

| NATIONAL Assessment Centre Services [ver: Jan 2005] | | | |
|---|--|-----------------------|------------------|
| Date In: 20/07/2018 11:10 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC18013242/K4 | SAS e-filing | | |
| Veh No: GY5650B | E-mail (within 8hrs. AIC 2hrs) | | |
| D.O.A: 20/07/2018 08:45 | i-Motor Claim Form | MT/1003923-001 | 21/07/2018 09:50 |
| 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 Asslgn Wksp / QW: (| Tel: (| Fax: (|
| TP Particulars: | Veh No: GU3691.S | 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] () | | |

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars: | Invoice Preparation Checklist | Amt (\$) In Bill | Amt (\$) Add Bill |
|---------------------------------|---|---------------------|----------------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments: | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Cat. 1: | For claiming against INC Only (wef 10 Jan 2005) | | |
| Cat. 2 / 3: | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | ON* | | |
| | *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 20/07/2018 11:10
 Date Of Accident 20/07/2018 08:45
 Exact Location Of Accident 20 UBI AVE 1
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GY5650B

Insured/Policyholder

Name Of Registered Owner NEO & GOH CONSTRUCTION PTE LTD
 Co Reg No 199104895W
 Email Address ADMIN@NEOGOHCONST.COM.SG
 Mobile Phone No (LOCAL) +65-87225321
 Alternative Phone No OFFICE-87225321

Vehicle Particulars

Manufacturer PEUGEOT
 Model PARTNER1.9DM
 Exact Purpose for which vehicle was being used at time of accident WORK
 Are you claiming under your own insurance policy for repair to your vehicle? NO
 If No, Please state action to be taken REPORTING ONLY
 Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage THIRD PARTY
 Fleet Policy NO
 Policy Number 5070939155-03
 Cover Note Number

Driver

Name of Driver SELVARAJU SELVAKUMAR
 Passport No/FIN G5089982P
 Date Of Birth 02/06/1987
 Occupation OUTDOOR
 Date Of Driving Pass 18/07/2017
 Driving Experience 1 YEAR AND 0 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-87225321
 Fax Number
 Contact Number OTHERS-87225321
 Email Address ADMIN@NEOGOHCONST.COM.SG

| | |
|---|--------------------------------|
| Address | NEO & GOH CONSTRUCTION PTE LTD |
| Postcode | |
| 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 | 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) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | GEYLANG N.P.C |
| Police Station Address | ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180720/2139

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 | GU3691S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | RYAN LIM GUO BING |
| NRIC/Passport Number | S8614627D |
| 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.

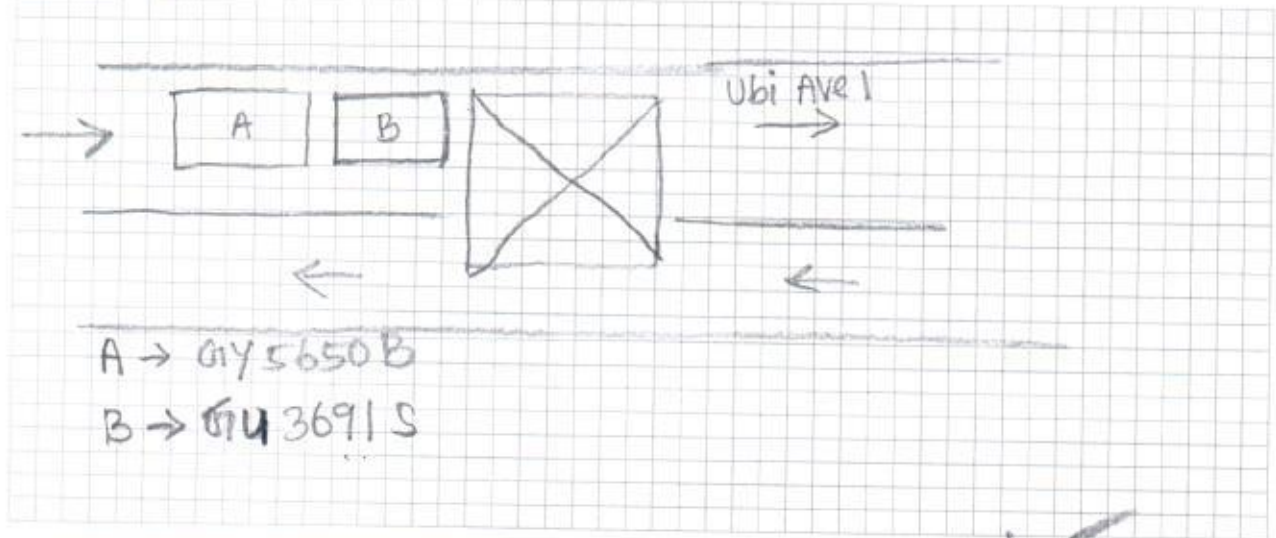


Policyholder's Signature
Date & Time:

