

**NATIONAL Assessment Centre Services** (wef 1 Jan 05) **MNA 118032083**

Date In: <b>7/13/18 14:36</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/ INC 18004392144</b>	SAS e-filing		
Veh No: <b>SLV 9377 X</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>6/3/18 21:00</b>	i-Motor Claim Form	<b>MT/0985112</b>	<b>7/13/18 15:11</b>
OD: <b>(P)</b> 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: <b>SLV 9793 B</b>	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

<b>MA1801485</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);	<b>30.00</b>	
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	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:-		
	Q1:		
<b>QC Checked by (Engr-In-Charge):</b>	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments:-</b>	*N8: DV / Collect Excess Coordination \$3		
<b>Pat 1:</b>	TP (N11): TP (N:n INC) against INC \$20		
<b>Pat 2 / 3:</b>	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	07/03/2018 14:36
Date Of Accident	06/03/2018 21:00
Exact Location Of Accident	BOON LAY WAY SLIP RD INTO JURONG EAST CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV9377X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KARZ ENTERPRISE
Co Reg No	53199463E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86186474

### Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5097844477
Cover Note Number	-

### Driver

Name of Driver	HII MING GIAP
NRIC No	S9276262I
Date Of Birth	09/09/1992
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91529132
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 167 BT BATOK WEST AVE 8 #04-230
Postcode	650167
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : CHIANG HONG GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV9793B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KANAN S/O PARANCHOTHI
NRIC/Passport Number	S9303688C
Contact Number	93830483
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SH6098L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TIA LEONG PEOW
NRIC/Passport Number	S1442819D
Contact Number	98309317
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	HII MING GIAP
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLV9377X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	CHIANG HONG
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLV9377X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

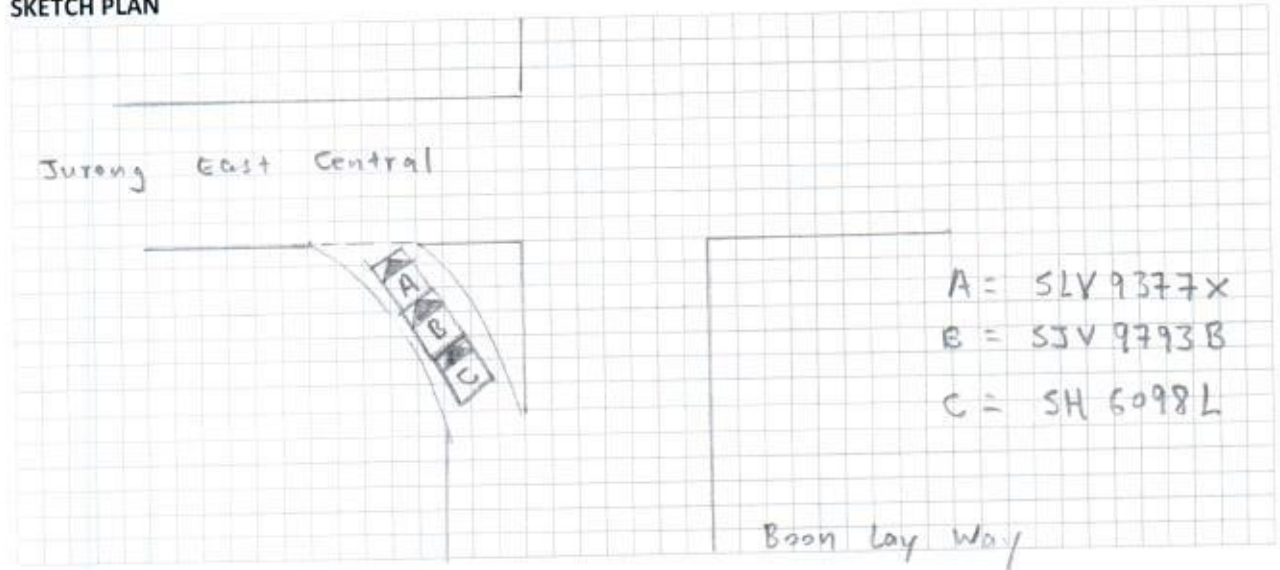


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report



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.:



