

# NATIONAL Assessment Centre Services

Date In: <b>26/03/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18005538/13</b>	SAS e-filing		
Veh No: <b>SLU6598A</b>	E-mail (within 8hrs, MT 2hrs)		
D.O.A: <b>23/02/18 2350</b>	i-Motor Claim Form	<b>MT/0987556</b>	
OD: <b>TR</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( <b>N-51</b> )	Tel:	Fax:
TP Particulars:	Veh No: <b>SLP4239B</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>NA1801886</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) 1st Bill	Am't (\$) Add Bill
<b>Claimant's Particulars :-</b>	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) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
<b>QC Checked by (Engr-In-Charge):</b>	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat 1:	Invoice dated	Fee Charged	
Cat 2/3:	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	26/03/2018 09:38
Date Of Accident	23/03/2018 23:50
Exact Location Of Accident	HOUGANG AVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU6598A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTO 51 LEASING PTE LTD
Co Reg No	201632910R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90905581

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5093489587-01
Cover Note Number	

### Driver

Name of Driver	LIM BAN HEE STEPHEN(LIN WANXI)
NRIC No	S7600362I
Date Of Birth	03/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82022637
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 255 YISHUN RING ROAD #04-1109
Postcode	760255
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 - 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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

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

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP4239B
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)	

## 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:

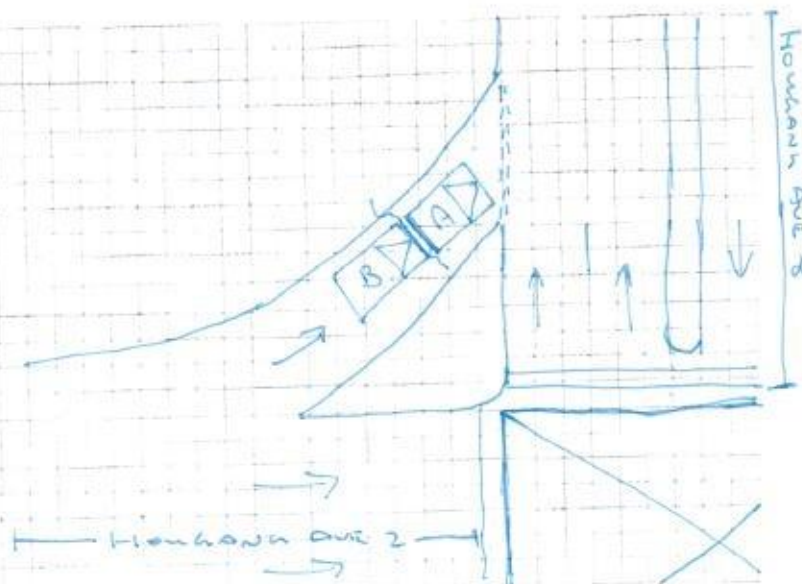
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 26/03/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN

VEHICLE A - SLN 6598A  
 VEHICLE B - SLP 4239B



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG HOUGANG AVE 2 INTENTION TO  
 TURN INTO HOUGANG AVE 8. I WAS ON THE EXTREME  
 LEFT LANE.

WHEN AT THE SLIP ROAD GOING INTO HOUGANG AVE 8, I  
 BRAKED AT THE GIVE WAY LINE TO GIVE WAY TO THE  
 ON-GOING VEHICLE ALONG HOUGANG AVE 8.  
 WHEN SUDDENLY I FELT A GREAT IMPACT FROM THE  
 REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE  
 REAR-END (SLP 4239B) HAD COLLIDED TO THE REAR  
 OF MY VEHICLE WHEN I WAS STATIONARY STOPPED AT  
 THE GIVEWAY LINE.

