

| | | | |
|--|--|-----------------------|---------------|
| NATIONAL Assessment Centre Services [ref: Jan-03] | | | |
| Date In: 28/08/2018 11:05 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC18015621/K4 | SAS e-filing | | |
| Veh No: PC6995J | E-mail (within 8hrs, AIC 2hrs) | | |
| DOA: 27/07/2018 18:30 | i-Motor Claim Form | MT/1005188-002 | 28/8/18 17:50 |
| 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 Assign Wksp / QW: (| | Tel: | Fax: |
| TP Particulars: | Veh No: SD4127K | 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 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | | |
|---------------------------------|--|---|--|-------------|-----------|
| NA1805437 | | Invoice Preparation Checklist | | Am't (\$) | Am't (\$) |
| Claimant's Particulars: | | 1) AR: Accident Reporting (\$30); | | In Bill | Add Bill |
| 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: | | | |
| | | 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 (N'n 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 | 28/08/2018 11:05 |
| Date Of Accident | 27/07/2018 18:30 |
| Exact Location Of Accident | ALONG ZION RD TWDS HAVELOCK RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | PC6995J |
| Insured/Policyholder | |
| Name Of Registered Owner | ISLAND BUS EXPRESS PTE LTD |
| Co Reg No | 201715213D |
| Email Address | WEI_845@OUTLOOK.COM |
| Mobile Phone No | (LOCAL) +65-90660733 |
| Alternative Phone No | OFFICE-90660733 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | ZHONG TONG |
| Model | LCK6107H AUTO |
| 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 | THIRD PARTY |
| Vehicle Category | BUS |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5097637623 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | ZHAO YONGYI |
| NRIC No | S2667865Z |
| Date Of Birth | 13/04/1958 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 27/12/2016 |
| Driving Experience | 1 YEAR AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90660733 |
| Fax Number | |
| Contact Number | OTHERS-90660733 |
| EMail Address | WEI_845@OUTLOOK.COM |

| | |
|---|--|
| Address | BLK 288C BUKIT BATOK STREET 25 #02-18 |
| Postcode | 652288 |
| 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 | SIDE SWIPE |
| 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) | 21 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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 | SDU127K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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.:

Along Zion Road towards
Have lock Road



Van A → TC 6995 J
Van B → SDU 1271C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning right on the left outer most lane, as I was driving a big bus, I would need a wider turn. But as I was turning, I realise veh B was turning very closely with me and thus hitting me on the right side.

There are including me as the driver a total of 21 people.

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.:

Reported on 11/8/2018
@ 1130AM.

ACCIDENT STATEMENT

ACCIDENT DATE: (27 / 07 / 2018) (DD/MM/YYYY), TIME: (18 : 30) (HH:MM)

LOCATION: Along Zion Road towards Havelock Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 69953
b) INSURANCE COMPANY: NAC
c) POLICY NUMBER: 5097637623
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: work
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: Island Bus Express Pte Ltd (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: CONTACT:
C) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Zhao Yong Yi (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S26678652 CONTACT: 90660733
c) ADDRESS: Blk 288C Bukit Batok St 25 #02-18
S(652288)

* d) DATE OF BIRTH: (13 / 04 / 1952) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 3

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: SDU 127 K MODEL: Mercedes
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

No of passengers
(including driver)
(21)

No of passengers
(including driver)
(1)

No of passengers
(including driver)
()

16/8/2018 @ 12:46 PM
Call Driver
for company chop
have not sent

Email = wei_845@outlook.com

fax = wei_845@outlook.com

Waiting for company chop?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2667865Z



Name
ZHAO YONGYI
赵永义
Race
CHINESE
Date of Birth
13-04-1958 Sex
M
Country of Birth
CHINA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S2667865Z
Name:
ZHAO YONGYI
Birth Date: 13 Apr 1958
Issue Date: 31 Mar 2015



002411841C



8231332



NRIC No. S2667865Z




Nationality
CHINESE
Blood Group
B+ Date of Issue
11-01-1997

APT BLK 288C BUKIT BATOK STREET 25 #02-18
SINGAPORE 652288
NRIC No: S2667865Z Date: 05-02-2004 (R) No: 4873194

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

| | | EFFECTIVE DATE |
|---------|---|----------------|
| Class 3 | Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg | 31 Mar 2015 |
| Class 4 | Heavy motor cars and motor tractors > 2500 kg | 27 Dec 2016 |

S2667865Z S / No. 9000255238



Licence No: S2667865Z

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 : 5097637623

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : PC6995J
Chassis Number : LDY6KS9D0H0000278
2. Name of Policyholder : ISLAND BUS EXPRESS PTE LTD
3. Effective Date of Insurance : 07 Apr 2018
4. Expiry Date of Insurance : 06 Apr 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 the carriage of passengers in connection with the Policyholder's business.
 - (b) Limited to carry 45 passengers

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* 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.

| | |
|-----------------------|---|
| GEOGRAPHICAL LIMIT | : WITHIN THE REPUBLIC OF SINGAPORE ONLY |
| EXCESS (SECTION I) | : S\$3,000 |
| EXCESS (SECTION II) | : S\$1,500 |
| WINDSCREEN EXCESS | : S\$500 |
| INSURE WITH COE | : NO |
| HIRE PURCHASE COMPANY | : UNITED OVERSEAS BANK LIMITED |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/ PARF VALUE 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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)
Date of Issue : 23 Jan 2018 16:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED




Countersigned By:

Authorised Officer



Chief Executive

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" value="5097637623"/> | Date of Accident | <input type="text" value="27/07/2018 18:30"/> |
| Vehicle No.(For Motor) | <input type="text" value="PC6995"/> | 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"/> | 5097637623 | | ISLAND BUS EXPRESS PTE LTD | 201715213D | GFT | Comprehensive | PC6995J | PC6995J | 07/04/2018 | |

