

NATIONAL Assessment Centre Services

Print 1 Jan 2018

MA 118077171

| | | | |
|---|--|-----------------------|----------------|
| Date In: 14/16/18 14:21 | Job description | Date & Time Completed | Done by |
| Ref No: MA/INC 18010875164 | SAS e-filing | | |
| Veh No: SGF 120Y | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 13/16/18 21:30 | i-Motor Claim Form | MT/0998740201 | 14/16/18 18:58 |
| <input checked="" type="radio"/> 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: (TK motor workshop Tel: 96273323. Fax:)

| | | |
|---------------------------------|--|-----------------------|
| TP Particulars: | Veh No: Unknown | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-----------------------|-----------------------|
| MA1803780 | Invoice Preparation Checklist | Am't (\$) Est Bill | Am't (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2018) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Ideo DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| QC Checked by (Engr-In-Charge): | QH: | | |
| | *N5: Courtesy Car / Tpl Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| Auditors' Comments:- | TP (N11): TP (Non INC) against INC \$20 | | |
| Pat 1: | 9) N12: Ideo Mobile \$30 | | |
| Pat 2/3: | 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 willful 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 | 14/06/2018 14:21 |
| Date Of Accident | 13/06/2018 21:30 |
| Exact Location Of Accident | MAUDE RD TWDS TOWNSHEND RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGF120Y |
| Insured/Policyholder | |
| Name Of Registered Owner | ONG CHOONG HWA |
| NRIC No | S7736766G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98577797 |
| Alternative Phone No | OFFICE-98577797 |

Vehicle Particulars

| | |
|--|----------------------------------|
| Manufacturer | BMW |
| Model | 118I AT ABS D/AIRBAG 2WD HID 5DR |
| 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? | YES |
| If No, Please state action to be taken | |
| 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 | 5098015907 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ONG CHOONG HWA |
| NRIC No | S7736766G |
| Date Of Birth | 12/12/1977 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 26/01/2001 |
| Driving Experience | 17 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98577797 |
| Fax Number | |
| Contact Number | OFFICE-98577797 |
| Email Address | NOEMAIL |

| | |
|---|----------------------------|
| Address | BLK 17 JOO SENG RD #10-135 |
| Postcode | 360017 |
| 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 | |
| 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

PLEASE REFER TO 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 | UNKNOWN |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOBILE EQUIPMENT |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:

