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5-5-0-8	Assessment/S				
TP Insures:	Ass't Report l	y Fax/Hand t	o Owner/Whap		10 500
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 51	S 52515	INC (j/Non-INC()		
Owner / Driver: (3 32310		Tet:)	
	iod ()	Cover Type: (
Confirmed by : (Date:	Time:		
	ote-Est. Status (WO): N: 0-2	0%; P:21-79%. F:1	80-100%]	
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() Walk-In Customer: Customer's Infor			NORA MO ESTEL CLIEDA	(01)	
() Total Loss Case : to e-mail Insure					10
Drive-in ()/ Towed-in (); invoice:	YES()/	NO();1	'owing Co: (1/2
Remarks: (INC horline: 6788 6616)			Date&Time Complet:	id Den	ity
1) Apply for Transport Allowance ()/Co	ourtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()			
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DateTime Actions laimant's Particulars:- river/Owner: ontact No:		1) AR: Accider 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For staining 6) TR: Re-insp 7) N1: Idae DA	it Reporting (\$3.0); Assessment (\$100); Free Through Survey Through Survey (Resurvey) equingt NRC Only (wef 10 Js ection + SMRT Survey	730,500 70 (380) 540,544 5120 530 730(3)	9,15 \$
DateTime Actions laimant's Particulars:- river/Owner. ontact No:	! UAI80 112 0	1) AR: Applier 2) DA: Dameg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-last 7) N1: idea DA 3) NTUC Addi	it Reporting (\$3.0); Assessment (\$100); Free Through Survey Through Survey (Resurvey) equingt NRC Only (wef 10 Js ection + SMRT Survey	575	9,15 \$
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Date/Time Actions Checked by (Engr-In-Charge):		1) AR: Accider 2) DA: Dameg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- Forsisimins 6) TR: Re-lam 7) N1: Idao DA 8) NTUC Addi QD: *N5: Courte *N6: Repair *N7: Fost Re-	At Reporting (\$3.0); Assessment (\$100); Pee Through Survey (Resurvey) equingt JNC Only (wef 10 Js ection + SMRT Survey ional Services - ty Car / Tpt Allowanus Co-ordination pair Inspection	30.00 30.00 VC (\$80) 540,544 5120 530 530 575 575	9,118
Date/Time Actions Claimant's Particulars:- Oriver/Owner: Contact No: Carnaged Portion: C Checked by (Engr-In-Charge): Suditors' Comments:-		1) AR: Applies 2) DA: Dameg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- Fareleimins 6) TR: Re-lam 7) N1: idea DA 3) NTUC Addi QD: *N5: Courter *N6: Repair	it Reporting (\$3.0); Assessment (\$100); Present (\$100); Prough Survey (Resurvey) essinst JNC Only (wef 10 Js ection + SMRT Survey ional Services by Car / Tpt Allowanus Co-extination pair Inspection officet Expess Coordination Provent NCC against INCC	30.00 30.00 \$40,545 \$120 \$30 \$75 \$150 \$150 \$25	A=1 () 8.16 S
Date/Time Actions		1) AR : Accider 2) DA : Dameg 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For slainting 6) TR : Re-lam 7) N1 : idea DA 3) NTUC Addi OD: *N5: Courte *N6: Repair *N6: Repair *N6: Repair *N6: Repair *N6: Repair	it Reporting (\$3.0); Assessment (\$100); Present (\$100); Prough Survey (Resurvey) essinst JNC Only (wef 10 Js ection + SMRT Survey ional Services by Car / Tpt Allowanus Co-extination pair Inspection officet Expess Coordination Provent NCC against INCC	\$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25 \$25	8.163

SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

 1. Please report correctly the details of the accident to speed up the claims process.

 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 witholding 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.
- 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.

