

Date In: 01/03/2018 17:37	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18004025/k4	E-mail (within 8hrs, AIG 2hrs):		
Veh No: SLK 2062H	i-Motor Claim Form: MT/0984309	2/3/18	09:45
DOA: 28/2/2018 16:45	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		
OD: TP Reporting Only	i-Photo Uploaded:		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp:		

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

TP Particulars: Veh No: 7J4144T INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( ) Date: ( ) Time: ( )

Confirmed by: ( )

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)

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

NA1801342

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:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	6) TR: Re-inspection \$75		
	7) N1: 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 \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	01/03/2018 17:37
Date Of Accident	28/02/2018 16:45
Exact Location Of Accident	OPEN SPACE CARPARK OF BEDOK NORTH STREET 3 BLK 505
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2062H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EHB LIMOUSINE PTE LTD
Co Reg No	201536531R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98756128
Alternative Phone No	OFFICE-98756128

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075309111-02
Cover Note Number	

### Driver

Name of Driver	CHIANG JIN HUA GARY
NRIC No	S1337152J
Date Of Birth	17/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	19/05/1994
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98756128
Fax Number	
Contact Number	OTHERS-98756128
EMail Address	NOEMAIL

Address BLK 914 TAMPINES STREET 91  
 #12-29  
 Postcode 520914  
 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? 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: : NIL  
 GENDER: : FEMALE

**Details of Police Action**

Was the accident reported to the police? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

PLS REFER TO THE ATTACHED STATEMENT.

**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 YJ4144T  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver ANG CHYE POH  
 NRIC/Passport Number S7900439A  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

ACCIDENT DETAILS	
Date of accident	28/02/18 <span style="float: right;">(DD/MM/YY)</span>
Time of accident	16:45 <span style="float: right;">(HH:MM)</span>
Exact location of accident	Open space carpark of Bedok North Street 3 Blk 505

DETAILS OF VEHICLE	
Vehicle registration number	SLK 2062 H
Vehicle make and model	Toyota Altis
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	working
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

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

INSURED / POLICY HOLDER	
Name	EHB LIMOUSINE PTE LTD <span style="float: right;">Male <input type="checkbox"/>    Female <input type="checkbox"/></span>
NRIC / Fin / Passport number	201536531R
Contact	
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570

DRIVER	SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B)	
Name	Chiang Ju Hua Gary	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S13371525	
Contact	9875 6128 /	
Address	Blk 914 Tampines street 91 #12-29 S(520914)	
Email address		
Date of birth	17/01/1958	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	19105/1994	

**GENERAL INFORMATION OF THE ACCIDENT**

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	2 <span style="float: right;">(Inclusive of driver)</span>

**PASSENGER 1**

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

**PASSENGER 2**

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

**PASSENGER 3**

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

**PASSENGER 4**

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

**PASSENGER 5**

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

**PASSENGER 6**

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

**OTHER INFORMATION**

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

**DETAILS OF POLICE ACTION**

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

**WITNESS 1**

Name	_____
------	-------

**WITNESS 2**

Name	_____
------	-------

THIRD PARTY VEHICLE 1	
Vehicle registration number	YS 4144T
Vehicle make model	
Name	Ang chye Poh
NRIC / Fin / Passport number	S7900439A
Contact	

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

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

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

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

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

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

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

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

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

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

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

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

SKETCH PLAN

IMPORTANT NOTICE

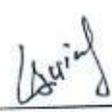
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

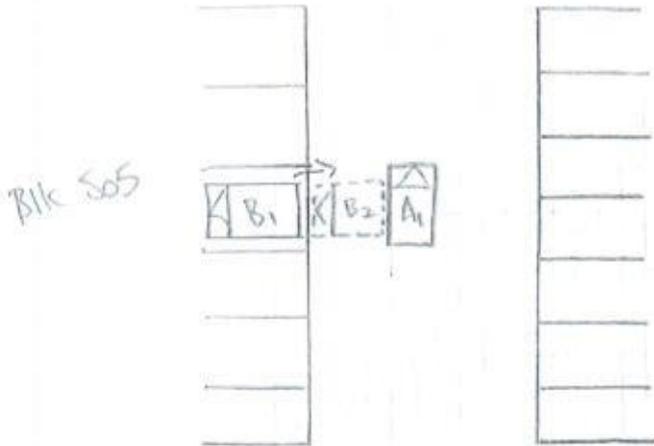


  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: 01/3/2018  
NRIC/FIN No.:

open space carpark of Bedok North Street 3 BLK 505

SKETCH PLAN



Vehicle A → SLK2062H  
 Vehicle B → YJ4144T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was entering the open carpark of Bedok North Street 3 Blk 505. As I entered the carpark, vehicle B was stationary, however while I passed by vehicle B, vehicle B suddenly make a reversed and hit onto my vehicle left portion.

