

NATIONAL Assessment Centre Services

Ref: 1 Jan 2005

MMA 118103348.

Date In: 10/18/18 15:52	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 18014557/h4	E-mail (within 2hrs, APC 2hrs)		
Veh No: SLR 8098 D	i-Motor Claim Form	MT/1006796-001	11/18/18 17:09.
D O A: 918/18 16:10.	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	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:

YM 5981X.

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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
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		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT	
Date Of Report	10/08/2018 15:52
Date Of Accident	09/08/2018 16:10
Exact Location Of Accident	BLK 657 JLN TENAGA LOADING BAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR8098D
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81669797
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093728301
Cover Note Number	-
Driver	
Name of Driver	ASPALELA BINTE MASREE
NRIC No	S8509293F
Date Of Birth	27/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	14/01/2013
Driving Experience	5 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87862517
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 349 UBI AVE 1 #03-1027
Postcode	400349
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 WHILST 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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS PARKED INSIDE THE BLK 657 JALAN TENAGA LOADING BAY, A LORRY TRY TO REVERSING PARKED INTO THE LOT ON MY LEFT SIDE, WHEN THE LORRY SECOND TIME ADJUST HIS LORRY TRY TO PARKED PROPERLY INTO THE LOT BUT MISJUDGED HIT ONTO MY VEH LEFT HAND SIDE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM5981X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM PUAY TECK (LIN PEIDE)
NRIC/Passport Number	S8521851D
Contact Number	81697224
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ASPALELA BINTE MASREE
Approximate Age	
Injuries Sustain	SHOULDER N NECK
Injured person in which vehicle?	SLR8098D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

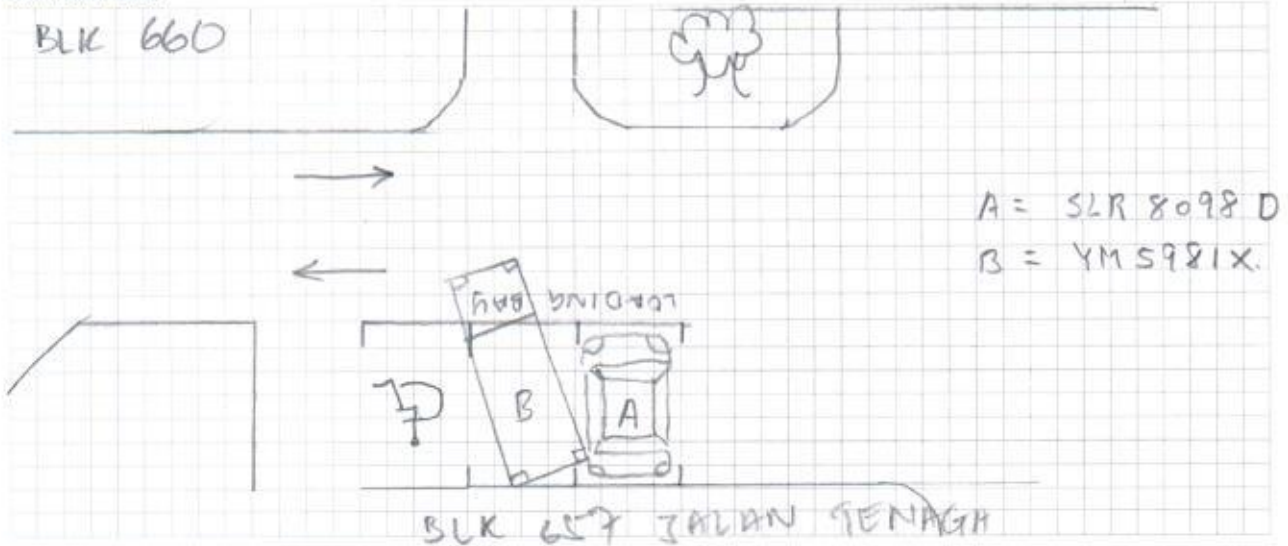


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

ACCIDENT STATEMENT

ACCIDENT DATE: (09 / 08 / 2018) (DD/MM/YYYY), TIME: (16 : 09) (HH:MM)

LOCATION: BLK 657 JALAN TENAGA

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 2LR8098D
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5093728301
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA VEZEL HYBRID
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
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: ASPAELA DINTE MASREE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8509393F CONTACT: 87862517
c) ADDRESS: BLK 349 UB1 AVE 1 #03-1037 8400249

*d) DATE OF BIRTH: (27 / 03 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5

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: Ym5981x MODEL: ISUZU
b) DRIVER'S NAME: LIM PUAY TECK (LIN PEIDE)
c) NRIC/FIN/PASSPORT: S8521851D CONTACT: 81697524

9. THIRD PARTY VEHICLE

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

AK

waiting Police Report.

