

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

|                            |  |                       |         |
|----------------------------|--|-----------------------|---------|
| Date In: 02/01/18          | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/INC/18000036/13 | SAS e-filing                             |                       |         |
| Veh No: SJT70657           | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 31/12/17 2115       | i-Motor Claim Form                       | MT/0975983            |         |
| 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: ( N-51 | Tel:   | Fax:                  |
| TP Particulars:                               | Veh No: SJM4337R   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |                      |                      |
|---------------------------------|---|-------------|----------------------|----------------------|
| NA1800017                       | <b>Invoice Preparation Checklist</b>            |             | Amt (\$)<br>1st Bill | Amt (\$)<br>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              |             |                      |                      |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |                      |                      |
| Auditors' Comments :-           | For claiming against INC Only (wef 10 Jan 2005) |             |                      |                      |
| Cat. 1:                         | 6) TR: Re-inspection \$75                       |             |                      |                      |
| Cat. 2/3:                       | 7) NI: Idac DA + SMRT Survey \$160              |             |                      |                      |
|                                 | 8) NTUC Additional Services:-                   |             |                      |                      |
|                                 | OD:   |             |                      |                      |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |                      |                      |
|                                 | *N6: Repair Co-ordination \$10                  |             |                      |                      |
|                                 | *N7: Post Repair Inspection \$25                |             |                      |                      |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |                      |                      |
|                                 | TP (N11): TP (Non INC) against INC \$20         |             |                      |                      |
|                                 | 9) N12: Idac Mobile 30                          |             |                      |                      |
|                                 | Invoice dated                                   | Fee Charged |                      |                      |
|                                 | Invoice dated                                   | Fee Charged |                      |                      |



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

|                            |                                  |
|----------------------------|----------------------------------|
| Date Of Report             | 02/01/2018 16:22                 |
| Date Of Accident           | 31/12/2017 21:15                 |
| Exact Location Of Accident | CTE TWDS AYE B4 BRADDELL RD EXIT |
| Country/State of Loss      | SINGAPORE                        |

### DETAILS OF OWN VEHICLE

|                             |                   |
|-----------------------------|-------------------|
| Vehicle Registration Number | SJT7065T          |
| <b>Insured/Policyholder</b> |                   |
| Name Of Registered Owner    | LONG YU TRANSPORT |
| Co Reg No                   | 53338382W         |
| Email Address               | NOEMAIL           |
| Mobile Phone No             |                   |
| Alternative Phone No        | OFFICE-96245859   |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | NISSAN         |
| Model  | LATIO          |
| 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   | PRIVATE HIRE   |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5081310620-01                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | TAN SHYUE SHUENN      |
| NRIC No              | S7872105G             |
| Date Of Birth        | 16/05/1978            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 05/08/1999            |
| Driving Experience   | 18 YEARS AND 4 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-96245859  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |

|   |                           |
|---|---------------------------|
| Address   | 99 YISHUN AVE 1<br>#01-39 |
| Postcode  | 769139                    |
| Was driver an employee of the Insured's Company     | NO                        |
| If No, Relationship of the Driver with the Insured  | OWNER                     |
| 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  |
| 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?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SJM4337R    |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                |             |
| Contact Number                      | 92718729    |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

#### DETAILS OF INJURED PERSON 1

|      |                  |
|------|------------------|
| Name | TAN SHYUE SHUENN |
|------|------------------|

|   |          |
|---|----------|
| Approximate Age                                     | SLIGHT   |
| Injuries Sustain                                    | SJT7065T |
| Injured person in which vehicle?                    | YES      |
| Were seat belts worn?                               | NO       |
| Was this injured conveyed to hospital by ambulance? |          |
| 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:

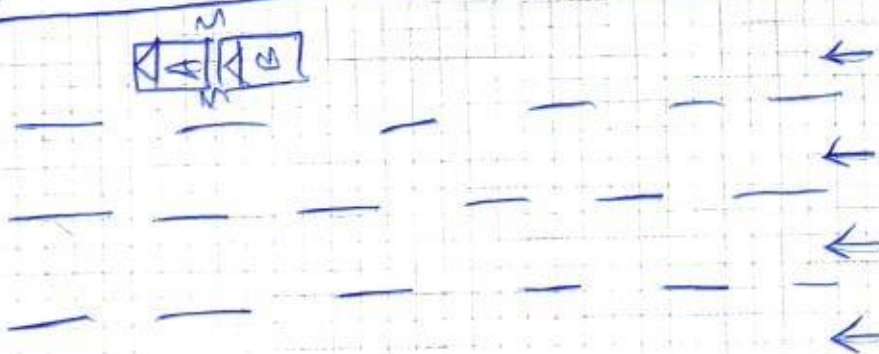
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

