

# 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/INC17022907/13</b>	SAS e-filing		
Veh No: <b>5JL1158R</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>02/12/17</b> <b>1115</b>	i-Motor Claim Form	<b>ms/0972078</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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( **N-51** ) Tel: Fax: )

TP Particulars: Veh No: **FBH9201L** 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

NA1707455	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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 16:52
Date Of Accident	02/12/2017 11:15
Exact Location Of Accident	SENTOSA GATEWAY INSIDE SENTOSA ROUNDABOUT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL1158R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ARIS CAR LEASING PTE LTD
Co Reg No	201612643G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91502266
Alternative Phone No	OFFICE-91502266

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5081692270-01
Cover Note Number	

### Driver

Name of Driver	CHOE YONG YEN(ZHOU YONGYAN)
NRIC No	S8397037E
Date Of Birth	05/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	09/07/2007
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81278854
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 170 HOUGANG AVE 1 #13-1485
Postcode	530170
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171202/2066

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH9201L
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.



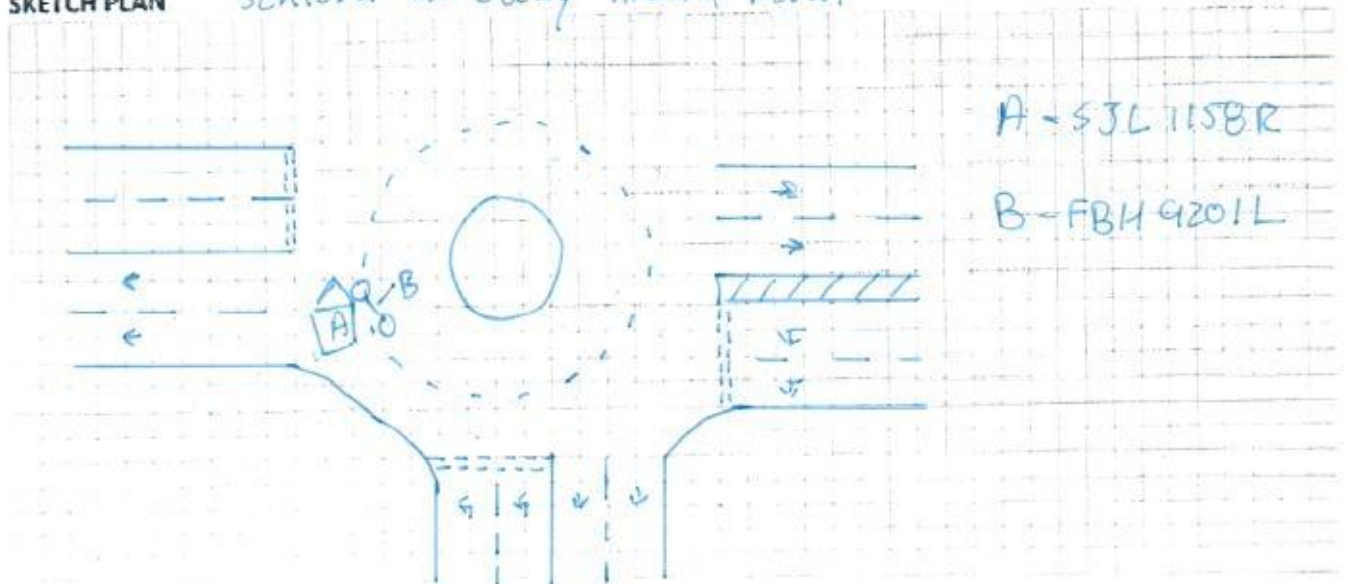
Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**

Sentosa Gateway Around About



A - S3L 1158R

B - FBH 9201L

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

As per police report no. T/20171202/2066

**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.:





# SINGAPORE POLICE FORCE



T/20171202/2066

1 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20171202/2066

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/12/2017 14:07	Vide Report No.: D/20171202/0077	Station Diary No.:
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**Informant's Particulars**

Name of Informant: CHOE YONG YEN			Address: APT BLK 170 HOUGANG AVE 1 #13-1485 HDB-HOUGANG SINGAPORE 530170	
ID Type / ID No.: NRIC NO / S8397037E			Contact No.: Home/Office: Mobile: 81278854	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 05/02/1983	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Other insurance representatives			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/12/2017 11:15	Type of Location:
Location: Along Road 1 SENTOSA GATEWAY  INSIDE SENTOSA ROUND ABOUT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH9201L	Motorcycle				Slightly Damaged	1
SJL1158R	Car				Slightly Damaged	0

**Details of Person Involved**

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



Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20171202/2066

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHOE YONG YEN	ID No.	S8397037E
Related Vehicle	NIL	Contact No.	81278854
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Rider</b>			
Name	WONG CHUNG PAO WILLSON	ID No.	S8508295G
Related Vehicle	NIL	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

**Brief Details.**

2/11/2017 @1100 (SENTOSA GATEWAYS)

I WAS ENTERING SENTOSA TOWARDS BEACH STATION. I STOP AT THE ROUNDABOUT TO CHECK FOR ANY ONCOMING VEHICLE, IT WAS CLEAR TO MOVE FORWARD. HALFWAY THROUGHT THE ROUNDABOUT AROUND THE MIDDLE POINT. THE RIDER COLIDED INTO MY RIGHT FRONT BUMPER JUST BEHIND THE HEAD LIGHTS. I STOP TO HELP THEM AS WELL I CALLED 995 FOR HELP.





