

# NATIONAL Assessment Centre Services

Post Code

MAA 118089604

Date In: 11/7/18 17:16	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MAA/INC 18012657/64	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SJC 9979 H	i-Motor Claim Form	MT/180 2623-001	12/7/18 09:03.
DOA: 7/7/18 21:00	i-Motor W/O (Within 2hrs, A/C 2hrs)		
QD: <input checked="" type="radio"/> Repairing Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (

Tel:

Fax:

TP Particulars:

Veh No:

SLP8665.

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

MA1804388

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Am't Bill

## Claimant's Particulars :-

1) AR: Accident Reporting (\$30);

30.00

2) DA: Damage Assessment (\$100); INC (\$30)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) rT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (we 10 Jan 2003)

6) TR: Re-inspection \$75

7) NI: Idac DA + SMRT Survey \$160

8) NTUC Additional Services

QI:

\*N3: Courtesy Car / Tpl Allowance \$5

\*N6: Repair Coordination \$110

\*N9: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (M11) - TP (Non INC) against INC \$20

9) N12: Idac Mobile \$10

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Ref 1:

Ref 2/3:



### 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	11/07/2018 17:16
Date Of Accident	07/07/2018 21:00
Exact Location Of Accident	TAMPINES AVE 10
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC9979H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ADEN AUTOMOBILE
Co Reg No	53203923L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98241612

#### Vehicle Particulars

Manufacturer	SUBARU
Model	-
Exact Purpose for which vehicle was being used at time of accident	TEST CAR
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5070459830-03
Cover Note Number	-

#### Driver

Name of Driver	MUHAMMAD AMIRUL BIN JEMAIN
NRIC No	S9503497G
Date Of Birth	06/02/1995
Occupation	INDOOR
Date Of Driving Pass	07/07/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98241612
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 493E TAMPINES ST 43 #02-330
Postcode	524493
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
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?	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)	2
Passenger 1	NAME: : IRNAFARZANA BTE JEFFREY GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SLP866S
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 INJURED PERSON 1**

Name

MUHAMMAD AMIRUL BIN JEMAIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJC9979H

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

Vehicle A: SJC9979H  
Vehicle B: SLP866S



Along Rd 1 Towards Ave 10.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Return to Blue Report.

## 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.:

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 07 / 07 / 2018 (dd/mm/yy) Time of Accident: 21 : 00 (24-HR-FORMAT)  
Vehicle No.: 8JL99994 Vehicle Make & Model: Suzuki Impreza  
Exact location of Accident: Along Rd 1 Tampines Ave 10  
Policyholder's Name / IC No.: Aden Automobile / 53203923L  
Driver's Name / IC No.: Muhammed Amul An Jemari / 89506449G (As Above) ☐  
Driver's Contact No.: 98241612 Company Contact No.: -  
Driver's Address: 8114936 Tampines Street 43 #01-320 'S524495  
Insurance Company: NWU Email address (if any): -

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim? (Please TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle  
Was being used at time of accident?**

☒ Private use / ☐ Work purpose

**Occupation (nature of job)** ☒ Indoor / ☐ Outdoor

**No. of Passengers (Including Driver):** 02

**Passenger Name:** IrhaFarzana bte Jellery  
**Passenger Name:** \_\_\_\_\_

IrhaFarzana

**Gender:** Male / Female  
**Gender:** Male / Female

**Weather condition & Road conditions? (On the day of accident)**

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No

**Any Injuries:** ☒ Yes / ☐ No (If YES) Injured Person's Name: Muhammed Amul An Jemari

Injuries Sustain: bruise bone Injured Person in Which Vehicle: 8JL99994

**Police Report filed:** ☒ Yes / ☐ No (If YES) Which Police Station: Tampines North NP

### The Other Party(s) Details:

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: 8LP866S

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.





# SINGAPORE POLICE FORCE



T/20180709/2115

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

1 of 3

Report No. T/20180709/2115

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2018 16:12	Vide Report No.:	Station Diary No.: 28
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### Informant's Particulars

Name of Informant: MUHAMMAD AMIRUL BIN JEMAIN			Address: APT BLK 493E TAMPINES STREET 43 #02-330 SINGAPORE 524493		
ID Type / ID No.: NRIC NO / S9503497G			Contact No.: Home/Office: Mobile: 98241612		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 06/02/1995	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: WAREHOUSE PACKER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

Mechanic  Sgt Rahman

**Tampines NPP**  
No. 6 Tampines Avenue 4  
Singapore 529682  
Tel: 1800-3871999

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/07/2018 21:00	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 10				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJC9979H	Car				Slightly Damaged	1
SLP866S	Car				Slightly Damaged	4

### Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20180709/2115

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

2 of 3

Report No. T/20180709/2115

**CONTINUATION OF REPORT**

Driver			
Name	MUHAMMAD AMIRUL BIN JEMAIN	ID No.	S9503497G
Related Vehicle	SJC9979H (Car)	Contact No.	98241612
Hospital/Clinic	MEDICARE ASSOCIATES	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date of Treatment	09/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

No. 6 Tampines Avenue 9  
Singapore 529682  
Tel: 1800-5871999

**Brief Details.** 07/07/18

O 04/04/2018 at about 2100hrs. I was driving my vehicle, one black colour Subaru bearing plate number SJC9979H along Tampines Ave 10. At that time, traffic was light and the road surface was wet. I had one passenger on board at that time.