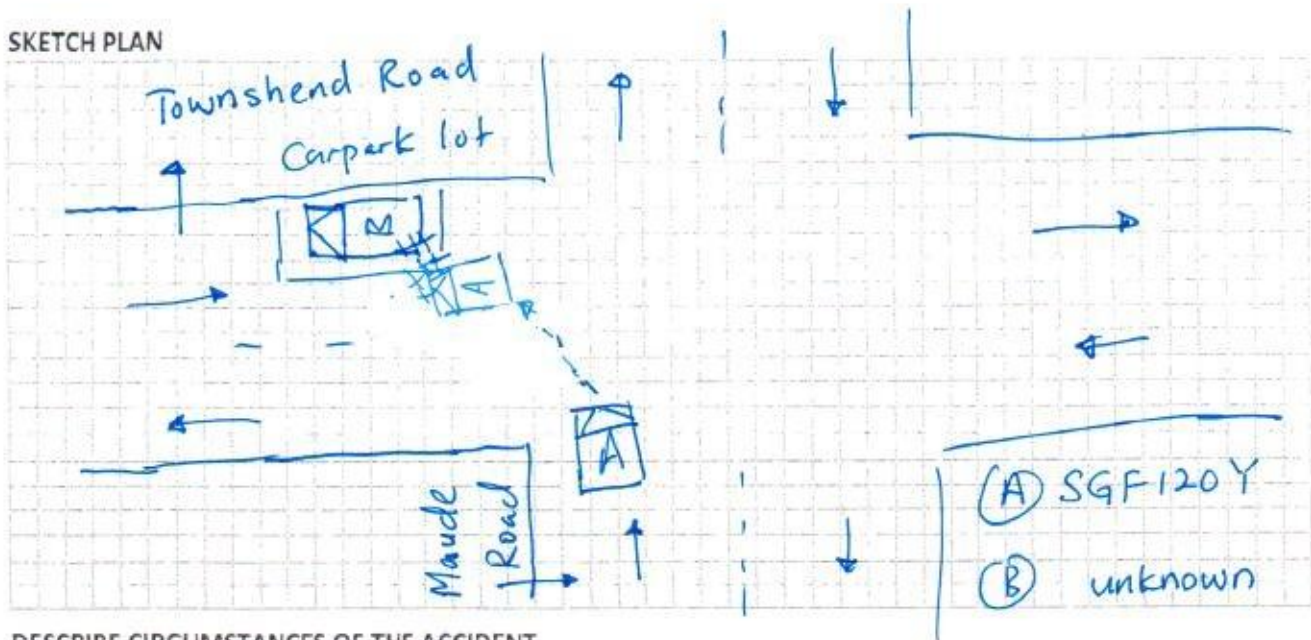


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/6/2018 at about 21:30 hrs I was travelling along Maude Road toward Townshend Road, Suddenly I hit onto a parked unknown vehicle while turning left. The damaged of the unknown vehicle is on the left rear side bumper. I only know the vehicle number is 6363 or but I don't have the alphabet.

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: 13 / 6 / 2018 (DD/MM/YYYY), TIME: 21 : 30 (HH:MM)

LOCATION: Maude Road toward Townshend Road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGF 120Y
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5098015907
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: BMW 118
f) TYPE: CALON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Pte Use
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: Ong Choong Hwa (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7936766-G CONTACT: 98577797
c) ADDRESS: Blk 17 Joo Seng Road #10-135
S' 360017

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 12 / 12 / 1977 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR 26/01/2001

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: Owner

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: Unknown 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: _____

Email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: S7736766G

ONG CHOONG HWA
(WANG JUNHUA)

Birth Date: 12 Dec 1977
Issue Date: 22 Apr 2009

10064101766

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7736766G

ONG CHOONG HWA
(WANG JUNHUA)

Race: CHINESE
Date of Birth: 12-12-1977
Country of Birth: SINGAPORE

3249845

VEHICLE CLASSES TO DRIVE VEHICLES IN

| | | |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 12 May 1998 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 18 Jun 1998 |
| Class 3 | Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg | 26 Jan 2001 |
| Class 4 | Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kg | 04 May 2004 |
| Class 5 | Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kg | 16 Jul 2004 |

S7736766G S / No. 9000026497

3249845

10064101766

Identity Number: S7736766G

APT BLK 17 JOO SENG ROAD #10-135
SINGAPORE 380017

NRIC No: S7736766G Date: 22/05/2009 No: 6339813

Driver } H/P 985-77797
Owner }

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: 5098015907

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SGF120Y**
Chassis Number : **WBA1A32020J064984**
2. Name of Policyholder : **ONG CHOONG HWA**
3. Effective Date of Insurance : **04 May 2018**
4. Expiry Date of Insurance : **05 Mar 2019**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's 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 | : YES |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : YES |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : ONG CHOONG HWA |
| NAMED DRIVER (1) | : KOH WEE TAO IVY |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : UNITED OVERSEAS BANK LIMITED |
| 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 : JG MOTOR AGENCY (00000613374)
Date of Issue : 09 Feb 2018 11:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/0998740

| | | | | | |
|---------------------|--|---------------------|--|----------------------|-----------|
| Policy No. | 5098015907 | Vehicle No. | SGF120Y | GST Registration No. | |
| Policyholder Name | ONG CHOONG HWA | Cover Type | drive PREMIUM | Policyholder NRIC | 57736766G |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | 98577797 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode | No |
| KFK | <input type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 50 | eCode Reason | |
| NCD Protection | Yes | | | Private Hire | No |

▼ Accident Details

| | | | | | |
|-------------------|----------------------------|-------------------------------|-------|---------------------|------------------------------|
| Report Date | 14/06/2018 18:54 | Accident Report Within 24 hrs | Yes | Accident Type | Collided into Parked Vehicle |
| Date of Accident | 13/06/2018 | Time of Accident hh:mm | 21:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | MAUDE RD TWDS TOWNSHEND RD | | | | |