## NOTICE OF REPORTING

This is to confirm that Hii Ming Giap (HP : 98895411), NRIC/FIN S92762621, has reported to the Police a non- injury traffic accident which occurred at Jurong East Central near to Blk 209 on 06/03/2018 at 2100hrs involving the following vehicles:

- 1) SLV9377X
- 2) SJV9793B
- 3) SH6098L

Facts: No government property involved. I was given 2 days of medical leave.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt Ashraf

Date: 06/03/2018 Time: 2128hrs

S/D Ref: 23

Police Post/Unit: Bukit Batok NPC/ 'J' Div

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

  
HII MING GIAP

BUKIT BATOK NPC  
NO. 21 BUKIT BATOK EAST W  
SINGAPORE 650211  
TEL: 68655111

  
Sgt Ashraf



# SINGAPORE POLICE FORCE



T/20180307/2089

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

1 of 4

Report No. T/20180307/2089

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/03/2018 13:31	Vide Report No.:	Station Diary No.: 15
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**Informant's Particulars**

Name of Informant: CHIANG HONG			Address: APT BLK 211 CHOA CHU KANG CENTRAL #08-120 SINGAPORE 680211		
ID Type / ID No.: NRIC NO / S9174529A			Contact No.: Home/Office: Mobile: 91529132		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 26	Date of Birth: 21/06/1991	Type of Informant: Passenger		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2018 21:00	Type of Location: Bend
Location: Junction of Road 1 and Road 2 JURONG EAST CENTRAL BOON LAY WAY Jurong East central towards Bukit Batok Beside B/209				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6098L	Car	HYUNDAI	SONATA	Blue		0
SJV9793B	Car	MITSUBISHI	LANCER	Black		0
SLV9377X	Car	HONDA	AIRWAVE	Silver	Slightly Damaged	1





# SINGAPORE POLICE FORCE



T/20180307/2089

2 of 4

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

Report No. T/20180307/2089

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TIA LEONG PEOW	ID No.	S1442819D
Related Vehicle	SH6098L (Car)	Contact No.	98309317
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KANAN S/O PARANCHOTHI	ID No.	S9303688C
Related Vehicle	SJV9793B (Car)	Contact No.	93830483
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Hii Ming Giap	ID No.	S9276262I
Related Vehicle	SLV9377X (Car)	Contact No.	98895411
Hospital/Clinic	LUSUMU Family Clinic	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	07/03/2018	Date Discharge	07/03/2018
No. of Days granted Medical Leave	02	Degree of Injury	NIL

### Brief Details.

On the 06/03/2018 at about 9pm, I was a passenger seated in the front passenger seat in a vehicle bearing the registration no SLV9377X that was driven by my friend, Hii Ming Giap, S9276262I (H/p- 98895411). My friend was travelling along Boon Lay Way turning left into a slip road going into Jurong East Central towards Bukit Batok. As we were reaching the end of the slip road I slowed down and stop as there were traffic travelling on my right that was travelling along Jurong East central towards Bukit Batok.

While we were waiting for the traffic to clear when suddenly a motor vehicle (SJV9793B) collide into the rear of my friend's vehicle. When we got out of our we noted that there was a 3rd vehicle



**SINGAPORE  
POLICE FORCE**



T/20180307/2089

3 of 4

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

Report No. T/20180307/2089

**CONTINUATION OF REPORT**

(SH6098L) involved in the accident which had rear ended the vehicle (SJV9793B) that collided into the rear of my vehicle.

Damage to my friend's vehicle - rear portion.

My friend and I seek medical attention from LUSUMU family clinic and both were given unfit to work for 2 days





**SINGAPORE  
POLICE FORCE**



T/20180307/2089

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

4 of 4

Report No. T/20180307/2089

**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:  
G/  
SI MOHAMED SHAHARUM B ABDUL JEBAR

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
07/03/2018 13:31

Officer In Charge Of Case:  
TP / AEIT /  
SSI KASMAWATI BTE SAMIAN  
Contact No.: 65476179

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number **S92762621**

Name  
**HII MING GIAP**

Birth Date **09 Sep 1992**

Issue Date **10 May 2013**

002179233G




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S92762621**

Name  
**HII MING GIAP**

許明業

Race  
**CHINESE**

Date of birth  
**09-09-1992**

Country/Place of birth  
**MALAYSIA**

Sex  
**M**






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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	10 May 2013
Class 3	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	10 May 2013