foresaid.		
	ACCIDENT STATEMENT	
Date Of Report	13/02/2018 15:42	
Date Of Accident	08/02/2018 12:40	
Exact Location Of Accident	BISHAN ST 11 TWDS ST 13	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	FX6636D	
Insured/Policyholder		
Name Of Registered Owner	PINTO JAMES DOMINIC	
NRIC No	S8637137E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-90045165	
Alternative Phone No	OFFICE-90045165	
Vehicle Particulars		
Manufacturer	HONDA	
Model	PHANTOM200 M	
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	MOTORCYCLE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	THIRD PARTY	
Fleet Policy	NO	
Policy Number	5081615228-01	
Cover Note Number	46	
Driver		
Name of Driver	PINTO JAMES DOMINIC	
NRIC No	S8637137E	
Date Of Birth	30/12/1986	
Occupation	INDOOR	
Date Of Driving Pass	26/07/2006	
Driving Experience	11 YEARS AND 6 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-90045165	
Fax Number		
Contact Number	OFFICE-90045165	
EMail Address	NOEMAIL	
		Page 1 of 19

Address	BLK 156 BISHAN ST 13 #03-98
Postcode	570156
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	amanananananananananananananananananana
Vehicle	
Insurance Company of Driver's Own Vehicle	
General Information of the Accident	
Type Of Accident	COLLISION - U-TURN
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?	YES
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	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes,against whom?	
Circumstances of Accident	
PLEASE REFER TO POLICE REPORT.	
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO
DETAIL	S OF OTHER VEHICLE PROPERTY 1
Vehicle Registration Number	SLS5251S
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

DETAILS OF INJURED PERSON 1

Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

PINTO JAMES DOMINIC

FRACTURE COLLAR, RIBS & FINGERS

FX6636D

YES

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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.1

152	
BÝ	A = FX 6636 D B = SLS 5251S
1 Bishan S	A II

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	to Police Report
		96

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.:

ACCIDENT STATEMENT

LOCATION:	Bishan St 11	twas s	t 13	
1. DETAILS C	F VEHICLE		20	
a) VEHICL	E NUMBER: F	K 6636 D		
	NCE COMPANY:			
c)POLICY	NUMBER:			
dipolicy	TYPE: (COMPREHEN	ISIVE / THIRD PA	RTY / THIRD PAI	RTY FIRE &THEFT)
elMAKE 8	MODEL:			
f)TYPE:(SA	LOON / COUPE / M	PV /VAN / LORE	RY / MOTORCY	CLE / OTHERS)
g) VEHICL	E CATEGORY: (PRIVA	ATE / COMMERC	CIAL / MOTORC	YCLE)
h)PURPOS	SE OF USING AT ACC	CIDENT TIME:	Private Us	se
	CLAIMING UNDER			
IF NO, PL	EASE STATE (THIRD F	ARTY CLAIM / R	EPORTING ONL	Y) .
	POLICY HOLDER	A General Street		15:
	Pinto Jami	es Dominic	C(MA	LE / FEMALE)
b)NRIC/FI	N/PASSPORT:	Settlement of the set	CONTACT:	90045165
c)ADDRES	SS:			
KI HI			E S R	
* CONTINU	UE TO 3.d IF DRIVER	ALSO POLICY H	OLDER	
DRIVER DANSSEN GASSEN GASSEN DINAME: DINRIC/FII DINAMES	14.			
a)NAME:_	As Above		(MA	
b) NRIC/FII	N/PASSPORT:		CONTACT:	
) CIADDRES	SS:		(4	
		100	54114.9.0.000 Volko Rep	
	OF BIRTH: (/_	The state of the s	/MM/YYYY)	9
	ATION: (INDOOR / C	11,510		
	F DRIVING EXPRERIE			(VEC./ NO)
4. WAS DRIV	VER AN EMPLOYEE	OF THE INSUR	RED'S COMPAN	Y? (YES / NO)
	LATIONSHIP OF TH			
	R CONDITION: (CLE			
	URFACE: (DRY / WET		<u> </u>	
	ODY INJURED (YES			
7. a)REPORTE	ED TO POLICE (YES /	NO)		0 h
	EASE STATE WHICH	POLICE STATION	Awis	Porce DIVISI
8. THIRD PART	Y VEHICLE	JSETELE		
	LE NUMBER:	-034212	MODEL:	-
ssenger a) VEHIC	R'S NAME:			
a driver) b) DRIVE			CONTACT	THE WEST AND THE
driver) b) DRIVE c) NRIC/	FIN/F MOOF ON I.		CONTACT.	
9. THIRD PART	TY VEHICLE			
b) DRIVE c) NRIC/ 9. THIRD PARI d) VEHIC	TY VEHICLE CLE NUMBER:		MODEL:	
b) DRIVE c) NRIC/ 9. THIRD PARI d) VEHIC	TY VEHICLE LE NUMBER:		MODEL:	

email =

fax =



POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Police Divisional HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000 F/20180208/7040

