

Date In: 2/2/18-12:21	Job description	Date & Time Completed	Done by
Ref No: NA/18016760/24	SAS e-filing		
Veh No: SG066745	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 1/2/18-20:00	i-Motor Claim Form	MT/0980743	2/2/18 19:30
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: EKMT365C

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

NA/1800735

Invoice Preparation Checklist

Amt (\$)

In Bill

Amt (\$)

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) 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:-

Q1*

*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

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

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 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	02/02/2018 12:01
Date Of Accident	01/02/2018 20:00
Exact Location Of Accident	CTE TUNNEL TWDS MERCHANT RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC6674S
Insured/Policyholder	*
Name Of Registered Owner	NG YOU WEI, PHILIP
NRIC No	S9412092F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92262423
Alternative Phone No	OFFICE-92262423

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA6 MPS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5076235227-02
Cover Note Number	

Driver

Name of Driver	NG YOU WEI, PHILIP
NRIC No	S9412092F
Date Of Birth	06/04/1994
Occupation	INDOOR
Date Of Driving Pass	04/10/2013
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92262423
Fax Number	
Contact Number	OFFICE-92262423
Email Address	NOEMAIL

Address	205 RIVER VALLEY ROAD #16-53
Postcode	238274
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 - CHANGE/CROSS LANE
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)	2

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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM7365C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG CHYE ONG
NRIC/Passport Number	S1760107E
Contact Number	96333152
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NG YOU WEI, PHILIP
Approximate Age	
Injuries Sustain	NECK & BODY
Injured person in which vehicle?	SGC6674S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LIM SZE HUI
Approximate Age	
Injuries Sustain	NECK & BODY
Injured person in which vehicle?	SGC6674S
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 Authorized 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 reassess 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

Refer to attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Attachment

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)

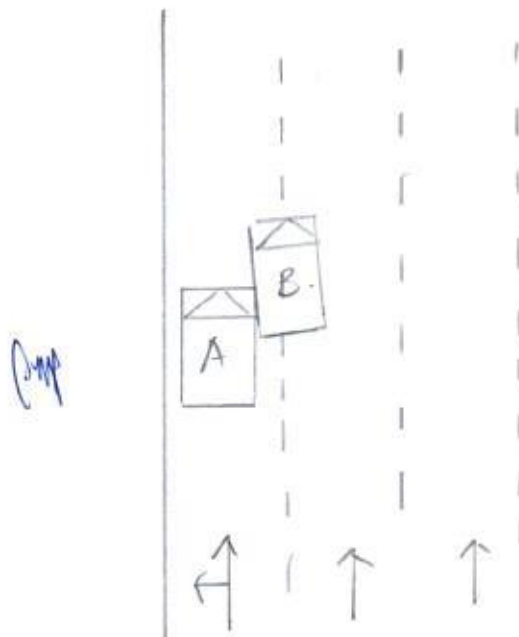
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

My car was all along travelling along the left most lanes, maintaining a moderate speed along the tunnel of CTE towards Merchant Road. Vehicle B which was travelling on my right without ensuring the safety of other road user travelling along the left most lane, recklessly cut into my lane and hit onto the right front side portion of my car. After hitting my car, the driver of vehicle B did not stop his car but trying to swerve towards to the right lane and move on, until I chase the driver of vehicle B and both of us manage to come to a stop after exit of Merchant Road near to Clarke Quay Central.



A: 3GC 66748
B: 3KM 7365C

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	01.02.2018	(DD/MM/YY)
Time of accident	2000	(HH:MM)
Exact location of accident	CTE Tunnel towards Merchant Road exit	

DETAILS OF VEHICLE

Vehicle registration number	3GC 66743		
Vehicle make and model	Mazda 6 mps.		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	Private		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select:
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

INSURANCE INFORMATION

Insurance company	NTUC.
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Ng You Wei, Philip	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9412092F	
Contact	92062423	
Address	205 River Valley Rd #16-53. S(238274)	

DRIVER

SAME AS INSURED ABOVE ☒ (SKIP TO D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth		
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	04 OCT 2013.	

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, relationship of the driver and insured: <u>owner</u>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____	
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>	
No of passenger	<u>02</u>	(Inclusive of driver)

PASSENGER 1

Name	<u>Lim Sze Hui</u>
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1	
Vehicle registration number	8km 7365C
Vehicle make model	
Name	ong chye ong
NRIC / Fin / Passport number	81760107E
Contact	96333152

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	/
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	/
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	/
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	/
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	/
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	/
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	Ng Yau Wee
Injuries sustained	Neck / Body
Which vehicle person in?	SGC 66745
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	Lim Sze Hui
Injuries sustained	Neck / Body
Which vehicle person in?	SGC 66745
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 : MNA18016360 Vehicle Registration No: SAC6674S
Name (as shown in NRIC) : Ng Yan Wei, Philip NRIC/FIN/Passport No : S9412092F
(*~~Vehicle Driver~~/Vehicle Owner) (*) Please delete as appropriate
Address : 205 River Valley Road #16-53 Singapore (238274)
Contact (Tel) : _____ Mobile No. : 92262423
Email Address : _____
Date of Accident : 1/2/18 Time of Accident : 20:00
Place of Accident : CTE tunnel towards Merchant Road Exit
Insurance Company : NITUC

(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:

Add in video footage.


