

# NATIONAL Assessment Centre Services: (wef 1 Jan 2015) MNA118039330

|                           |  |                       |               |
|---------------------------|--|-----------------------|---------------|
| Date In: 23/3/18 - 10:12  | Job description                          | Date & Time Completed | Done by       |
| Ref No: NA/INC18005418/24 | SAS e-filing                             |                       |               |
| Veh No: SF 7099U          | E-mail (within 8hrs, AIC 2hrs)           |                       |               |
| D.O.A: 10/2/18 - 17:20    | i-Motor Claim Form                       | MT/0983803            | 23/3/18 10:28 |
| 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: 5407132R   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                       |                       |
|---------------------------------|---|-----------------------|-----------------------|
| NA1801840                       | <b>Invoice Preparation Checklist</b>            | Am't (\$)<br>Est Bill | Am't (\$)<br>Add Bill |
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               |                       |                       |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |                       |                       |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                     |                       |                       |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |                       |                       |
|                                 | 5) FT: Follow-Through Survey (Resurvey) \$30    |                       |                       |
|                                 | For claiming against INC Only (wef 10 Jan 2015) |                       |                       |
|                                 | 6) TR: Re-inspection \$75                       |                       |                       |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |                       |                       |
|                                 | 8) NTUC Additional Services:-                   |                       |                       |
| QC Checked by (Engr-In-Charge): | OD*   |                       |                       |
|                                 | *N5: Courtesy Car / Tpl Allowance \$5           |                       |                       |
|                                 | *N6: Repair Co-ordination \$10                  |                       |                       |
|                                 | *N7: Post Repair Inspection \$25                |                       |                       |
|                                 | *N8: DV / Collect Excess Coordination \$5       |                       |                       |
| Anditors' Comments:-            | TP (N11): TP (Non INC) against INC \$20         |                       |                       |
| Ref. 1:                         | 9) N12: Idac Mobile 30                          |                       |                       |
| Ref. 2 / 3:                     | 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             | 23/03/2018 10:12           |
| Date Of Accident           | 10/02/2018 17:20           |
| Exact Location Of Accident | PASIR RIS DR 3 TWDS LOYANG |
| Country/State of Loss      | SINGAPORE                  |

#### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJF7099U             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | NEEDS CARS           |
| Co Reg No                   | 53360290D            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-90678767 |
| Alternative Phone No        | OFFICE-90678767      |

#### Vehicle Particulars

|  |                     |
|--|---------------------|
| Manufacturer   | TOYOTA              |
| Model  | WISH 1.8X LIMITED A |
| 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                                       | REPORTING ONLY      |
| Vehicle Category   | PRIVATE HIRE        |

#### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | THIRD PARTY                            |
| Fleet Policy              | YES                                    |
| Policy Number             | 5091731828                             |
| Cover Note Number         |  |

#### Driver

|                      |                            |
|----------------------|----------------------------|
| Name of Driver       | HAJI SHAMSURI BIN A RAHMAN |
| NRIC No              | S7017324G                  |
| Date Of Birth        | 02/06/1970                 |
| Occupation           | OUTDOOR                    |
| Date Of Driving Pass | 19/03/1998                 |
| Driving Experience   | 19 YEARS AND 10 MONTHS     |
| Gender               | MALE                       |
| Mobile Number        | (LOCAL) +65-92472366       |
| Fax Number           |                            |
| Contact Number       | OFFICE-92472366            |
| Email Address        | NOEMAIL                    |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 234 PASIR RIS DRIVE 4<br>#09-468 |
| Postcode  | 510234                               |
| 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   | NO 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?   | NO  |
| Was any injured conveyed to hospital by ambulance?  |     |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | PASIR RIS NEIGHBOURHOOD POLICE CENTRE  |
| Police Station Address                    | <b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261                                  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - G/20180318/2147.

#### 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 | SHD7132R |
| Vehicle Make/Model/Colour   |          |
| Details Of Properties       |          |
| Vehicle Category            | TAXI     |
| 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.

