

# NATIONAL Assessment Centre Services

(Ref: Jan 05)

MNA118099503.

Date In: 11/8/18 16:18	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18014003/64	SAS e-filing		
Veh No: 5JK 34280	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 29/7/18 16:00	i-Motor Claim Form	MT/1005618-001	21/8/18 09:12
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:

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

NA1804843	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		32.00	
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			
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) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services -			
	9) NI: Idac Mobile			
	10) NI: Idac Mobile			
	11) NI: Idac Mobile			
	12) NI: Idac Mobile			
	13) NI: Idac Mobile			
	14) NI: Idac Mobile			
	15) NI: Idac Mobile			
	16) NI: Idac Mobile			
	17) NI: Idac Mobile			
	18) NI: Idac Mobile			
	19) NI: Idac Mobile			
	20) NI: Idac Mobile			
	21) NI: Idac Mobile			
	22) NI: Idac Mobile			
	23) NI: Idac Mobile			
	24) NI: Idac Mobile			
	25) NI: Idac Mobile			
	26) NI: Idac Mobile			
	27) NI: Idac Mobile			
	28) NI: Idac Mobile			
	29) NI: Idac Mobile			
	30) NI: Idac Mobile			
	31) NI: Idac Mobile			
	32) NI: Idac Mobile			
	33) NI: Idac Mobile			
	34) NI: Idac Mobile			
	35) NI: Idac Mobile			
	36) NI: Idac Mobile			
	37) NI: Idac Mobile			
	38) NI: Idac Mobile			
	39) NI: Idac Mobile			
	40) NI: Idac Mobile			
	41) NI: Idac Mobile			
	42) NI: Idac Mobile			
	43) NI: Idac Mobile			
	44) NI: Idac Mobile			
	45) NI: Idac Mobile			
	46) NI: Idac Mobile			
	47) NI: Idac Mobile			
	48) NI: Idac Mobile			
	49) NI: Idac Mobile			
	50) NI: Idac Mobile			
	51) NI: Idac Mobile			
	52) NI: Idac Mobile			
	53) NI: Idac Mobile			
	54) NI: Idac Mobile			
	55) NI: Idac Mobile			
	56) NI: Idac Mobile			
	57) NI: Idac Mobile			
	58) NI: Idac Mobile			
	59) NI: Idac Mobile			
	60) NI: Idac Mobile			
	61) NI: Idac Mobile			
	62) NI: Idac Mobile			
	63) NI: Idac Mobile			
	64) NI: Idac Mobile			
	65) NI: Idac Mobile			
	66) NI: Idac Mobile			
	67) NI: Idac Mobile			
	68) NI: Idac Mobile			
	69) NI: Idac Mobile			
	70) NI: Idac Mobile			
	71) NI: Idac Mobile			
	72) NI: Idac Mobile			
	73) NI: Idac Mobile			
	74) NI: Idac Mobile			
	75) NI: Idac Mobile			
	76) NI: Idac Mobile			
	77) NI: Idac Mobile			
	78) NI: Idac Mobile			
	79) NI: Idac Mobile			
	80) NI: Idac Mobile			
	81) NI: Idac Mobile			
	82) NI: Idac Mobile			
	83) NI: Idac Mobile			
	84) NI: Idac Mobile			
	85) NI: Idac Mobile			
	86) NI: Idac Mobile			
	87) NI: Idac Mobile			
	88) NI: Idac Mobile			
	89) NI: Idac Mobile			
	90) NI: Idac Mobile			
	91) NI: Idac Mobile			
	92) NI: Idac Mobile			
	93) NI: Idac Mobile			
	94) NI: Idac Mobile			
	95) NI: Idac Mobile			
	96) NI: Idac Mobile			
	97) NI: Idac Mobile			
	98) NI: Idac Mobile			
	99) NI: Idac Mobile			
	100) NI: Idac Mobile			

Ref: 1

Ref: 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 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	01/08/2018 16:18
Date Of Accident	29/07/2018 16:00
Exact Location Of Accident	POTONG PASIR AVE 3 BLK 137 LOADING BAY
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK3428D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OSCARS LEASING PRIVATE LIMITED
Co Reg No	201431292N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91129911

#### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5071881765-03
Cover Note Number	-

#### Driver

Name of Driver	RAMADAS S/O KANESAN
NRIC No	S8536430H
Date Of Birth	21/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	05/09/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84906945
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 137 POTONG PASIR AVE 3 #02-154
Postcode	350137
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILEST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	POTONG PASIR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 142 POTONG PASIR AVENUE 3 , POSTCODE: 350142 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2829999 - FAX NO: 62815964
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	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

A = SIK 34280



Potong Pasir Ave 3 Bldg 137 Landing bay

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police 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.:



**SINGAPORE  
POLICE FORCE**



T/20180729/2095

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

1 of 3

Report No. T/20180729/2095

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
29/07/2018 20:41

Vide Report No.:  
E/20180729/0199

Station Diary No.:  
47

**Informant's Particulars**

Name of Informant: RAMADAS S/O KANESAN		Address: APT BLK 137 POTONG PASIR AVENUE 3 #02-154, SINGAPORE 350137	
ID Type / ID No.: NRIC NO / S8536430H		Contact No.: Home/Office: Mobile: 84906945	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 32	Date of Birth: 21/11/1985	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/07/2018 16:00	Type of Location: Car Park
Location: Along Road 1 POTONG PASIR AVENUE 3			
Open Space Carpark at Blk 137 Potong Pasir Avenue 3 at the loading and unloading lot			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK3428D	Car				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/20180729/2095

