

# NATIONAL Assessment Centre Services

Date In	12/02/2018 17:42	Job description	Date & Time Completed	Done by
Ref No	NA/INC18002813/K4	SAS e-filing		
Veh No	SGN 4192X	E-mail (within 8hrs, A/C 2hrs)		
DOA	11/02/2018 22:30	i-Motor Claim Form	MT/0982106	13/2/18 10:25
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 / OW: (	Tel:	Fax:
TP Particulars:	Veh No: SLQ 4484D	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:-	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

NA1801079	<b>Invoice Preparation Checklist</b>	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: 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 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	12/02/2018 17:42
Date Of Accident	11/02/2018 22:30
Exact Location Of Accident	JUNC OF ADMIRALTY STREET AND SEMBAWANG DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN4192X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INVEST WELLNESS & SERVICES PTE. LTD.
Co Reg No	201434387Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83240018
Alternative Phone No	OFFICE-83240018

### Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE 1.5 A
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5085925234-01
Cover Note Number	

### Driver

Name of Driver	SEET ENG CHUAN ( XUE YONGCHUAN)
NRIC No	S8313504B
Date Of Birth	03/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	13/11/2003
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83240018
Fax Number	
Contact Number	OTHERS-83240018
EMail Address	NOEMAIL

Address	BLK 207 SERANGOON CENTRAL #07-204
Postcode	550207
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
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
Passenger 1	NAME: : DOUGLAS GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	50 SERANGOON AVE 2
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180212/2018

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ4484D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN KOK HONG, ADAM (ZENG GUOFENG)
NRIC/Passport Number	S8623817I
Contact Number	90687860

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

SEET ENG CHUAN (XUE YONGCHUAN)

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SGN4192X

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:

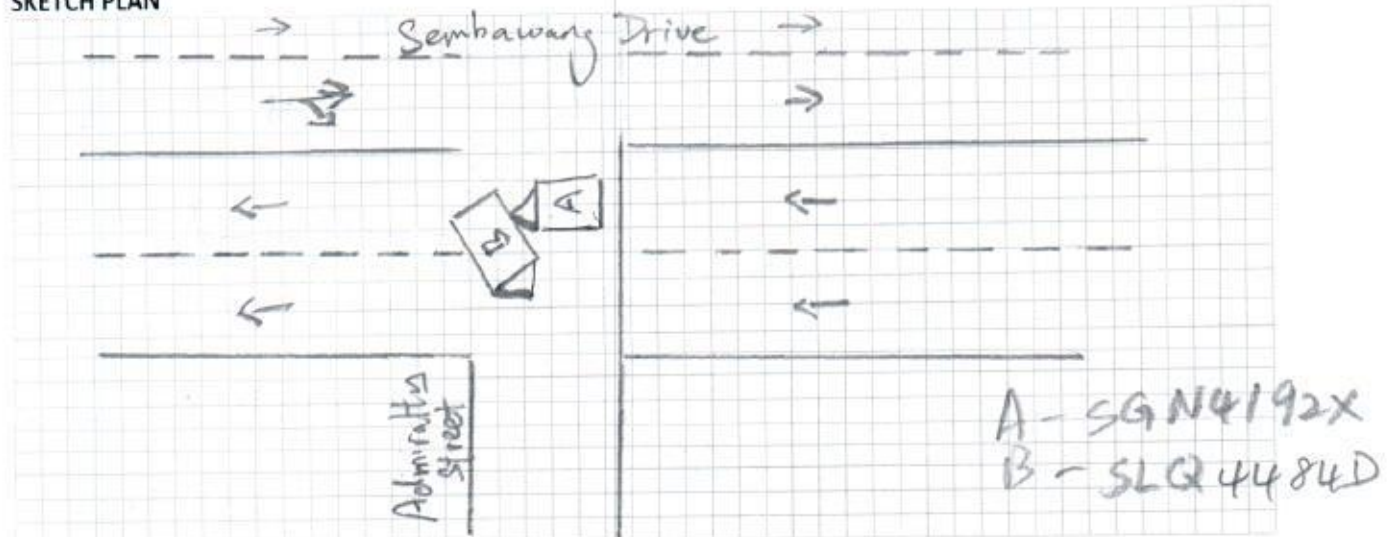
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s Refer to the Police Report  
T/20180212/2018

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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



# SINGAPORE POLICE FORCE



T/20180212/2018

1 of 3

Report No. T/20180212/2018

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2018 02:51	Vide Report No.: E/20180211/0207	Station Diary No.: 18
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### Informant's Particulars

