

NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA/18102618

Date In: 8/8/18-14:38	Job description	Date & Time Completed	Done by
Ref No: NA/INC 801443524	SAS e-filing		
Veh No: JK 69974	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/8/18-12:15	i-Motor Claim Form	M/1006498-001	8/8/18 16:09
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: J44 2016x	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%. P: 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

MNA/1805006	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpl 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: Idao 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	08/08/2018 14:38
Date Of Accident	07/08/2018 12:15
Exact Location Of Accident	ALONG EU TONG SEN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6997H
Insured/Policyholder	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5094921806
Cover Note Number	

Driver

Name of Driver	WONG DAVID (WANG DAVID)
NRIC No	S8331535J
Date Of Birth	04/10/1983
Occupation	OUTDOOR
Date Of Driving Pass	01/10/2004
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91088108
Fax Number	
Contact Number	OFFICE-91088108
Email Address	NOEMAIL

Address	BLK 144 RIVERVALE DRIVE #17-541
Postcode	540144
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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: : ANGELO GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEBBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180807/2181.

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 Witness 1

Name	ANGELO
Phone Number	97739465
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH2046X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	KOK CHUN CHEONG, AARON
NRIC/Passport Number	S8730686J
Contact Number	97344553
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC8319P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DHAMODHARAN DHANA RAJ
NRIC/Passport Number	G5228857L
Contact Number	91664979
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

DETAILS OF INJURED PERSON 1

Name	WONG DAVID (WANG DAVID)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJK6997H
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

Sketch Plan area with grid lines and handwritten notes:

- Left side: EV Tong Len St.
- Center: A, B, C (vertical stack)
- Right side:
 - A: JK6997H
 - B: JLIH2046X
 - C: GBC8319P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180807/2181.

[Large diagonal line across the text area]

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:

[Handwritten signature]

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

[Handwritten signature]



SINGAPORE POLICE FORCE



T/20180807/2181

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 4

Report No. T/20180807/2181

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2018 21:03	Vide Report No.:	Station Diary No.: 83
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Informant's Particulars

Name of Informant: WONG DAVID			Address: APT BLK 144 RIVERVALE DRIVE #17-541 SINGAPORE 540144		
ID Type / ID No.: NRIC NO / S8331535J			Contact No.: Home/Office: Mobile: 91088108		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 04/10/1983	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/08/2018 12:15	Type of Location: Straight Road
Location: Along Road 1 EU TONG SEN STREET Along Eu Tong Sen Street				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC8319P	Lorry	TOYOTA	DYNA 150 MANUAL	Silver	Slightly Damaged	1
SJK6997H	Car	TOYOTA	VIOS E AUTO	Red	Seriously Damaged	1
SLH2046X	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Blue	Seriously Damaged	0



SINGAPORE POLICE FORCE



T/20180807/2181

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Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20180807/2181

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DHAMODHARAN DHANA RAJ	ID No.	G5228857L
Related Vehicle	GBC8319P (Lorry)	Contact No.	91664979
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	WONG DAVID	ID No.	S8331535J
Related Vehicle	SJK6997H (Car)	Contact No.	91088108
Hospital/Clinic	HEALTHMARK FAMILY CLINIC (COMPASSVALE)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	07/08/2018	Date Discharge	07/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	KOK CHUN CHEONG, AARON	ID No.	S8730686J
Related Vehicle	SLH2046X (Car)	Contact No.	97344553
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.

Vehicles involved:
My car: SJK6997H
Blue Toyota altis: SLH2046X (V2)
Lorry: GBC8319P

I am the driver of a red Toyota Vios bearing license plate: SJK6997H. I am a Grab driver for the past 10months.



**SINGAPORE
POLICE FORCE**



T/20180807/2181

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Police Station Of Origin:

Sembawang N.P.C

4 Sembawang Crescent SINGAPORE

757633

Tel No: 1800-5549999

Report No. T/20180807/2181

CONTINUATION OF REPORT

On 7/8/2018, I was travelling from 14 Carpenter Street to Embassy of Italy. At about 1215hrs, I was driving along Eu Tong Sen Street on the way to alight a Grab customer. The traffic was very heavy at that point of time because it was during lunch period. I was stationary because about 100m ahead the traffic light was red. Suddenly, I heard a bang sound and I felt an impact when my head hit against the head rest. I then checked with my passenger if he was injured, he informed that he was fine. I then got off my vehicle and spoke to the driver of V2 and he then explained to me saying sorry as V3 hit onto his car and his car surged forward. We then exchanged particulars. My car was then being towed away at 1300hrs because I fear that my car's rear bumper would drop off if I continued driving.