I was driving on the right lane, and at the junction of Tampines Avenue 10 and Tampines Avenue 9, I had signaled my intention to make a right turn to Tampines Avenue 9. I had slowed down and came to a complete stop before making a right turn, as there was oncoming traffic. I wish to state that my vehicle was stationary and all of a sudden I felt an impact coming from the rear of my vehicle.

Upon inspection, I discovered one black colour car, bearing plate number SLP866S, which had collided into the rear bumper of my vehicle.

I wish to state that I sustained injuries and received 3 days of MC. I also wish to include that there is no in-car camera installed in my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20180709/2115

3 of 3

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

Report No. T/20180709/2115

**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:  
G /  
Sgt 3 MOHAMED FADHLY BIN MOHAMED  
AYOP

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/07/2018 16:12

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**

SIGNATURE



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**




**MUHAMMAD AMIRUL BIN JEMAIN**

Date: 06 Feb 1995  
Valid Date: 07 Jul 2015

002448543H

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S9503497G**



Name  
**MUHAMMAD AMIRUL BIN JEMAIN**

Race  
**JAVANESE**

Date of birth  
**06-02-1995**

Sex  
**M**

Country of birth  
**SINGAPORE**

S9503497G

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

Class	Vehicle Class	Effective Date
Class 1B	MOTORCYCLES NOT EXCEEDING 200 CC	06 Sep 2010
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	07 Jul 2015

S / No. 9000251356

Licence No: S9503497G

NP 428A

451140



NRIC No. **S9503497G**



Date of issue  
**15-01-2010**

Address  
**APT BLK 493E TAMPINES STREET 43  
#02-330  
SINGAPORE 524493**

## 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** : 5070459830-03

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **N/A**  
Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.
2. Name of Policyholder : **ADEN AUTOMOBILE**
3. Effective Date of Insurance : **09 Mar 2018**
4. Expiry Date of Insurance : **08 Mar 2019**
5. Persons or Classes of Persons entitled to drive\*  
Refer to List Attached  
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 only for Motor Trade purposes.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.

\* 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.

POLICY TYPE	: MOTOR-TRADE INSURANCE
TYPE OF TRADE/BUSINESS	: CAR DEALERS
TOTAL NUMBER OF AUTHORISED DRIVER(S)	: 9
DETAILS OF AUTHORISED DRIVER(S)	: REFER TO LIST ATTACHED
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: N/A
SUM INSURED	: N/A

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 : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue : 08 Mar 2018 09:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive



Claim Handling

Accident MT/1002623

Policy No.	5070459830-03	Vehicle No.		GST Registration No.	
Policyholder Name	ADEN AUTOMOBILE			Policyholder NRIC	53203923L
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Loading	0
Motor Trade Plate No.	SJC9979H	Motor Trade Driver Name	MUHAMMAD AMIRUL BIN JEMALI	Motor Trade Driver NRIC	S9503497G
Contact No.(Mobile)	98241612	Contact No.(Office)		Contact No.(Home)	
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	No	NCD Entitlement(%)	10	Private Hire	No

Report Date	12/07/2018 08:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/07/2018	Time of Accident hh:mm	21:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE 10				

Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address					
Address 1	22A JALAN SELAMAT	Address 2	SINGAPORE 418545	Address 3	
Address 4		Address Type	Singapore address	Post Code	418545
Unit No.	11-496	Related Policy Number	5070459830-03		

OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD AMIRUL BIN JEMALI	Driver NRIC	S9503497G	Driver DOB	06/02/1995
Register Date of Driver License	07/07/2015	Driver Age	23	Driving Experience	3
Contact No.(Mobile)	98241612	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 493E #02-330	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE 524493
Address 4		Address Type	Singapore address	Post Code	524493
Unit No.	02-330				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ADEN AUTOMOBILE	Insured NRIC	53203923L
Contact No.(Mobile)	98569146	Contact No.(Home)		Contact No.(Office)	+
Email Address		OJ Vehicle Number		TP Vehicle Number	SLP866S
Claim Description	/ SLP866S ON 7 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/07/2018 09:02	Claim Close Date		Date Received	12/07/2018 00:00
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1002623	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/07/2018 09:03		
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

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

Clear

Please Select

NO

Normal

Sen

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:03	SAS	Normal	SAS 2018-7-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:02	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:02	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:02	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:02	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:02	Photos	Normal	Photos 2018-7-12
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