

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

| | | | |
|---------------------------------|--|-----------------------|---------|
| Date In 07/09/18 | Job description | Date & Time Completed | Done by |
| Ref No NA/INC18016365/13 | SAS e-filing | | |
| Veh No FBG 4399M | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A 06/09/18 1630 | i-Motor Claim Form MT/1010568 - 001 | | |
| 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: SK10000 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|--|---|----------------------|----------------------|
| NA1805709 | Invoice Preparation Checklist | Amt (\$) 1st 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) | | |
| Cat. 1: | 6) TR : Re-inspection \$75 | | |
| Cat. 2 / 3: | 7) N1 : Idac 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 (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile \$0 | | |
| | 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 15:23 |
| Date Of Accident | 06/09/2018 16:30 |
| Exact Location Of Accident | SIMEI AVE SLIP RD TO PIE(TUAS) |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | FBG4399M |
| Insured/Policyholder | |
| Name Of Registered Owner | LEE NAM HUAT |
| NRIC No | S1484401E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96273829 |
| Alternative Phone No | OTHERS-96273829 |
| Vehicle Particulars | |
| Manufacturer | YAMAHA |
| Model | JUPITER |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | MOTORCYCLE |
| 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 | 5091602699-01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LEE NAM HUAT |
| NRIC No | S1484401E |
| Date Of Birth | 18/07/1961 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 16/11/1984 |
| Driving Experience | 33 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96273829 |
| Fax Number | |
| Contact Number | OTHERS-96273829 |
| Email Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | BLK 325 UBI AVE 1 #03-705 |
| Postcode | 400325 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | NO |
| 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 | MACPHERSON NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7449999 - FAX NO: 65476366 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180907/2036

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 INJURED PERSON 1

| | |
|---|--------------|
| Name | LEE NAM HUAT |
| Approximate Age | |
| Injuries Sustain | SERIOUS |
| Injured person in which vehicle? | FBG4399M |
| Were seat belts worn? | |
| 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:

7/9/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:



07/09/18

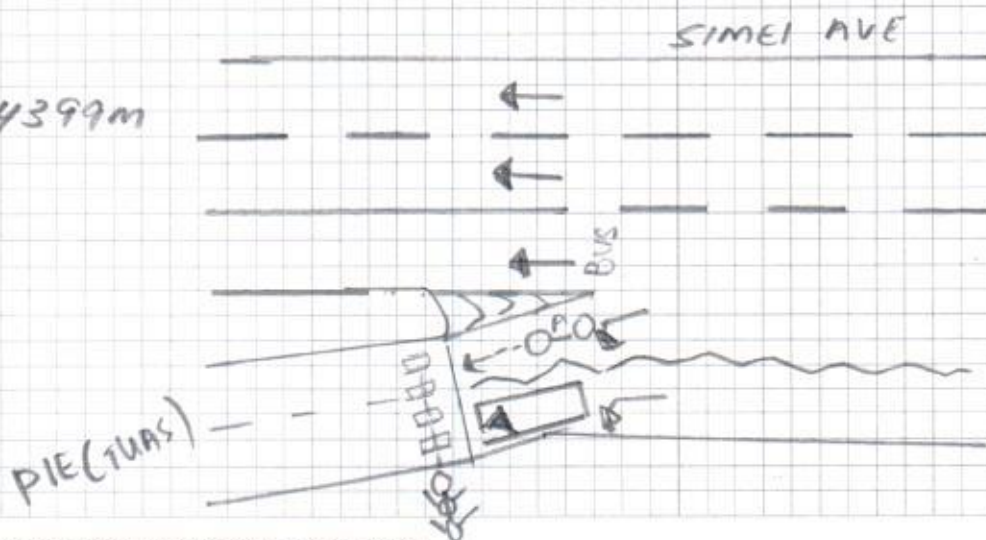
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

A - FBG 4399m



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

p/s refer to the attached statement.