▼ Benefits

▼ Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--------|-------------------|--------|
| Own damage Excess | 600.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 0.00 | 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 17 #10-135 | Address 2 | 100 SENG ROAD | Address 3 | 100 SENG HEIGHTS |
| Address 4 | SINGAPORE 360017 | Address Type | Singapore address | Post Code | 360017 |
| Unit No. | 10-135 | Related Policy Number | 5098015907 | | |

▼ OI Driver Info

| | | | | | |
|---|--|---------------------|-------------------|------------------------|------------------|
| Driver Name | ONG CHOONG HWA | Driver Type | Main Driver | Driver DOB | 12/12/1977 |
| Unnamed driver Name | | Driver NRIC | 57736766G | Driving Experience | 16 |
| Register Date of Driver License | 01/12/2001 | Driver Age | 40 | Contact No.(Home) | |
| Contact No.(Mobile) | 98577797 | Contact No.(Office) | | Address 3 | 100 SENG HEIGHTS |
| Address 1 | BLK 17 #10-135 | Address 2 | 100 SENG ROAD | Post Code | 360017 |
| Address 4 | SINGAPORE 360017 | Address Type | Singapore address | | |
| Unit No. | 10-135 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input 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 **New**

| | | | | | |
|--------------------------------|----------------------------------|-------------------------|----------------------------------|----------------------------|-------------------|
| Claim Type * | OD-MD | Insured Name | ONG CHOONG HWA | Insured NRIC | 57736766G |
| Contact No.(Mobile) | | Contact No.(Home) | 62888360 | Contact No.(Office) | |
| Email Address | | OI Vehicle Number | SGF120Y | TP Vehicle Number | UNKNOWN |
| Claim Description | SGF120Y / UNKNOWN ON 13 Jun 2018 | | | Name of Preferred Workshop | TK MOTOR WORKSHOP |
| Preferred Workshop Contact No. | 96273323 | Insured Liability * | Fully at Fault | GIA report | Received |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop (refer below) | Date Received | 14/06/2018 00:00 |
| Date Registered | 14/06/2018 18:57 | Claim Close Date | | | |
| Report Taken By | LIEW SHAN HUI | | | | |

☒ Print AK letter

Save Submit

Attachment

| | | | | | |
|--------------------|---|-------------|------------------|-----------|--------|
| Accident No. | MT/0998740 | Claim No. | 001 | | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 14/06/2018 18:58 | | |
| Path * | | Category * | Confidential | Urgency * | Descr |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

| | | | | |
|-------|---------------|----|--------|--|
| Clear | Please Select | NO | Normal | |
| Clear | Please Select | NO | Normal | |
| Clear | Please Select | NO | Normal | |

Sen

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|--|--|-----------------------|---------|---------------------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 18:58 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-6-14 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 18:58 | SAS | Normal | SAS 2018-6-14 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 18:58 | Photos | Normal | Photos 2018-6-14 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 18:58 | Photos | Normal | Photos 2018-6-14 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 18:57 | Photos | Normal | Photos 2018-6-14 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 18:57 | Photos | Normal | Photos 2018-6-14 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 18:57 | Photos | Normal | Photos 2018-6-14 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jun 2018 18:57 | Photos | Normal | Photos 2018-6-14 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------------------|--------------------|
| | | Display in New Window | Scan and uploading |

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Thursday, 14 June 2018 7:03 PM
To: 'ODsupport'
Subject: FW: SGF 120Y MT/0998740-001 OD-DRIVO PREMIUM
Attachments: SGF120Y_13062018.PDF

Hi

Dear All,

Name of Registered : ONG CHOONG HWA
NRIC No : S7736766G

Name of Driver : ONG CHOONG HWA
NRIC : S7736766G
Mobile No : 98577797

Own Damage Excess : \$600
Unnamed Driver Excess : N/A

Name of Workshop : TK MOTOR WORKSHOP
Contact No : 96273323

Remarks : N/A

Best Regards,

Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

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