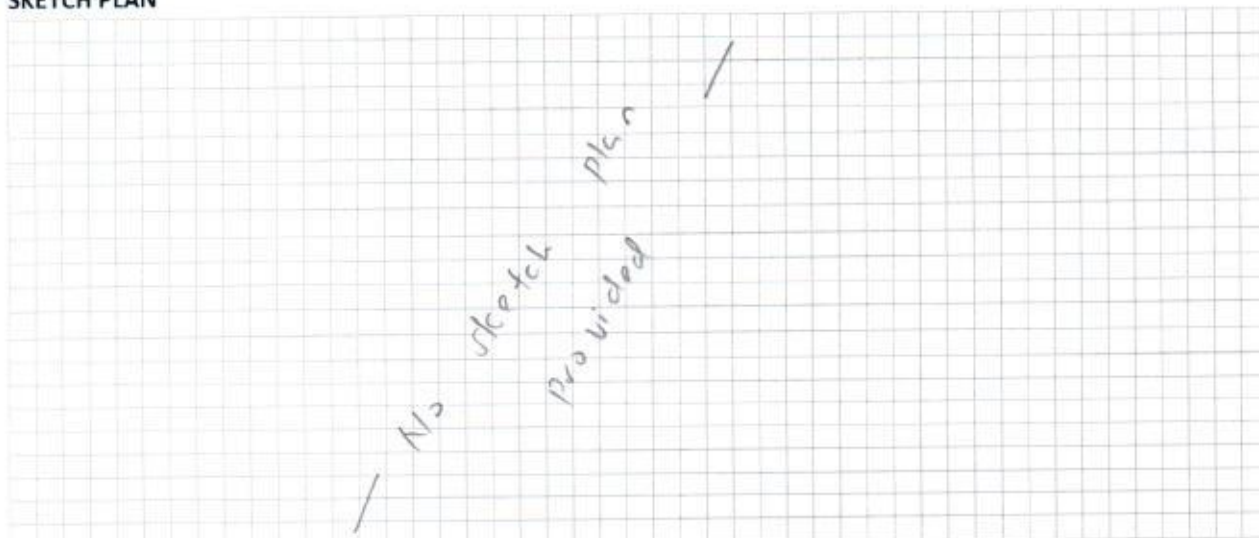


Policyholder's Signature  
Date & Time:

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 - G/20180318/2147.

*[The remaining lines of the form are crossed out with a diagonal line.]*

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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



# ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 2 / 18) (DD/MM/YYYY), TIME: (17 : 20) (HH:MM)

LOCATION: Persis Ris 3 tuds Layang

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5F 70990  
b) INSURANCE COMPANY: NTU  
c) POLICY NUMBER: 5091731828  
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) (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Needs Cars (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 533602900 CONTACT: 90678767  
c) ADDRESS: \_\_\_\_\_

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

## 3. DRIVER

- a) NAME: Haji Shamsuri Bin Rahman (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 570173246 CONTACT: 92472366  
c) ADDRESS: Blk 224 Persis Ris Drive 4 09-4.68 (510234)

\*d) DATE OF BIRTH: (1 / 8 / 1930) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 19/3/1998

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiree

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: 54D 7132R 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 passenger (including d) (1)

\* No of passenger (including d) (—)

\* No of passenger (including d) (—)

Email = shamsuri\_dubai@yahoo.com.sg

fax = lawrenceng9@yahoo.com





# SINGAPORE POLICE FORCE



G/20180318/2147

1 of 2

Report No. G/20180318/2147

## POLICE REPORT (NP299)

Police Station Of Origin  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

|   |   |                         |                             |                  |
|---|---|-------------------------|-----------------------------|------------------|
| Date/Time Report Made<br>18/03/2018 23:41       | Vide Report No.   | Station Diary No.<br>78 |                             |                  |
| Name Of Informant<br>HAJI SHAMSURI BIN A RAHMAN | Address<br>APT BLK 234 PASIR RIS DRIVE 4 #09-468 SINGAPORE<br>510234  |                         |                             |                  |
| ID Type / ID No.<br>NRIC NO / S7017324G         | Contact No.<br>Home/Office  | Mobile<br>92472366      |                             |                  |
| Nationality<br>SINGAPORE CITIZEN                | Email Address   |                         |                             |                  |
| Occupation<br>SAFETY COORDINATOR                | Sex<br>Male   | Age<br>47               | Date of Birth<br>02/06/1970 | Race<br>Javanese |
| Institution/School Name                         | Language<br>English   |                         |                             |                  |
| Date/Time Of Incident<br>18/03/2018 21:40       | Location Of Incident<br>234 PASIR RIS DRIVE 4 #09-468 HDB-PASIR RIS<br>SINGAPORE 510234<br>Through Whatsapp |                         |                             |                  |

### Brief details.

On 28/02/2018, I returned the rented vehicle (SJF7099U) back to the rental company "Needs Cars". After returning the rented vehicle, I have a grace period of 2 weeks before receiving my deposit of SGD1000/- back from the rental company.