My passenger is willing to be a witness, however he is not local. His name is Angelo, C/N: 9773 9465. No TP or ambulance were at scene, no government property were damaged.



**SINGAPORE
POLICE FORCE**



T/20180807/2181

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Report No. T/20180807/2181



Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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: F / Sgt 2 LIM AI LING, IVY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/08/2018 21:03
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: 

Authentication Stamp
NP168



REPUBLIC OF SINGAPORE DRIVING LICENCE



Service Number: S8331535J

Name: WONG DAVID (WANG DAVID)

Birth Date: 04 Oct 1983

Issue Date: 09 Jan 2003

000100916F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8331535J

Name: WONG DAVID (WANG DAVID)

王 大 伟

Race: CHINESE

Date of birth: 04-10-1983

Country/Place of birth: SINGAPORE

Sex: M





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

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 CC	09 Jan 2003
Class 2A	Motorcycles between 201 CC and 400 CC	26 Apr 2004
Class 2	Motorcycles > 400 CC	07 Jan 2005
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	01 Oct 2004

S / No. 9000030583

S8331535J

Licence No: S6331535J



5231546

NRIC No. S8331535J

Date of issue: 24-10-2013

Address: APT BLK 144 RIVERVALE DRIVE #17-541 SINGAPORE 540144




eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/08/2018 12:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SJK6997H"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094921806		ACCURATE LEASING PTE LTD	201727451M	GFT	Third Party, Fire & Theft	SJK6997H	SJK6997H	09/10/2017	
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5094921806	Policyholder Name	ACCURATE LEASING PTE LTD	Policyholder NRIC	201727451M
Certificate No.					
Address	53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	09/10/2017	Effective Date	09/10/2017 00:00	Expiry Date	08/10/2018 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00	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	#01-33 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-33	Related Policy Number	5095104229		

Insured Object: SJK6997H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	11/10/2017 00:00	Basic Information Endorsement	000001286671333	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 5 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJM6389C 11-10-2017 \$1,086.28 2. SJU7188S 11-10-2017 \$1,086.28 3. SKU3733H 11-10-2017 \$1,086.28 4. SKX1826X 11-10-2017 \$1,086.28 5. SLA3412C 11-10-2017 \$1,086.28 In view of this amendment, an additional premium of \$5,431.39 (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 2 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJL5206J 11-10-2017 \$1,086.28 2. SJH7364T 11-10-2017</p>

Claim Handling

- Exit

Accident MT/1006498

Policy No.	SO94921806	Vehicle No.	SJK6997H	GST Registration No.	
Certificate No.					
Policyholder Name	ACCURATE LEASING PTE LTD			Policyholder NRIC	201727451M
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	<div><div></div></div>
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
<div><div></div> Accident Details</div>					
Report Date	08/08/2018 16:07	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	07/08/2018	Time of Accident hh:mm	12:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG EU TONG SEN ST				
<div><div></div> Benefits</div>					
<div><div></div> Excess</div>					
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		
<div><div></div> GST Registered Information</div>					
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	#01-23 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-33	Related Policy Number	9095104229		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WONG DAVID (WANG DAVID)	Driver NRIC	58331535J	Driver DOB	04/10/1983
Register Date of Driver License	01/10/2004	Driver Age	34	Driving Experience	13
Contact No.(Mobile)	91088108	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 144	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 540144
Address 4		Address Type	Singapore address	Post Code	540144
Unit No.	17-541				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claims 001	New
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Claim Type *	OD-MX	Insured Name	ACCURATE LEASING PTE LTD	Insured NRIC	201727451M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OT Vehicle Number	SJK6997H	TP Vehicle Number	SLH2046X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NRIC *			
Claim Description	SJK6997H / SLH2046X ON 7 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/08/2018 16:09	Claim Close Date		Date Received	08/08/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT1006498	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/08/2018 16:13

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>

