

**NATIONAL Assessment Centre Services** (Part 1 of 2)

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 21/02/18         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/INC18003273/13 | SAS e-filing                             |                       |         |
| Veh No: SQ8988H           | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| DOA: 20/02/18 0630        | i-Motor Claim Form                       | MT/0983084            |         |
| OD / TP: Reporting Only   | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
| TP Insurer:               | i-Photo Uploaded                         |                       |         |
|                           | Assessment/Survey Report                 |                       |         |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: JM47652 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| Claimant's Particulars :-       | Invoice Preparation Checklist                | Ant (\$) | Ant (\$) |
|---------------------------------|--|----------|----------|
|                                 |  | 1st Bill | Add Bill |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);            |          |          |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80) |          |          |
| Damaged Portion:                | 3) TF: Towing Fee \$40/\$45                  |          |          |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120           |          |          |
| Auditors' Comments :-           | 5) FT: Follow-Through Survey (Resurvey) \$30 |          |          |
| Cat 1:                          | 6) TR: Re-inspection \$75                    |          |          |
| Cat 2/3:                        | 7) N1: Idac DA + SMRT Survey \$160           |          |          |
|                                 | 8) NTUC Additional Services:-                |          |          |
|                                 | OI*:   |          |          |
|                                 | *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             | 21/02/2018 11:07                                   |
| Date Of Accident           | 20/02/2018 06:30                                   |
| Exact Location Of Accident | DUNEARN RD NEAR BUS STOP OF SPORE CHINESE GIRL'S S |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SQ8988H               |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | SONG YEOW CHOY AUDREY |
| NRIC No                     | S7510623H             |
| Email Address               | NOEMAIL               |
| Mobile Phone No             | (LOCAL) +65-96888620  |
| Alternative Phone No        | OTHERS-90991122       |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | MITSUBISHI         |
| Model  | LANCER             |
| Exact Purpose for which vehicle was being used at time of accident           | SEND SON TO SCHOOL |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                 |
| If No, Please state action to be taken                                       | REPORTING ONLY     |
| 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             | 5092945826                             |
| Cover Note Number         |  |

### Driver

|                      |                             |
|----------------------|-----------------------------|
| Name of Driver       | HENG SWEE CHOO(WANG RUIZHU) |
| NRIC No              | S7515858J                   |
| Date Of Birth        | 22/05/1975                  |
| Occupation           | INDOOR                      |
| Date Of Driving Pass | 08/02/1994                  |
| Driving Experience   | 24 YEARS AND 0 MONTHS       |
| Gender               | FEMALE                      |
| Mobile Number        | (LOCAL) +65-90991122        |
| Fax Number           |                             |
| Contact Number       |                             |
| EEmail Address       | KARENHENG75@YAHOO.COM       |

Address 33 KAMPONG EUNOS  
 #02-06  
 Postcode 417786  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured SPOUSE  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR  
 Weather Conditions CLEAR  
 Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? YES  
 Foreign Vehicle Registration Number JMH7652 (MOTORCYCLE)  
 Number of vehicles involved in the accident  
 Was any body injured in the Accident? NO  
 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: : SONG EN XU REAGAN  
 GENDER: : MALE

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name TRAFFIC POLICE DIVISION HQ  
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 65470000 - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

PLS REFER TO THE POLICE REPORT:T/20180220/2139

**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 JMH7652  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category MOTORCYCLE  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## SKETCH PLAN

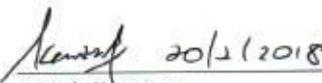
### IMPORTANT NOTICE

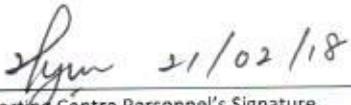
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

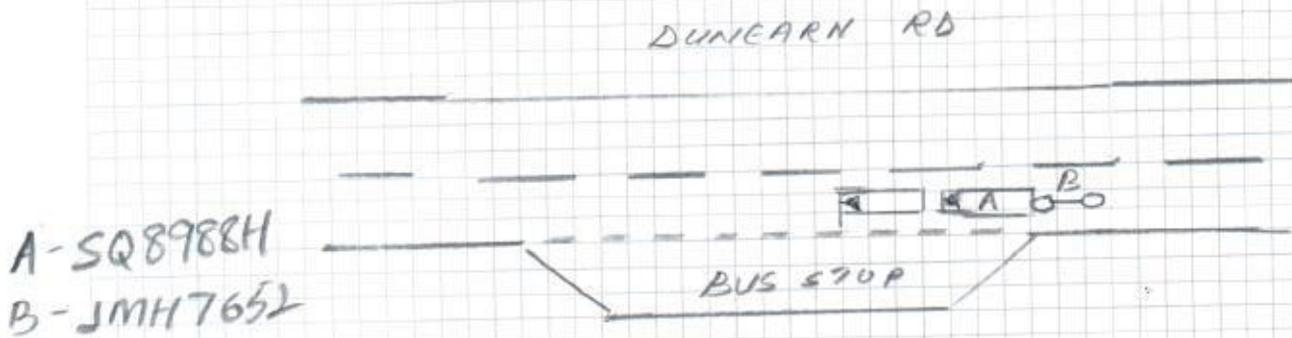
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 20/2/2018  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 21/02/18  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the police report.*

