

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In 23/03/2018 14:14	Job description	Date & Time Completed	Done by
Ref No NA/INC18005448/K4	SAS e-filing		
Veh No GBE 8515D	E-mail (within 3hrs, AIC 2hrs)		
DOA 21/10/2017 11:00	i-Motor Claim Form	MT/0987400	23/3/18 15:42
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SK T8880M	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

NA/1801859

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: 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) NI: 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 \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2 / 3:			

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 14:14
Date Of Accident	21/10/2017 11:00
Exact Location Of Accident	RIFLE RANGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8515D
Insured/Policyholder	
Name Of Registered Owner	THYME FOOD & SERVICES PTE. LTD.
Co Reg No	201120208Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94897265
Alternative Phone No	OFFICE-94897265

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088971961
Cover Note Number	

Driver

Name of Driver	LIM RUIXIN
NRIC No	S8311132A
Date Of Birth	15/04/1983
Occupation	INDOOR
Date Of Driving Pass	28/04/2008
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94897265
Fax Number	
Contact Number	OTHERS-94897265
Email Address	NOEMAIL

Address	BLK 465 TAMPINES STREET 44 #03-100
Postcode	520465
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - CO OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

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

Other Information

Was any foreign vehicle involved in this accident?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2507999 - FAX NO: 63554314
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171023/2163

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	SKT8880M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM RUIXIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBE8515D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
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:

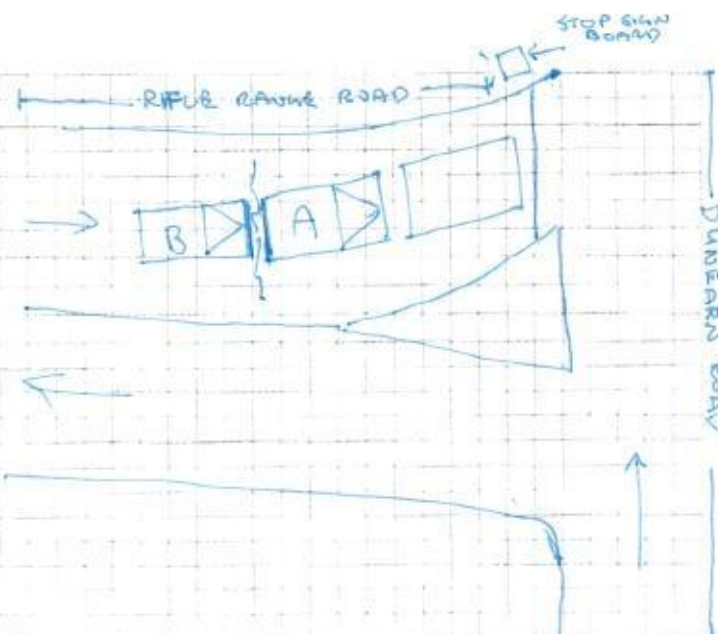
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

23/3/2018

SKETCH PLAN

VERMOREL A - GBE 8515D

Vehicle B - SKT 8880M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT.

REPORT NUMBER
T/20171023/2163
WHAMPOA NPP

VEHICLE A - GBE 851SD

VEHICLE B - SKT 8880M

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.:

- 23/3/2018



**SINGAPORE
POLICE FORCE**



T/20171023/2163

1 of 3

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Report No. T/20171023/2163

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2017 21:10		Vide Report No.:		Station Diary No.: 52	
Informant's Particulars					
Name of Informant: LIM RUIXIN			Address: APT BLK 465 TAMPINES STREET 44 #03-100 SINGAPORE 520465		
ID Type / ID No.: NRIC NO / S8311132A			Contact No.: Home/Office: Mobile: 94897265		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 15/04/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CATERING			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/10/2017 11:00	Type of Location: Straight Road
Location: Along Road 1 RIFLE RANGE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
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
GBE8515D	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Black		0
SKT8880M	Car					0



**SINGAPORE
POLICE FORCE**



T/20171023/2163

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahaglia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

2 of 3
Report No. T/20171023/2163

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM RUIXIN	ID No.	S8311132A
Related Vehicle	GBE8515D (Van)	Contact No.	94897265
Hospital/Clinic	WHAMPOA CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/10/2017	Date Discharge	23/10/2017
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Tan Siew Kiat	ID No.	S1373039C
Related Vehicle	SKT8880M (Car)	Contact No.	98171566
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

Brief Details.