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.:

- 01/3/2018

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 May 1994
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	07 Jan 1996
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	08 Apr 1998



NP 42BA

1887160



NRIC No. **S1337152J**



Blood Group **A+** Date of issue **05-07-1993**

RESIDENCE  
**APT BLK 914 TAMPINES STREET 91 #02-26  
 SINGAPORE 520914**

NRIC No. **S1337152J** Date **24-09-1999** No. **3690042**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence No. **S1337152J**  
 Name  
**CHIANG JIN HUA GARY**

Birth Date **17 Jan 1958**  
 Issue Date **07 Aug 2003**



**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S1337152J**



Name  
**CHIANG JIN HUA GARY**



**蔣金樺**  
 Race  
**CHINESE**  
 Date of Birth **17-01-1958** Sex **M**  
 Country of Birth  
**SINGAPORE**



Hello, NAC\_PAYA\_UBI\_800601

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5075309111-02	EHB LIMOUSINE PTE LTD	201536531R	GFT	drive PREMIUM	SLK2062H	SLK2062H	01/11/2017	

Continue

▼ Policy Information

Policy No.	5075309111-02	Policyholder Name	EHB LIMOUSINE PTE LTD	Policyholder NRIC	201536531R
Address	70 UBI CRESCENT #01-12 SINGAPORE 408570				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	23/10/2017	Effective Date	01/11/2017 00:00	Expiry Date	31/10/2018 23:59
Third Party Excess	1000.00	Own damage Excess	1000.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	22393.65		
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00		
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	63277687	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
Address 4		Address Type	Singapore address	Post Code	408570
Unit No.	01-12	Related Policy Number	5074680813-02		

▶ Insured Object: SLK2062H

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	09/11/2017 00:00	Basic Information Endorsement	000001286691817	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKL9024D 01-11-2017 1,347.68 In view of this amendment, a refund of \$1,347.68 (inclusive of GST) will be adjusted against the outstanding premium.
2	09/11/2017 00:00	Basic Information Endorsement	000001286689224	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. SLL60X 08-11-2017 \$1,321.84 In view of this amendment, an additional premium of \$1,321.84 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate

**Claim Handling**

The premium on this policy has not been collected.

**Accident MT/0984309**

Policy No.	5075309111-02	Vehicle No.	SLK2062H	GST Registration No.	
Policyholder Name	EHB LIMOUSINE PTE LTD	Cover Type	drive PREMIUM	Policyholder NRIC	2011
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98756128	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(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

**Accident Details**

Report Date	02/03/2018 09:37	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	28/02/2018	Time of Accident hh:mm	16:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	OPEN SPACE CARPARK OF BEDOK NORTH STREET 3 BLK 505				

**Benefits****Excess**

Own damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	1,000.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4081
Unit No.	01-12	Related Policy Number	5074680813-02		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/01
Unnamed driver Name	CHIANG JIN HUA GARY	Driver NRIC	S1337152J	Driving Experience	23
Register Date of Driver License	19/05/1994	Driver Age	60	Contact No.(Home)	0
Contact No.(Mobile)	98756128	Contact No.(Office)	0	Address 3	
Address 1	BLK 914	Address 2	TAMPINES STREET 91	Post Code	5201
Address 4		Address Type	Singapore address		
Unit No.	#12-29			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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**Modification History**Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	EHB LIMOUSINE PTE LTD	Insured NRIC	2011	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+	
Email Address		OJ Vehicle Number	SLK2062H	TP Vehicle Number	Y341	
Claim Description	SLK2062H / Y34144T ON 28 Feb 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Rec	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	02/03	
Date Registered	02/03/2018 09:49	Claim Close Date		Total Loss but Repaired		
Report Taken By	KRISHNASAMY	Workshop Repairer				

 Print AK letter

Save Submit

**Attachment**

Accident No.	MT/0984309	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/03/2018 09:45

Path \*

<p>Choose File No file chosen</p> <p>Message Read</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Clear</th> <th style="width: 40%;">Category *</th> <th style="width: 15%;">Confidential</th> <th style="width: 35%;">Urgency *</th> </tr> </thead> <tbody> <tr> <td>Clear</td> <td>Please Select</td> <td>NO</td> <td>Normal</td> </tr> </tbody> </table>	Clear	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	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																										

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 09:49	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 09:47	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 09:46	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 09:46	Photos	Normal	Photos 20
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 02 Mar 2018 09:45	Photos	Normal	Photos 20
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Video List

Uploaded By/Date	Folder Date	File Name	Source
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