

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA17168849-01

Date In: 26/12/17 11:05	Job description	Date & Time Completed	Done by
Ref No: NA/INC17024344/24	SAS e-filing		
Veh No: SKC6227C	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 22/12/17-17:30	i-Motor Claim Form	MT/0975022	26/12/17 12:00
OD : 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: SKS47495	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	(Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

ENTERED 27 DEC 2017

NA1707938	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	N12: Idac Mobile 30		
Dat. 2 / 3:	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	26/12/2017 11:05
Date Of Accident	22/12/2017 17:20
Exact Location Of Accident	JUNC NORTH BOUNA VISTA RD & HOLLAND RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC6227C
Insured/Policyholder	
Name Of Registered Owner	ALLIANCE TRANSPORTATION SERVICE PTE LTD
Co Reg No	200807976G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81310701
Alternative Phone No	OFFICE-81310701

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 SEDAN EDITION E (R18 LED)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5093490508
Cover Note Number	

Driver

Name of Driver	LEONG WAI KIAT (LIANG WEIJIE)
NRIC No	S8533847A
Date Of Birth	12/10/1985
Occupation	OUTDOOR
Date Of Driving Pass	15/09/2014
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84846369
Fax Number	
Contact Number	OFFICE-84846369
Email Address	NOEMAIL

Address	BLK 430C FERNVALE LINK #11-227
Postcode	793430
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20171223/2074.

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	SKS4749S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	LEONG WAI KIAT (LIANG WEIJIE)
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SKC6227C
Were seat belts worn?	YES
Was this 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 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.

A Positive Experience

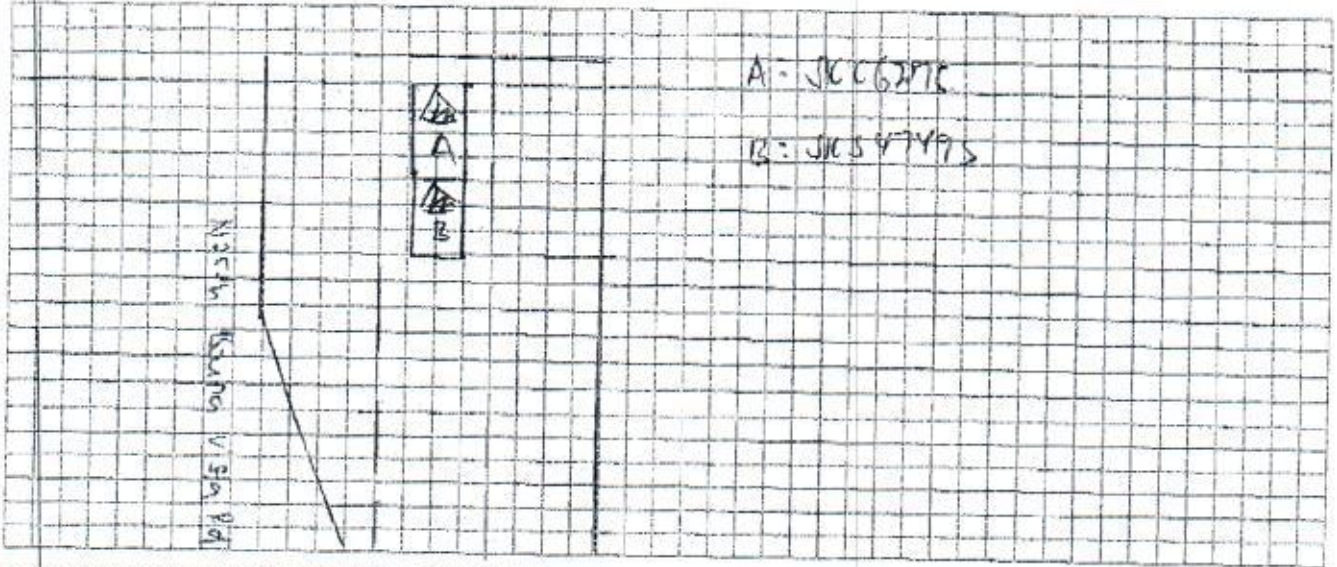


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/12/17 17:20 my vehicle was stationary stopped along the junction waiting traffic light turn green. After the suddenly vehicle B along lane 2 collided without stopping and collided onto ^{my} vehicle & rear portion.