  
Policyholder's Signature  
Date & Time:

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

 02/10/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



A - SGT 7065T

B - SGT 4337R

CTE towards mye Before Bunker Rd Exit

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along the road mye on the extreme right lane of a 4-lane, expressway. Suddenly before Bunker Rd Exit, vehicles ahead of me slowed down and stopped. As such, I applied brake and stopped accordingly. Out of the sudden, veh (B) came from the rear and collided into the rear portion of my vehicle.

## DECLARATION

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time:

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

*[Signature]* 02/01/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



|                                   |   |             |                               |              |
|-----------------------------------|---|-------------|-------------------------------|--------------|
| <b>Vehicle No.</b>                | STJ 7065T                                 |             | Model / Make                  | Nissan Latio |
| Date of Accident                  | 31/12/17                                  |             |                               |              |
| Time of Accident                  | 9.15 pm HRS                               |             |                               |              |
| Location of Accident              | At LTE towards Kye before Bonddel Rd Exit |             |                               |              |
| Exact purpose use during accident | Commercial use                            |             |                               |              |
| <b>Name of Owner</b>              | Long Y. Transport                         |             |                               |              |
| Telephone No.                     | H/P: 96245859                             | Home:       | Office:                       |              |
| NRIC                              | 5333-382W                                 |             |                               |              |
| Address                           | 99, Yishun Ave 1, #01-39, 50769139        |             |                               |              |
| Claim type                        | OD (THIRD PARTY) REPORTING ONLY           |             |                               |              |
| Insurance Company                 | NTAC                                      |             |                               |              |
| Type of Coverage                  | Comprehensive                             | Third Party | Third Party / Fire / Theft    |              |
| Policy No.                        |   |             |                               |              |
| <b>Name of Driver</b>             | As Above If No, Tan Shyue Shuen           |             |                               |              |
| NRIC                              | STJ 721259                                |             | Any Passengers: -             |              |
| Date of birth                     | 16/5/1978                                 |             |                               |              |
| Occupation                        | Outdoor / (Indoor)                        |             |                               |              |
| Driving License Pass Date         | 05/01/2019                                |             |                               |              |
| Gender                            | (Male) / Female                           |             |                               |              |
| Contact No.                       | H/P: 96245859                             | Home:       | Office:                       |              |
| Address                           | 99, Yishun Ave 1, #01-39, 50769139        |             |                               |              |
| Driver have any own vehicle       | No, If yes, Reg No.                       |             |                               |              |
| Relationship                      | Employee,                                 |             | If no, state Owner of company |              |
| Weather condition                 | Clear                                     | (Raining)   | Other                         |              |
| Road Surface                      | Dry                                       | (Wet)       | Other                         |              |
| Any Injuries                      | No, If Yes, Who?                          |             |                               |              |
| Name And Contact No.              | Tan Shyue Shuen (m)                       |             |                               |              |
| Name And Contact No.              |   |             |                               |              |
| Police Report                     | No, If Yes, Where?                        |             |                               |              |
| <b>Vehicle B No.</b>              | STJ 4337R                                 |             | Any Passengers: 203           |              |
| Name of Driver                    | Wong Kwok Chay                            |             | Contact No.: 92718729         |              |
| <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                  | Rear, Right                               |             |                               |              |
| Camera Recorder                   | Yes / No                                  |             |                               |              |
| Email Address                     | garytanse@Outlook.com                     |             |                               |              |
|                                   |   |             |                               |              |
|                                   |   |             |                               |              |
| <b>PARTICULAR WORKSHOP</b>        | NSI Auto Service                          |             |                               |              |
| <b>CONTACT NO.</b>                | 6842 0051 / 6744 0510                     |             |                               |              |
| <b>CONTACT PERSON</b>             |   |             |                               |              |
| <b>FAX NO</b>                     | 6741 0510                                 |             |                               |              |
| <b>WORKSHOP EMAIL ADDRESS</b>     | sales@nsi.com.sg                          |             |                               |              |

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7872105G**

Name: **TAN SHYUE SHUENN**

Birth Date: **16 May 1978**

Issue Date: **01 Nov 2007**

001539284H



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7872105G**

Name: **TAN SHYUE SHUENN**

陈学顺

Race: **CHINESE**

Date of birth: **16-05-1978**

Sex: **M**

Country/Place of birth: **MALAYSIA**

S7872105G




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

| Class    | Description  | Pass Date   |
|----------|--|-------------|
| Class 2B | Motorcycles <= 200 cc  | 05 Aug 1999 |
| Class 3  | Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg | 05 Aug 1999 |

