

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] MNA118040705

Date In: 26/3/18-15:16	Job description	Date & Time Completed	Done by
Ref No: NA/INC180055 97/24	SAS e-filing		
Veh No: GBD T734	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 25/3/18-17:20	i-Motor Claim Form	MT/0987676	26/3/18 15:49
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: FBC99866

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury :

Date/Time Actions

Invoice Preparation Checklist:

Amt (\$)

for Bill

Amt (\$)

Add Bill

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : Towing Fee \$40/\$45
- 4) FT : Follow-Through Survey \$120
- 5) FT : Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR : Re-inspection \$75
- 7) N1 : Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

NA1801901

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

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	26/03/2018 15:16
Date Of Accident	25/03/2018 17:20
Exact Location Of Accident	GEYLANG RD AFTER JUNC LOR 19 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD773H
Insured/Policyholder	
Name Of Registered Owner	F & C ENTERPRISE (S) PTE LTD
Co Reg No	199602295R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68582020

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
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	REPORTING ONLY
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	5066104420-03
Cover Note Number	

Driver

Name of Driver	SUNTHARA MURTHI A/L RAMA KRISHNAN
Passport No/FIN	G7444881Q
Date Of Birth	13/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94463951
Fax Number	
Contact Number	OFFICE-94463951
Email Address	NOEMAIL

Address	140 PAYA LEBAR ROAD #06-21 AZ @ PAYA LEBAR
Postcode	409015
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	RAINING
Road Surface	WET

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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180325/2114.

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	FBC9986G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

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.

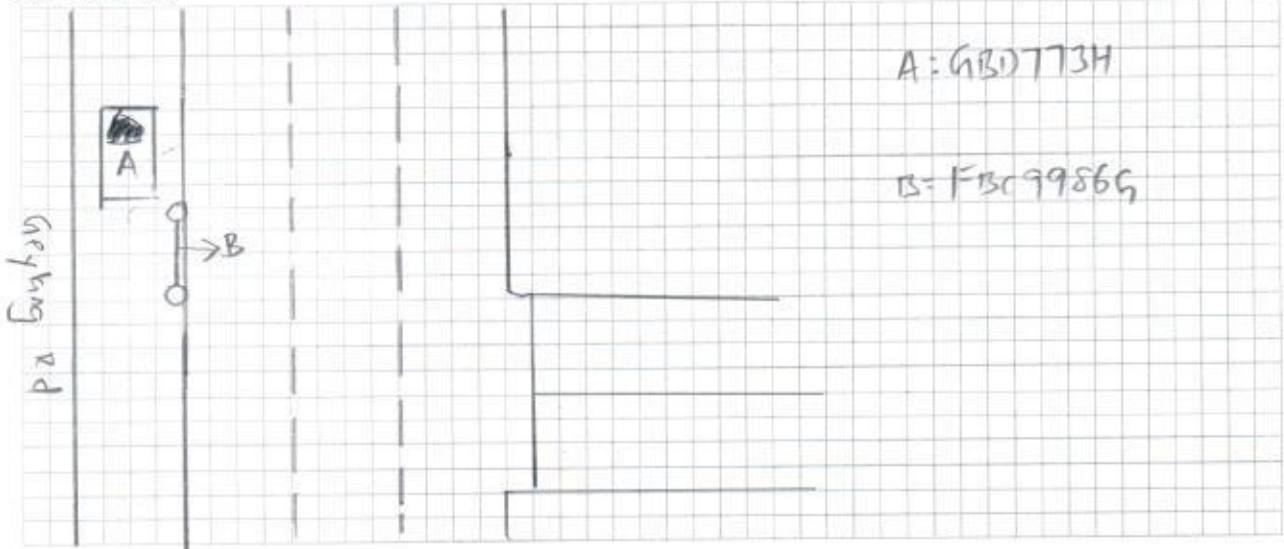


Policyholder's Signature
Date & Time:

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 - T/20180325/2114.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 3 / 18 (DD/MM/YYYY), TIME: 17 : 20 (HH:MM)