Name of Informant: SEET ENG CHUAN			Address: APT BLK 207 SERANGOON CENTRAL #07-204 SINGAPORE 550207	
ID Type / ID No.: NRIC NO / S8313504B			Contact No.: Home/Office:	Mobile: 83240018
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 03/05/1983	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/02/2018 22:30	Type of Location: T-Junction
Location: Along Road 1 ADMIRALTY STREET SEMBAWANG DRIVE T Junction of Admiralty Street and Sembawang Drive Near to Landmark 8 Admiralty Street				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGN4192X	Car					1
SLQ4484D	Car					1



**SINGAPORE  
POLICE FORCE**



T/20180212/2018

2 of 3

Report No. T/20180212/2018

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129

Tel No: 1800-4880999

**CONTINUATION OF REPORT**

**Brief Details.**

On the 11/02/2018 at around 2230hrs, I was driving my vehicle bearing registration no. SGN4192X with a passenger on board. I was driving on the first lane along Sembawang Drive and upon reaching the T junction of both Sembawang Drive and Admiralty street, the traffic light was in my favor.

While I was approaching the junction, the car later establishes to be SLQ4484D from the opposite direction make a right turn towards Admiralty street. Upon seeing that, I tried to brake to avoid collision but it was too late.

My front portion of the car collided onto the left portion of the said car. I then manage to get out of my vehicle and my passenger complained that he was not feeling well. I then called for the ambulance.

Subsequently, traffic police and ambulance were at scene. My passenger and the other party's passenger were conveyed to hospital.

The traffic police took my statement and I was allowed to leave. Both vehicles were towed away.

Thus, I am lodging this report as advised by the traffic police.



# SINGAPORE POLICE FORCE



T/20180212/2018

3 of 3

Report No. T/20180212/2018

Police Station Of Origin:  
Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

## 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:

F /

Sgt 2 TANG CHUEN BOON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

12/02/2018 02:51

Classification Of Case:

SN 154

Signature:



Singapore Police Force

Authentication Stamp

NP168

## Guidance Note

This Guidance Note is intended to assist you with your policy details and the accident reporting procedures.  
If you require further assistance, please call our Command Centre (24-hour hotline) at **6789 5000**.

Ref: OF/2016-2020/ **6188**

<b>Policy Number</b>		<b>Vehicle Number</b>	
<b>Cover Type</b> <input type="checkbox"/> Prestige <input type="checkbox"/> Prestige Third Party Fire & Theft <input type="checkbox"/> Prestige Third Party			
<input type="checkbox"/> Drivo Premium <input type="checkbox"/> Drivo Classic <input type="checkbox"/> Comprehensive (PWP)			
<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Third Party			
<b>No Claim Discount (NCD)</b>		<b>Excess (Subject to Prevailing GST)</b>	
%		Standard Excess \$	
<b>NCD Protector</b> <input type="radio"/> Yes <input type="radio"/> No (1 accident within the period of insurance)		Unnamed Excess \$	
		Additional Excess \$	
		Third Party Excess \$	
<b>Transport Allowance</b> <input type="radio"/> Yes <input type="radio"/> No (SGD50 a day up to 7 days from the first day of repair for first 2 claims within the period of insurance)			
<b>Excess Waiver</b> <input type="radio"/> Yes <input type="radio"/> No (To waive the Standard Excess of \$600 only for first 2 claims within the period of insurance)			

**Accident Report to be made at any of our Income Accident Reporting Centres within 24 hours of the accident**

### Items to note:

- ✓ Driver of Vehicle must make report personally.
- ✓ Bring Vehicle & Vehicle Key to Reporting Centre.
- ✓ Bring Driver's NRIC, Driving Licence, Insurance Cert.

- ☐ Bring a Copy of Policyholder's NRIC (Front & Back).
- ☐ Bring Company's Stamp.
- ☐ Bring Police Report; Driver is to lodge Police Report as soon as possible or within 24 hours of the accident if the accident involves:

- |   |                        |
|---|------------------------|
| ➤ Damage to government property   | ➤ Pedestrian / Cyclist |
| ➤ Foreign vehicle   | ➤ Hit-and-run          |
| ➤ Injury cases where anyone involved in the accident was conveyed to hospital or has obtained MC for 3 days or more | ➤ Fatality             |

- ✓ Your NCD will be affected if you fail to report the accident within the stipulated time.
- ✓ Submit video recording from your in-car camera if available.

