

NATIONAL Assessment Centre Services

(Ref: 1 Jan 2005)

Date In: 24/04/2018 12:59

Ref No: NA/INC18007525/K4

Veh No: SGL 6437M

D.O.A: 24/04/2018 08:50

OD: TP Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 8hrs, AIC 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: SLD 765 L

INC () / Non-INC ()

Owner / Driver: (

Policy No: (

Period: (

Date:

Time:

Cover Type: (

Confirmed by: (

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)

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

	Ant (\$)	Ant (\$)
1st Bill		Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
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 2005)		
6) TR: Re-inspection \$75		
7) N1: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:		
ON*	\$5	
*N5: Courtesy Car / Tpl Allowance	\$10	
*N6: Repair Co-ordination	\$25	
*N7: Post Repair Inspection	\$5	
*N8: DV / Collect Excess Coordination	\$20	
TP (N11): TP (Non INC) against INC	30	
9) N12: Idac Mobile		
Invoice dated		
Invoice dated		

Fee Charged

Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cal. 1:

Cal. 2 / 3:

NA1802588

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	24/04/2018 12:59
Date Of Accident	24/04/2018 08:50
Exact Location Of Accident	KPE TWDS PIE BEFORE AIRPORT RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL6437M
Insured/Policyholder	
Name Of Registered Owner	KOH CHENG QUEE
NRIC No	S1252117J
Email Address	PAULLIN1988@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93639298
Alternative Phone No	OTHERS-93639298

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5091669854
Cover Note Number	

Driver

Name of Driver	LIN ZIQIN, PAUL
NRIC No	S8800463I
Date Of Birth	13/01/1988
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83663466
Fax Number	
Contact Number	OTHERS-83663466
Email Address	PAULLIN1988@GMAIL.COM

Address	BLK 661B EDGEDALE PLAINS #09-622
Postcode	822661
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FATHER IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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: : NIL 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	SLD7651L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM7334E
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

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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.

②

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.:

24/4/2018

SKETCH PLAN

KPE TOWARDS PIE BEFORE AIRPORT RD EXIT.

A - SGL 6437M

B - SLD 7651L

C - SLM 7334E

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was driving along KPE TOWARDS PIE ON THE EXTREME RIGHT LANE of 3 LANES EXPRESSWAY. Somewhere before AIRPORT RD EXIT, vehicle in front of me slowed down and stopped. As such, I applied brake and stopped completely behind. Suddenly, Veh(B) from the rear collided onto my vehicle. Thereafter, I alighted and realised I was involved in a 3 vehicles chain collision accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

① 2/K
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)

24/4/2018
Reporting Centre Personnel's Signature
Name:

1.	Name	KOH CHENG QUEE
2.	Identification No. Type	Singapore NRIC
3.	Identification No.	S1252117J
4.	Place Of Passport Issue	-
5.	Vehicle No.	SGL6437M
6.	Previous Vehicle No.	-
7.	Effective Date of Ownership	14 Jun 2017
8.	Original Registration Date	25 Sep 2006
9.	First Registration Date	25 Sep 2006
10.	Vehicle Type	P10 - Passenger Motor Car
11.	Vehicle Scheme	Normal
12.	Attachment 1	No Attachment
13.	Attachment 2	-
14.	Attachment 3	-
15.	Vehicle Make	HYUNDAI
16.	Vehicle Model	HD AVANTE 1.6 A
17.	Year of Manufacture	2006
18.	Primary Colour	Blue
19.	Secondary Colour	-
20.	Passenger Capacity	4
21.	Chassis/Trailer Chassis No.	KMH DU41BR7U021052 / -
22.	Propellant	Petrol
23.	Engine No./Motor No.	G4FC6U022142 / -
24.	Engine Capacity(cc)/Power Rating(kW)	1591 / -
26.	Unladen Weight(kg)	1264
27.	Maximum Laden Weight(kg)	1760
28.	Open Market Value	\$14,987.00
29.	PARF Eligibility	Forfeited
30.	PARF Eligibility Expiry Date	-
31.	Minimum PARF Benefit	\$6,294.00
32.	No. of Transfers	2
33.	IU Label No.	1120499777
34.	COE No.	2006100101002560N
35.	COE Expiry Date	31 Jul 2021
36.	COE Category	A - Car (1600cc & below)
37.	Quota Premium/Prevailing Quota Premium	\$24,760.00 / \$24,760.00
38.	Actual Quota Premium/PQP Paid	\$24,760.00
39.	Actual ARF Paid	\$12,588.00
40.	Vehicle Lifespan Expiry Date	-
41.	Road Tax Amount	-
42.	Road Tax Start Date	-
43.	Road Tax End Date	-
44.	Remarks	The vehicle will be de-registered up year COE on 31 Jul 2021. No furtl allowed.