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

Refer to the Police Report

pls T/20180720/2139

DECLARATION

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

X



Policyholder's Signature
Date & Time:

Signature

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

20/7/2018

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



**SINGAPORE
POLICE FORCE**



T/20180720/2139

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3

Report No. T/20180720/2139

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 20/07/2018 16:18 | | Vide Report No.: G/20180720/0090 | | Station Diary No.: 99 | |
| Informant's Particulars | | | | | |
| Name of Informant: SELVARAJU SELVAKUMAR | | | Address: APT BLK 309 HOUGANG AVENUE 5 #03-291 UBI TECHPARK SINGAPORE 530309 | | |
| ID Type / ID No.: FIN NO / G5089982P | | | Contact No.: Home/Office: Mobile: 87225321 | | |
| Nationality: INDIAN | | | Email: | | |
| Sex: Male | Age: 31 | Date of Birth: 02/06/1987 | Type of Informant: Driver | | |
| Race: Indian | | | Language: English | | Institution / School Name: |
| Occupation: PROJECT ENGINEER | | | Driving Licence Information: Class: 2B,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------------------|-----------------------|---|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 20/07/2018 08:45 | Type of Location: Straight Road |
| Location: Along Road 1 UBI AVENUE 1 20 Ubi Avenue 1 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|----------------------|-----------------|
| GU3691S | | | | | Slightly Damaged | 1 |
| GY5650B | Van | | | | Seriously Damaged | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180720/2139

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

2 of 3

Report No. T/20180720/2139

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------|--|------------------------------------|
| Driver | | | |
| Name | SELVARAJU SELVAKUMAR | ID No. | G5089982P |
| Related Vehicle | NIL | Contact No. | 87225321 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 20.07.2018 at about 0845hrs, I was driving my vehicle registration number GY5650B along the said location on the one lane. At that point of the lorry which was in front of me jammed brake before the yellow box. I tried to brake on time however was not able to do so as such I had collided onto my the said vehicle GU3691S. I then came out from my vehicle and make a check and noticed there was no other vehicle in front of the said vehicle GU3691S and there was a distance between the traffic light stop line and yellow box. I wish to state that I did not suffered any injury. There was a passerby who assist us to call ambulance. Few minutes later, ambulance and traffic police arrived at scene. The said vehicle GU3691S, the passenger and the driver was conveyed to hospital. I would like to further state that my front vehicle bumper was dented.

Vide report: G/20180720/0090



**SINGAPORE
POLICE FORCE**



T/20180720/2139

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20180720/2139

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 NOORUL NADIAH BINTE HAIRON
HANWAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252