<b>Authorised Driver/Person's Name</b>		<b>For video recording up to 10MB, you may</b> ➤ email to motorvideo@income.com.sg.  <b>For video recording more than 10MB, you may</b> ➤ submit the storage device (non-returnable) at our Income branches or Accident Reporting Centres where you file your accident report.
<b>NRIC/ID no.</b>	<b>Relationship to Policyholder</b>	
<b>Contact no.</b>	<b>Signature</b>	

### For Official Use

<b>Issued by</b>	<b>Staff Code</b>	<b>Date (dd/mm/yyyy)</b>	<b>Time</b>
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REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8313504B



Name

SEET ENG CHUAN  
(XUE YONGCHUAN)

薛永川

Race

CHINESE

Date of birth

03-05-1983

Sex

M

Country of birth

SINGAPORE



4549098



NRIC No. S8313504B

Date of issue

23-10-2010

Address

APT BLK 207 SERANGOON CENTRAL  
#07-204  
SINGAPORE 550207

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8313504B

Name

SEET ENG CHUAN  
(XUE YONGCHUAN)

Birth Date 03 May 1983

Issue Date 13 Nov 2003



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

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

13 Nov 2003



NP 428A

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"/>	5085925234-01	INVEST WELLNESS & SERVICES PTE. LTD.	201434387Z	GFT	Third Party, Fire & Theft	SGN4192X	SGN4192X	09/11/2017	

## ▼ Policy Information

Policy No.	5085925234-01	Policyholder Name	INVEST WELLNESS & SERVICES	Policyholder NRIC	201434387Z
Address	19 SENGKANG EAST AVENUE #01-16 AUSTVILLE RESIDENCES SINGAPORE 544808				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	20/10/2017	Effective Date	09/11/2017 00:00	Expiry Date	08/11/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		
Agent	FAR EASTERN INSURANCE AGENT	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	19 SENGKANG EAST AVENUE	Address 2	#01-16 AUSTVILLE RESIDENCE	Address 3	SINGAPORE 544808
Address 4		Address Type	Singapore address	Post Code	544808
Unit No.	01-16	Related Policy Number	5085925234-01		

## ► Insured Object: SGN4192X

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	13/11/2017 00:00	Basic Information Endorsement	000001286691399	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLH1713K 15-11-2017 \$1,644.76 In view of this amendment, an additional premium of \$1,644.76 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	14/11/2017 00:00	Basic Information Endorsement	000001286692138	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We

## Claim Handling

Accident MT/0982106

Policy No.	5085925234-01	Vehicle No.	SGN4192X	GST Registration No.	
Policyholder Name	INVEST WELLNESS & SERVICES PTE. LTD.	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	201
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	83240018	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
<b>▼ Accident Details</b>					
Report Date	13/02/2018 10:18	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	11/02/2018	Time of Accident hh:mm	22:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF ADMIRALTY STREET AND SEMBAWANG DRIVE				
<b>▼ Benefits</b>					
<b>▼ Excess</b>					
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	19 SENGKANG EAST AVENUE	Address 2	#01-16 AUSTVILLE RESIDENCE:	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	5441
Unit No.	01-16	Related Policy Number	5085925234-01		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/01/1980
Unnamed driver Name	SEET ENG CHUAN ( XUE YONGC	Driver NRIC	S8313504B	Driving Experience	14
Register Date of Driver License	13/11/2003	Driver Age	34	Contact No.(Home)	0
Contact No.(Mobile)	83240018	Contact No.(Office)	0	Address 3	
Address 1	BLK 207	Address 2	SERANGOON CENTRAL	Post Code	5501
Address 4		Address Type	Singapore address		
Unit No.	#07-204			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		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	INVEST WELLNESS & SERVICES	Insured NRIC	201
Contact No.(Mobile)	90915808	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	investwellness.sg@gmail.com	O1 Vehicle Number	SGN4192X	TP Vehicle Number	SLQ
Claim Description	SGN4192X / SLQ4484D ON 11 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	13/02/2018 10:31	Claim Close Date		Date Received	13/02/2018
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

## Attachment

2/13/2018

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

Accident No.

MT/0982106

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

13/02/2018 10:25

Path \*

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

Category \*

Confidential

Urgency \*

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 13 Feb 2018 10:30	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:25	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:24	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:24	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:24	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:24	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:24	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:24	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 10:23	Photos	Normal	Photos 2018
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