Remark: video footage with driver.

Policyholder / Driver's Signature
Date:



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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9412092F




Name
NG YOU WEI, PHILIP
黄 有 为

Race
CHINESE

Date of birth
06-04-1994

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9412092F

Name
NG YOU WEI, PHILIP

Birth Date 06 Apr 1994

Issue Date 04 Oct 2013



4477841



NRIC No. S9412092F



Date of Issue
19-10-2009

205 RIVER VALLEY ROAD #16-53
SINGAPORE 238274


NRIC No: S9412092F Date: 03/01/2017

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 04 Oct 2013

NP 428A



Licence No: S9412092F

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 NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5076235227-02	NG YOU WEI, PHILIP	S9412092F	GPC	drive CLASSIC	SGC6674S	SGC6674S	23/01/2018	22/01/2019

Policy Information

Policy No.	5076235227-02	Policyholder Name	NG YOU WEI, PHILIP	Policyholder NRIC	S9412092F
Address	205 RIVER VALLEY ROAD #18-53 SINGAPORE 238274				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/01/2018	Effective Date	23/01/2018 00:00	Expiry Date	22/01/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	TENG GIM HEONG SEAN	Agent Tel.	97881111	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	205 RIVER VALLEY ROAD	Address 2	#18-53	Address 3	SINGAPORE 238274
Address 4		Address Type	Singapore address	Post Code	238274
Unit No.		Related Policy Number	5076235227-02		

Insured Object: SGC6674S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/0980743

Policy No.	S076235237-02	Vehicle No.	SD066745	GST Registration No.	
Policyholder Name	NG YOU WEI, PHILIP			Policyholder NRIC	S9412092P
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91262423	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<div>NC</div>
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(%)	40	Private Hire	No
Accident Details					
Report Date	02/02/2018 19:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	01/03/2018	Time of Accident hh:mm	20:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TUNNEL TWOS MERCHANT RD EXIT				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					

— Ballotholder Mailing Address

Address 1	205 RIVER VALLEY ROAD	Address 2	#10-93	Address 3	SINGAPORE 238274
Address 4		Address Type	Singapore address	Post Code	238274
Unit No.		Related Policy Number	9076235227-02		

☞ **OE Driver Info**

Driver Name	NG YOU WEI PHILIP	Driver Type	Main Driver	Driver DOB	06/04/1994
Unnamed driver Name		Driver NRIC	S9412092F	Driving Experience	4
Register Date of Driver License	04/10/2013	Driver Age	23	Contact No. (Home)	0
Contact No. (Mobile)	92262423	Contact No. (Office)	0	Address 3	SINGAPORE 238274
Address 1	205 RIVER VALLEY ROAD	Address 2		Post Code	238274
Address 4		Address Type	Singapore address		
Unit No.	16-53				
Does he own a Singapore BrasTrac 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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	NG YOU WEI, PHILIP	Insured NRIC	S9412092F
Contact No. (Mobile)	92262423	Contact No. (Home)	65246068	Contact No. (Office)	
Email Address	R34GTRVSP@LIVE.COM	OI Vehicle Number	SGC6674S	TP Vehicle Number	SKM7365C
Claim Description	SGC6674S / SKM7365C DN 1 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	02/02/2018 00:00
Date Registered	02/02/2018 19:32	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print A&P letter					

Save Submit

Attachment

Accident No.	MT/0980743	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/02/2018 19:33

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 19:33	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-2-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 19:33	SAS		Normal	SAS 2018-2-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 19:33	Photos		Normal	Photos 2018-2-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 19:33	Photos		Normal	Photos 2018-2-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 19:32	Photos		Normal	Photos 2018-2-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 19:32	Photos		Normal	Photos 2018-2-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 19:32	Photos		Normal	Photos 2018-2-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 19:32	Photos		Normal	Photos 2018-2-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 19:32	Photos		Normal	Photos 2018-2-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Feb 2018 19:32	Photos		Normal	Photos 2018-2-2		Edit
 Video List							
Uploaded By/Date	Folder	Date	File Name		Source	Action	
<div>Display in New Window</div> <div>Scan and uploading</div>							