

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA11803 0899

Date In: 5/3/18 - 15:18	Job description	Date & Time Completed	Done by
Ref No: NA/INC 180042 35/24	SAS e-filing		
Veh No: SLN 84E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 3/3/18 - 12:25	i-Motor Claim Form	MT/0984786	5/3/18 18:25
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 / QW: (

Tel:

Fax:

TP Particulars:

Veh No: GBF 24132

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% P: 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

NA1801411

Invoice Preparation Checklist

Am't (\$)
for Bill

Am't (\$)
Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments :-

Date 1:

Date 2 / 3:

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : Towing Fee \$40/\$45
- 4) FT : Follow-Through Survey \$120
- 5) FT : Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR : Re-inspection \$75
- 7) N1 : Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- OD*
- *N5: Courtesy Car / Tpl 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 \$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	05/03/2018 15:18
Date Of Accident	03/03/2018 13:25
Exact Location Of Accident	PENNEFATHER RD BEFORE JUNC CARPMAEL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN784E
Insured/Policyholder	
Name Of Registered Owner	BAN HOH HENG MOTOR TRADING
Co Reg No	53296112M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84882588
Alternative Phone No	OFFICE-84882588

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	YES
Policy Number	5091223385
Cover Note Number	

Driver

Name of Driver	SAFWAN BIN SELAMAT
NRIC No	S8946326B
Date Of Birth	23/12/1989
Occupation	OUTDOOR
Date Of Driving Pass	09/02/2010
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91178620
Fax Number	
Contact Number	OFFICE-91178620
Email Address	NOEMAIL

Address	BLK 809 TAMPINES AVENUE 4 #02-153
Postcode	520809
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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: : - 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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20180304/7003.

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	GBF2413Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SIRAJ MD SIRAJUL ISLAM
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

SAFWAN BIN SELAMAT

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SLN784E

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.

BAN HOH HENG MOTOR TRADING

151 Chin Swee Road

#03-08 Manhattan House

Singapore 169876

Tel : +65 6733 3233 Fax : +65 6737 9298

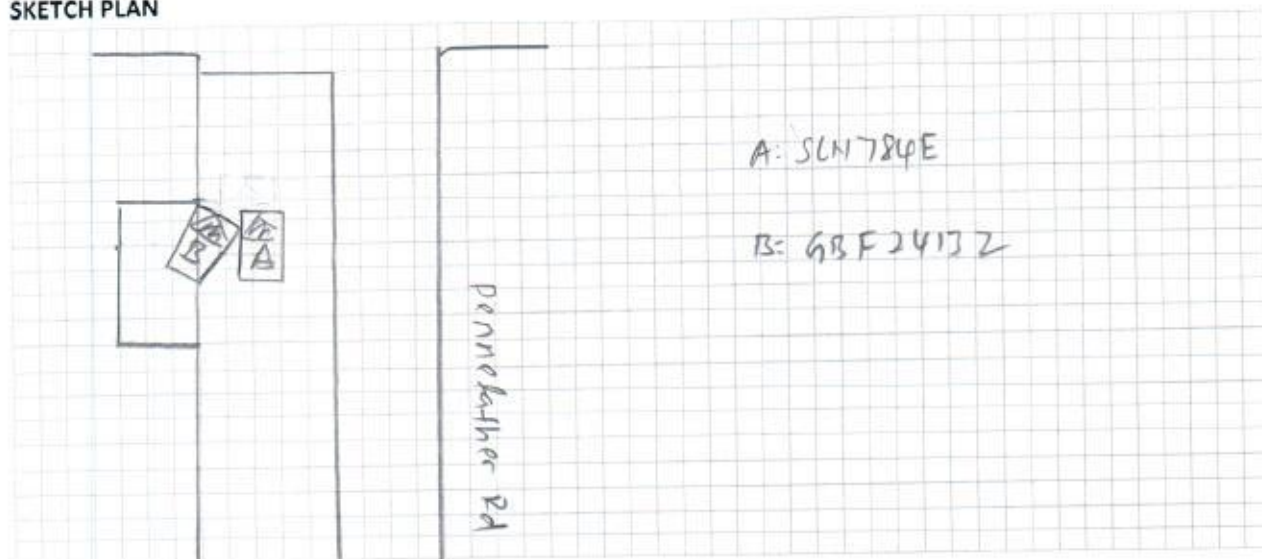
Policyholder's Signature
Date & Time:

Reg. No : 53296112M

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

Refer to police report - 7/2018 0304/7003.