DECLARATION

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

Policyholder's Signature  
Date & Time:

*Acant* 20/2/2018  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*ofym* 21/02/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20180220/2139

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20180220/2139

**CONTINUATION OF REPORT**

| Driver                            |                              |  |                                 |
|-----------------------------------|------------------------------|--|---------------------------------|
| Name                              | HENG SWEE CHOO (WANG RUIZHU) | ID No.                                 | S7515858J                       |
| Related Vehicle                   | NIL                          | Contact No.                            | 90991122                        |
| Hospital/Clinic                   | NIL                          | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                          | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL                          | Degree of Injury                       | NIL                             |

**Brief Details.**

20/02/2018 @0630HRS (190 DUNEARN ROAD)

I WAS TRAVELLING ALONG DUNEARN ROAD, I APPLY MY BRAKE DUE TO THE VEHICLE IN FRONT OF ME STARTED TO SLOWING DOWN. SOON AFTER THE MOTORCYCLIST BEHIND ME WAS UNABLE TO BRAKE IN TIME AND COLLIDED WITH THE REAR OF MY CAR. WHEN I TURN AROUND HE WAS ON THE GROUND. SO I MOVE MY VEHICLE TO THE SIDE OF THE ROAD AND CHECKED IF HE WAS INJURED IN ANYWAY. ANOTHER DRIVER TO ASSIST THE SITUATION BY MOVING HIS BIKE TO THE SIDE OF THE ROAD. HE TOLD ME, HE HAD A CUT ON THE PALM OF HIS LEFT HAND AND HE WAS DO NOT WANT TO POLICE TO ATTEND TO THE SCENE. HE WAS ABLE TO STAND AND RIDE HIS BIKE.  
THAT'S ALL



SINGAPORE  
POLICE FORCE



T/20180220/2139

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20180220/2139

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:  
TP /  
KEE CHUAN JIA MARCUS

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
20/02/2018 17:49

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

# ACCIDENT STATEMENT

ACCIDENT DATE: 20/02/2018 (DD/MM/YYYY), TIME: 6:30 (HH:MM)

LOCATION: Dunearn Road outside SCS Bus stop

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SQ8988H  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Mitsubishi Lancer  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Send Son to school  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Song Yeow Choy Audrey (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7510623H CONTACT: 96888620  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Heng Swee Choo (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7515858J CONTACT: 90991122  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 22/05/1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20+

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JMH7652 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(including driver)  
(2)

Song En Xu Reagent  
(M)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

20/02/18 email =  
waiting for fax =  
the police report

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7515858J



Name  
**HENG SWEE CHOO**  
**(WANG RUIZHU)**  
**王瑞珠**  
Race  
**CHINESE**  
Date of birth **22-05-1975** Sex **F**  
Country of birth  
**SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S7515858J**  
Name  
**HENG SWEE CHOO**  
**(WANG RUIZHU)**  
Birth Date: **22 May 1975**  
Issue Date: **12 Jan 2012**



002032673K



3752032

NRIC No. **S7515858J**



Date of issue  
**03-08-2006**

**33 KAMPONG EUNGS #02-06**  
**SINGAPORE 417706**  
NRIC No: **S7515858J**

Date: **15/08/2016**

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

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

EFFECTIVE DATE

**08 Feb 1994**



License No: **S7515858J**

NP 426A

Hello, NAC\_PAYA\_UBI\_800601

My Desktop  
Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Search

| Select                | Policy No. | Policyholder Name        | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5092945826 | SONG YEOW<br>CHOY AUDREY | S7510623H         | GPC     | drivo CLASSIC | SQ8988H     | SQ8988H        | 03/08/2017    | 02/08/2018  |

Continue

2/21/2018

**Claim Handling**

**Accident MT/0983084**

|                     |  |                     |   |                      |     |
|---------------------|--|---------------------|---|----------------------|-----|
| Policy No.          | 5092945826   | Vehicle No.         | SQ8988H   | GST Registration No. |     |
| Policyholder Name   | SONG YEOW CHOY AUDREY                              | Cover Type          | drive CLASSIC   | Policyholder NRIC    | 575 |
| Product Code        | PRIVATE CAR INSURANCE                              | Contact No.(Office) | 0   | Loading              | 0   |
| Contact No.(Mobile) | 90991122   | Special Remark      |   | Contact No.(Home)    | 0   |
| Email Address       |  | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode                | No  |
| KFK                 | <input type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%)  | 50  | eCode Reason         |     |
| NCD Protection      | Yes  |                     |   | Private Hire         | No  |