DECLARATION

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

Policyholder's Signature

Date & Time: 7/9/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

07/09/18



SINGAPORE POLICE FORCE



T/20180907/2036

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

1 of 3

Report No. T/20180907/2036

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|-------------------------|
| Date/Time Report Made: 07/09/2018 12:13 | Vide Report No.: | Station Diary No.: 7 |
|--|------------------|-------------------------|

| Informant's Particulars | | | | |
|--|------------|---|-----------------------------|--|
| Name of Informant: LEE NAM HUAT | | Address: APT BLK 325 UBI AVENUE 1 #03-705 SINGAPORE 400325 | | |
| ID Type / ID No.: NRIC NO / S1484401E | | Contact No.: Home/Office: Mobile: 96273829 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 57 | Date of Birth: 18/07/1961 | Type of Informant: Rider | |
| Race: Chinese | | Language: English | Institution / School Name: | |
| Occupation: Working proprietor (transport, storage and courier) | | Driving Licence Information: Class: 2B,3,4,5 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------|------------------------------------|--|---------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 06/09/2018 16:30 | Type of Location: Bend |
| Location: Along Road 1 Traveling Toward Road 2 SIMEI AVENUE PAN ISLAND EXPRESSWAY Simei Avenue slip road to PIE(Tuas) | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 50 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Self-skid | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|-----------------|-------|------------------|-----------------|
| FBG4399M | Motorcycle | YAMAHA | JUPITER MX (HC) | Red | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|---------------|------------|-------------|
| FBG4399M | NTUC Income Insurance Co-Operative Limited | 5091602699-01 | 17/07/2018 | 16/07/2019 |



**SINGAPORE
POLICE FORCE**



T/20180907/2036

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

2 of 3

Report No. T/20180907/2036

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | LEE NAM HUAT | ID No. | S1484401E |
| Related Vehicle | FBG4399M (Motorcycle) | Contact No. | 96273829 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,3,4,5 Date of Expiry: NIL |
| Date Treatment | 06/09/2018 | Date Discharge | 06/09/2018 |
| No. of Days granted Medical Leave | 16 | Degree of Injury | Serious |

Brief Details.

On 06/09/2018 at about 1630hrs I was riding my motorcycle along Simei Avenue at the slip road towards PIE(TUAS). While approaching the zebra crossing, one cyclist had suddenly cycled across and I had to jammed the brakes which caused my motorcycle to skid. I had felled forward and landed on my left hand which caused my left wrist to fracture. I had went to CGH to check on my left wrist and was later given 16 days of medical leave by the doctor for fractured bone in my left wrist.



**SINGAPORE
POLICE FORCE**



T/20180907/2036

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

3 of 3

Report No. T/20180907/2036

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 AHMAD SALLEH BIN RAHMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH
Contact No.: 65476367

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
07/09/2018 12:13

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (06/09/18) (DD/MM/YYYY), TIME: (16:30) (HH:MM)

LOCATION: SIMEI AVE SLIP RD TO PIE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG4399M
b) INSURANCE COMPANY: NFUE
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA JUPITER 135
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: LEE NAM HUAT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 514844016 CONTACT: 96273829
c) ADDRESS: BLK 325 UBI AVE 1
H03-705 400325

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (18/07/1961) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16/11/1984

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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 SK1000

- a) VEHICLE NUMBER: _____ 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: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

07/09/18
waiting for police report
1 veh. ✓
Email =
fax =
video =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1484401E



Name
LEE NAM HUAT
李南发

Race
CHINESE

Date of Birth
18-07-1961

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S1484401E**

Name
LEE NAM HUAT

Birth Date: **18 Jul 1961**

Issue Date: **18 Jan 2017**

0026483008



0434845



NRIC No. **S1484401E**



Binet Group: **B+** Date of issue: **20-07-1992**


Address
**APT BLK 325 UBI AVENUE 1
#03-705
SINGAPORE 1440**

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

| | | EFFECTIVE DATE |
|----------|--|----------------|
| Class 2B | Motorcycles <= 200 cc | 16 Nov 1984 |
| Class 3 | Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg | 05 Feb 1979 |
| Class 4 | Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg | 12 Nov 1963 |
| Class 5 | Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg | 16 May 1984 |
| | Motor vehicles not constructed to carry any load and the unladen weight > 7250kg | |