Email =

fax =

VIDEO =



SINGAPORE POLICE FORCE



T/20180810/2130

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

1 of 3
Report No. T/20180810/2130

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2018 19:07		Vide Report No.:		Station Diary No.: 36	
Informant's Particulars					
Name of Informant: ASPALELA BINTE MASREE			Address: APT BLK 349 UBI AVENUE 1 #03-1027 SINGAPORE 400349		
ID Type / ID No.: NRIC NO / S8509293F			Contact No.: Home/Office: Mobile: 87862517		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 33	Date of Birth: 27/03/1985	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/08/2018 16:10	Type of Location: Loading / Unloading Bay
Location: Along Road 1 JALAN TENAGA				
Blk 657 Jalan Tenaga, Loading/Unloading Bay				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLR8098D	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Silver	Slightly Damaged	0
YM5981X	Lorry	ISUZU		White		2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180810/2130

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

2 of 3

Report No. T/20180810/2130

CONTINUATION OF REPORT

Driver				
Name	ASPALELA BINTE MASREE		ID No.	S8509293F
Related Vehicle	SLR8098D (Car)		Contact No.	87862517
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	10/08/2018		Date Discharge	10/08/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	LIM PUAY TECK		ID No.	S8521851D
Related Vehicle	YM5981X (Lorry)		Contact No.	81697224
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 09/08/2018 at about 1610 hours, I had parked my vehicle, SLR8098D, at the loading / unloading bay behind Block 657 Jalan Tenaga. As I had just finished cleaning the interior of my vehicle, I sat in the driver seat wanting to drive off. As there was the lorry, bearing plate YM5981X, reversing into lot behind mine, I waited for it to park before moving off. Suddenly, there was a loud bang and an impact. I realised that the lorry had reversed his vehicle and hit onto the rear passenger side bumper of my vehicle. There was a huge dent on the left side bumper and my taillight was broken. I got out of my vehicle and spoke to the lorry driver. We exchanged particulars and he left thereafter.

On 10/08/2018, I woke up and felt pain on both my shoulder and my neck. Hence, I went to see a doctor and got 3 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20180810/2130

3 of 3

Report No. T/20180810/2130

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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 /

Staff Sgt KWEK LIZA FARLIZA BINTE
BAKH TIAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Signature Of Informant:

Date/Time:

10/08/2018 19:07

Classification Of Case:

Authentication Stamp
NP188



**SINGAPORE
POLICE FORCE**

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **S8509293F**
 Name **ASPALELA BINTE MASREE**
 Birth Date **27 Mar 1985**
 Issue Date **14 Jan 2013**

0021414188

REPUBLIC OF SINGAPORE



 IDENTITY CARD NO. **S8509293F**
 Name **ASPALELA BINTE MASREE**


 Race **MALAY**
 Date of Birth **27-03-1985** Sex **F**
 Country of Birth **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg

EFFECTIVE DATE 14 Jan 2013


 Licence No: S8509293F

NP 428A

3142037


 NRIC No. **S8509293F**


 Blood Group **A+** Date of issue **01-04-2000**

Address
APT BLK 349 UBI AVENUE 1
#03-1027
SINGAPORE 400349

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: 5093728301

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLR8098D**
 Chassis Number : RU31246756
2. Name of Policyholder : **RELIABLE RIDES PTE LTD**
3. Effective Date of Insurance : **29 Aug 2017**
4. Expiry Date of Insurance : **28 Aug 2018**
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)	: S\$1,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: LAKE-VIEW CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : TAN INSURANCE BROKERS PTE LTD (00000690287)
 Date of Issue : 25 Aug 2017 11:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1006796

Policy No.	5093728301	Vehicle No.	SLR8098D	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	20161
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81669797	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	Yes
▼ Accident Details					
Report Date	11/08/2018 17:02	Accident Report Within 24 hrs	Yes	Accident Type	Damag
Date of Accident	09/08/2018	Time of Accident hh:mm	16:10	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 057 JLN TENAGA LOADING BAY				
▼ Benefits					
▼ Excess					
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
▼ Policyholder Mailing Address					
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5103003028		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ASPALELA BINTE MASKEE	Driver NRIC	S8509293F	Driver DOB	27/03/
Register Date of Driver License	14/01/2013	Driver Age	33	Driving Experience	5
Contact No.(Mobile)	87862517	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 349 #03-1027	Address 2	UB1 AVENUE 1	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	400345
Unit No.	03-1027				
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 Type *	OD-MX	Insured Name	RELIABLE RIDES PTE LTD		
Contact No.(Mobile)		Contact No.(Home)			
Email Address		OI Vehicle Number	SLR8098D		
Claim Description	SLR8098D / YM5981X ON 9 Aug 2018				
Preferred Workshop	0	Insured Liability	Not at fault		
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered		GIA report	Received		
Report Taken By		Claim Close Date	11/08/2018 17:08		
			LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					
Attachment					
Accident No.	MT/1006796	Claim No.	001		

Last Doc. Received

Yes No

Upload Date

11/08/2018 17:09

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

Clear

Category *Please Select

ConfidentialNO

Urgency *Normal

Clear

Category *Please Select

ConfidentialNO

Urgency *Normal

Clear

Category *Please Select

ConfidentialNO

Urgency *Normal

Clear

Category *Please Select

ConfidentialNO

Urgency *Normal

Clear

Category *Please Select

ConfidentialNO

Urgency *Normal


















Clear

Category *Please Select

ConfidentialNO

Urgency *Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:09	SAS	Normal	SAS 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:09	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:08	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:08	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:08	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:08	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:08	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:08	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:08	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:08	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:08	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:08	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:08	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:08	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:08	Photos	Normal	Photos 2018-8-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Aug 2018 17:08	Photos	Normal	Photos 2018-8-11

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading