

# NATIONAL Assessment Centre Services

(ver 1 Jan 2005)

Date In: 07/09/2018 13:55	Job description	Date & Time Completed	Done by
Ref No: NA/INC18016360/K4	SAS e-filing		
Veh No: YM210X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/08/2018 18:05	i-Motor Claim Form	MT/1010541-001	7/9/18 17:15
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: SMB 123P 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

NA1805711

## Invoice Preparation Checklist

Amt (\$)  
1st Bill

Amt (\$)  
Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1:

Ref 2/3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idno DA + SMRT Survey \$160

8) NTUC Additional Services:

OD\*

\*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 (N7n INC) against INC \$20

9) N12: Idno 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	07/09/2018 13:55
Date Of Accident	16/08/2018 18:05
Exact Location Of Accident	JALAN JURONG KECHIL
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM210X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FM ENGINEERING PTE LTD
Co Reg No	200918334E
Email Address	FMENGINEERING28@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-94558538
Alternative Phone No	OFFICE-94558538

#### Vehicle Particulars

Manufacturer	NISSAN
Model	PU41T4
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5096001610
Cover Note Number	

#### Driver

Name of Driver	GOH SE CHAP
NRIC No	S2204454J
Date Of Birth	20/08/1946
Occupation	OUTDOOR
Date Of Driving Pass	24/12/1973
Driving Experience	44 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98765873
Fax Number	
Contact Number	OTHERS-98765873
EMail Address	FMENGINEERING28@YAHOO.COM.SG

Address	BLK 13 TOH YI DRIVE #03-11
Postcode	590013
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	NO 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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

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

#### Circumstances of Accident

THE DRIVER WENT TO THE BUKIT BATOK NPC TO REPORT ACCIDENT AND HE SAID THAT HE DID NOT KNOW ANYTHING AND WHAT HAPPEN AND HE CAME TO UBI IDAC AND INFORM TO MAKE A REPORT BUT HE DID NOT SUBMIT A 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	SMB123P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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

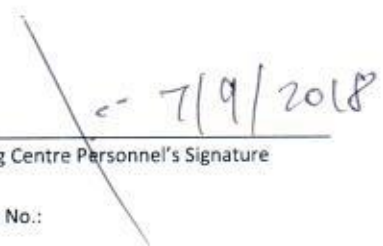
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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

No Sketch Plan


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(NO IDEA WHAT HAPPEN)

DECLARATION

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

X   
Policyholder's Signature  
Date & Time:

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

 7/9/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Our Ref: MT/CA/TP/059/1007937-002/EHH/VU

21 Aug 2018

FM ENGINEERING PTE LTD  
6D MANDAI ESTATE  
#07-11 M-SPACE  
SINGAPORE 729938

*Reporting  
18:05  
Location: NA  
Jalan Jurong Kechil.*

Dear Policyholder

**CLAIM NUMBER: MT/1007937-002**  
**ACCIDENT INVOLVING YM210X / SMB123P on 16 Aug 2018**

We would like to inform you that a claim for S\$2,034.50 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely



Goh Peng Hong  
Manager  
Motor Insurance

Our Ref: MT/CA/TP/020/1007937-002/EHH/NHF

31 Aug 2018

**CERTIFICATE OF POSTING  
REMINDER**

FM ENGINEERING PTE LTD  
6D MANDAI ESTATE  
#07-11 M-SPACE  
SINGAPORE 729938

Dear Policyholder

**CLAIM NUMBER: MT/1007937-002**  
**ACCIDENT INVOLVING YM210X / SMB123P on 16 Aug 2018**

We refer to our letter of 21 Aug 2018.

We have yet to receive your report on the accident. We would like to inform you that under your motor insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact Eng Huey Huey at 6430 7921 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely



Jenny Pe  
Deputy Vice President  
Motor Insurance



Reported on 6/9/2018  
@ 10:55 AM.

## ACCIDENT STATEMENT

ACCIDENT DATE: (16/08/2018) (DD/MM/YYYY), TIME: (18:05) (HH:MM)

LOCATION: Jalan Jurong Kechil.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YM 210X  
b) INSURANCE COMPANY:   
c) POLICY NUMBER:   
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL:   
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME:   
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### INSURED / POLICY HOLDER

- A) NAME: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:   
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 98765873  
c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMB 123P MODEL:   
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:

\* Spoken to him? Telephone  
For E Bod. Use the same claim number: (MIT/1007937-002)

Ack by Mr Clarence (NTUC) on 6/9/2018 @ 11:05 AM.

Email = fmengineering28@yahoo.com.sg

fax =

VIDEO =

Waiting for Police Report?

94558538

BOSS

7/9/2018 @ 13:50 hrs. & Company Chop on Sketch.  
Call Boss to ask which Police Post he said. Bulkit Butte 09:39 AM E given ok Plan.

7/9/2018 @ 13:10 hrs.  
Call NTUC Mr Clarence  
he inform that ask  
the driver which  
Police post he went  
to so must know  
the name? Bulkit  
Butte NP2.  
and Pls state  
on the AIA  
report?

\* No of passengers  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

Driver came to  
Idac on 7/9/2018  
@ 09:39 AM  
and inform that  
he went to  
Police post to  
report but  
he do not know  
any things what  
happen and he  
come to place.

\* Do not create  
newly.



