

# NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MMA 118017040

Date In: 3/2/18 15:42	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18002168/h4	SAS e-filing		
Veh No: YM 1513R	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 2/2/18 13:30	i-Motor Claim Form	MT10980839	3/2/18 17:45
OD / <input checked="" type="checkbox"/> 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		

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:	Veh No: JMS 4952	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

NA1800774	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$10/\$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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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: Idao Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Ref 1:			
Ref 2/3:			



## 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	03/02/2018 15:42
Date Of Accident	02/02/2018 13:30
Exact Location Of Accident	CTE(AYE) BEFORE BRADDELL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM1513R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KDY PTE LTD
Co Reg No	200010100K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91771410

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE639E6SRDEA
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5066550235-03
Cover Note Number	-

### Driver

Name of Driver	RAJU DAMODARAN
NRIC No	S7288058G
Date Of Birth	15/12/1972
Occupation	OUTDOOR
Date Of Driving Pass	11/07/1994
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91771410
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 706 JURONG WEST ST 71 #02-64  
Postcode 640706  
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 CHAIN COLLISION  
Weather Conditions RAINING  
Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? YES  
Foreign Vehicle Registration Number JMS4952 (PRIVATE CAR)  
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 WHAMPOA NEIGHBOURHOOD POLICE POST  
Police Station Address ROAD: BLK 29 JALAN BAHAGIA, POSTCODE: 320029, COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-2507999 - FAX NO: 63554314  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO 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 JMS4952  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

XE297A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### DETAILS OF INJURED PERSON 1

Name

RAJU DAMODARAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

YM1513R

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



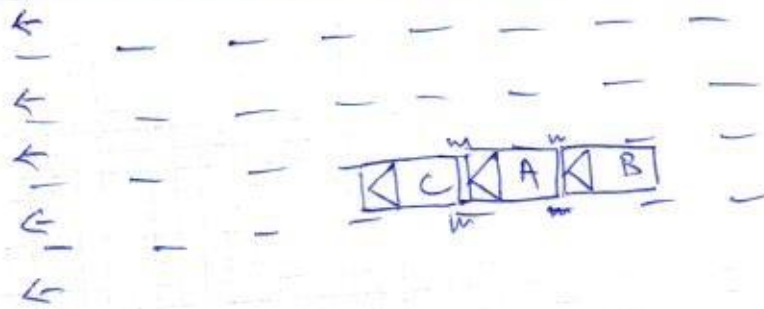
Policyholder's Signature  
Date & Time:

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

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

CTE(AYE) before Braekel Exit.

SKETCH PLAN



veh A : YM 1513 R.  
veh B : JMS 4952  
veh C : XE 297A.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report. T/20180202/2090.

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.:



Vehicle No.	YM 1513 R	Model / Make	Mitsubishi Fe 639
Date of Accident	2 Feb 2018.	AK	waiting police Report
Time of Accident	1330 hrs.	HRS	
Location of Accident	CTE (AYE) before Braddel Exit.		
Exact purpose use during accident			
Name of Owner	KDY pte Ltd.		
Telephone No.	H/P :	Home :	Office :
NRIC			
Address	320 Jalan Boon Lay S (619525)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5066550235-02.		
Name of Driver	As Above If No, Raju Damodaran		
NRIC	S72880584.	Any Passengers :	-
Date of birth	15 Dec 1972	Gender :	male / female
Occupation	Outdoor /	Indoor	
Driving License Pass Date	11 Jul 1994.		
Gender	Male /	Female	
Contact No.	H/P : 91771410	Home :	Office :
Address	Blk 701 Jurong West St 71 #02-64 S (640706).		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	Whampoa NPP. T/20180202/2090.
Vehicle B No.	JMS 4952.	Any Passengers :	-
Name of Driver	+02073554299.	Contact No. :	-
Vehicle C No.	XE 297A.	Any Passengers :	-
Vehicle D No.	-	Any Passengers :	-
Vehicle E no.	-	Any Passengers :	-
Vehicle F No.	-	Any Passengers :	-
Vehicle G No.	-	Any Passengers :	-
Witness Name	-		
Witness Contact	-		
Accident Portion	Front and rear portion.		
Camera Recorder	Yes / (No)		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
Yes / (No)			
PARTICULAR WORKSHOP	Motor Intel Automo Pte. Ltd.		
CONTACT NO.	8838 3318 / 6281-0087.		
CONTACT PERSON	WILSON ONG		
FAX NO	6281-0187		
WORKSHOP EMAIL ADDRESS	sales@mia.com.sg / ong-wilson3@hotmail.com.		





**SINGAPORE  
POLICE FORCE**



T/20180202/2090

1 of 4

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

Report No. T/20180202/2090

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/02/2018 14:38	Vide Report No.:	Station Diary No.: 34
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**Informant's Particulars**

Name of Informant: RAJU DAMODARAN			Address: APT BLK 706 JURONG WEST STREET 71 #02-64 SINGAPORE 640706		
ID Type / ID No.: NRIC NO / S7288058G			Contact No.: Home/Office: Mobile: 91771410		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 45	Date of Birth: 15/12/1972	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 02/02/2018 13:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE towards city towards Braddel Rd exit.				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
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
JMS4952	Lorry				Slightly Damaged	0
XE297A	Lorry				Slightly Damaged	0
YM1513R	Lorry				Seriously Damaged	0





