

NATIONAL Assessment Centre Services.

(wef 1 Jan'05) **MHA118047192**

| | | | |
|---------------------------------|---|-----------------------|---------------------|
| Date In: 9/4/18 - 16:25 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC8206549/24 | SAS e-filing | | |
| Veh No: 6X9348D | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A.: 6/4/18 - 19:00 | i-Motor Claim Form | M7/0989648 | 9/4/18 20:19 |
| OD: TP: Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by <u>Fax / Hand</u> to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **5H4185M** 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars :- | Invoice Preparation Checklist | | Am't (\$) | Am't (\$) |
|---------------------------------|---|-------------|-----------|-----------|
| | | | for Bill | Add Bill |
| Driver/Owner: | 1) AR : Accident Reporting (\$30); | | | |
| Contact No: | 2) DA : Damage Assessment (\$100); INC (\$80) | | | |
| Damaged Portion: | 3) TF : Towing Fee | \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT : Follow-Through Survey | \$120 | | |
| Auditors' Comments :- | 5) FT : Follow-Through Survey (Resurvey) | \$30 | | |
| Date 1: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Date 2 / 3: | 6) TR : Re-inspection | \$75 | | |
| | 7) N1 : Idac DA + SMRT Survey | \$160 | | |
| | 8) NTUC Additional Services:- | | | |
| | Q1* : | | | |
| | *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 | | |
| | 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 | 09/04/2018 16:35 |
| Date Of Accident | 06/04/2018 19:00 |
| Exact Location Of Accident | LOR 11 GEYLANG |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--|
| Vehicle Registration Number | GX9348D |
| Insured/Policyholder | |
| Name Of Registered Owner | SINGAPORE ENGINEERING AND CONSTRUCTION PTE LTD |
| Co Reg No | 197001116C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | P/UP LOWBED |
| 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 | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5094591175 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | TAN HING BOON |
| NRIC No | S8378224B |
| Date Of Birth | 04/10/1983 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/10/2009 |
| Driving Experience | 8 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82994351 |
| Fax Number | |
| Contact Number | OFFICE-82994351 |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 126 ANG MO KIO AVENUE 3 #07-1931 |
| Postcode | 560126 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------------------------|
| Type Of Accident | COLLIDED INTO PARKED VEHICLE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO 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 | SJH4185M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LIM TING KHAI |
| NRIC/Passport Number | S1604959Z |
| Contact Number | 93722075 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

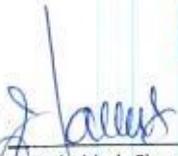
SKETCH PLAN

IMPORTANT NOTICE

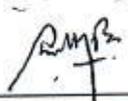
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

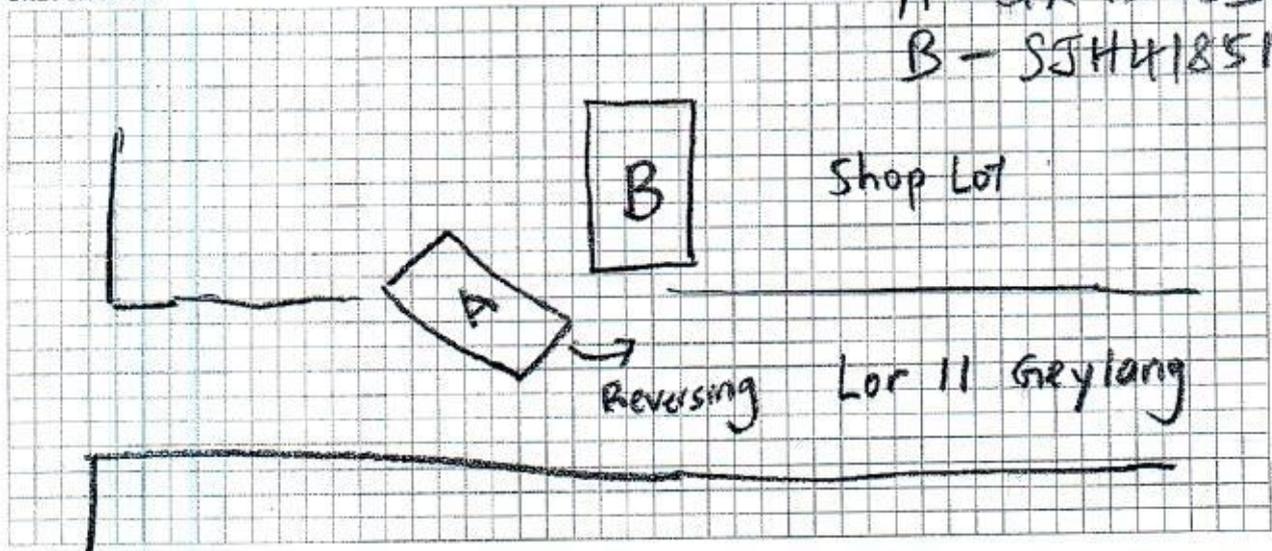



Driver's Signature
(If driver is not the policyholder)
Date & Time: 7/4/2018


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

SKETCH PLAN

A - GX 9348D
B - SJH4185M

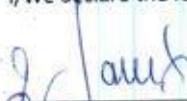


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

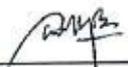
Vehicle A was reversing along Lorong 11 Geylang, it accidentally hit the vehicle B which parked in front the shop lot. It resulted in minor scratches on the left hand side of the ^{front} bumper of vehicle B, and the car plate was dropping. There are also some minor scratches on the rear bumper of vehicle A.

