

# NATIONAL Assessment Centre Services

Date In: 16/04/2018 17:23	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 18007012/K4	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SJW 7740L	i-Motor Claim Form: MT/0990634	17/4/18 09:45	
DOA: 14/04/2018 18:50	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	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: SJM 1615H INC ( ) / Non-INC ( )

Owner / Driver: ( )

Tel: ( )

Policy No: ( )

Period: ( )

Cover Type: ( )

Confirmed by: ( )

Date: ( )

Time: ( )

Insured/Driver Liability: ( ) % [Notc-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:- (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:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

## Invoice Preparation Checklist

Am't (\$)  
1st Bill

Am't (\$)  
Add Bill

1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) RT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2023)		
6) TR: Re-inspection \$75		
7) N1: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OD*		
*N5: Courtesy Car / Tpl 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	16/04/2018 17:23
Date Of Accident	14/04/2018 18:50
Exact Location Of Accident	PIE TWDS TUAS AT TOH TUCK FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW7740L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TWINCAR RENTAL
Co Reg No	53092815M
Email Address	GARYLEEKES73@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91006036
Alternative Phone No	OFFICE-91006036

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING HOURS
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5043110359-07
Cover Note Number	

### Driver

Name of Driver	LEE KAI SIANG ( LI KAIXIANG )
NRIC No	S7314042J
Date Of Birth	23/04/1973
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1993
Driving Experience	24 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91006036
Fax Number	
Contact Number	OTHERS-91006036
Email Address	GARYLEEKES73@GMAIL.COM

Address	BLK 697A JURONG WEST CENTRAL 3 #06-13
Postcode	641697
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	SIDE SWIPE
Weather Conditions	CLEAR
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?	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?	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?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM1615H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH CHIN SIAN
NRIC/Passport Number	
Contact Number	97481605
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

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

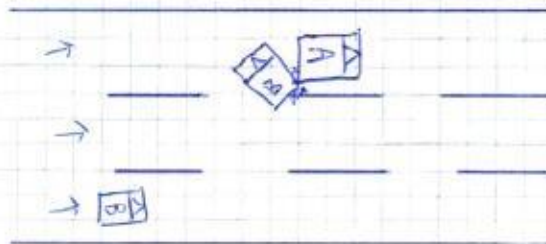
16/4/2018

# SKETCH PLAN

P/E TOWARDS THAS AT TCH TUCK FLYOVER.

A - SJW 7740L

B - SJM 1615 H



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along P/E TOWARDS THAS on extreme left lane of 3-lanes, expressway. Somewhere at TCH TUCK FLYOVER, OUT OF SUDEN I felt an impact on my rear. Therefore I alighted and realised that Veh (B) skidded from lane 1, due to the directional change, Veh (B) rear right portion collided onto my rear right portion. Therefore, we exchanged particulars after the accident.

## 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)

Reporting Centre Personnel's Signature  
Name:

16/4/2018



<b>Vehicle No.</b>	SJW 7740 L		<b>Model / Make</b> TOYOTA ALTIS
<b>Date of Accident</b>	14/04/18		
<b>Time of Accident</b>	06:52 P.M. HRS		
<b>Location of Accident</b>	PLe TOMARRS THAS Somewhere at TOL truck FLYOVER.		
<b>Exact purpose use during accident</b>	WORKING HOUR		
<b>Name of Owner</b>	TWINCAR RENTAL		
<b>Telephone No.</b>	H/P : 6744 0510 Home : 6842 0051 Office :		
<b>NRIC</b>	53092815M		
<b>Address</b>	2 KANAL BUKIT AVE 2 #01-18 S(417 921)		
<b>Claim type</b>	OD <u>THIRD PARTY</u> REPORTING ONLY		
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
<b>Policy No.</b>	5043110359-07		
<b>Name of Driver</b>	As Above If No, LEE KAZ SIANG		
<b>NRIC</b>	S7314042J Any Passengers : NIL		
<b>Date of birth</b>	23/04/1973		
<b>Occupation</b>	<u>Outdoor</u> / Indoor		
<b>Driving License Pass Date</b>	29/06/1993		
<b>Gender</b>	<u>Male</u> / Female		
<b>Contact No.</b>	H/P : 9100 6036 Home : Office :		
<b>Address</b>	APT BLK 697A JURONG WEST CENTRAL 3 #06-13 S(641677)		
<b>Driver have any own vehicle</b>	<u>No,</u> If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state		
<b>Weather condition</b>	<u>Clear</u> Raining Other		
<b>Road Surface</b>	Dry <u>Wet</u> Other		
<b>Any Injuries</b>	<u>No,</u> If Yes, Who?		
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No If <u>Yes</u> Where?		
<b>Vehicle B No.</b>	SJM 1615 H		Any Passengers : UNKNOWN
<b>Name of Driver</b>	GOH CHIN SIAN		Contact No. : 9748 1605
<b>Vehicle C No.</b>			Any Passengers :
<b>Vehicle D No.</b>			Any Passengers :
<b>Vehicle E no.</b>			Any Passengers :
<b>Vehicle F No.</b>			Any Passengers :
<b>Vehicle G No.</b>			Any Passengers :
<b>Witness Name</b>			Witness Contact :
<b>Accident Portion</b>	REAR RIGHT PORTION		
<b>Camera Recorder</b>	<u>Yes</u> / No		
<b>Email Address</b>	gary122ks73@gmail.com		
<b>PARTICULAR WORKSHOP</b>	N51 AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	JUN MING		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport/Company  
Cert No.: 53092815M