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

T/20180202/2090

2 of 4

Report No. T/20180202/2090

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver		ID No.	A36391036
Name	Lu Tan Yin	Contact No.	+02073554299
Related Vehicle	JMS4952 (Lorry)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	NIL
No. of Days granted Medical Leave	NIL		
Driver		ID No.	G2122706X
Name	Zhao Kang kang	Contact No.	87401271
Related Vehicle	XE297A (Lorry)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	NIL
No. of Days granted Medical Leave	NIL		
Driver		ID No.	S7288058G
Name	RAJU DAMODARAN	Contact No.	91771410
Related Vehicle	YM1513R (Lorry)	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Hospital/Clinic	NIL	Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	NIL
No. of Days granted Medical Leave	NIL		

### Brief Details.

On the above mentioned date, time and venue, I was driving along CTE towards City. As I saw that the vehicle in front of me had stopped, I applied my brakes and stopped my vehicle. Subsequently One Malaysian vehicle collided to the rear of my vehicle causing my vehicle head to collide to the rear of the vehicle in front. No police and no ambulance was at scene. The accident only involved a Malaysian vehicle, JMS4952. No one was injured.

The left side mirror, wiper, front bumper and windscreen was damaged.





SINGAPORE  
POLICE FORCE



T/20180202/2090

Police Station Of Origin:

Whampoa NPP

29 Jalan Bahagia #01-368 SINGAPORE  
320029

Tel No: 1800-2507999

3 of 4

Report No. T/20180202/2090

CONTINUATION OF REPORT

SINGAPORE POLICE FORCE	
201 025	
SIGNATURE	



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

License Number: **S7288058G**

Name: **RAJU DAMODARAN**

Birth Date: **15 Dec 1972**  
Issue Date: **06 Mar 2013**

0021579198





**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S7288058G**

Name: **RAJU DAMODARAN**

0021579198

Race: **INDIAN**

Date of birth: **15-12-1972**

Sex: **M**

Country/Place of birth: **MALAYSIA**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

EFFECTIVE DATE

11 Jul 1994  
11 Jul 1994

11 Jul 1994  
11 Jul 1994

Class 2B Motorcycles <= 200 cc  
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg  
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg  
Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg



License No. S7288058G

RP 428A

9320128



HRIC No. S7288058G



Nationality

**MALAYSIAN**

Date of issue

**15-01-2014**

Address

**APT BLK 706 JURONG WEST STREET 71  
#02-64  
SINGAPORE 640706**

## 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 : 5066550235-03

Cover : Third Party, Fire & Theft

- |  |                |
|--|----------------|
| 1. Index mark and Registration Number of Vehicle   | : YM1513R      |
| Chassis Number   | : FE639EA47689 |
| 2. Name of Policyholder  | : KDY PTE LTD  |
| 3. Effective Date of Insurance   | : 18 Oct 2017  |
| 4. Expiry Date of Insurance  | : 17 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 business or profession.  |                |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  |                |

This Policy does not cover

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

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

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ABWIN PTE LTD (00000614234)  
Date of Issue : 03 Oct 2017 15:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

   
ABWIN PTE LTD  
8 ROAD BUNITE RD  
RIVERS WAREHOUSE LAMPYRE  
401-33 SINGAPORE 41/241  
TEL: 6842 3332 FAX: 6842 3301 (ADMIN OFFICE)

Countersigned By:

Authorised Officer

Chief Executive



2/3/2018

## Claim Handling

## Accident MT/0980839

Policy No.	5066550235-03	Vehicle No.	YM1513R	GST Registration No.	2001
Policyholder Name	KDY PTE LTD	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	0
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	
Contact No.(Mobile)	91771410	Special Remark		Contact No.(Home)	No
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(%)	20	eCode Reason	No
NCD Protection	No			Private Hire	No

## ▼ Accident Details

Report Date	03/02/2018 17:41	Accident Report Within 24 hrs	Yes	Accident Type	Chai
Date of Accident	02/02/2018	Time of Accident hh:mm	13:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE(AYE) BEFORE BRADDELL EXIT				

## ▼ Benefits

▼ Excess		Windscreen Excess	
Own damage Excess	0.00	Additional Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	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	23 NEYTHAL ROAD	Address 2	BLOCK A	Address 3	SINI
Address 4		Address Type	Singapore address	Post Code	6281
Unit No.		Related Policy Number	5072797217-02		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/1
Unnamed driver Name	RAJU DAMODARAN	Driver NRIC	S7288058G	Driving Experience	23
Register Date of Driver License	11/07/1994	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	91771410	Contact No.(Office)		Address 3	SINI
Address 1	BLK 706 #02-64	Address 2	JURONG WEST STREET 71	Post Code	6401
Address 4		Address Type	Singapore address		
Unit No.	02-64			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle 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

New

Claim Type *	OD-MX	Insured Name	KDY PTE LTD	Insured NRIC	2001
Contact No.(Mobile)	97585038	Contact No.(Home)	NIL	Contact No.(Office)	6261
Email Address	kdy02@singnet.com.sg	OI Vehicle Number	YM1513R	TP Vehicle Number	JMS
Claim Description	YM1513R / JMS4952 ON 2 Feb 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	03/02
Date Registered	03/02/2018 17:44	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save

Submit

## Attachment

2/3/2018

## Claim Handling(accident reporting Claim Task )

Accident No.

MT/0980839

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

03/02/2018 17:45

Path \*

Category \*

Confidential

Urgency \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:45	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:45	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:45	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:45	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:45	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Feb 2018 17:44	Photos	Normal	Photos 20
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## Video List

Uploaded By/Date	Folder Date	File Name	Source
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