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:

7/4/2018
 15:55 pm


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

Reported on 7/4/2018
@ 1555HRS

ACCIDENT STATEMENT

ACCIDENT DATE: 6/4/2018 (DD/MM/YYYY), TIME: 19:00 (HH:MM)

LOCATION: LOR II GEYLANG.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GX 9348 D
- b) INSURANCE COMPANY: _____
- c) POLICY NUMBER: _____
- 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: _____
- 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: _____ (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

* No of passenger
(including driver)
(1)

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 82994357
- c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

* No of passenger
(including driver)
()

- a) VEHICLE NUMBER: SJH 4185 M MODEL: _____
- b) DRIVER'S NAME: LIM TING KHA I
- c) NRIC/FIN/PASSPORT: S1604959 Z CONTACT: 9372 2075

9. THIRD PARTY VEHICLE

* No of passenger
(including driver)
()

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = tan.hingboon@bbr.com.sg

fax = tan.hingboon@bbr.com.sg

Waiting for company chop?

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8378224B**

Name:

TAN HING BOON

Birth Date: **04 Oct 1983**

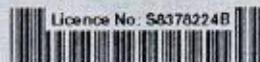
Issue Date: **23 Oct 2009**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

| | PASS DATE |
|--|-------------|
| Class 2B Motorcycles =< 200 cc | 23 Oct 2009 |
| Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg | 23 Oct 2009 |

NP 428A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8378224B



Name

TAN HING BOON

陈 兴 文

Race
CHINESE

Date of birth 04-10-1983 Sex M

Country of birth
MALAYSIA

S8378224B



6693579



NRIC No. S8378224B

Nationality
MALAYSIAN

Date of issue
29-11-2007

APT BLK 126 ANG MO KIO AVENUE 3 #07-1931
SINGAPORE 580126

NRIC No. S8378224B

Date: 17/05/2016

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 : 5094591175 | Cover : Third Party, Fire & Theft |
| 1. Index mark and Registration Number of Vehicle | : GX9348D |
| Chassis Number | : JN1AHGD2220033662 |
| 2. Name of Policyholder | : SINGAPORE ENGINEERING AND CONSTRUCTION PTE. LTD. |
| 3. Effective Date of Insurance | : 05 Nov 2017 |
| 4. Expiry Date of Insurance | : 04 Nov 2018 |
| 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 business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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) | : N/A |
| EXCESS (SECTION 2) | : N/A |
| INSURE WITH COE | : NO |
| HIRE PURCHASE COMPANY | : N/A |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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 : TIMES INS BROKERS (MOTOR BUSINESS) (00000690643)
Date of Issue : 10 Oct 2017 15:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Search

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|--------------------------|------------|--|-------------------|---------|---------------------------|-------------|----------------|---------------|-------------|
| <input type="checkbox"/> | 5094591175 | SINGAPORE ENGINEERING AND CONSTRUCTION PTE. LTD. | 197001116C | GCV | Third Party, Fire & Theft | GX9348D | GX9348D | 05/11/2017 | 04/11/2018 |

Continue

▼ Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|---------------------------|-------------------|------------------|
| Policy No. | 5094591175 | Policyholder Name | SINGAPORE ENGINEERING AND | Policyholder NRIC | 197001116C |
| Address | 50 CHANGI SOUTH STREET 1 BBR BUILDING SINGAPORE 486126 | | | | |
| Product Name | COMMERCIAL VEHICLE INSURANCE Plan | Group Policy Flag | N | | |
| Policy issue Date | 10/10/2017 | Effective Date | 05/11/2017 00:00 | Expiry Date | 04/11/2018 23:59 |
| Third Party Excess | 0 | Own damage Excess | 0 | Windscreen Excess | 0 |
| Additional Excess | | OS Premium | 0 | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | | |
| Agent | TIMES INS BROKERS (MOTOR B | Agent Tel. | 62528888 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|--------------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | 50 CHANGI SOUTH STREET 1 | Address 2 | BBR BUILDING | Address 3 | SINGAPORE 486126 |
| Address 4 | | Address Type | Singapore address | Post Code | 486126 |
| Unit No. | | Related Policy Number | 5086394626-01 | | |