**Accident Details**

|                   |  |                               |       |                     |       |
|-------------------|--|-------------------------------|-------|---------------------|-------|
| Report Date       | 21/02/2018 16:18                                   | Accident Report Within 24 hrs | Yes   | Accident Type       | Colli |
| Date of Accident  | 20/02/2018   | Time of Accident hh:mm        | 06:30 | Country of Accident | Sing  |
| Reporting Centre  |  | Orange Force                  |       | ICM No.             |       |
| Accident Location | DUNEARN RD NEAR BUS STOP OF SPORE CHINESE GIRL'S S |                               |       |                     |       |

**Benefits**

|               |             |              |
|---------------|-------------|--------------|
| Coverage      | Sum Insured | 999999999.99 |
| Excess Waiver |             |              |

**Excess**

|                       |        |                             |      |                   |  |
|-----------------------|--------|-----------------------------|------|-------------------|--|
| Own damage Excess     | 0.00   | Additional Excess           | 0.00 | Windscreen Excess |  |
| Unnamed Driver Excess | 500.00 | Outside Singapore OD Excess | 0.00 |                   |  |
| 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 |    |                       |     |

**Policyholder Mailing Address**

|           |                |                       |                   |           |      |
|-----------|----------------|-----------------------|-------------------|-----------|------|
| Address 1 | BLK 413 #05-88 | Address 2             | EUNOS ROAD 5      | Address 3 | SING |
| Address 4 |                | Address Type          | Singapore address | Post Code | 400- |
| Unit No.  |                | Related Policy Number | 5092945826        |           |      |

**OI Driver Info**

|   |   |                     |                   |                        |      |
|---|---|---------------------|-------------------|------------------------|------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver    | Driver DOB             | 22/6 |
| Unnamed driver Name                     | HENG SWEE CHOO(WANG RUIZ)                                     | Driver NRIC         | S7515858J         | Driving Experience     | 24   |
| Register Date of Driver License         | 08/02/1994  | Driver Age          | 42                | Contact No.(Home)      | 0    |
| Contact No.(Mobile)                     | 90991122  | Contact No.(Office) | 0                 | Address 3              |      |
| Address 1                               | 33 KAMPONG EUNOS  | Address 2           |                   | Post Code              |      |
| Address 4                               |   | Address Type        | Singapore address |                        |      |
| Unit No.                                | #02-06  | Driver Vehicle No.  |                   | Driver Insurer Company | 417  |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No |                     |                   |                        |      |

**Declaration**

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

**Modification History**

**Claim 001 OD-MX** New

|                                |                                  |                         |                                  |                         |                            |  |
|--------------------------------|----------------------------------|-------------------------|----------------------------------|-------------------------|----------------------------|--|
| Claim Type *                   | OD-MX                            | Insured Name            | SONG YEOW CHOY AUDREY            | Insured NRIC            | 575                        |  |
| Contact No.(Mobile)            |                                  | Contact No.(Home)       | 67422855                         | Contact No.(Office)     |                            |  |
| Email Address                  |                                  | OI Vehicle Number       | SQ8988H                          | TP Vehicle Number       | JMH                        |  |
| Claim Description              | SQ8988H / JMH7652 ON 20 Feb 2018 |                         |                                  |                         | Name of Preferred Workshop |  |
| Preferred Workshop Contact No. |                                  | Insured Liability *     | Not at Fault                     | GIA report              | Rec                        |  |
| Require Finalisation           | Yes                              | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received           | 21/0                       |  |
| Date Registered                | 21/02/2018 16:24                 | Claim Close Date        |                                  | Total Loss but Repaired |                            |  |
| Report Taken By                | ROSLINDA                         | Workshop Repairer       |                                  |                         |                            |  |

Print AK letter

**Attachment**

<http://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do>

Accident No. MT/0983084 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 21/02/2018 00:00

Path \*

- No file chosen

| Category *   | Confidential | Urgency * |
|--|--------------|-----------|
| <input type="button" value="Clear"/> Please Select | NO           | Normal    |
| <input type="button" value="Clear"/> Please Select | NO           | Normal    |
| <input type="button" value="Clear"/> Please Select | NO           | Normal    |
| <input type="button" value="Clear"/> Please Select | NO           | Normal    |
| <input type="button" value="Clear"/> Please Select | NO           | Normal    |
| <input type="button" value="Clear"/> Please Select | NO           | Normal    |

Attachment List

| Attachment | Uploaded By/Date   | Category              | Urgency | Description           |
|------------|--|-----------------------|---------|-----------------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 16:23 | NRIC/ Driving License | Normal  | NRIC/ Driving License |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 16:23 | SAS                   | Normal  | SAS 2018              |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 16:23 | Photos                | Normal  | Photos 20:            |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 16:22 | Photos                | Normal  | Photos 20:            |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 16:22 | Photos                | Normal  | Photos 20:            |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 16:22 | Photos                | Normal  | Photos 20:            |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 16:22 | Photos                | Normal  | Photos 20:            |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 16:22 | Photos                | Normal  | Photos 20:            |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Feb 2018 16:22 | Photos                | Normal  | Photos 20:            |

Video List

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