VEHICLE A - SLN 6598A  
 VEHICLE B - SLP 4239B

## 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.:



<b>Vehicle No.</b>	SLU 6598A		<b>Model / Make</b>	TOYOTA SIENNA
<b>Date of Accident</b>	23/03/18			
<b>Time of Accident</b>	2350	HRS		
<b>Location of Accident</b>	HONGKONG AVE 8			
<b>Exact purpose use during accident</b>	WORKING HOUR			
<b>Name of Owner</b>	AUTO 51 LEASING PTE LTD			
<b>Telephone No.</b>	H/P : 90905581	<b>Home :</b>	<b>Office :</b>	
<b>NRIC</b>	201632910R			
<b>Address</b>	15 HONGKONG INDUSTRIAL ST 1 HOI-05 S(768091)			
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY	
<b>Insurance Company</b>	NTUC			
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	5093489587-01			
<b>Name of Driver</b>	As Above If No, LIM BAN HEE STEPHEN			
<b>NRIC</b>	576003621	<b>Any Passengers :</b> 1 (FEMALE)		
<b>Date of birth</b>	03/01/1976			
<b>Occupation</b>	Outdoor	/	Indoor	
<b>Driving License Pass Date</b>	21 JUN 2007			
<b>Gender</b>	Male / Female			
<b>Contact No.</b>	H/P : 82022637	<b>Home :</b>	<b>Office :</b>	
<b>Address</b>	BLK 255 HONGKONG			
<b>Driver have any own vehicle</b>	No	If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state RENTAL / LEASING		
<b>Weather condition</b>	Clear	Raining	Other	
<b>Road Surface</b>	Dry	Wet	Other	
<b>Any Injuries</b>	No	If Yes, Who?		
<b>Name And Contact No.</b>				
<b>Name And Contact No.</b>				
<b>Police Report</b>	No	If Yes, Where?		
<b>Vehicle B No.</b>	SLP 423913	<b>Any Passengers :</b>		
<b>Name of Driver</b>		<b>Contact No. :</b>		
<b>Vehicle C No.</b>		<b>Any Passengers :</b>		
<b>Vehicle D No.</b>		<b>Any Passengers :</b>		
<b>Vehicle E no.</b>		<b>Any Passengers :</b>		
<b>Vehicle F No.</b>		<b>Any Passengers :</b>		
<b>Vehicle G No.</b>		<b>Any Passengers :</b>		
<b>Witness Name</b>		<b>Witness Contact :</b>		
<b>Accident Portion</b>	REAR			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>				
<b>PARTICULAR WORKSHOP</b>	N-51 AUTOMOTIVE PTE LTD			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	IAN			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP Email ADDRESS</b>	sales@n51.com.sg			



HP: 8202 2637

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S76003621**

Name: **LIM BAN HEE STEPHEN (LIN WANXI)**

Birth Date: **03 Jan 1976**

Issue Date: **21 Jun 2007**

001508903G

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S76003621**



Name: **LIM BAN HEE STEPHEN (LIN WANXI)**

**林 萬 啟**

Race: **CHINESE**

Date of birth: **03-01-1976**

Sex: **M**

Country of birth: **SINGAPORE**

S76003621

Land Transport Authority

**VOCATIONAL LICENCE**

Licence No: **S76003621**

Name: **LIM BAN HEE STEPHEN (LIN WANXI)**

Card Issue Date: **13/03/2018**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

stephanlbhoffice@gmail.com

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 21 Jun 2007

NP 428A

Licence No: **S76003621**

4004384

NRIC No. **S76003621**

Date of issue: **21-02-2007**

Address: **APT BLK 255 YISHUN RING ROAD #04-1109 SINGAPORE 760255**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	13/03/2018



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5093489587-01

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLUG598A  
Chassis Number : NHP1707071444
2. Name of Policyholder : AUTO 51 LEASING PTE LTD
3. Effective Date of Insurance : 10 Mar 2018
4. Expiry Date of Insurance : 09 Mar 2019
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: JCWC CREDIT (S) PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : S & M ALLIANCE PTE LTD (00000614373)  
Date of Issue : 12 Mar 2018 08:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



## Register New Vehicle (Acknowledgement)

### Vehicle Particulars

Vehicle No.:	SLU6598A		
Vehicle Type:	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment	Vehicle Attachment 3:	-
Vehicle Attachment 2:	-	Vehicle Model:	SIENTA 1.5X HYBRID AT ABS D/AIRBAG 2WD
Vehicle Make:	TOYOTA	Engine No.:	1NZR469834
Chassis No.:	NHP1707071444	Trailer Chassis No.:	-
Motor No.:	H16B00896	Passenger Capacity:	6
Propellant:	Petrol-Electric	Power Rating:	45.0 kW
Engine Capacity:	1496 cc		
Maximum Power Output:	73.0 kW ( 97 bhp )		
Unladen Weight:	1380 kg	Maximum Laden Weight:	1765 kg
Primary Colour:	Red	Secondary Colour:	-
First Registration Date:	08 Dec 2017	Original Registration Date:	08 Dec 2017
Manufacturing Year:	2016	Open Market Value:	\$24,108.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$2,500.00
		Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$4,108.00 (140%)
No. of Transfers:	0		