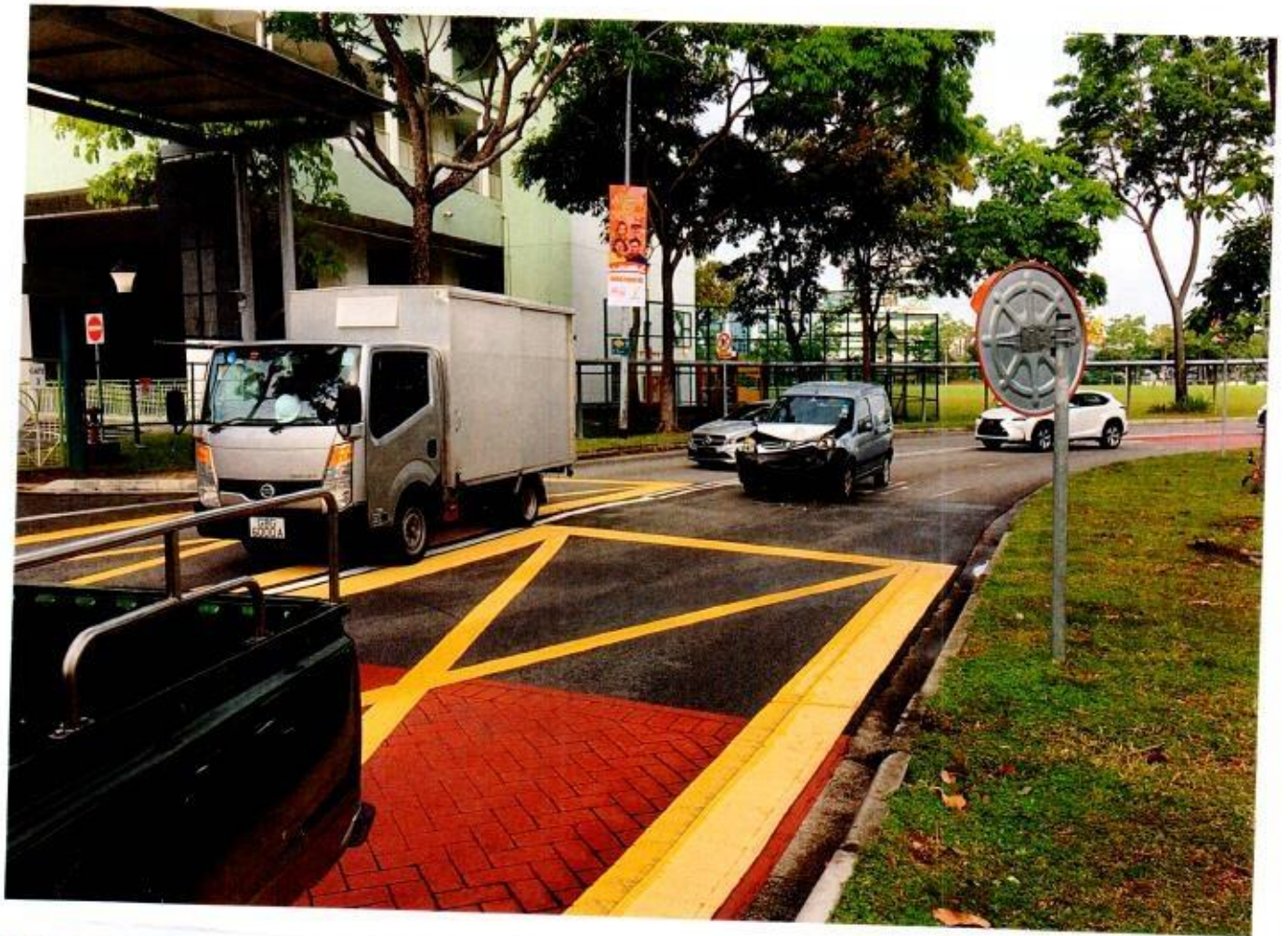
Authentication Stamp
NP168

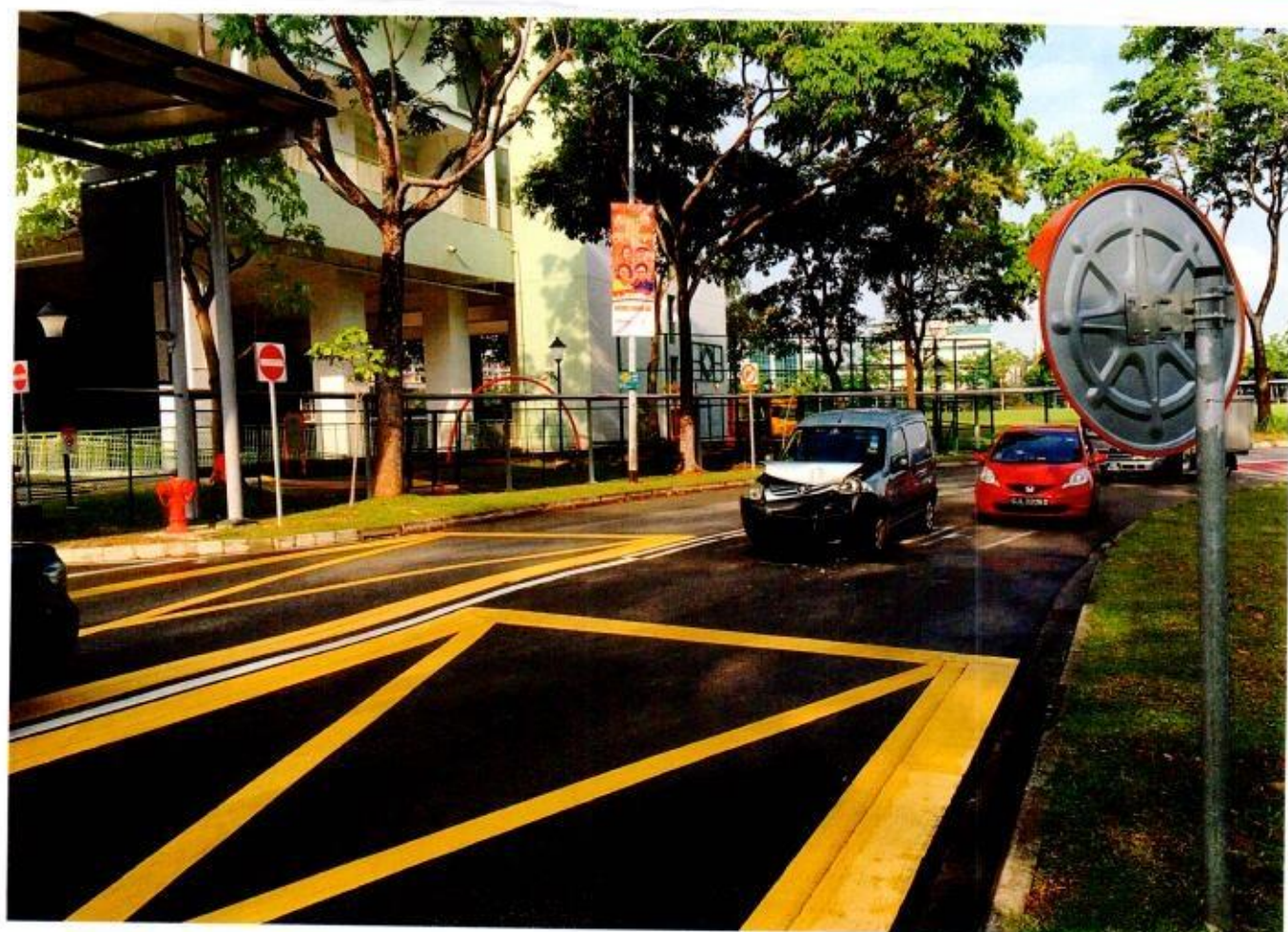
Signature Of Informant:

Date/Time:
20/07/2018 16:18

Classification Of Case:

SIGNATURE





Reported on 20/7/2018
@ 11:05 AM.

ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 7 / 2018 (DD/MM/YYYY), TIME: 08:45 AM (HH:MM)

LOCATION: Ubi Ave.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G45650B
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
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: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 87225321
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

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: _____

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: G436915 MODEL: _____
b) DRIVER'S NAME: RYAN LIM GUO BING
c) NRIC/FIN/PASSPORT: S8614621D CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = admin@neogohconst.com.sg

fax = admin@neogohconst.com.sg ✓

Waiting for Police Report?
& Company Chop? ✓

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
NEO & GOH CONSTRUCTION PTE LTD

Sector: **CONSTRUCTION**

Name:
SELVARAJU SELVAKUMAR