On 15/03/2018, I still did not receive my deposit from my rental company. The staff from the rental

|  |
|--|
| Signature Of Officer Recording The Report:<br>G / Staff Sgt MOHAMAD ADHA BIN MOHAMAD<br>ADAM   |
| Signature Of Interpreter:<br>Not applicable  |
| Officer In-Charge Of Case:<br>G / Bedok Police Divisional Investigation Branch /<br>SI SEAH MING HUI, ROGER<br>Contact No.: 62447698 |

|                                |
|--------------------------------|
| Signature Of Informant:<br>    |
| Date/Time:<br>18/03/2018 23:41 |
| Classification Of Case:        |

### Authentication Stamp







**SINGAPORE  
POLICE FORCE**



G/20180318/2147

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180318/2147

company informed that he was driving and would return back my deposit to my bank account later. On the next day, I still did not receive my deposit and again I contacted the staff of the rental company. The person claimed to have forgotten to return my deposit. Till the 18/03/2018, I did not receive my deposit. I contacted the person again and this time round he responded by sending me 2 photos of letters from NTUC Income stating that the vehicle that I rented was involved in an accident with another vehicle (SHD7132R) on 10/02/2018. The claim expected on the letter was SGD2716/-

I wish to state that I was not involved in any accident during the period that I rented the vehicle. When I requested for the original NTUC Income letter, the person refused to provide me with it. The letter only stated the vehicles involved in the accident and the date the accident took place. There was no indication of the location of the accident. The person only showed me the letter through "WhatsApp" on 18/03/2018. The letter was dated 27/02/2018 however I was not informed of the accident previously. I am lodging the report to bring up the matter to IDAC to check if there was indeed any claim made for this particular accident.

Signature Of Officer Recording The Report:

G / Staff Sgt MOHAMAD ADHA BIN MOHAMAD  
ADAM

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
SI SEAH MING HUI, ROGER  
Contact No.: 62447698

Authentication Stamp



Signature Of Informant:

Date/Time:  
18/03/2018 23:41

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7017324G



Name  
HAJI SHAMSURI BIN A  
RAHMAN  
حاج شمسوري بن ابراهيم

Race  
JAVANESE

Date of birth  
02-06-1970

Sex  
M

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7017324G

Name  
HAJI SHAMSURI BIN A RAHMAN

Birth Date: 02 Jun 1970  
Issue Date: 27 Jul 2015




002445458A



4770734




NRIC No: S7017324G

Date of issue  
14-09-2011


Address  
APT BLK 234 PASIR RIS DRIVE 4  
#09-468  
SINGAPORE 510234

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

EFFECTIVE DATE:

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 19 Mar 1996

NP 428A



Licence No: S7017324G



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)

| Select                | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type  | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|-------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5091731828 | NEEDS CARS        | 53360290D         | GFT     | Third Party | SJF7099U    | SJF7099U       | 16/10/2017    |             |

## Claim Handling

• Exit

## Accident MT/0983803

|                     |   |                     |   |                      |                                 |
|---------------------|---|---------------------|---|----------------------|---------------------------------|
| Policy No.          | 5091731828  | Vehicle No.         | SJF7099U  | GST Registration No. |                                 |
| Policyholder Name   | NEEDS CARS  | Cover Type          | Third Party   | Policyholder NRIC    | 53360290D                       |
| Product Code        | FLEET INSURANCE   | Contact No.(Office) |   | Loading              | 0                               |
| Contact No.(Mobile) | NA  | Special Remark      |   | Contact No.(Home)    |                                 |
| Email Address       |   | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode                | <input type="text" value="11"/> |
| KPI                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%)  | 0   | eCode Reason         |                                 |
| NCD Protection      | No  |                     |   | Private Hire         | Yes                             |

**Accident Details**

|                   |                                |                               |       |                     |           |
|-------------------|--------------------------------|-------------------------------|-------|---------------------|-----------|
| Report Date       | 27/02/2018 09:34               | Accident Report Within 24 hrs | Yes   | Accident Type       | Unknown   |
| Date of Accident  | 10/02/2018                     | Time of Accident (h:mm)       | 17:20 | Country of Accident | Singapore |
| Reporting Centre  | administrator                  | Orange Force                  | No    | ICM No.             |           |
| Accident Location | PASIR RIS DR 3 TWOS LOYANG AVE |                               |       |                     |           |