1 of 2

Report No. F/20180208/7040

Date/Time Report Made 08/02/2018 22:58	Vide Re	port No.		Station Diary No.	
Name Of Informant PINTO JAMES DOMINIC	Address APT BLI 570156		IAN STREET 13 #	03-98 SINGAPORE	
ID Type / ID No. NRIC NO / S8637137E	Contact Home/C		Mobile: 90045165		
Nationality SINGAPORE CITIZEN	Email Adpinto4	ddress 12@hotmail	l.com		
Occupation	Sex	Age	Date of Birth	Race	
SALES AND MARKETING MANAGER	Male	31	30/12/1986	Eurasian	
Institution/School Name	Languag English				
Date/Time Of Incident 08/02/2018 12:40	English Location Of Incident 151 BISHAN STREET 11 BISHAN GREEN SINGAPOR 570151				

Brief details.

I Pinto James Dominic, was involved in a motorcycle accident with a car. Along the main road of Bishan street 11 towards the direction Bishan street 13. I was on the right lane of the two lane road with the intention to Turn Right at the traffic light(T junction of St11 and 13). When a silver car from the left lane attempted an illegal U Turn from the left lane to head towards Braddell road. It was during this time when he left swiped my vehicle causing me to fall off and go unconscious. I gained consciousness when the ambulance arrive and was ferried to Tan Tock Seng Hospital. I am currently warded for observation and

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time: 08/02/2018 22:58
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180208/7040

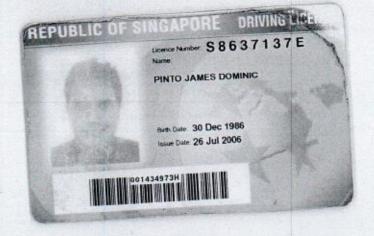
for fractures to the collar, ribs and fingers.

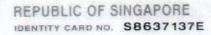
I had not taken the vehicle number or any particulars of the car driver. However the IO for the case has the information

Victim			
Person Name	PINTO JAMES DOMINIC		
ID Type	NRIC NO	ID No	S8637137E
Gender	Male	Age	31
Race	Eurasian	Language	English
Occupation	SALES AND MARKETING MANAGER	Address Type	
Address	APT BLK 156 BISHAN STREET 13 #03-98 SINGAPORE 570156		90045165
Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time: 08/02/2018 22:58
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp









Name

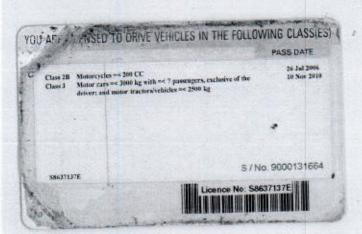
PINTO JAMES DOMINIC

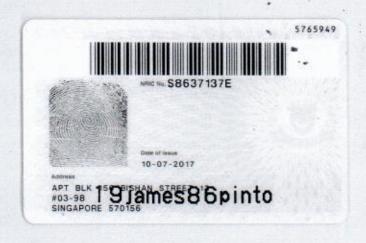
)

EURASIAN Date of birth

Date of birth S 30-12-1986 M

Country/Place of birth SINGAPORE \$8637137E





eBaoTech									Gene	ralClaim
POD DA. DE LES DESCRIPTIONS DE LES EN 1990	0601) * ;	Change Lan	guage ,	Change Passwo	rd · Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	10.				Date of Acc	cident	08/02	2018 13:31	
	Vehicle No.(For Motor)		FX6636D	FX6636D]				
Notice of Loss Policy No				1	Search					
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5081615228- 01	PINTO JAMES DOMINIC	S8637137E	GMC	Third Party	FX6636D	FX6636D	03/08/2017	02/08/2018
		685				Continue				