LOCATION: Geylang Rd after Lor 19 Geylang

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8D7734
b) INSURANCE COMPANY: NTJC
c) POLICY NUMBER: 506610420-03
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: working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: FBC Enterprise (S) Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 199602295R CONTACT: 68582020
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Sunthara Muthi A/L Rama Krishna (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G7444881R CONTACT: 9446395
c) ADDRESS: _____

*d) DATE OF BIRTH: 13 / 10 / 1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11 / 3 / 2014

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: FBC99866 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
(-))

* No of pass
(including d
(-))

* No of pass
(including d
(-))

Email = sunthara_81@hotmail.com

fax =



SINGAPORE POLICE FORCE



T/20180325/2114

1 of 3

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

Report No. T/20180325/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2018 18:54	Vide Report No.: G/20180325/0176	Station Diary No.:
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Informant's Particulars

Name of Informant: SUNTHARA MURTHI A/L RAMA KRISHNAN			Address: 140 PAYA LEBAR RD #06-21 A-Z BLDG SINGAPORE 409015		
ID Type / ID No.: FIN NO / G7444881Q			Contact No.: Home/Office:		Mobile: 94463951
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 13/10/1981	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: DELIVERY			Driving Licence Information: Class: 2B,3,4A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/03/2018 17:20	Type of Location:
Location: Along Road 1 GEYLANG ROAD GEYLANG ROAD TOWARDS KALLANG				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC9986G	Motorcycle					0
GBD773H	Lorry				No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180325/2114

2 of 3

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

Report No. T/20180325/2114

CONTINUATION OF REPORT

Rider			
Name	LEE KOK LEONG	ID No.	S8612173E
Related Vehicle	FBC9986G (Motorcycle)	Contact No.	91243055
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	SUNTHARA MURTHI A/L RAMA KRISHNAN	ID No.	G7444881Q
Related Vehicle	GBD773H (Lorry)	Contact No.	94463951
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME

I WAS ON GEYLANG LORONG 19 AND WANTED TO TURN RIGHT INTO GEYLANG ROAD. AS IT WAS SAFE TO DO SO, I TURNED RIGHT INTO LANE 4 OF THE 5 LANE GEYLANG ROAD. AS I WAS TURNING RIGHT, I SAW A MOTORCYCLIST ABOUT 6-7 CARLENGTH AWAY ON LANE 3 OF THE ROAD. I WANTED TO TURN LEFT INTO GEYLANG LORONG 14, SO I CHANGED LANES INTO THE 5TH LANE AFTER SIGNALLING. AFTER ENTERING INTO THE 5TH LANE, I HEARD A LOUD NOISE BEHIND ME SO I STOPPED. I PARKED MY VEHICLE AND LOOKED AT MY REAR-VIEW MIRROR AND SAW A MOTORCYCLIST WAS ON THE FLOOR. I GOT OUT OF MY VEHICLE AND ASKED AROUND IF ANYONE KNOW WHAT HAPPENED. NO ONE KNEW SO I ASKED A PASSERBY TO HELP CALL TP.

MY SUPERVISOR'S CONTACT: MR ONG - 92302033



**SINGAPORE
POLICE FORCE**



T/20180325/2114

3 of 3

Report No. T/20180325/2114

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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:
TP /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt LEE GUANG HUI
Contact No.: 65476138

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/03/2018 18:54

Classification Of Case:

SINGAPORE
POLICE FORCE

Signature:

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
F & C ENTERPRISE (S) PTE LTD

Sector: **SERVICE**



Name:
SUNTHARA MURTHI A/L RAMA KRISHNAN

Occupation:
DELIVERY MAN

Work Permit No.:
4 01412867

Date of Application:
11-06-2014

Date of Issue:
06-06-2016

Date of Expiry:
16-06-2018




L6873889

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **G7444881Q**

Name:
SUNTHARA MURTHI A/L RAMA KRISHNAN

Birth Date: **13 Oct 1981**

Issue Date: **11 Mar 2014**


Valid Till: **10 Mar 2019**

002283534D



VISIT PASS
Immigration Regulations


Name:
SUNTHARA MURTHI A/L RAMA KRISHNAN



Date of Birth: **13-10-1981** Sex: **M** Nationality: **MALAYSIAN**

FIN: **G7444881Q** Date of Issue: **06-06-2016** Date of Expiry: **16-06-2018**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

