GBD22495  
B - PA96157



Describe Circumstances of the Accident

When My vehicle A was parked in reverse. I noticed there was no car around. When I was ready to reverse. Suddenly vehicle B hit my car in the right hand side. Vehicle B rushed out of the apartment directly across and hit my vehicle A.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

大生 (私人) 有限公司  
TAI SING CORPN. (PTE) LTD.  
732, NORTH BRIDGE ROAD  
SINGAPORE 198700  
TEL: 62912633

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

Witnessed by Reporting Centre Personnel

 02/12/17

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0133199Z



Name  
**LIM ENG LEONG**  
林榮良

Race  
**CHINESE**

Date of Birth  
**05-11-1953**

Sex  
**M**

Country of Birth  
**SINGAPORE**

S0133199Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

S0133199Z

**LIM ENG LEONG**

Issued Date: 05 Nov 1953  
Valid Until: 19 Dec 2002

0000053171A

0-34-9384



NRIC No. S0133199Z



Blood Group\* Date of issue  
O+ 20-05-1992

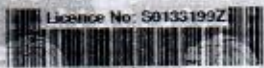
APT BLK 416 CLEMENTI AVENUE 1 #33-277  
SINGAPORE 120416  
NRIC No: S0133199Z Date: 08/12/2012 No: 7202998

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| Class   | Description  | PASS DATE   |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 08 Aug 1979 |
| Class 4 | Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms   | 06 Apr 1981 |

MP-429A

Licence No: S0133199Z





# SINGAPORE ACCIDENT STATEMENT

## ACCIDENT STATEMENT

Date Of Accident \* 01/12/2017 Time 08:15 Hrs  
 Exact Location Of Accident \* Orchard Turn

## DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number \* GBD 2247 S  
 Insured/Policyholder:  
 Name of Registered Owner \* Tai Sing Corporation (PTE) LTD  
 NRIC/FIN/Passport Number \* 197100260C  
 Vehicle Particulars:  
 Manufacturer Toyota  
 Model Toyota Hiace  
 Exact Purpose for which vehicle was being used at time of accident  
 \* Private use ☐ Commercial use ☒ Hire & reward ☐  
 Others ☐ - please specify  
 Are you claiming under your own insurance policy for repair to your vehicle?  
 \* Yes ☐ No ☒ Others  
 If No, please state action to be taken  
 \* Third Party Claim ☒ Reporting Only ☐  
 Vehicle Category  
 \* Private ☒ Commercial ☐ Motorcycle ☐

Insurer/Insurance Company:  
 Name of Insurance Company \* NTUC  
 Type of Coverage \* Comprehensive  
 Fleet Policy Yes ☐ No ☐  
 Policy Number \* 5081531085-01  
 Cover Note Number

Driver:  
 Name of Driver \* Lim Eng Leong  
 NRIC/FIN/Passport Number \* 50133199Z  
 Date of Birth \* 05/11/1953  
 Occupation \* Driver  
 Date of Driving Pass \* 08/08/1979  
 Gender \* Male ☒ Female ☐  
 Mobile Number \* 94557399  
 Address \* APT B1K 416 Clementi Ave 1 #33-277  
 Singapore 120416  
 Email Address  
 Was driver an employee of the Insured's Company?  
 \* Yes ☐ No ☒  
 If no, Relationship of the Driver with the Insured \* Staff