NP 428A

Licence No: S1484401E



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="06/09/2018 10:06"/> |
| Vehicle No. (For Motor) | <input type="text" value="FBG4399M"/> | 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"/> | 5091602699-01 | | LEE NAM HUAT | S1484401E | GMC | Third Party, Fire & Theft | FBG4399M | FBG4399M | 17/07/2018 | 16/07/2019 |

Claim Handling

Accident MT/1010568

| | | | | |
|---------------------|---|---------------------|---|----------------|
| Policy No. | 5091602699-01 | Vehicle No. | FBG4399M | GST Registrat |
| Certificate No. | | | | |
| Policyholder Name | LEE NAM HUAT | | | Policyholder f |
| Product Code | MOTORCYCLE INSURANCE | Cover Type | Third Party, Fire & Theft | Loading |
| Contact No.(Mobile) | 96273829 | Contact No.(Office) | 0 | Contact No.(I |
| Email Address | | Special Remark | | eCode |
| 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(%) | 20 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|--------------------------------|-------------------------------|-------|---------------|
| Report Date | 08/09/2018 09:34 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 06/09/2018 | Time of Accident hh:mm | 16:30 | Country of Ac |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | SIMEI AVE SLIP RD TO PIE(TUAS) | | | |

▼ Excess

| | | | | |
|-----------------------|------|-----------------------------|--|--------------|
| Own damage Excess | 0.00 | Additional Excess | | Windscreen E |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | |
| Third Party Excess | 0.00 | 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 | BLK 325 #03-705 | Address 2 | UBI AVENUE 1 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5091602699-01 | |

▼ O1 Driver Info

| | | | | |
|---|---|---------------------|-------------------|---------------|
| Driver Name | LEE NAM HUAT | Driver Type | Main Driver | |
| Unnamed driver Name | | Driver NRIC | S1484401E | Driver DOB |
| Register Date of Driver License | 16/11/1984 | Driver Age | 57 | Driving Exper |
| Contact No.(Mobile) | 96273829 | Contact No.(Office) | 0 | Contact No.(I |
| Address 1 | BLK 325 | Address 2 | UBI AVENUE 1 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | #03-705 | | | |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | Driver Insure |

Declaration

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

Modification History

Claim 001 OD-MX

New

| | | | |
|--------------------------|-----------------------------------|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | |
| Contact No.(Mobile) | 96273829 | Contact No. (Home) | |
| Email Address | | O1 Vehicle Number | |
| Claim Description | FBG4399M / SKIDDED ON 6 Sept 2018 | | |
| Preferred Workshop | | Insured Liability | Fully at Fault |
| Contact No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| Report Taken By | | Claim Close Date | 08/09/2018 09:39 |
| | | Workshop Repairer | ROSINDA |

☒ Print AK letter

Save Submit

Attachment



Accident No.

MT/1010568

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

08/09/2018 00:00

Path *

Category *

Confid

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Message Read

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | |
|------------|--|-----------------------|---------|---------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Sep 2018 09:38 | NRIC/ Driving License | Normal | NRIC/ D |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Sep 2018 09:38 | SAS | Normal | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Sep 2018 09:38 | Photos | Normal | I |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Sep 2018 09:38 | Photos | Normal | I |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Sep 2018 09:38 | Photos | Normal | I |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Sep 2018 09:38 | Photos | Normal | I |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Sep 2018 09:38 | Photos | Normal | I |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Sep 2018 09:38 | Photos | Normal | I |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Sep 2018 09:38 | Photos | Normal | I |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Sep 2018 09:38 | Photos | Normal | I |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Sep 2018 09:38 | Photos | Normal | I |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Sep 2018 09:38 | Photos | Normal | I |

Video List

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

Display in New Window

Scan and uploading