DECLARATION

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

BAN HOH HENG MOTOR TRADING

151 Chin Swee Road

#03-08 Manhattan House

Singapore 169876

Tel: +65 6735 5255 Fax: +65 6737 9293

Policyholder's signature
Date & Time:

Reg. No: 53296112M

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 3 / 3 / 18 (DD/MM/YYYY), TIME: 17:35 (HH:MM)

LOCATION: Pennelather Rd before junction Carpmacel Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN784E MPV
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5091223385
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Commercial
 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: BAN HON Heng Motor Trading (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 5329812M CONTACT: 84882588
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Salwan Bin Selamat (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SS946326R CONTACT: 91178620
 c) ADDRESS: Blk 804 Tampines Avenue 4 # 02-153 (52009)

- *d) DATE OF BIRTH: 23 / 12 / 1989 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 9/2/2010

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: None

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES / NO) - Neck & Back
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: NSI

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 43F24132 MODEL: _____
 b) DRIVER'S NAME: Eng Islam
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger (including d) (2)

* No of passenger (including d) (1)

* No of passenger (including d) (-)

Email = Rayeeh4021@gmail.com

fax = =



SINGAPORE POLICE FORCE



T/20180304/7003

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

1 of 3

Report No. T/20180304/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2018 14:10		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SAFWAN BIN SELAMAT			Address: 809 Tampines Avenue 4 #02-153 SINGAPORE 520809		
ID Type / ID No.: NRIC NO / S8946326B			Contact No.: Home/Office: Mobile: 91178620		
Nationality: SINGAPORE CITIZEN			Email: SAFWAN.SELAMAT@YAHOO.COM		
Sex: Male	Age: 28	Date of Birth: 23/12/1989	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Technical/Vocational/Commercial education institute teacher			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2018 13:35	Type of Location: Straight Road
Location: PENNEFATHER ROAD along Pennefather Road to Carpmael Road				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN784E	Car	MITSUBISHI	Lancer EX	Silver	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN784E	NTUC Income Insurance Co-Operative Limited	5091223385	22/06/2017	21/06/2018



**SINGAPORE
POLICE FORCE**



T/20180304/7003

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

2 of 3

Report No. T/20180304/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	SAFWAN BIN SELAMAT	ID No.	S8946326B
Related Vehicle	SLN784E (Car)	Contact No.	91178620
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	03/03/2018	Date Discharge	03/03/2018
No. of Days granted Medical Leave	08	Degree of Injury	Serious

Brief Details.

I am a part time grab driver and rent a car from Ban Hoh Heng Motor Trading, I was driving with a passenger along the pennefather road to pick up my another passenger. While I am driving along, a lorry vehicle of plate number GBF2413Z, Mr Siraj MD Sirajul Islam who holding S Pass suddenly dashed out to the road without signalling from his parallel in front of the landed houses and hit impact to my left front door area. I quickly asked my passenger for whether she needs medical attention but she answer don't need and get another grab driver. Hence, I make a report to grab right away. As a result for my injury, I went to Mount Alvernia Hospital for my neck and back pain due to the hard impact and received 8 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20180304/7003

3 of 3

Report No. T/20180304/7003

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
04/03/2018 14:10

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo

Licence Number **S8946326B**

Name **SAFWAN BIN SELAMAT**

Birth Date **23 Dec 1989**

Issue Date **10 Jul 2008**

Barcode: 0016249018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8946326B**

Portrait photo

Name **SAFWAN BIN SELAMAT**

صفاوان بن سلامت

Race **INDONESIAN**

Date of birth **23-12-1989**

Sex **M**

Country/Place of birth **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class	Description	Pass Date
Class 2B	Motorcycles <= 200 CC	10 Jul 2008
Class 2A	Motorcycles between 201 CC and 400 CC	08 Dec 2009
Class 2	Motorcycles > 400 CC	20 Jan 2011
Class 3	Motor cars <= 3600 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	09 Feb 2010