DECLARATION

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

ALLIANCE
Transportation Service Pte Ltd

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 12 / 17) (DD/MM/YYYY), TIME: (17 : 20) (HH:MM)

LOCATION: Junc North Baring rd & Holland rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKC6257C
 b) INSURANCE COMPANY: NTJC
 c) POLICY NUMBER: 5093490508
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Alliance Transportation services pte ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 8131 0701
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Leong Lai Kiat (Liang Weijie) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S85338479 CONTACT: 8484 6369
 c) ADDRESS: Blk 435 Fernvale Link #17-222 (793422)

*d) DATE OF BIRTH: (12 / 10 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) - back & neck

7. a) REPORTED TO POLICE (YES / NO) - pending

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKS 47495 MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:
 *No of passengers (including driver) (1)

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:
 *No of passengers (including driver) ()

email =

fax =



SINGAPORE POLICE FORCE



T/20171223/2074

1 of 3

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

Report No. T/20171223/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2017 13:04		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEONG WAI KIAT			Address: 430C FERNVALE LINK #11-227 SINGAPORE 793430		
ID Type / ID No.: NRIC NO / S8533847A			Contact No.: Home/Office:		Mobile: 84846369
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 12/10/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/12/2017 17:20	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 NORTH BUONA VISTA ROAD HOLLAND DRIVE ACCIDENT AT THE TRAFFIC LIGHT				
Weather: Clear		Road Surface: Dry	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
SKC6227C	Car				Slightly Damaged	0
SKS4749S	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/20171223/2074

2 of 3

Report No. T/20171223/2074

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

CONTINUATION OF REPORT

Driver			
Name	LEONG WAI KIAT	ID No.	S8533847A
Related Vehicle	SKC6227C (Car)	Contact No.	84846369
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	DON CHOO YEW	ID No.	S7640332E
Related Vehicle	SKS4749S (Car)	Contact No.	96689626
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.

ON THE ABOVE MENTIONED DATE AND TIME

I WAS TRAVELLING ALONG NORTH BUONA VISTA ROAD AND STOPPED AT THE TRAFFIC LIGHT AS IT FLASHED RED. WHEN THE TRAFFIC LIGHT FLASHED GREEN, I WANTED TO MOVE OFF WHEN THE CAR BEHIND ME COLLIDED WITH THE BACK OF MY VEHICLE. WE MOVED ASIDE AND EXCHANGED PARTICULARS. THINGS WERE SETTLED PEACEFULLY AND BOTH OF US DROVE OFF. AFTER A FEW HOURS I STILL FELT PAIN ON MY NECK THAT I FELT AFTER THE ACCIDENT WHICH I THOUGHT WAS NORMAL. SO I DECIDED TO GO TO MOUNT ALVERNIA HOSPITAL TO GET CHECKED UP. I RECEIVED A 5-DAY MC FROM THE HOSPITAL.



**SINGAPORE
POLICE FORCE**

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



T/20171223/2074

3 of 3

Report No. T/20171223/2074

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 /

MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

23/12/2017 13:04

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: 

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA117168899 Vehicle Registration No: SKC 6227C
Name (as shown in NRIC) : Leong Wai Liong Cheong Weijie NRIC/FIN/Passport No : S8533847A
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : Blk 432C Fernvale Link #11-227 Singapore (793430)
Contact (Tel) : _____ Mobile No. : 84846369
Email Address : _____
Date of Accident : 22/12/17 Time of Accident : 17:20
Place of Accident : Junc North Buona Vista Rd & Holland Rd
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Name of Registered owner
- Alliance Transportation Service Pte Ltd.