**SINGAPORE  
POLICE FORCE**



T/20171202/2066

3 of 3

Report No. T/20171202/2066

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**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:  
TP /  
KEE CHUAN JIA MARCUS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt RAZIZ BIN TAHAR  
Contact No.: 65476200

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
02/12/2017 14:07

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: 

<b>Vehicle No.</b>	SJL 1158R	Model / Make	Toyota Allion
Date of Accident	2/12/17		
Time of Accident	11.15am	HRS	
Location of Accident	Sentosa Gate way Around About		
Exact purpose use during accident	Work Use		
<b>Name of Owner</b>	Aris Car Leasing Pte Ltd		
Telephone No.	H/P : 9150 2266	Home :	Office :
NRIC	201612643G		
Address	95 Kaki Bukit Ave 1 #04-01 S(415982)		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	<u>Third Party</u>	Third Party / Fire / Theft
Policy No.	5081692270-01		
<b>Name of Driver</b>	As Above (If No, Choe Yong Yen		
NRIC	58397037E	Any Passengers :	Nil
Date of birth	5/21/1983		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	9 Jul 2007		
Gender	<u>Male</u> / Female		
Contact No.	H/P : 8127 8854	Home :	Office :
Address	Blk 170 Honggang Ave 1 #13-1485 S(530170)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	<u>Employee</u> , If no, state		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	<u>No</u> , If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If <u>Yes</u> , Where?		
<b>Vehicle B No.</b>		Any Passengers :	1
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 :	
Accident Portion	Right Front Portion		
Camera Recorder	<u>Yes</u> / No		
Email Address			
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Amos		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales @ n51.com.sg		



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8397037E



Name

CHOE YONG YEN  
(ZHOU YONGYAN)

周 勇 延

Race  
CHINESE

Date of birth  
05-02-1983

Sex  
M

Country/Place of birth  
BELGIUM



S8397037E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8397037E  
Name:

CHOE YONG YEN  
(ZHOU YONGYAN)

Birth Date: 05 Feb 1983

Issue Date: 09 Jul 2007



5294727



NRIC No. S8397037E



Date of issue  
15-04-2014

Address

APT BLK 170 HOUGANG AVENUE 1  
#13-1485  
SINGAPORE 530170

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 09 Jul 2007

NP 428A



## 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:** 5081692270-01

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SJL1158R**  
Chassis Number : NZT2603035423
2. Name of Policyholder : ARIS CAR LEASING PTE LTD
3. Effective Date of Insurance : 25 Jun 2017
4. Expiry Date of Insurance : 24 Jun 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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : WAH HONG INSURANCE AGENCY PTE LTD (00000614852)  
Date of Issue : 22 Jun 2017 09:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



## Enquire Vehicle Information

### Vehicle No.

Vehicle No.: SJL1158R

### Vehicle Details

Vehicle Type:	Private Hire (Chauffeur) Motor Car
Vehicle Attachment 1:	No Attachment
Make / Model:	TOYOTA / ALLION A15 A
Primary Colour:	Black
Year of Manufacture:	2008
Maximum Laden Weight:	1475 kg
Unladen Weight:	1200 kg
No. Of Axles:	2
Engine No.:	1NZD254726
Chassis No.:	NZT2603035423
Engine Capacity:	1496 cc
Maximum Power Output:	81.0 kW (108 bhp)
IU Label No.:	1028383139
Propellant:	Petrol
Passenger Capacity:	4
Original Registration Date:	14 Nov 2008
First Registration Date:	14 Nov 2008
Open Market Value:	\$15,836.00
Additional Registration Fee Rate:	100.00 %
Actual ARF Paid:	\$15,836.00
PARF Eligibility:	Yes
Minimum PARF Benefit:	\$7,918.00
PARF Eligibility Expiry Date:	13 Nov 2018
COE No.:	2008120101001815C
COE Category:	A - Car (1600cc & below)
COE Expiry Date:	13 Nov 2018
Quota Premium (QP):	\$10,455.00
QP Paid:	\$10,455.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$10,455.00
CO2 Emission:	-

## Claim Handling

Accident MT/0972078

Policy No.	5081692270-01	Vehicle No.	SJL1158R	GST Registration No.	
Policyholder Name	ARIS CAR LEASING PTE LTD	Cover Type	Third Party	Policyholder NRIC	
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	
Contact No.(Mobile)	91502266	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	02/12/2017 17:12	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	02/12/2017	Time of Accident hh:mm	11:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SENTOSA GATEWAY INSIDE SENTOSA ROUNDABOUT				

**Benefits**

**Excess**

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
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	95 KAKI BUKIT AVENUE 1	Address 2	#04-01 SHUN LI INDUSTRIAL P.	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5084407148-01		

**O1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	CHOE YONG YEN(ZHOU YONGYI)	Driver NRIC	S8397037E	Driving Experience	
Register Date of Driver License	09/07/2007	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	81278854	Contact No.(Office)	0	Address 3	
Address 1	BLK 170	Address 2	HOUGANG AVENUE 1	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#13-1485	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

**Declaration**

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

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ARIS CAR LEASING PTE LTD	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		O1 Vehicle Number	SJL1158R	TP Vehicle Number	
Claim Description	SJL1158R / FBH9201L ON 2 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 (refer below)	Date Received	
Date Registered	02/12/2017 17:17	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSINDA	Workshop Repairer			
<input checked="" type="checkbox"/> Print AK letter					

**Save Submit**

## Attachment

Accident No.	MT/0972078	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/12/2017 00:00
Path *	Category * <input type="text"/> Confidential <input type="text"/> Urgency <input type="text"/>		
Browse... Clear Please Select <input type="text"/> NO <input type="text"/> 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 02 Dec 2017 17:17	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2017 17:17	SAS	Normal	SAS
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2017 17:16	Photos	Normal	Photo:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2017 17:16	Photos	Normal	Photo:
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Dec 2017 17:16	Photos	Normal	Photo:

#### 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"/>