Claim Handling

Claim Handling					
	5081615228-01	Vehicle No.	FX6636D	GST Registration No.	
	PINTO JAMES DOMINIC			Policyholder NRIC	\$86
	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
	90045165	Contact No.(Office)		Contact No.(Home)	
33.00 (C. 10.00	90045103	Special Remark		eCode	No
Email Address	E.No Wes	TCA	« No Yes	eCode Reason	
KFK	No Yes			Private Hire	No
NCD Protection	No	NCD Entitlement(%)	20	Private rine	
		78WWW.5-VV		2002	Coll
Report Date	13/02/2018 18:34	Accident Report Within 24 hrs	Yes	Accident Type Country of Accident	Sin
Date of Accident	08/02/2018	Time of Accident hh:mm	12:40	ICM No.	2011
Reporting Centre		Orange Force		ICH NO.	
Accident Location	BISHAN ST 11 TWDS ST 13				
▽ Excess	POPALIS C			Windscreen Excess	
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
	tion				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
→ Policyholder Mailing Ade	Iress		E1 40 100 100 100 100 100 100 100 100 100	Address 3	BI
Address 1	BLK 156 #03-98	Address 2	BISHAN STREET 13	Post Code	57
Address 4	SINGAPORE 570156	Address Type	Singapore address	Post Code	-
Unit No.	03-98	Related Policy Number	5081615228-01		
♥ OI Driver Info					_
Driver Name	pinto james dominic	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8637137E	Driver DOB	30
Register Date of Driver License	26/07/2006	Driver Age	31	Driving Experience	11
Contact No.(Mobile)	90045165	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 156 #03-98	Address 2	BISHAN STREET 13	Address 3	В.
Address 4	SINGAPORE 570156	Address Type	Singapore address	Post Code	57
Unit No.	03-98				
Does he own a Singapore . Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	
racyatura var					
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?			
Reading?		0,100,000,000			
Modification History					
Claim 001 New					
				- SEATION TO PROPERTY	42
Claim Type *	OD-MX	Insured Name	PINTO JAMES DOMINIC	Insured NRIC	S
Contact No.(Mobile)	91891314	Contact No.(Home)	63005838	Contact No.(Office)	L
Email Address	jdpinto42@hotmail.com	OI Vehicle Number	FX6636D	TP Vehicle Number	S
Claim Description	FX6636D / SLS5251S ON 8 Feb 2018			Name of Preferred Workshop	0
Preferred Workshop Contact	0	Insured Liability *	Not at Fault		
No.		Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	F
Require Finalisation	165	Claim Close Date		Date Received	1
Date Registered	13/02/2018 18:36	Claim Close Date	900	CONTROL OF STATES OF STATES	- Box
Report Taken By	LIEW SHAN HUI				
✓ Print AK letter					-
			Save Submit		
Attachment					
4					

Claim Handling(accident reporting Claim Task)

Accident No.

MT/0982293

Claim No.

001

Last Doc. Received

Yes No

Upload Date

13/02/2018 18:37

	Path *		Category *		Confid	ential	Urgency *
Choose File No file chosen		Clear	Please Select	₹.	NO	7	Normal
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Choose File No file chosen		Clear	Please Select	•	NO	•	Normal
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Choose File No file chosen		Clear	Please Select	•	NO	•	Normal
Message Read							

1000	Attachment	d int

	List					
Attachment		Uploaded By/Date	Category	9	Urgency	Descrip
22 c.	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) Feb 2018 18:37	on 13 NRIC/ Driving Licens	NRIC/ Driving License		NRIC/ Driving Lice
1	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) Feb 2018 18:37	on 13 SAS		Normal	SAS 2016
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-	NAC_PAYA_UB1_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) Feb 2018 18:36	on 13 Photos		Normal	Photos 20:
	Uploaded By/Date	Folder Date	File Name		?	Source

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