Occupation:
PROJECT ENGINEER

S Pass No.
D 35230963

Date of Application:
09-12-2016

Date of Issue:
28-12-2016

Date of Expiry:
25-01-2019

L7511314

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G5089982P**

Name:
SELVARAJU SELVAKUMAR

Birth Date: **02 Jun 1987**

Issue Date: **10 Nov 2016**

Valid Till: **09/11/2021**

002627883C

VISIT PASS
Immigration Regulations

Name:
SELVARAJU SELVAKUMAR

Date of Birth: **02-06-1987** Sex: **M** Nationality: **INDIAN**

PIN: **G5089982P** Date of Issue: **28-12-2016** Date of Expiry: **25-01-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

| | | EFFECTIVE DATE |
|---|---|----------------|
| C | Class 2B Motorcycles <= 300 CC | 14 Jun 2011 |
| 3 | Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 1500 kg | 18 Jul 2017 |
| C | | |

S / No. 9000301382

G5089982P

NP 428A

Licence No: **G5089982P**

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

20/07/2018 08:45

Vehicle No.(For Motor)

GY5650B

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5070939155-03 | NEO & GOH CONSTRUCTION PTE LTD | 199104895W | GCV | Third Party | GY5650B | GY5650B | 24/05/2018 | 23/05/2019 |