**Benefits**

|                       |          |                             |          |                   |      |
|-----------------------|----------|-----------------------------|----------|-------------------|------|
| Own damage Excess     | 0.00     | Additional Excess           | 0.00     | Windscreen Excess | 0.00 |
| Unnamed Driver Excess |          | Outside Singapore OD Excess | 0.00     |                   |      |
| 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   | Yes |
| Modification History |    |                       |     |

**Policyholder Mailing Address**

|           |                   |                       |                   |           |        |
|-----------|-------------------|-----------------------|-------------------|-----------|--------|
| Address 1 | 15 VEERAGOD CLOSE | Address 2             | SINGAPORE 524436  | Address 3 |        |
| Address 4 |                   | Address Type          | Singapore address | Post Code | 534436 |
| Unit No.  |                   | Related Policy Number | 5093613903        |           |        |

**01 Driver Info**

|   |   |                     |                 |                        |  |
|---|---|---------------------|-----------------|------------------------|--|
| Driver Name                             |   | Driver Type         |                 | Driver DOB             |  |
| Unnamed driver Name                     |   | Driver NRIC         |                 | Driving Experience     |  |
| Register Date of Driver License         |   | Driver Age          |                 | Contact No.(Home)      |  |
| Contact No.(Mobile)                     |   | Contact No.(Office) |                 | Address 3              |  |
| Address 1                               |   | Address 2           |                 | Post Code              |  |
| Address 4                               |   | Address Type        | Foreign address |                        |  |
| Unit No.                                |   |                     |                 |                        |  |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                 | Driver Insurer Company |  |

Modification History

Claim 002 **New**

|                                |                                    |                         |                                  |                            |                  |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *                   | OD-MIX                             | Insured Name            | NEEDS CARS                       | Insured NRIC               | 53360290D        |
| Contact No.(Mobile)            | 90678767                           | Contact No.(Home)       |                                  | Contact No.(Office)        |                  |
| Email Address                  |                                    | 01 Vehicle Number       | SJF7099U                         | TP Vehicle Number          | SHD7132R         |
| Claim Description              | SJF7099U / SHD7132R ON 10 Feb 2018 |                         |                                  |                            |                  |
| Preferred Workshop Contact No. |                                    | Insured Liability *     | Not at Fault                     | Name of Preferred Workshop |                  |
| Require Finalisation           | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report                 | Received         |
| Date Registered                | 23/03/2018 10:28                   | Claim Close Date        |                                  | Date Received              | 23/03/2018 00:00 |
| Report Taken By                | Jackson                            |                         |                                  |                            |                  |

☒ Print AK letter

**Save Submit**

## Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/0983803  | Claim No.   | 002              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 23/03/2018 10:29 |

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

**Attachment List**

| Attachment  | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CD) | Action |
|---|------------------|----------|---------|-------------|----------------|--------|
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar |                  |          |         |             |                |        |



| r 2018 10:29  |  | NRIC/ Driving License | Normal             | NRIC/ Driving License 2018-3-23 | Edit   |
|---|--|-----------------------|--------------------|---------------------------------|--------|
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 10:29 | SAS                   | Normal             | SAS 2018-3-23                   | Edit   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 10:29 | Photos                | Normal             | Photos 2018-3-23                | Edit   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 10:29 | Photos                | Normal             | Photos 2018-3-23                | Edit   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 10:29 | Photos                | Normal             | Photos 2018-3-23                | Edit   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 10:29 | Photos                | Normal             | Photos 2018-3-23                | Edit   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 10:28 | Photos                | Normal             | Photos 2018-3-23                | Edit   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 10:28 | Photos                | Normal             | Photos 2018-3-23                | Edit   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 10:28 | Photos                | Normal             | Photos 2018-3-23                | Edit   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 10:28 | Photos                | Normal             | Photos 2018-3-23                | Edit   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 10:28 | Photos                | Normal             | Photos 2018-3-23                | Edit   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 10:28 | Photos                | Normal             | Photos 2018-3-23                | Edit   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 10:28 | Photos                | Normal             | Photos 2018-3-23                | Edit   |
| Video List  |  | File Name             |                    | Source                          | Action |
| Uploaded By/Date  | Folder/Date  |                       |                    |                                 |        |
|   |  | Display in New Window | Scan and uploading |                                 |        |