On 21/10/2017 at about 1100hrs, I was driving my van (registration number: GBE8515D) and travelling along Rifle Range road, I came to a stop as the traffic in front of me stopped. After I stopped my vehicle, I felt an impact from the rear. I realized that the vehicle SKT8880M had rear ended to my van. I then exchanged particulars with the other driver. I can see that he was not injured. Later I sought my own medical treatment at Whampoa Clinic, and was given three days of MC.



**SINGAPORE
POLICE FORCE**



T/20171023/2163

3 of 3

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Report No. T/20171023/2163

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:

E /

Staff Sgt SEOW HONG DE, XAVIER

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

23/10/2017 21:10

Classification Of Case:

Authentication Stamp

NP168

Signature:

Police Force

Transaction ref 20160407100933227574

The owner and vehicle particulars for Vehicle No. GBE8515D as at 07 Apr 2016 are as follows:

1.	Name	: THYME FOOD & SERVICES PTE. LTD.
2.	Identification No. Type	: Company
3.	Identification No.	: 201120208Z
4.	Place Of Passport Issue	: -
5.	Registered Address	: 8A ADMIRALTY STREET #07-21 FOOD XCHANGE @ ADMIRALTY SINGAPORE 757437
6.	Mailing Address	: -
7.	Vehicle No.	: GBE8515D
8.	Effective Date of Ownership	: 07 Apr 2016
9.	Original Registration Date	: 07 Apr 2016
10.	First Registration Date	: 07 Apr 2016
11.	Vehicle Type	: A50 - Goods (Closed) Van/Van Panel (Delivery)
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: NISSAN
17.	Vehicle Model	: NV350 PANEL VAN 2.5 5MT 5DR EURO V
18.	Year of Manufacture	: 2015
19.	Primary Colour	: Black
20.	Secondary Colour	: -
21.	Passenger Capacity	: 2
22.	Chassis/Trailer Chassis No.	: JN1MC2E26Z0005778 / -
23.	Propellant/Emission Standard	: Diesel / Euro V
24.	Engine No./Motor No.	: YD25387742A / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 2488 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 1800
28.	Maximum Laden Weight(kg)	: 3300
29.	Open Market Value	: \$22,153.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2016040705000535E
35.	COE Expiry Date	: 06 Apr 2026
36.	COE Category	: -
37.	Quota Premium/Prevailing Quota Premium	: \$45,662.00
38.	Actual Quota Premium/PQP Paid	: \$45,063.00
39.	Actual ARF Paid	: \$1,108.00
40.	CO2 Emission(g/km)	: 232.00
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: 06 Apr 2036
45.	Road Tax Amount	: \$213.00
46.	Road Tax Start Date	: 07 Apr 2016
47.	Road Tax End Date	: 06 Oct 2016
48.	Remarks	: This vehicle requires side marking.

Vehicle No.	G13E 8515D	Model / Make	NISSAN NV 350
Date of Accident	21/10/2017		
Time of Accident	6.00	HRS	
Location of Accident	PULLE RAMP ROAD		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	THYME FOOD & SERVICES PTE LTD		
Telephone No.	H/P: 94897265	Home :	Office :
NRIC	2011202082		
Address	8A ADMIRALTY STREET #07-21 FOOD XCHANGE @ ADMIRALTY		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5088 971961		
Name of Driver	As Above If No, LIM EMINA		
NRIC	583111324	Any Passengers :	
Date of birth	15 APR 1983		
Occupation	Outdoor / Indoor		
Driving License Pass Date	28 APR 2008		
Gender	Male / Female		
Contact No.	H/P: 94897265	Home :	Office :
Address	BLK 465 TAMPINES ST 44 #03-100 S(520465)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state CO. OWNER		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	LIM EMINA 94897265		
Name And Contact No.			
Police Report	No, If Yes, Where? WHAMPOA NPD		
Vehicle B No.	SKT 8880 M	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address	MOMO-21-a@hotmail.com		
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n5i.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8311132A



