

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA18088349

Date In: 9/7/18-16:09	Job description	Date & Time Completed	Done by
Ref No: NA/INC18012495/24	SAS e-filing		
Veh No: JKCX13342	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 8/7/18-20:45	i-Motor Claim Form	M7/1008266-001	9/7/18 21:29
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: JNS1872	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

NA1804313	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	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:-			
	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	09/07/2018 16:09
Date Of Accident	08/07/2018 20:45
Exact Location Of Accident	MARINA BAY SANDS BASEMENT CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX1334Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FORTE AUTO LEASING PTE LTD
Co Reg No	201631486C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5094228784
Cover Note Number	

### Driver

Name of Driver	NEO BENG POH
NRIC No	S1211732I
Date Of Birth	19/12/1956
Occupation	INDOOR
Date Of Driving Pass	05/08/1975
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91095745
Fax Number	
Contact Number	OFFICE-91095745
EMail Address	NOEMAIL

Address	BLK 31 EUNOS CRESCENT #17-204
Postcode	400031
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JNS1872 (PRIVATE CAR)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180709/2094.

#### 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	JNS1872
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEAH LEI KUM
NRIC/Passport Number	F7262228Q
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name NEO BENG POH

Approximate Age

Injuries Sustain HAND & NECK

Injured person in which vehicle? SKX1334Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

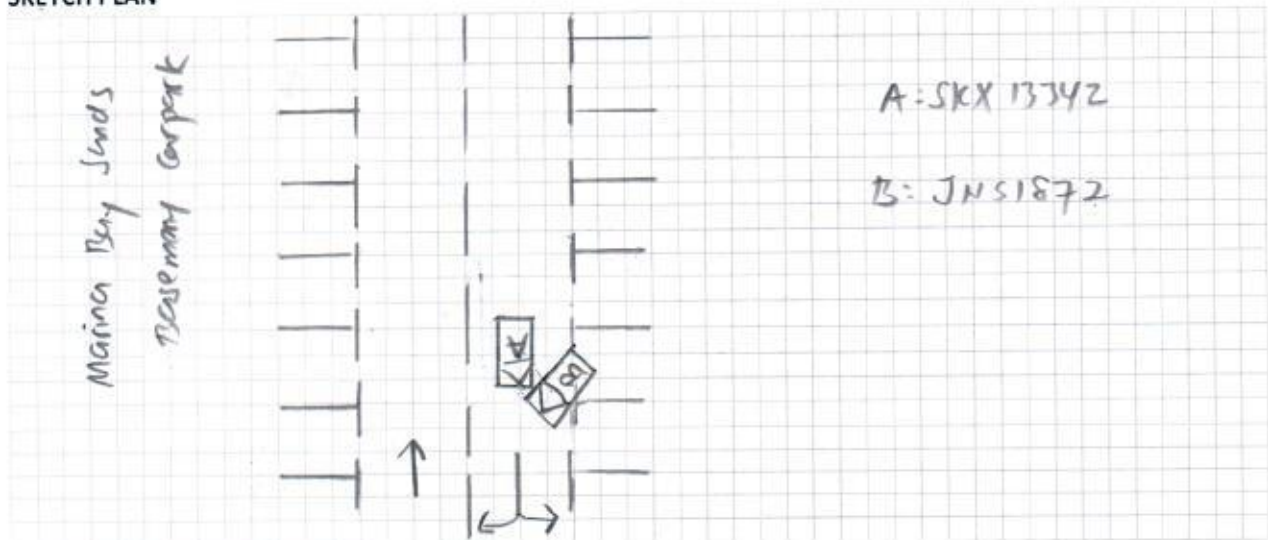


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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

# ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 7 / 18) (DD/MM/YYYY), TIME: (20 : 45) (HH:MM)

LOCATION: Marina Bay Sands Basement Carpark.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SICX13342  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5094228784  
 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: private 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: Forte Auto Leasing Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: -  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Neo Beng Poh (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S12117322 CONTACT: 91095745  
 c) ADDRESS: Blk 31 Ennas Gerant #12204 (400031)

\*d) DATE OF BIRTH: (19 / 12 / 1956) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5/8/1995

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)   
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ~~friend~~ driver

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) - hand & neck

7. a) REPORTED TO POLICE (YES / NO) - pending

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JNS1872 MODEL:   
 b) DRIVER'S NAME: Cheah Wei Kun  
 c) NRIC/FIN/PASSPORT: F72622289 CONTACT:

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
 (1)

\* No of passenger  
 (including driver)  
 (1)

\* No of passenger  
 (including driver)  
 ( )

Email =

fax =



**SINGAPORE  
POLICE FORCE**



T/20180709/2094

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

1 of 3

Report No. T/20180709/2094

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/07/2018 14:53	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: NEO BENG POH			Address: 31 EUNOS CRES #17-204 HDB-JALAN EUNOS SINGAPORE 400031		
ID Type / ID No.: NRIC NO / S1211732I			Contact No.: Home/Office: Mobile: 91095745		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 19/12/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MECHANIC			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 08/07/2018 20:45	Type of Location:
Location: Along Road 1 MARINA BOULEVARD  MARINA BAY SANDS CARPARK				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JNS1872	Car				Slightly Damaged	0
SKX1334Z	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO		Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20180709/2094