Owner ID Type: Business

Owner Name: TWINCAR RENTAL

Registered Address: 52 JALAN SENANG SINGAPORE 418343

Mailing Address: -

Birth Date: -

### Vehicle Particulars

Vehicle No.: SJW7740L

Previous Vehicle No.: -

Effective Date of  
Ownership: 16 Apr 2010

Original Regn Date: 16 Apr 2010

Registration Date: 16 Apr 2010

Year of Manufacture: 2010

Vehicle Type: Private Hire (Self-Drive) Motor Car

Vehicle Scheme: -

Vehicle Attachment 1: No Attachment

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: TOYOTA

Vehicle Model: COROLLA ALTIS 1.6 AUTO

Primary Colour: Blue

Secondary Colour: -

Passenger Capacity: 4

Chassis No.: MR053ZEE106171973

Engine No.: 3ZZ4988936

Engine Capacity/Power  
Rating: 1598 cc / -

Maximum Power Output: 80.0 kW (107 bhp)

Propellant: Petrol

Max Unladen Weight: 1195 kg

Maximum Laden Weight: 1630 kg

Open Market Value: \$16,716.00

PARF Eligibility: Yes

PARF Eligibility Expiry  
Date: 15 Apr 2020

Minimum PARF Benefit: \$8,358.00

No. of Transfers: 0

IU Label No.: 1123617938

COE No.: 2010050101000039H

COE Expiry Date: 15 Apr 2020

COE Category: A - Car (1600cc & below)

COE Registration  
Category: A - Car (1600cc & below)

Quota Premium (QP) /  
Prevailing Quota: \$34,001.00 / -



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7314042J**

Name: **LEE KAI SIANG (LI KAIXIANG)**

Birth Date: **23 Apr 1973**

Issue Date: **12 Feb 2004**

001118328E




**EPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7314042J**

Name: **LEE KAI SIANG (LI KAIXIANG)**

李开祥

Race: **CHINESE**

Date of Birth: **23-04-1973** Sex: **M**

Country of Birth: **SINGAPORE**






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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	25 Jul 1990
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Jun 1993

Licence No: **S7314042J**



NP 428A

06



NRIC No: **S7314042J**



Blood Group: **O+** Date of issue: **09-11-1992**

**APT BLK 697A JURONG WEST CENTRAL 3 #06-13 SINGAPORE 641897**

NRIC No: **S7314042J** Date: **29/08/2016**



## 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:** 5043110359-07

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJW7740L**  
Chassis Number : **MR053ZEE10-6171973**
2. Name of Policyholder : **TWINCAR RENTAL**
3. Effective Date of Insurance : **16 Apr 2017**
4. Expiry Date of Insurance : **15 Apr 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 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE 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 : GRANDE INSURANCE AGENCY (00000615026)  
Date of Issue : 05 Apr 2017 16:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Grande Insurance Agency  
Tel: 02223000 / 63660085  
email: grandeinsurance@gmail.com

Countersigned By:



Authorised Officer



Chief Executive

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="14/04/2018 18:50"/>						
Vehicle No.(For Motor)	<input type="text" value="SJW7740L"/>								
<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"/>	5043110359-07	TWINCAR RENTAL	53092815M	GPC	drivo CLASSIC	SJW7740L	SJW7740L	16/04/2017	15/04/2018
				<input type="button" value="Continue"/>					



## ▼ Policy Information

Policy No.	5043110359-07	Policyholder Name	TWINCAR RENTAL	Policyholder NRIC	53092815M
Address	52 JALAN SENANG SINGAPORE 418343				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/04/2017	Effective Date	16/04/2017 00:00	Expiry Date	15/04/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	GRANDE INSURANCE AGENCY	Agent Tel.	63650065	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	52 JALAN SENANG	Address 2	SINGAPORE 418343	Address 3	
Address 4		Address Type	Singapore address	Post Code	418343
Unit No.		Related Policy Number	5090137246-01		

► Insured Object: SJW7740L

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Accident MT/0990634

Policy No.	5043110359-07	Vehicle No.	SJW7740L	GST Registration No.	
Policyholder Name	TWINCAR RENTAL			Policyholder NRIC	5301
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91006036	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>▼ Accident Details</b>					
Report Date	17/04/2018 09:41	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	14/04/2018	Time of Accident hh:mm	18:50	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TUAS AT TOH TUCK FLYOVER				
<b>▼ Benefits</b>					
<b>▼ Excess</b>					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
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>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	52 JALAN SENANG	Address 2	SINGAPORE 418343	Address 3	
Address 4		Address Type	Singapore address	Post Code	418
Unit No.		Related Policy Number	5090137246-01		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE KAI SIANG ( LI KATXIANG )	Driver NRIC	S7314042J	Driver DOB	23/0
Register Date of Driver License	29/06/1993	Driver Age	44	Driving Experience	24
Contact No.(Mobile)	91006036	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 697A	Address 2	JURONG WEST CENTRAL 3	Address 3	
Address 4		Address Type	Singapore address	Post Code	641
Unit No.	#06-13				
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		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	TWINCAR RENTAL	Insured NRIC	5301
Contact No.(Mobile)	96868628	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SJW7740L	TP Vehicle Number	SJM
Claim Description	SJW7740L / SJM1615H ON 14 Apr 2018			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	17/04/2018 09:49	Claim Close Date		Date Received	17/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					

Save

Submit

Attachment



4/17/2018

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

Accident No.

MT/0990634

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

17/04/2018 09:45

Path \*

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

Category \*

Confidential

Urgency \*

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:49	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:48	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:47	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 17 Apr 2018 09:47	Photos	Normal	Photos 20:

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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