Name:

LIM RUIXIN

林瑞鑫

Race:

CHINESE

Date of birth:

15-04-1983

Sex:

M

Country/Place of birth:
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8311132A

Name:

LIM RUIXIN

Birth Date: 15 Apr 1983

Issue Date: 28 Apr 2008



5172640



NRIC No. S8311132A



Date of issue:

20-05-2013

APT BLK 465 TAMPINES STREET 44 #03-100
SINGAPORE 520465

NRIC No: S8311132A

Date: 08/06/2016

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

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 28 Apr 2008



NP 428A

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"/>	5088971961	THYME FOOD & SERVICES PTE. LTD.	201120208Z	GCV	Comprehensive	GBE8515D	GBE8515D	07/04/2017	06/04/2018

▼ Policy Information

Policy No.	5088971961	Policyholder Name	THYME FOOD & SERVICES PTE.	Policyholder NRIC	201120208Z
Address	8A ADMIRALTY STREET #07-21 FOOD XCHANGE @ ADMIRALTY SINGAPORE 757437				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	22/03/2017	Effective Date	07/04/2017 00:00	Expiry Date	06/04/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	TELESALES-DIRECT MARKETING	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	8A ADMIRALTY STREET	Address 2	#07-21 FOOD XCHANGE @ ADM	Address 3	SINGAPORE 757437
Address 4		Address Type	Singapore address	Post Code	757437
Unit No.	07-21	Related Policy Number	5088971961-01		

▶ Insured Object: GBE8515D

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/0987400

Policy No.	5088971961	Vehicle No.	GBE8515D	GST Registration No.	
Policyholder Name	THYME FOOD & SERVICES PTE. LTD.			Policyholder NRIC	201
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	94897265	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

▼ Accident Details

Report Date	23/03/2018 15:31	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	21/10/2017	Time of Accident hh:mm	11:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	RIFLE RANGE ROAD				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	8A ADMIRALTY STREET	Address 2	#07-21 FOOD XCHANGE @ ADM	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	757
Unit No.	07-21	Related Policy Number	5088971961-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/0
Unnamed driver Name	LIM RUIXIN	Driver NRIC	S8311132A	Driving Experience	9
Register Date of Driver License	28/04/2008	Driver Age	34	Contact No.(Home)	0
Contact No.(Mobile)	94897265	Contact No.(Office)	0	Address 3	
Address 1	BLK 465	Address 2	TAMPINES STREET 44	Post Code	520
Address 4		Address Type	Singapore address		
Unit No.	#03-100				
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 OD-MX

New

Claim Type *	OD-MX	Insured Name	THYME FOOD & SERVICES PTE.	Insured NRIC	201
Contact No.(Mobile)		Contact No.(Home)	67533226	Contact No.(Office)	+
Email Address		OI Vehicle Number	GBE8515D	TP Vehicle Number	SKT
Claim Description	GBE8515D / SKT8880M ON 21 Oct 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	23/03/2018 15:42	Claim Close Date		Date Received	23/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

3/23/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0987400

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

23/03/2018 15:40

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 15:42	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 15:40	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 15:39	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 15:39	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 15:39	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 15:39	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 15:39	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 15:39	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 15:39	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 15:38	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 15:38	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 15:38	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 15:38	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 15:38	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 15:38	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Mar 2018 15:38	Photos	Normal	Photos 2018

Video List

Uploaded By/Date	Folder Date	File Name	Source
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