|   |   |  |                             |
|---|---|--|-----------------------------|
| Vehicle Registration Number of Driver's Own Vehicle (if applicable) |   | <input type="text"/>                   |                             |
| Insurance Company of Driver's Own Vehicle (if applicable)           |   | <input type="text"/>                   |                             |
| <b>General Information of the Accident</b>                          |   |  |                             |
| Type of Accident  | * <input checked="" type="checkbox"/> Right bump <input type="checkbox"/> |  |                             |
| Weather Conditions  | * Clear <input checked="" type="checkbox"/>                               | Raining <input type="checkbox"/>       | Others <input type="text"/> |
| Road Surface  | * Dry <input checked="" type="checkbox"/>                                 | Wet <input type="checkbox"/>           | Others <input type="text"/> |
| <b>Other Information</b>  |   |  |                             |
| Was any body injured in the Accident?                               | Yes <input type="checkbox"/>  | No <input type="checkbox"/>            |                             |
| Was any other material or property damaged?                         | Yes <input type="checkbox"/>  | No <input type="checkbox"/>            |                             |
| <b>Details of Injured Persons</b>                                   |   |  |                             |
| Name  | * <input type="text"/>  |  |                             |
| Address   | <input type="text"/>  |  |                             |
| Approximate Age   | * <input type="text"/>  |  |                             |
| Injuries Sustained  | * <input type="text"/>  |  |                             |
| If vehicle Occupants state in which vehicle?                        | <input type="text"/>  |  |                             |
| Were seat belts worn?   | * Yes <input type="checkbox"/>  | No <input checked="" type="checkbox"/> |                             |
| Was injured conveyed to hospital by ambulance?                      | * Yes <input type="checkbox"/>  | No <input type="checkbox"/>            |                             |
| <b>Details of Police Action</b>                                     |   |  |                             |
| Was the Accident reported to the Police?                            | * Yes <input type="checkbox"/>  | No <input checked="" type="checkbox"/> |                             |
| If Yes, please state which Police Station                           | <input type="text"/>  |  |                             |
| Was notice of intended Prosecution given?                           | * Yes <input type="checkbox"/>  | No <input type="checkbox"/>            |                             |
| If Yes, against whom?   | <input type="text"/>  |  |                             |
| <b>DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)</b>         |   |  |                             |
| Vehicle Registration Number   | * PA 9615 Y   |  |                             |
| Vehicle Make / Model / Colour                                       | <input type="text"/>  |  |                             |
| Detail Of Properties  | <input type="text"/>  |  |                             |
| Name of Driver  | * Ang Boon Hock   |  |                             |
| NRIC/Passport Number  | * S1108045F   |  |                             |
| Contact Number  | <input type="text"/>  |  |                             |
| Email Address   | <input type="text"/>  |  |                             |
| Address   | <input type="text"/>  |  |                             |
| Insurance Company Name  | <input type="text"/>  |  |                             |
| Nature of Damage  | <input type="text"/>  |  |                             |
| <b>Details Of Witness</b>   |   |  |                             |
| Name  | <input type="text"/>  |  |                             |
| Phone Number  | <input type="text"/>  |  |                             |
| Email Address   | <input type="text"/>  |  |                             |





### 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 : 5081531085-01

Cover : Comprehensive

- |   |                                  |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : GBD22495                       |
| Chassis Number  | : JTFHT02P500145935              |
| 2. Name of Policyholder   | : TAI SING CORPORATION (PTE) LTD |
| 3. Effective Date of Insurance  | : 31 Jul 2017                    |
| 4. Expiry Date of Insurance   | : 30 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.   |                                  |
| 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.   |                                  |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                                  |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) 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)    | : S\$600  |
| EXCESS (SECTION 2)    | : N/A   |
| WINDSCREEN EXCESS     | : S\$100  |
| INSURE WITH COE       | : YES   |
| HIRE PURCHASE COMPANY | : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE 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 : INSTRADE AGENCY & SERVICES (00000571322)  
Date of Issue : 10 Jul 2017 19:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



## Enquire PARF/COE Rebate for Registered Vehicle

|                                     |                                    |
|-------------------------------------|------------------------------------|
| <b>Vehicle Owner Particulars</b>    |                                    |
| Owner ID Type                       | Company                            |
| Owner ID                            | 0260C                              |
| <b>Vehicle Details</b>              |                                    |
| Vehicle No.                         | GBD2249S                           |
| Vehicle to be Exported              | Yes                                |
| Intended De-registration Date       | 02 Dec 2017                        |
| Vehicle Make                        | TOYOTA                             |
| Vehicle Model                       | TOYOTA HIACE VAN TURBO 5 DR MANUAL |
| Primary Colour                      | White                              |
| Manufacturing Year                  | 2014                               |
| Engine No.                          | 1KD2425426                         |
| Chassis No.                         | JTFHT02P500145935                  |
| Maximum Power Output                | -                                  |
| Open Market Value                   | \$27,502.00                        |
| Original Registration Date          | 31 Jul 2014                        |
| First Registration Date             | 31 Jul 2014                        |
| Transfer Count                      | 0                                  |
| Actual ARF Paid                     | \$1,376.00                         |
| <b>Intended PARF Rebate Details</b> |                                    |
| PARF Eligibility                    | No                                 |
| PARF Eligibility Expiry Date        | -                                  |
| PARF Rebate Amount                  | \$0.00                             |
| <b>Intended COE Rebate Details</b>  |                                    |
| COE Expiry Date                     | 30 Jul 2024                        |
| COE Category                        | C - Goods Vehicle & Bus            |
| COE Period(Years)                   | 10                                 |
| PQP Paid                            | \$34,409.00                        |
| COE Rebate Amount                   | \$22,911.00                        |
| <b>Total Rebate Amount</b>          | <b>\$22,911.00</b>                 |