Actual ARF Paid: \$5,000.00

### Owner Particulars

Owner Name: AUTO 51 LEASING PTE LTD

Owner ID Type: Company

Owner ID: 201632910R

Registered Address Type: Private Residential (non-  
Condo Apt / non-House)

Registered Block/House No.: 15

Registered Street Name: YISHUN INDUSTRIAL  
STREET 1

Registered Unit No.: # 01 - 05

Registered Building Name: WIN 5



Registered Postal 768091

Code:

COE No. / Expiry 2017070101001605W / 07

Date: Dec 2027

COE Bid Category: A - Car up to 1600cc &  
97kW (130bhp)

QP Paid: \$45,201.00

#### Transaction Details

Business

Transaction Ref. 20171208174704213837

No.:

Business 08 Dec 2017

Transaction Date:

Business 17:47:04

Transaction Time:

#### Message

The above vehicle has been successfully registered.

Please note that \$41,023.00 will be deducted from your GIRO account.

OK      Save as PDF



3/26/2018

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

## Claim Handling

The premium on this policy has not been collected.

## Accident MT/0987556

Policy No.	5093489587-01	Vehicle No.	SLU6598A	GST Registration No.	201632910R
Policyholder Name	AUTO S1 LEASING PTE LTD	Cover Type	drivo CLASSIC	Policyholder NRIC	0
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	90905581	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	No
KPK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
<b>Accident Details</b>			<b>Accident Type</b>		
Report Date	26/03/2018 10:08	Accident Report Within 24 hrs	Yes	Country of Accident	Singapore
Date of Accident	23/03/2018	Time of Accident hh:mm	23:50	ICM No.	
Reporting Centre		Orange Force			
Accident Location	HOUANG AVE 8				
<b>Benefits</b>			<b>Excess</b>		
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	1
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>GST Registered Information</b>			<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>			<b>Policyholder Mailing Address</b>		
Address 1	15 YISHUN INDUSTRIAL STREET	Address 2	#01-05 WIN 5	Address 3	SINGAPORE 768091
Address 4		Address Type	Singapore address	Post Code	768091
Unit No.	02-06	Related Policy Number	5093489587-01		
<b>OI Driver Info</b>			<b>OI Driver Info</b>		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/01/1976
Unnamed driver Name	LIM BAN HEE STEPHEN(LIN WA)	Driver NRIC	S76003621	Driving Experience	10
Register Date of Driver License	21/06/2007	Driver Age	42	Contact No.(Home)	0
Contact No.(Mobile)	82022637	Contact No.(Office)	0	Address 3	YISHUN SUNSHINE
Address 1	BLK 255	Address 2	YISHUN RING ROAD	Post Code	760255
Address 4	SINGAPORE 760255	Address Type	Singapore address		
Unit No.	#04-1109			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>			<b>Declaration</b>		
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	AUTO S1 LEASING PTE LTD	Insured NRIC	201632910R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLU6598A	TP Vehicle Number	SLP4239B
Claim Description	SLU6598A / SLP4239B ON 23 Mar 2018	Insured Liability *	Not at Fault	Name of Preferred Workshop	N51
Preferred Workshop Contact No.		Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Require Finalisation	Yes	Claim Close Date		Date Received	26/03/2018 00:00
Date Registered	26/03/2018 10:12	Workshop Repairer		Total Loss but Repaired	
Report Taken By	ROSLINDA				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

## Attachment

Accident No.	MT/0987556	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/03/2018 00:00
Path *		Category *	
Choose File	No file chosen	Confidential	<input type="radio"/> NO <input checked="" type="radio"/> YES
Choose File	No file chosen	Urgency *	<input type="radio"/> Normal <input checked="" type="radio"/> Urgent
Choose File	No file chosen		

http://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do

3/26/2018

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 26 Mar 2018 10:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 10:12	SAS	Normal	SAS 2018-3-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 10:12	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 10:12	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 10:12	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 10:12	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 10:12	Photos	Normal	Photos 2018-3-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 10:12	Photos	Normal	Photos 2018-3-26

Video List

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