NP 428A

Licence No. **S7872105G**

5704199

**S7872105G**

NRIC No. **S7872105G**

Date of issue: **20-02-2017**

Address: **99 YISHUN AVENUE 1  
#01-39  
SINGAPORE 769139**





## 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 :** 5081310620-01

**Cover :** Comprehensive

- |  |                     |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle   | : SJT7065T          |
| Chassis Number   | : JN1BAAC11Z0021587 |
| 2. Name of Policyholder  | : LONG YU TRANSPORT |
| 3. Effective Date of Insurance   | : 27 Oct 2017       |
| 4. Expiry Date of Insurance  | : 26 Oct 2018       |
| 5. Persons or Classes of Persons entitled to drive#  |                     |
| (a) The Policyholder.  |                     |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                     |
| 6. Limitations as to Use#  |                     |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.   |                     |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.   |                     |

This Policy does not cover

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

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

|                       |   |
|-----------------------|---|
| EXCESS (SECTION 1)    | : S\$2,000  |
| EXCESS (SECTION 2)    | : S\$2,000  |
| WINDSCREEN EXCESS     | : S\$100  |
| INSURE WITH COE       | : YES   |
| HIRE PURCHASE COMPANY | : N/A   |
| 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 : AON SINGAPORE PTE LTD (00000691150)  
Date of Issue : 06 Oct 2017 10:08 hrs  
Reprint : 06 Oct 2017 10:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

## Claim Handling

Accident MT/0975983

|                     |   |                     |   |                      |     |
|---------------------|---|---------------------|---|----------------------|-----|
| Policy No.          | 5081310620-01   | Vehicle No.         | SJT7065T  | GST Registration No. |     |
| Policyholder Name   | LONG YU TRANSPORT   |                     |   | Policyholder NRIC    | 533 |
| Product Code        | COMMERCIAL VEHICLE INSURAF                                    | Cover Type          | Comprehensive   | Loading              | 0   |
| Contact No.(Mobile) | 96245859  | Contact No.(Office) | 0   | Contact No.(Home)    | 0   |
| Email Address       |   | Special Remark      |   | eCode                | No  |
| 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(%)  | 20  | Private Hire         | Yes |

## ▼ Accident Details

|                   |                                  |                               |       |                     |       |
|-------------------|----------------------------------|-------------------------------|-------|---------------------|-------|
| Report Date       | 02/01/2018 19:59                 | Accident Report Within 24 hrs | Yes   | Accident Type       | Colli |
| Date of Accident  | 31/12/2017                       | Time of Accident hh:mm        | 21:15 | Country of Accident | Sing  |
| Reporting Centre  |                                  | Orange Force                  |       | ICM No.             |       |
| Accident Location | CTE TWDS AYE B4 BRADDELL RD EXIT |                               |       |                     |       |

## ▼ Benefits

## ▼ Excess

|                       |          |                             |  |                   |  |
|-----------------------|----------|-----------------------------|--|-------------------|--|
| Own damage Excess     | 2,000.00 | Additional Excess           |  | Windscreen Excess |  |
| Unnamed Driver Excess |          | Outside Singapore OD Excess |  |                   |  |
| Third Party Excess    | 2,000.00 | Outside Singapore TP Excess |  |                   |  |

## ▼ GST Registered Information

|                      |    |                       |    |
|----------------------|----|-----------------------|----|
| GST Registered       | No | GST Registration Date |    |
| GST Registration No. |    | GST Status Verified   | No |
| Modification History |    |                       |    |

## ▼ Policyholder Mailing Address

|           |                    |                       |                    |           |     |
|-----------|--------------------|-----------------------|--------------------|-----------|-----|
| Address 1 | 99 YISHUN AVENUE 1 | Address 2             | #01-39 THE ESTUARY | Address 3 | SIN |
| Address 4 |                    | Address Type          | Singapore address  | Post Code | 769 |
| Unit No.  | 04-157             | Related Policy Number | 5081310620-01      |           |     |