▶ Insured Object: GX9348D

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Exit

Claim Handling

Accident MT/0989648

| | | | | | |
|-----------------------------------|---|-------------------------------|---|-------------------------------|-------------------------------|
| Policy No. | SD9459175 | Vehicle No. | GX9348D | GST Registration No. | |
| Policyholder Name | SINGAPORE ENGINEERING AND CONSTRUCTION PTE. LTD. | Cover Type | Third Party, Fire & Theft | Policyholder NRIC | 197001116C |
| Product Code | COMMERCIAL VEHICLE INSURA | Contact No.(Office) | 0 | 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" value=""/> |
| KYC | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 10 | eCode Reason | |
| NCD Protection | No | Accident Report Within 24 hrs | Yes | Private Hire | No |
| Accident Details | | | Accident Type | Contacted into Parked Vehicle | |
| Report Date | 09/04/2018 20:16 | Time of Accident (hh:mm) | 19:00 | Country of Accident | Singapore |
| Date of Accident | 09/04/2018 | Orange Force | | ICM No. | |
| Reporting Centre | | | | | |
| Accident Location | LOR 11 GEYLANG | | | | |
| Benefits | | | | | |
| Excess | | | | | |
| Own damage Excess | 0.00 | Additional Excess | | Windscreen Excess | 0.00 |
| 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 Status Verified | No |
| GST Registration No. | | | | | |
| Modification History | | | | | |

| | | | | | |
|---|---|-----------------------|---|------------------------|------------------|
| Policyholder Mailing Address | | | | | |
| Address 1 | 50 CHANGI SOUTH STREET 1 | Address 2 | BBR BUILDING | Address 3 | SINGAPORE 486126 |
| Address 4 | | Address Type | Singapore address | Post Code | 486126 |
| Unit No. | | Related Policy Number | S086394626-01 | | |
| OT Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 04/10/1983 |
| Unnamed driver Name | TAN HING BOON | Driver NRIC | SB376224B | Driving Experience | 0 |
| Register Date of Driver License | 23/10/2009 | Driver Age | 34 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 81294351 | Contact No.(Office) | 0 | Address 3 | SINGAPORE 560126 |
| Address 1 | BLK 126 | Address 2 | ANG MO KIO AVENUE 3 | Post Code | 560126 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 07-1931 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |
| Declaration | | | | | |
| Breathalyzer or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Modification History | | | | | |

Claim 001 **New**

| | | | | | | |
|---|----------------------------------|-------------------------|----------------------------------|---------------------|----------------------------|--|
| Claim Type * | OD-MX | Insured Name | SINGAPORE ENGINEERING AND | Insured NRIC | 197001116C | |
| Contact No.(Mobile) | | Contact No.(Home) | NIL | Contact No.(Office) | 62355088 | |
| Email Address | | OT Vehicle Number | GX9348D | TP Vehicle Number | S0H4185M | |
| Claim Description | GX9348D / S0H4185M ON 6 Apr 2018 | | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Fully at Fault | GIA report | Received | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | 09/04/2018 00:00 | |
| Date Registered | 09/04/2018 20:19 | Claim Close Date | | | | |
| Report Taken By | Jackson | | | | | |
| <input type="checkbox"/> Print AK letter | | | | | | |
| <input type="button" value="Save"/> <input type="button" value="Submit"/> | | | | | | |

Attachment

| | | | |
|---|---|-------------|------------------|
| Accident No. | MT/0989648 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 09/04/2018 20:20 |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | | | |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | | | |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | | | |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | | | |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | | | |
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| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | | | |
| <input type="checkbox"/> Send Message <input type="button" value="Upload"/> | | | |
| Attachment List | | | |

| Attachment | Uploaded By/Date | Category | Urgency | Description | Mag Sent? Action (CD) |
|------------|--|-----------------------|---------|--------------------------------|-----------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:20 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-4-9 | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:20 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-4-9 | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:20 | SAS | Normal | SAS 2018-4-9 | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:20 | Photos | Normal | Photos 2018-4-9 | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:20 | Photos | Normal | Photos 2018-4-9 | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:20 | Photos | Normal | Photos 2018-4-9 | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:20 | Photos | Normal | Photos 2018-4-9 | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:19 | Photos | Normal | Photos 2018-4-9 | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:19 | Photos | Normal | Photos 2018-4-9 | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:19 | Photos | Normal | Photos 2018-4-9 | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:19 | Photos | Normal | Photos 2018-4-9 | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:19 | Photos | Normal | Photos 2018-4-9 | Edit |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:19 | Photos | Normal | Photos 2018-4-9 | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Apr 2018 20:19 | Photos | Normal | Photos 2018-4-9 | Edit |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|------------------|-------------|-----------|--------|--------|
|------------------|-------------|-----------|--------|--------|

Display in New Window Scan and uploading