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

2 of 3

Report No. T/20180709/2094

**CONTINUATION OF REPORT**

Driver			
Name	NEO BENG POH		ID No. S1211732I
Related Vehicle	SKX1334Z (Car)		Contact No. 91095745
Hospital/Clinic	CHIA & LEE MEDICAL & DENTAL CLINIC		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL

**Brief Details.**

ON 08/07/2018 AT ABOUT 2045 HRS AT SAID LOCATION,

AS I WAS EXITING FROM THE CAR PARK, THE SAID VEHICLE WHICH WAS INSIDE A LOT, CAME OUT FROM HIS LOT IN A SUDDEN WITHOUT TURNING ON HIS HEADLIGHT OR SIGNAL LIGHT. I APPLIED MY BRAKES TRYING TO AVOID COLLISION BUT DID NOT MANAGE TO STOP IN TIME THUS RESULTING ME TO COLIDE ONTO HIS VEHICLE. WE TOOK PICTURES OF THE DAMAGES FOR OUR OWN REFERENCE AND WENT OUR WAY.



**SINGAPORE  
POLICE FORCE**



T/20180709/2094

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

3 of 3

Report No. T/20180709/2094

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
TP /  
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 SITIMARSITA BINTE BOHARI  
Contact No.: 65476219

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
09/07/2018 14:53

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S12117321**

Name **NEO BENG POH**

Birth Date **19 Dec 1956**

Issue Date **02 Jul 2003**

000612384J



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S12117321**

Name **NEO BENG POH**

梁明宝

Race **CHINESE**

Date of birth **19-12-1956**

Country of birth **SINGAPORE**

Sex **M**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Aug 1975
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	21 Apr 1978
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	17 Nov 1978

Licence No: **S12117321**

NP 428A

4850359

NRIC No. **S12117321**

Date of issue **10-04-2012**

Address  
**APT BLK 31 EUNOS CRESCENT  
#17-204  
SINGAPORE 400031**




eBaoTech

GeneralClaim

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094228784	FORTE AUTO LEASING PTE LTD	201631486C	GFT	Third Party, Fire & Theft	SKX1334Z	SKX1334Z	22/01/2018	

Continue

 Policy Information

Policy No.	5094228784	Policyholder Name	FORTE AUTO LEASING PTE LTD	Policyholder NRIC	201631486C
Address	25 KAKI BUKIT ROAD 4 #01-62 SYNERGY @ KB SINGAPORE 417800				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/09/2017	Effective Date	12/09/2017 00:00	Expiry Date	11/09/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	1389.71		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#05 - 44 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-62	Related Policy Number	5097558305		

 Insured Object: SKX1334Z

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	13/09/2017 00:00	Basic Information Endorsement	000001286652901	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 13 Sep 2017, the Hire Purchase Company is amended as follows: HIRE PURCHASE COMPANY: GENIE FINANCIAL SERVICES PTE LTD</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJD6191C 14-09-2017 \$1,138.74 In view of this amendment, an additional premium of \$1,138.74 (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 or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJJ7481C 14-09-2017</p>
2	14/09/2017 00:00	Basic Information Endorsement	000001286653758	Endorsement Undo	

## Claim Handling

Exit

The premium on this policy has not been collected.

Accident MT/1002266

Policy No.	5094226784	Vehicle No.	SKX1334Z	GST Registration No.	
Policyholder Name	FORTE AUTO LEASING PTE LTD			Policyholder NRIC	201631486C
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	10
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## Accident Details

Report Date	09/07/2018 21:26	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/07/2018	Time of Accident hh:mm	20:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MARINA BAY SANDS BASEMENT CARPARK				

## Benefits

## Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#05 - 44 PAYA LBS INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-62	Related Policy Number	SD97558305		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NEO BENG POH	Driver NRIC	S1211732I	Driver DOB	19/12/1956
Register Date of Driver License	05/08/1975	Driver Age	61	Driving Experience	42
Contact No.(Mobile)	91095745	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 21	Address 2	EUNOS CRESCENT	Address 3	EUNOS COURT
Address 4	SINGAPORE 400031	Address Type	Singapore address	Post Code	400031
Unit No.	17-204				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	FORTE AUTO LEASING PTE LTD	Insured NRIC	201631486C
Contact No.(Mobile)	97984296	Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SKX1334Z	TP Vehicle Number	JNS1872
Claim Description	SKX1334Z / JNS1872 ON 8 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	09/07/2018 00:00
Date Registered	09/07/2018 21:29	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit









## Attachment

Accident No.	MT/1002266	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/07/2018 21:32

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	Yes	Normal	
Browse... Clear	Please Select	No	Normal	
Browse... Clear	Please Select	Yes	Normal	
Browse... Clear	Please Select	No	Normal	
Browse... Clear	Please Select	Yes	Normal	
Browse... Clear	Please Select	No	Normal	

☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 21:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 21:31	SAS	Normal	SAS 2018-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 21:31	Photos	Normal	Photos 2018-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 21:31	Photos	Normal	Photos 2018-7-9		<a href="#">Edit</a>
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## Video List

uploaded By/Date	Folder Date	File Name	Source	Action
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