S / No. 9000137841

NP 423A

Barcode: Licence No. S8946326B

5655965

Barcode

NRIC No. **S8946326B**

Portrait photo

Date of issue **15-09-2016**

APT BLK 809 TAMPINES AVENUE 4 #02-153
SINGAPORE 520809

NRIC No: **S8946326B** Date: **22/05/2017**

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/03/2018 13:35"/>						
Vehicle No. (For Motor)	<input type="text" value="SLN784E"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091223385	BAN HOH HENG MOTOR TRADING	53296112M	GFT	drive CLASSIC	SLN784E	SLN784E	22/06/2017	
<input type="button" value="Continue"/>									

▼ Policy Information

Policy No.	5091223385	Policyholder Name	BAN HOH HENG MOTOR TRADING	Policyholder NRIC	53296112M
Address	24 SIMEI STREET 1 #10-14 MELVILLE PARK SINGAPORE 529946				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	19/05/2017	Effective Date	20/05/2017 00:00	Expiry Date	19/05/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	24 SIMEI STREET 1	Address 2	#10-14 MELVILLE PARK	Address 3	SINGAPORE 529946
Address 4		Address Type	Singapore address	Post Code	529946
Unit No.	10-14	Related Policy Number	5091884486		

► Insured Object: SLN784E

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	20/05/2017 00:00	Basic Information Endorsement	000001286563836	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle amendment(s) is/are made to this policy: VEHICLE NUMBER EFFECTIVE DATE REVISED PREMIUM (INCL GST) 1. SJG3508C 20-05-2017 \$1,380.00 In view of this amendment, a refund of \$96.60 (inclusive of GST) will be adjusted against the outstanding premium.</p>
2	21/06/2017 00:00	Basic Information Endorsement	000001286584078	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLN784E 22-06-2017 \$1,259.00 In view of this amendment, an additional premium of \$1,259.00 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would</p>

Claim Handling

Exit

Accident MT/0984786

Policy No.	S091223385	Vehicle No.	SUN784E	GST Registration No.	
Policyholder Name	BAN HOH HENG MOTOR TRADING	Cover Type	drive CLASSIC	Policyholder NRIC	53296112M
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	84882568	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="NIL"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Private Hire	Yes	Accident Type	Collision - Change / Cross lane
Report Date	05/03/2018 18:22	Accident Report Within 24 hrs	Yes	Country of Accident	Singapore
Date of Accident	03/03/2018	Time of Accident hh:mm	13:25	ICM No.	
Reporting Centre		Orange Force			
Accident Location	PENNERATHIR RD BEFORE JUNG CARMARL RD				

Benefits

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	24 SIMEL STREET 1	Address 2	#10-14 MELVILLE PARK	Address 3	SINGAPORE 529948
Address 4		Address Type	Singapore address	Post Code	529946
Unit No.	10-14	Related Policy Number	S091854486		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	23/12/1989
Unnamed driver Name	SAFWAN BIN SELAMAT	Driver NRIC	S8946328B	Driving Experience	8
Register Date of Driver License	09/02/2010	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	91178620	Contact No.(Office)	0	Address 3	TAMPINES POLYVIEW
Address 1	BLK 809	Address 2	TAMPINES AVENUE 4	Post Code	520809
Address 4	SINGAPORE 520809	Address Type	Singapore address		
Unit No.	02-153				
Does he own a Singapore registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	BAN HOH HENG MOTOR TRADING	Insured NRIC	53296112M
Contact No.(Mobile)	84882568	Contact No.(Home)		Contact No.(Office)	NIL
Email Address	reyesh4021@gmail.com	OT Vehicle Number	SUN784E	TP Vehicle Number	GBF2413Z
Claim Description	SUN784E / GBF2413Z ON 3 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	05/03/2018 00:00
Date Registered	05/03/2018 18:25	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0984786	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/03/2018 18:27

Path *	Category *	Confidential	Urgency *	Description *
<input type="text" value="Browse..."/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value="Browse..."/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value="Browse..."/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value="Browse..."/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value="Browse..."/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="text" value="Browse..."/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	

☐ Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:27	SAS	Normal	SAS 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:26	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:26	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:26	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:26	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:26	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:26	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:26	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:26	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:26	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:26	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:26	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:26	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:26	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:26	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:25	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:25	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:25	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:25	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:25	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:25	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:25	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:25	Photos	Normal	Photos 2018-3-5		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 18:25	Photos	Normal	Photos 2018-3-5		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action