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

2 of 3

Report No. T/20180729/2095

**CONTINUATION OF REPORT**

Driver			
Name	RAMADAS S/O KANESAN	ID No.	S8536430H
Related Vehicle	NIL	Contact No.	84906945
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 the 29/07/2018 at about 1600hrs, I had returned back to my vehicle (SJK3428D) located at the loading and unloading lot located at the open space carpark at Blk 137 Potong Pasir Avenue 3 and discovered that there were deep scratches located at the front left bumper area of my vehicle. Earlier I had parked my vehicle at about 1600hrs and my vehicle was alright and intact and left the said area. There are 2 loading and unloading lots at the said area and my vehicle was parked on the right side with the left lot empty. I suspect that someone may have parked their vehicle on the lot located at the left and had side swept with my vehicle which cause the damages to my front bumper. I had called for police assistance (E/20180729/0199) and both the police and Traffic police officers attended to me. I was advised to lodge a police report regarding this incident. My vehicle does not have an in-car camera. I am lodging this report as advised by the traffic police officers.





**SINGAPORE  
POLICE FORCE**



T/20180729/2095

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

3 of 3

Report No. T/20180729/2095

**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:  
E /  
Sgt 2 JOVI BENEDICK TAN WEI MING

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/07/2018 20:41

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt YUS MASTARI I KHAZALI  
Contact No.: 65476214

Classification Of Case:

Authentication Stamp  
NP168

 SINGAPORE POLICE FORCE	SN 057
 SIGNATURE	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO: S8536430H



Name

RAMADAS S/O KANESAN

சே ராமதாஸ்

Race  
INDIAN

Date of birth  
21-11-1985

Country/Place of birth  
SINGAPORE

Sex  
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8536430H

Name  
RAMADAS S/O KANESAN

Birth Date: 21 Nov 1985

Issue Date: 14 Jun 2017



5456629



NRIC No: S8536430H



Date of issue  
20-04-2015

Address

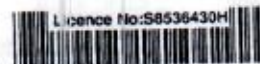
APT BLK 137 POTONG PASIR AVENUE 3  
#02-154  
SINGAPORE 350137

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  05 Sep 2008

NP 428A





## 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:** 5071881765-03

**Cover :** Third Party

- |  |                                  |
|--|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : <b>SJK3428D</b>                |
| Chassis Number                                   | : KMHU41BR8U575030               |
| 2. Name of Policyholder                          | : OSCARS LEASING PRIVATE LIMITED |
| 3. Effective Date of Insurance                   | : 01 Jun 2018                    |
| 4. Expiry Date of Insurance                      | : 31 May 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 or Hirer's business.

**This Policy does not cover**

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: 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 : DICKSON AUTO AGENCY (00000614645)

Date of Issue : 28 May 2018 17:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1005618

Policy No.	5071881765-03	Vehicle No.	SJK3428D	GST Registration No.	20143
Certificate No.					
Policyholder Name	OSCARS LEASING PRIVATE LIMITED			Policyholder NRJC	20143
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91129911	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
▼ Accident Details					
Report Date	02/08/2018 09:02	Accident Report Within 24 hrs	Yes	Accident Type	Damag
Date of Accident	29/07/2018	Time of Accident hh:mm	16:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	POTONG PASIR AVE 3 BLK 137 LOADING BAY				
▼ Benefits					
▼ Excess					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Ap
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		
▼ GST Registered Information					
GST Registered	Yes	GST Registration Date	29/06/2005		
GST Registration No.	201431292N	GST Status Verified	No		
Modification History					
▼ Policyholder Mailing Address					
Address 1	110 LORONG 23 GEYLANG	Address 2	#02-05 VICTORY CENTRE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	388411
Unit No.		Related Policy Number	5071881765-03		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/11/
Unnamed driver Name	RAMADAS S/O KANESAN	Driver NRJC	S8536430H	Driving Experience	9
Register Date of Driver License	05/09/2008	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	84906945	Contact No.(Office)		Address 3	SINGA
Address 1	BLK 137 #02-154	Address 2	POTONG PASIR AVENUE 3	Post Code	350131
Address 4		Address Type	Singapore address		
Unit No.	02-154				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	OSCARS LEASING PRIVATE LIM
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SJK3428D
Claim Description	SJK3428D / UNKNOWN ON 29 Jul 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	02/08/2018 09:11
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment



Accident No.	MT/1005618	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/08/2018 09:12
Path *		Category *	Confidential Urgency *
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a> <a href="#">Normal</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a> <a href="#">Normal</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a> <a href="#">Normal</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a> <a href="#">Normal</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a> <a href="#">Normal</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a>	<a href="#">NO</a> <a href="#">Normal</a>
<a href="#">Message Read</a>			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 09:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 09:12	SAS	Normal	SAS 2018-8-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 09:12	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 09:12	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 09:12	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 09:11	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 09:11	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 09:11	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 09:11	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 09:11	Photos	Normal	Photos 2018-8-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Aug 2018 09:11	Photos	Normal	Photos 2018-8-2

## Video List

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

[Display in New Window](#)[Scan and uploading](#)