Vehicle No.	SGL 6437 M	Model / Make HYUNDAI AVANTE.
Date of Accident	24/07/18	
Time of Accident	08:50AM HRS	
Location of Accident	KPE TOWARDS PLE BEFORE AIRPORT RD EX27.	
Exact purpose use during accident	Personal use	
Name of Owner	LOH CHENG QUEE	
Telephone No.	H/P: 9363 9298	Home: Office:
NRIC	S1252117J	
Address	APT BLK 24 NEW UPPER CHANGI ROAD	
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY	
Insurance Company	NTUC	
Type of Coverage	<u>Comprehensive</u>	Third Party Third Party / Fire / Theft
Policy No.	3091669854	
Name of Driver	As Above If No, LIN ZIQIN, PAUL	
NRIC	S8200463I	Any Passengers: 1 (FEMALE)
Date of birth	15/01/1988	
Occupation	<u>Outdoor</u> / Indoor	
Driving License Pass Date	03/10/2017	
Gender	<u>Male</u> / Female	
Contact No.	H/P: 8366 3466	Home: Office:
Address	APT BLK 6618 EDGEHALL PLAZA #09-622 S(822661)	
Driver have any own vehicle	<u>No</u> If yes, Reg No.	
Relationship	Employee, If no, state FATHER IN LAW	
Weather condition	<u>Clear</u> Raining Other	
Road Surface	<u>Dry</u> Wet Other	
Any Injuries	<u>No</u> If Yes, Who?	
Name And Contact No.		
Name And Contact No.		
Police Report	<u>No</u> If Yes, Where?	
Vehicle B No.	SLO 7651 L	Any Passengers: YAKHAI
Name of Driver	LO JIA ANI, BENJAMIN	Contact No.: 9023 2338
Vehicle C No.	SLM 7334 E	Any Passengers: 1 (MALE)
Vehicle D No.		Any Passengers:
Vehicle E no.		Any Passengers:
Vehicle F No.		Any Passengers:
Vehicle G No.		Any Passengers:
Witness Name	Witness Contact:	
Accident Portion	REAR PORTION	
Camera Recorder	Yes / <u>No</u>	
Email Address	paulin1988@gmail.com	
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD	
CONTACT NO.	6842 0051 / 6744 0510	
CONTACT PERSON	JUN MING.	
FAX NO	6741 0510	
WORKSHOP EMAIL ADDRESS	sales@nsl.com.sg	

IDENTIFICATION CARD

Name

KOH CHENG QUEE

Place

CHINESE

Date of Birth

27-12-1957

Country of Birth

SINGAPORE


Sex

M



OWNER.

3257040



NRIC No **S1252117J**



Blood Group

O+

Date of issue

05-03-2001

Address

APT BLK 24 NEW UPPER CHANGI ROAD
#03-622
SINGAPORE 461024

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S88004631**
 Name **LIN ZIQIN, PAUL**
 Birth Date: **13 Jan 1988**
 Issue Date: **03 Oct 2017**



002730193K1

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S88004631**



Name **LIN ZIQIN, PAUL**
林子欽
 Race **CHINESE**
 Date of Birth **13-01-1988** Sex **M**
 Country of Birth **SINGAPORE**



DRIVER.