NP 426A

Licence No: S92762621



5693468

NRIC No. **S92762621**

Date of issue  
**23-01-2017**

Address  
**APT BLK 167 BUKIT BATOK WEST AVENUE 8  
#04-230  
SINGAPORE 650167**






Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

06/03/2018 14:26

Vehicle No.(For Motor)

SLV9377X

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097844477	KARZ ENTERPRISE	53199463E	GFT	Third Party	SLV9377X	SLV9377X	09/02/2018	

## ▼ Policy Information

Policy No.	5097844477	Policyholder Name	KARZ ENTERPRISE	Policyholder NRIC	53199463E
Address	18 KAKI BUKIT ROAD 3 #02-13 ENTREPRENEUR BUSINESS CENTRE SINGAPORE 415978				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	01/02/2018	Effective Date	31/01/2018 00:00	Expiry Date	07/04/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	18 KAKI BUKIT ROAD 3	Address 2	#02-13 ENTREPRENEUR BUSINE	Address 3	SINGAPORE 415978
Address 4		Address Type	Singapore address	Post Code	415978
Unit No.	05-11	Related Policy Number	5097844477		

## ► Insured Object: SLV9377X

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	07/02/2018 00:00	Basic Information Endorsement	000001286751333	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLT7254R 06-02-2018 \$279.23 In view of this amendment, an additional premium of \$279.23 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	09/02/2018 00:00	Basic Information Endorsement	000001286753347	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJE2683X 09-02-2018 \$191.79 2. SLV9377X 09-02-2018 \$191.79 In view of this amendment, an additional premium of \$383.58 (inclusive of GST) is payable under your



## Claim Handling

Accident MT/0985112

Policy No.	5097844477	Vehicle No.	SLV9377X	GST Registration No.	
Policyholder Name	KARZ ENTERPRISE	Cover Type	Third Party	Policyholder NRIC	53199463E
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	86186474	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No *
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
<b>▼ Accident Details</b>					
Report Date	07/03/2018 15:05	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	06/03/2018	Time of Accident hh:mm	21:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BOON LAY WAY SLIP RD INTO JURONG EAST CENTRAL				
<b>▼ Benefits</b>					
<b>▼ Excess</b>					
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	18 KAKI BUKIT ROAD 3	Address 2	#02-13 ENTREPRENEUR BUSINE	Address 3	SINGAPORE 415978
Address 4		Address Type	Singapore address	Post Code	415978
Unit No.	05-11	Related Policy Number	5097844477		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/09/1992
Unnamed driver Name	HII MING GIAP	Driver NRIC	S9276262I	Driving Experience	4
Register Date of Driver License	10/05/2013	Driver Age	25	Contact No.(Home)	
Contact No.(Mobile)	91529132	Contact No.(Office)		Address 3	SINGAPORE 650167
Address 1	BLK 167 #04-230	Address 2	BUKIT BATOK WEST AVENUE 8	Post Code	650167
Address 4		Address Type	Singapore address		
Unit No.	04-230			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	KARZ ENTERPRISE	Insured NRIC	53199463E
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67470208
Email Address		OI Vehicle Number	SLV9377X	TP Vehicle Number	SLV9793B
Claim Description	SLV9377X / SJV9793B ON 6 Mar 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	07/03/2018 00:00
Date Registered	07/03/2018 15:09	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save

Submit

## Attachment

Accident No.	MT/0985112	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/03/2018 15:11
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		

3/7/2018

## Claim Handling(accident reporting Claim Task )

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2018 15:11	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2018 15:11	SAS	Normal	SAS 2018-3-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2018 15:11	Photos	Normal	Photos 2018-3-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2018 15:11	Photos	Normal	Photos 2018-3-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2018 15:10	Photos	Normal	Photos 2018-3-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2018 15:10	Photos	Normal	Photos 2018-3-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2018 15:10	Photos	Normal	Photos 2018-3-7
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2018 15:09	Photos	Normal	Photos 2018-3-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2018 15:09	Photos	Normal	Photos 2018-3-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2018 15:09	Photos	Normal	Photos 2018-3-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2018 15:09	Photos	Normal	Photos 2018-3-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2018 15:09	Photos	Normal	Photos 2018-3-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Mar 2018 15:09	Photos	Normal	Photos 2018-3-7

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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