Policyholder / Driver's Signature
Date:


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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8533847A**

Name
**LEONG WAI KIAT
(LIANG WEIJIE)**

Birth Date **12 Oct 1985**
Issue Date **15 Sep 2014**

002345683F



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8533847A**

Name
**LEONG WAI KIAT
(LIANG WEIJIE)**
梁伟杰

Race
CHINESE

Date of birth
12-10-1985

Sex
M

Country/Place of birth
SINGAPORE





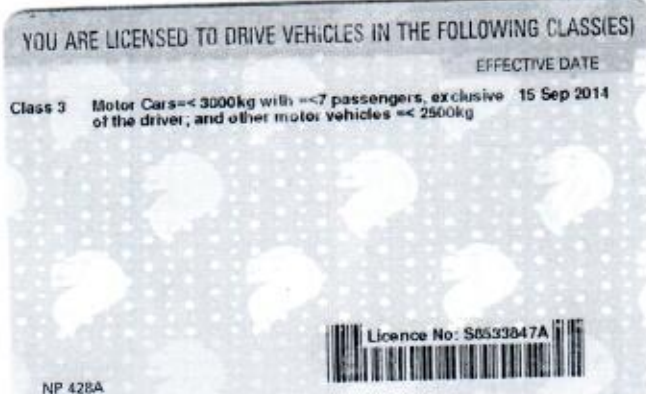
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

EFFECTIVE DATE
15 Sep 2014

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg

NP 428A

Licence No: **S8533847A**



5528541

S8533847A

NRIC No. **S8533847A**

Date of issue
02-11-2015

Address
**APT BLK 430C FERNVALE LINK
#11-227
SINGAPORE 793430**




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)

Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093490508	ALLIANCE TRANSPORTATION SERVICE PTE. LTD.	200807976G	GFT	drive PREMIUM	SKC6227C	SKC6227C	17/08/2017	

▼ Policy Information

Policy No.	5093490508	Policyholder Name	ALLIANCE TRANSPORTATION SE	Policyholder NRIC	200807976G
Address	486 MILTONIA CLOSE SINGAPORE 768173				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	16/08/2017	Effective Date	17/08/2017 00:00	Expiry Date	16/08/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	486 MILTONIA CLOSE	Address 2	SINGAPORE 768173	Address 3	
Address 4		Address Type	Singapore address	Post Code	768173
Unit No.		Related Policy Number	5055851801-05		

► Insured Object: SKC6227C

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0975022

Policy No.	5093490508	Vehicle No.	SKC6227C	GST Registration No.	
Policyholder Name	ALLIANCE TRANSPORTATION SERVICE PTE. LTD.			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive PREMIUM	Loading	
Contact No.(Mobile)	84846369	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	Private Hire	No

Accident Details

Report Date	26/12/2017 11:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	22/12/2017	Time of Accident hh:mm	17:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC NORTH BOUNA VISTA RD & HOLLAND 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	No
Modification History			

Policyholder Mailing Address

Address 1	486 MILTONIA CLOSE	Address 2	SINGAPORE 768173	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5055851801-05		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	LEONG WAI KIAT (LIANG WEIJI)	Driver NRIC	S8533847A	Driving Experience	
Register Date of Driver License	15/09/2014	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	84846369	Contact No.(Office)	0	Address 3	
Address 1	BLK 430C	Address 2	FERNVALE LINK	Post Code	
Address 4	SINGAPORE 793430	Address Type	Singapore address		
Unit No.	11-227				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	ALLIANCE TRANSPORTATION SE	Insured NRIC		
Contact No.(Mobile)	93392288	Contact No.(Home)	NIL	Contact No.(Office)		
Email Address		OI Vehicle Number	SKC6227C	TP Vehicle Number		
Claim Description	SKC6227C / SKS4749S ON 22 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	26/12/2017 12:00	Claim Close Date				
Report Taken By	Jackson					

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0975022	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/12/2017 12:01
Path *	<input type="text"/> <input type="button" value="Browse"/> <input type="button" value="Clear"/> Please Select		
Category *	Confidential	Urgency	Normal

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

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 12:01	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 12:01	SAS	Normal	SAS ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 12:00	Photos	Normal	Photos
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Video List

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