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	03 Oct 2017

NP 428A



3292740




NRIC No. **S88004631**
 Blood Group: - Date of issue **16-01-2003**
APT BLK 661B EDGEDALE PLAINS #09-622
SINGAPORE 822661
 NRIC No: **S88004631** Date: **02/08/2017**

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: 5091669854

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SGL6437M
Chassis Number : KMH DU41BR7U021052
2. Name of Policyholder : KOH CHENG QUEE
3. Effective Date of Insurance : 09 Jun 2017
4. Expiry Date of Insurance : 24 Sep 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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

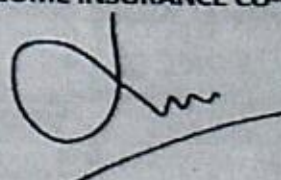
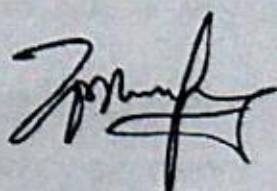
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: KOH CHENG QUEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: THINK ONE CREDIT 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 : THINK ONE AUTOMOBILE & TRADING PTE. LTD. (00000571089)
Date of Issue : 08 Jun 2017 18:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5091669854	KOH CHENG QUEE	S12521173	GPC	drivo CLASSIC	SGL6437M	SGL6437M	09/06/2017	24/09/2018

▼ Policy Information

Policy No.	5091669854	Policyholder Name	KOH CHENG QUEE	Policyholder NRIC	S1252117J
Address	BLK 24 #03-622 NEW UPPER CHANGI ROAD SINGAPORE 461024				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/06/2017	Effective Date	09/06/2017 00:00	Expiry Date	24/09/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65433303	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 24 #03-622	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE 461024
Address 4		Address Type	Singapore address	Post Code	461024
Unit No.		Related Policy Number	5025994008-09		

► Insured Object: SGL6437M

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	21/08/2017 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 09 Jun 2017 TO 24 Sep 2018 In view of this amendment, an additional premium of \$478.76 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

Continue

Cancel

Claim Handling

Accident MT/0991754

Policy No.	5091669854	Vehicle No.	SGL6437M	GST Registration No.	
Policyholder Name	KOH CHENG QUEE			Policyholder NRIC	S12
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93639298	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	25/04/2018 09:53	Accident Report Within 24 hrs	Yes	Accident Type	Chai
Date of Accident	24/04/2018	Time of Accident hh:mm	08:50	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWDS PIE BEFORE AIRPORT RD EXIT				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 24 #03-622	Address 2	NEW UPPER CHANGI ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	4631
Unit No.		Related Policy Number	5025994008-09		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIN ZIQIN, PAUL	Driver NRIC	S88004631	Driver DOB	13/01/1980
Register Date of Driver License	03/10/2017	Driver Age	30	Driving Experience	0
Contact No.(Mobile)	83663466	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 661B	Address 2	EDGE DALE PLAINS	Address 3	
Address 4		Address Type	Singapore address	Post Code	8221
Unit No.	#09-622				
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 OD-MX

New

Claim Type *	OD-MX	Insured Name	KOH CHENG QUEE	Insured NRIC	S12	
Contact No.(Mobile)	93639298	Contact No.(Home)	64028708	Contact No.(Office)		
Email Address		OT Vehicle Number	SGL6437M	TP Vehicle Number	SLD	
Claim Description	SGL6437M / SLD7651L ON 24 Apr 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec	
Date Registered	25/04/2018 10:02	Claim Close Date		Date Received	25/04/2018	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired		

☒ Print AK letter

Save Submit

Attachment

4/25/2018

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

Accident No.

MT/0991754

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

25/04/2018 10:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 10:01	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 10:00	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 10:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 10:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 10:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 10:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 10:00	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Apr 2018 10:00	Photos	Normal	Photos 20:

Video List

Uploaded By/Date	Folder Date	File Name	Source
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