▼ Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|----------------------------|-------------------|------------------|
| Policy No. | 5070939155-03 | Policyholder Name | NEO & GOH CONSTRUCTION PTI | Policyholder NRIC | 199104895W |
| Address | 10 UBI CRESCENT #07-83 UBI TECHPARK SINGAPORE 408564 | | | | |
| Product Name | COMMERCIAL VEHICLE INSURANCE Plan | | | Group Policy Flag | N |
| Policy issue Date | 08/05/2018 | Effective Date | 24/05/2018 00:00 | Expiry Date | 23/05/2019 23:59 |
| Third Party Excess | 0 | Own damage Excess | 0 | Windscreen Excess | 0 |
| Additional Excess | | OS Premium | 0 | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | | |
| Agent | VICTOR MOTOR CREDIT PTE LTD | Agent Tel. | 68582020 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|---------------------|-----------|------------------|
| Address 1 | 10 UBI CRESCENT | Address 2 | #07-83 UBI TECHPARK | Address 3 | SINGAPORE 408564 |
| Address 4 | | Address Type | Singapore address | Post Code | 408564 |
| Unit No. | | Related Policy Number | 5102234538 | | |

► Insured Object: GY5650B

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Continue

Cancel

Claim Handling

Accident MT/1003923

| | | | | | |
|---------------------|--|---------------------|--|----------------------|-----|
| Policy No. | 5070939155-03 | Vehicle No. | GY5650B | GST Registration No. | |
| Policyholder Name | NEO & GOH CONSTRUCTION PTE LTD | | | Policyholder NRIC | 199 |
| Product Code | COMMERCIAL VEHICLE INSURAN | Cover Type | Third Party | Loading | 0 |
| Contact No.(Mobile) | 87225321 | 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(%) | 20 | Private Hire | No |

▼ Accident Details

| | | | | | |
|-------------------|------------------|-------------------------------|-------|---------------------|------|
| Report Date | 21/07/2018 09:41 | Accident Report Within 24 hrs | Yes | Accident Type | Coll |
| Date of Accident | 20/07/2018 | Time of Accident hh:mm | 08:45 | Country of Accident | Sing |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | 20 UBI AVE 1 | | | | |

▼ Benefits

▼ Excess

| | | | | | |
|-----------------------|------|-----------------------------|--|-------------------|------|
| Own damage Excess | 0.00 | Additional Excess | | Windscreen Excess | 0.00 |
| 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 | No |
| Modification History | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|---------------------|-----------|------|
| Address 1 | 10 UBI CRESCENT | Address 2 | #07-83 UBI TECHPARK | Address 3 | SING |
| Address 4 | | Address Type | Singapore address | Post Code | 4081 |
| Unit No. | | Related Policy Number | 5102234538 | | |

▼ OI Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 02/0 |
| Unnamed driver Name | SELVARAJU SELVAKUMAR | Driver NRIC | G5089982P | Driving Experience | 1 |
| Register Date of Driver License | 18/07/2017 | Driver Age | 31 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 87225321 | Contact No.(Office) | 0 | Address 3 | |
| Address 1 | NEO & GOH CONSTRUCTION PT | Address 2 | | Post Code | |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 OD-MX New

| | | | | | |
|---|----------------------------------|-------------------------|----------------------------------|----------------------------|------|
| Claim Type * | OD-MX | Insured Name | NEO & GOH CONSTRUCTION PT | Insured NRIC | 199 |
| Contact No.(Mobile) | | Contact No.(Home) | 62848901 | Contact No.(Office) | 674 |
| Email Address | ADMIN@NEOGOHCONST.COM.S | OI Vehicle Number | GY5650B | TP Vehicle Number | GU3 |
| Claim Description | GY5650B / GU3691S ON 20 Jul 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 | 21/07/2018 09:48 | Claim Close Date | | Date Received | 21/0 |
| Report Taken By | KRISHNASAMY | Workshop Repairer | | Total Loss but Repaired | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment



7/21/2018

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

Accident No.

MT/1003923

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

21/07/2018 09:50

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 *

| | | | |
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| Clear | Please Select | NO | Normal |
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| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
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| 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 21 Jul 2018 09:47 | NRIC/ Driving License | Normal | NRIC/ Driving License |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:46 | SAS | Normal | SAS 2018 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:46 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:46 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:46 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:46 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:45 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:45 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:45 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:45 | Photos | Normal | Photos 20: |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:45 | Photos | Normal | Photos 20: |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 09:45 | Photos | Normal | Photos 20: |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|

Display in New Window

Scan and uploading