Claim Handling

[Task Transfer](#) [Exit](#)

Accident MT/1005188

LOS SAL SUB

| | | | | | |
|----------------------|---|----------------------|---|----------------------|---------------------------------|
| Policy No. | 5097637623 | Vehicle No. | PC6995J | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | ISLAND BUS EXPRESS PTE LTD | | | Policyholder NRIC | 201715213D |
| Product Code | FLEET INSURANCE | Cover Type | Comprehensive | Loading | 0 |
| Contact No. (Mobile) | NA | Contact No. (Office) | | Contact No. (Home) | |
| Email Address | | Special Remark | | eCode | <input type="text" value="No"/> |
| 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 | No |

Accident Details

| | | | | | |
|-------------------|------------------|-------------------------------|-------|---------------------|------------|
| Report Date | 30/07/2018 17:00 | Accident Report Within 24 hrs | Yes | Accident Type | Side Swipe |
| Date of Accident | 27/07/2018 | Time of Accident hh:mm | 18:20 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | HAVELOCK ROAD | | | | |

Benefits

Excess

| | | | | | |
|-----------------------|----------|-----------------------------|--|-------------------|--------|
| Own damage Excess | 3,000.00 | Additional Excess | | Windscreen Excess | 500.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | | | |

GST Registered Information

| | | | |
|----------------------|----|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | 61H CHOA CHU KANG ROAD | Address 2 | NICON GARDENS | Address 3 | SINGAPORE 689396 |
| Address 4 | | Address Type | Singapore address | Post Code | 689396 |
| Unit No. | | Related Policy Number | 5098622242 | | |

OI Driver Info

| | | | |
|---------------------|--|-------------|--|
| Driver Name | | Driver Type | |
| Unnamed driver Name | | Driver NRIC | |
| | | Driver Age | |
| | | Driver DOB | |

Claim Handling

Accident MT/1005188

| | | | | | |
|---------------------|---|---------------------|---|----------------------|------|
| Policy No. | 5097637623 | Vehicle No. | PC6995J | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | ISLAND BUS EXPRESS PTE LTD | | | Policyholder NRIC | 2017 |
| Product Code | FLEET INSURANCE | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | NA | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| 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 | No |

Accident Details

| | | | | | |
|-------------------|------------------|-------------------------------|-------|---------------------|-----------|
| Report Date | 30/07/2018 17:00 | Accident Report Within 24 hrs | Yes | Accident Type | Side |
| Date of Accident | 27/07/2018 | Time of Accident hh:mm | 18:20 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | HAVELOCK ROAD | | | | |

Excess

| | | | | | |
|-----------------------|----------|-----------------------------|--|-------------------|--------|
| Own damage Excess | 3,000.00 | Additional Excess | | Windscreen Excess | 500.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | | | |

Benefits

GST Registered Information

| | | | |
|----------------------|----|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------------|-----------------------|-------------------|-----------|-----------|
| Address 1 | 61H CHOA CHU KANG ROAD | Address 2 | NICON GARDENS | Address 3 | SINGAPORE |
| Address 4 | | Address Type | Singapore address | Post Code | 6893 |
| Unit No. | | Related Policy Number | 5098622242 | | |

OI Driver Info

| | | | | | |
|---|---|---------------------|-----------------|------------------------|--|
| Driver Name | | Driver Type | | Driver DOB | |
| Unnamed driver Name | | Driver NRIC | | Driving Experience | |
| Register Date of Driver License | | Driver Age | | Contact No.(Home) | |
| Contact No.(Mobile) | | Contact No.(Office) | | Address 3 | |
| Address 1 | | Address 2 | | Post Code | |
| Address 4 | | Address Type | Foreign 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 | |

Modification History

Claim 002 OD-MX New

| | | | | | |
|--------------------------------|----------------------------------|-------------------------|----------------------------------|----------------------------|------------|
| Claim Type * | OD-MX | Insured Name | ISLAND BUS EXPRESS PTE LTD | Insured NRIC | 2017 |
| Contact No.(Mobile) | 84067713 | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | OI Vehicle Number | PC6995J | TP Vehicle Number | SDU127K |
| Claim Description | PC6995J / SDU127K ON 27 Jul 2018 | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Partially at Fault | GIA report | Race |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | 28/08/2018 |
| Date Registered | 28/08/2018 17:52 | Claim Close Date | | Total Loss but Repaired | |
| Report Taken By | KRISHNASAMY | Workshop Repairer | | | |

☒ Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|---------------|------------------|
| Accident No. | MT/1005188 | Claim No. | 002 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 28/08/2018 17:50 |
| Path * | | Category * | Confidential |
| | Browse... | | Urgency * |
| | Clear | Please Select | NO |
| | | | Normal |

| | | | | |
|--|--------------------------------------|--|---------------------------------|-------------------------------------|
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="NO"/> | <input type="text" value="Normal"/> |

Message Read

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|------------|---|-----------------------|---------|---------------------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 17:52 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-8-28 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 17:50 | SAS | Normal | SAS 2018-8-28 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 17:50 | Photos | Normal | Photos 2018-8-28 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 17:50 | Photos | Normal | Photos 2018-8-28 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 17:50 | Photos | Normal | Photos 2018-8-28 |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 17:48 | Photos | Normal | Photos 2018-8-28 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 17:48 | Photos | Normal | Photos 2018-8-28 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Aug 2018 17:48 | Photos | Normal | Photos 2018-8-28 |
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Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|--|---|
| | | <input type="button" value="Display in New Window"/> | <input type="button" value="Scan and uploading"/> |