## ▼ OI Driver Info

|   |   |                     |                   |                        |      |
|---|---|---------------------|-------------------|------------------------|------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver    |                        |      |
| Unnamed driver Name                     | TAN SHYUE SHUENN  | Driver NRIC         | S7872105G         | Driver DOB             | 16/C |
| Register Date of Driver License         | 05/08/1999  | Driver Age          | 39                | Driving Experience     | 18   |
| Contact No.(Mobile)                     | 96245859  | Contact No.(Office) | 0                 | Contact No.(Home)      | 0    |
| Address 1                               | 99 YISHUN AVENUE 1  | Address 2           | THE ESTUARY       | Address 3              | SIN  |
| Address 4                               |   | Address Type        | Singapore address | Post Code              | 769  |
| Unit No.                                | #01-39  |                     |                   |                        |      |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                   | Driver Insurer Company |      |

## Declaration

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

## Modification History

Claim 001 OD-MX

New

|                                |                                    |                         |                                  |                            |     |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|-----|
| Claim Type *                   | OD-MX                              | Insured Name            | LONG YU TRANSPORT                | Insured NRIC               | 533 |
| Contact No.(Mobile)            | 96245859                           | Contact No.(Home)       |                                  | Contact No.(Office)        | NIL |
| Email Address                  |                                    | OI Vehicle Number       | SJT7065T                         | TP Vehicle Number          | SJM |
| Claim Description              | SJT7065T / SJM4337R ON 31 Dec 2017 |                         |                                  | Name of Preferred Workshop | N51 |
| Preferred Workshop Contact No. |                                    | Insured Liability *     | Not at Fault                     |                            |     |
| Require Finalisation           | Yes                                | Preferred Repair Option | Preferred Workshop (refer below) | GIA report                 | Re  |
| Date Registered                | 02/01/2018 20:06                   | Claim Close Date        |                                  | Date Received              | 02/ |
| Report Taken By                | ROSILINDA                          | Workshop Repairer       |                                  | Total Loss but Repaired    |     |

☒ Print AK letter

Save Submit

## Attachment



1/2/2018

## Claim Handling(accident reporting Claim Task 001 OD-MX)

|   |   |  |                                   |                                       |
|---|---|--|-----------------------------------|---------------------------------------|
| Accident No.                                | MT/0975983  | Claim No.  | 001                               |                                       |
| Last Doc. Received                          | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date  | 02/01/2018 00:00                  |                                       |
| Path *                                      |   | Category *   | Confidential                      | Urgency *                             |
| <input type="button" value="Choose File"/>  | No file chosen  | <input type="button" value="Clear"/> Please Select | <input type="button" value="NO"/> | <input type="button" value="Normal"/> |
| <input type="button" value="Choose File"/>  | No file chosen  | <input type="button" value="Clear"/> Please Select | <input type="button" value="NO"/> | <input type="button" value="Normal"/> |
| <input type="button" value="Choose File"/>  | No file chosen  | <input type="button" value="Clear"/> Please Select | <input type="button" value="NO"/> | <input type="button" value="Normal"/> |
| <input type="button" value="Choose File"/>  | No file chosen  | <input type="button" value="Clear"/> Please Select | <input type="button" value="NO"/> | <input type="button" value="Normal"/> |
| <input type="button" value="Choose File"/>  | No file chosen  | <input type="button" value="Clear"/> Please Select | <input type="button" value="NO"/> | <input type="button" value="Normal"/> |
| <input type="button" value="Choose File"/>  | No file chosen  | <input type="button" value="Clear"/> Please Select | <input type="button" value="NO"/> | <input type="button" value="Normal"/> |
| <input type="button" value="Message Read"/> |   | <input type="button" value="Clear"/> Please Select | <input type="button" value="NO"/> | <input type="button" value="Normal"/> |

## Attachment List

| Attachment  | Uploaded By/Date   | Category              | Urgency | Description           |
|---|--|-----------------------|---------|-----------------------|
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:06 | NRIC/ Driving License | Normal  | NRIC/ Driving License |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:06 | SAS                   | Normal  | SAS 201               |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:06 | Photos                | Normal  | Photos 20             |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:06 | Photos                | Normal  | Photos 20             |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:06 | Photos                | Normal  | Photos 20             |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:06 | Photos                | Normal  | Photos 20             |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:06 | Photos                | Normal  | Photos 20             |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:05 | Photos                | Normal  | Photos 20             |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:05 | Photos                | Normal  | Photos 20             |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:05 | Photos                | Normal  | Photos 20             |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:05 | Photos                | Normal  | Photos 20             |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:05 | Photos                | Normal  | Photos 20             |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:05 | Photos                | Normal  | Photos 20             |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Jan 2018 20:05 | Photos                | Normal  | Photos 20             |

## Video List

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