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2204454J



Name  
GOH SE CHAP  
吴西济  
Race  
CHINESE  
Date of Birth  
20-08-1946 M  
Country of Birth  
JOHORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2204454J  
Name  
GOH SE CHAP  
Birth Date 20 Aug 1946  
Issue Date 15 Oct 2003




1850375



NRIC No. S2204454J



Blood Group O+ Date of issue 02-04-1994

Address  
APT BLK 13 TOH YI DRIVE  
#03-11  
SINGAPORE 2159

24/12/1973

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2 Motor Vehicle (Motor Tractors & Motor Cycles) of which the weight does not exceed 2,000 kilograms

24 Dec 1973

Licence No. S2204454J



## 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 :** 5096001610

**Cover :** Third Party, Fire & Theft

- |   |                          |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle  | : YM210X                 |
| Chassis Number  | : PU41T4007365           |
| 2. Name of Policyholder   | : FM ENGINEERING PTE LTD |
| 3. Effective Date of Insurance  | : 25 Nov 2017            |
| 4. Expiry Date of Insurance   | : 24 Nov 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 business or profession.   |                          |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                          |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing 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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
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 : ABWIN PTE LTD (00000614234)  
Date of Issue : 17 Nov 2017 10:22 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.  Date of Accident   
Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096001610		FM ENGINEERING PTE LTD	200918334E	GCV	Third Party, Fire & Theft	YM210X	YM210X	25/11/2017	24/11/2018

## Claim Handling

[Task Transfer](#)
[Exit](#)
[LOS](#)
[SAL](#)
[SUB](#)
[Accident MT/1007937](#)

Policy No.	5096001610	Vehicle No.	YM210X	GST Registration No.	200918334E
Certificate No.					
Policyholder Name	FM ENGINEERING PTE LTD			Policyholder NRIC	200918334E
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	<input type="button" 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	Not available

[Accident Details](#)

Report Date	20/08/2018 14:38	Accident Report Within 24 hrs	Non-Reporting	Accident Type	Unknown
Date of Accident	16/08/2018	Time of Accident hh:mm	18:05	Country of Accident	Singapore
Reporting Centre	Tan Yong Kwang Anthony	Orange Force	No	ICM No.	
Accident Location	NA				

[Excess](#)

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

[Benefits](#)

Coverage	Sum Insured
PAB	99999999.99

[GST Registered Information](#)

GST Registered	Yes	GST Registration Date	01/10/2009
GST Registration No.	200918334E	GST Status Verified	Yes
Modification History			

[Policyholder Mailing Address](#)

Address 1	6D MANDAI ESTATE	Address 2	#07-11 M-SPACE	Address 3	SINGAPORE 729938
Address 4		Address Type	Singapore address	Post Code	729938
Unit No.		Related Policy Number	5102775123		

[OI Driver Info](#)

Driver Name	Driver Type	Driver DOB
	Driver NRIC	



## Claim Handling

Accident MT/1010541

Policy No.	5096001610	Vehicle No.	YM210X	GST Registration No.	2009
Certificate No.					
Policyholder Name	FM ENGINEERING PTE LTD			Policyholder NRIC	2009
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	94558538	Contact No.(Office)	0	Contact No.(Home)	0
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	07/09/2018 17:08	Accident Report Within 24 hrs	Yes	Accident Type	No cc
Date of Accident	16/08/2018	Time of Accident hh:mm	18:05	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN JURONG KECHIL				

## Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

## Benefits

Coverage		Sum Insured	
PAB		99999999.99	

## GST Registered Information

GST Registered	Yes	GST Registration Date	01/10/2009
GST Registration No.	200918334E	GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	6D MANDAI ESTATE	Address 2	#07-11 M-SPACE	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	7299
Unit No.		Related Policy Number	5102775123		

## O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	GOH SE CHAP	Driver NRIC	S22044541	Driver DOB	20/0
Register Date of Driver License	24/12/1973	Driver Age	71	Driving Experience	44
Contact No.(Mobile)	98765873	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 13	Address 2	TOH YI DRIVE	Address 3	
Address 4		Address Type	Singapore address	Post Code	5900
Unit No.	#03-11				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

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

## Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	FM ENGINEERING PTE LTD	Insured NRIC	2009
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	6766
Email Address		O1 Vehicle Number	YM210X	TP Vehicle Number	SMB
Claim Description	YM210X / SMB123P ON 16 Aug 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rece
Date Registered	07/09/2018 17:17	Claim Close Date		Date Received	07/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					



## Attachment



Accident No.	MT/1010541	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/09/2018 17:15
Path *	Category * Confidential Urgency *		
<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"/>
<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 07 Sep 2018 17:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 17:15	SAS	Normal	SAS 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 17:14	Photos	Normal	Photos 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 17:14	Photos	Normal	Photos 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 17:14	Photos	Normal	Photos 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 17:14	Photos	Normal	Photos 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 17:14	Photos	Normal	Photos 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 17:14	Photos	Normal	Photos 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 17:14	Photos	Normal	Photos 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 17:14	Photos	Normal	Photos 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 17:14	Photos	Normal	Photos 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 17:14	Photos	Normal	Photos 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 17:14	Photos	Normal	Photos 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 17:14	Photos	Normal	Photos 2018-9-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Sep 2018 17:14	Photos	Normal	Photos 2018-9-7

## 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"/>