		EFFECTIVE DATE
C C	Class 2B Motorcycles <= 100 CC	11 Mar 2014
	Class 3 Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	11 Mar 2014
	Class 4A Omnibuses	25 Apr 2014

G7444881Q

S/No. 9000204622

NP 428A

Licence No: G7444881Q



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="25/03/2018 17:20"/>						
Vehicle No. (For Motor)	<input type="text" value="GBD773H"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5066104420-03	F & C ENTERPRISE (S) PTE LTD	199602295R	GCV	Comprehensive	GBD773H	GBD773H	13/06/2017	12/06/2018
<input type="button" value="Continue"/>									

▼ Policy Information

Policy No.	5066104420-03	Policyholder Name	F & C ENTERPRISE (S) PTE LTD	Policyholder NRIC	199602295R
Address	140 PAYA LEBAR ROAD #06-21 AZ @ PAYA LEBAR SINGAPORE 409015				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy Issue Date	08/06/2017	Effective Date	13/06/2017 00:00	Expiry Date	12/06/2018 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	VICTOR MOTOR CREDIT PTE LTI	Agent Tel.	68582020	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	140 PAYA LEBAR ROAD	Address 2	#06-21 AZ @ PAYA LEBAR	Address 3	SINGAPORE 409015
Address 4		Address Type	Singapore address	Post Code	409015
Unit No.		Related Policy Number	5052341095-06		

► Insured Object: GBD773H

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Exit

Accident MT/0987676

Policy No.	5066104420-03	Vehicle No.	GB0773H	GST Registration No.	199602295R
Policyholder Name	F & C ENTERPRISE (S) PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	199602295R
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)	68582020	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No	Private Hire	No		

Accident Details

Report Date	26/03/2018 15:47	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	25/03/2018	Time of Accident hh:mm	17:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GEYLANG RD AFTER JUNG LOR 19 GEYLANG				

Benefits

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	Yes	GST Registration Date	07/12/1998
GST Registration No.	199602295R	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	140 PAYA LEBAR ROAD	Address 2	#06-21 AZ @ PAYA LEBAR	Address 3	SINGAPORE 409015
Address 4		Address Type	Singapore address	Post Code	409015
Unit No.		Related Policy Number	5052341095-06		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	13/10/1981
Unnamed driver name	SUNTHARA MURTHI A/L RAMA P	Driver NRIC	Q7444881Q	Driving Experience	4
Register Date of Driver License	11/03/2014	Driver Age	36	Contact No.(Home)	0
Contact No.(Mobile)	94463951	Contact No.(Office)	0	Address 3	SINGAPORE 409015
Address 1	140 PAYA LEBAR ROAD	Address 2	AZ @ PAYA LEBAR	Post Code	409015
Address 4		Address Type	Singapore address		
Unit No.	06-21				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **NEW**

Claim Type *	OD-MX	Insured Name	F & C ENTERPRISE (S) PTE LTD	Insured NRIC	199602295R
Contact No.(Mobile)	NIL	Contact No.(Home)	65656565	Contact No.(Office)	68582020
Email Address		OT Vehicle Number	GB0773H	TP Vehicle Number	FBC9986G
Claim Description	GB0773H / FBC9986G ON 25 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	26/03/2018 00:00
Date Registered	26/03/2018 15:49	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0987676	Claim No.	001
Last Doc Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/03/2018 15:52

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	
<input type="text"/> Browse... Clear	Please Select	<input type="text"/>	Normal	

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:52	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:52	SAS		Normal	SAS 2018-3-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:52	Photos		Normal	Photos 2018-3-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:52	Photos		Normal	Photos 2018-3-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:49	Photos		Normal	Photos 2018-3-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:49	Photos		Normal	Photos 2018-3-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:49	Photos		Normal	Photos 2018-3-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Mar 2018 15:49	Photos		Normal	Photos 2018-3-26		Edit
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 Video List							
Uploaded By/Date	Folder Date	File Name		Source	Action		
Display in New Window				Scan and uploading			