The information contained herein is correct as at 02 Dec 2017

## Claim Handling

Accident MT/0972076

|                     |  |                     |  |                      |  |
|---------------------|--|---------------------|--|----------------------|--|
| Policy No.          | 5081531085-01                                      | Vehicle No.         | GBD22495   | GST Registration No. |  |
| Policyholder Name   | TAI SING CORPORATION (PTE) LTD                     |                     |  | Policyholder NRIC    |  |
| Product Code        | COMMERCIAL VEHICLE INSURAI                         | Cover Type          | Comprehensive                                      | Loading              |  |
| Contact No.(Mobile) | 0  | Contact No.(Office) | 62912633   | Contact No.(Home)    |  |
| Email Address       |  | Special Remark      |  | eCode                |  |
| KPK                 | <input type="radio"/> No <input type="radio"/> Yes | TCA                 | <input type="radio"/> No <input type="radio"/> Yes | eCode Reason         |  |
| MCD Protection      | No   | NCD Entitlement(%)  | 15   |                      |  |

Report Date

02/12/2017 16:30

Date of Accident

01/12/2017

Reporting Centre

Accident Location

ORCHARD TURN

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

08:15

Orange Force

Accident Type

Others

Country of Accident

Singapore

ICM No.

Own damage Excess

600.00

Unnamed Driver Excess

Third Party Excess

0.00

Additional Excess

Outside Singapore OD Excess

Outside Singapore TP Excess

Windscreen Excess

GST Registered

No

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

No

Address 1

732 NORTH BRIDGE ROAD

Address 4

Unit No.

Address 2

SINGAPORE 198700

Address Type

Singapore address

Related Policy Number

5092802997

Address 3

Post Code

Driver Name

Unnamed Driver

Unnamed driver Name

LIM ENG LEONG

Register Date of Driver License

08/08/1979

Contact No.(Mobile)

94557399

Address 1

BLK 416

Address 4

SINGAPORE 120416

Unit No.

#33-277

Does he own a Singapore Registered car?

☐ Yes ☒ No

Driver Type

Unnamed Driver

Driver NRIC

S01331992

Driver Age

64

Contact No.(Office)

0

Address 2

CLEMENTI AVENUE 1

Address Type

Singapore address

Driver Vehicle No.

Driver DOB

Driving Experience

Contact No.(Home)

Address 3

Post Code

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any Injury?

☐ Yes ☒ No

Modification History

Claim 001 OD-MX **New**

|   |                                  |                         |                                  |                            |  |
|---|----------------------------------|-------------------------|----------------------------------|----------------------------|--|
| Claim Type *  | OD-MX                            | Insured Name            | TAI SING CORPORATION (PTE)       | Insured NRIC               |  |
| Contact No.(Mobile)                                 |                                  | Contact No.(Home)       |                                  | Contact No.(Office)        |  |
| Email Address                                       |                                  | OI Vehicle Number       | GBD22495                         | TP Vehicle Number          |  |
| Claim Description                                   | GBD22495 / PA9615Y ON 1 Dec 2017 |                         |                                  | Name of Preferred Workshop |  |
| Preferred Workshop Contact No.                      |                                  | Insured Liability *     | Not at Fault                     | GIA report                 |  |
| Require Finalisation                                | Yes                              | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received              |  |
| Date Registered                                     | 02/12/2017 16:39                 | Claim Close Date        |                                  | Total Loss but Repaired    |  |
| Report Taken By                                     | ROSLINDA                         | Workshop Repairer       |                                  |                            |  |
| <input checked="" type="checkbox"/> Print AK letter |                                  |                         |                                  |                            |  |

Save Submit












## Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/0972076  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No               | Upload Date | 02/12/2017 00:00 |
| Path *             | <div> <div>Browse...</div> <div>Clear</div> <div>Please Select</div> </div> |             |                  |
| Category *         | Confidential  | Urgency     | 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_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2017 16:35 | NRIC/ Driving License | Normal  | NRIC/ Driving |
|    | NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2017 16:35 | SAS                   | Normal  | SAS           |
|    | NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2017 16:35 | Photos                | Normal  | Photo:        |
|    | NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2017 16:35 | Photos                | Normal  | Photo:        |
|    | NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2017 16:35 | Photos                | Normal  | Photo:        |
|    | NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2017 16:35 | Photos                | Normal  | Photo:        |
|    | NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2017 16:35 | Photos                | Normal  | Photo:        |
|    | NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2017 16:35 | Photos                | Normal  | Photo:        |
|   | NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2017 16:35 | Photos                | Normal  | Photo:        |
|  | NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2017 16:35 | Photos                | Normal  | Photo:        |
|  | NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2017 16:35 | Photos                | Normal  | Photo:        |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|