

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MNA 118/1811

Date In: 11/01/18 - 18:52	Job description	Date & Time Completed	Done by
Ref No: NA/INC15016589/24	SAS e-filing		
Veh No: SKN10154	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/01/18 - 09:10	i-Motor Claim Form	M/1011292-02	11/01/18 19:20
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: 8Y B1DC	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:-
( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.
( ) Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

NA 1505809	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Idac Mobile		
	*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	11/09/2018 18:52
Date Of Accident	11/09/2018 09:10
Exact Location Of Accident	KPE TWDS BARTLEY RD EAST BEFORE DEFU FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN1015Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO2 PTE LTD
Co Reg No	201623774E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 2.0L MIVEC GT CVT ABS A/B G/D SR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5100572973
Cover Note Number	

### Driver

Name of Driver	TING PEI-CHING, RENITA (DING PEIJING, RENITA)
NRIC No	S8115532A
Date Of Birth	03/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	12/02/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-88098352
Fax Number	
Contact Number	OFFICE-88098352
EMail Address	NOEMAIL

Address	BLK 317D ANCHORVALE ROAD #08-206
Postcode	544317
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LEO LAI GENDER: : MALE

#### 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

REFER TO 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	GY8152C
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	TING PEI-CHING, RENITA (DING PEIJING, RENITA)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SKN1015Y
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:

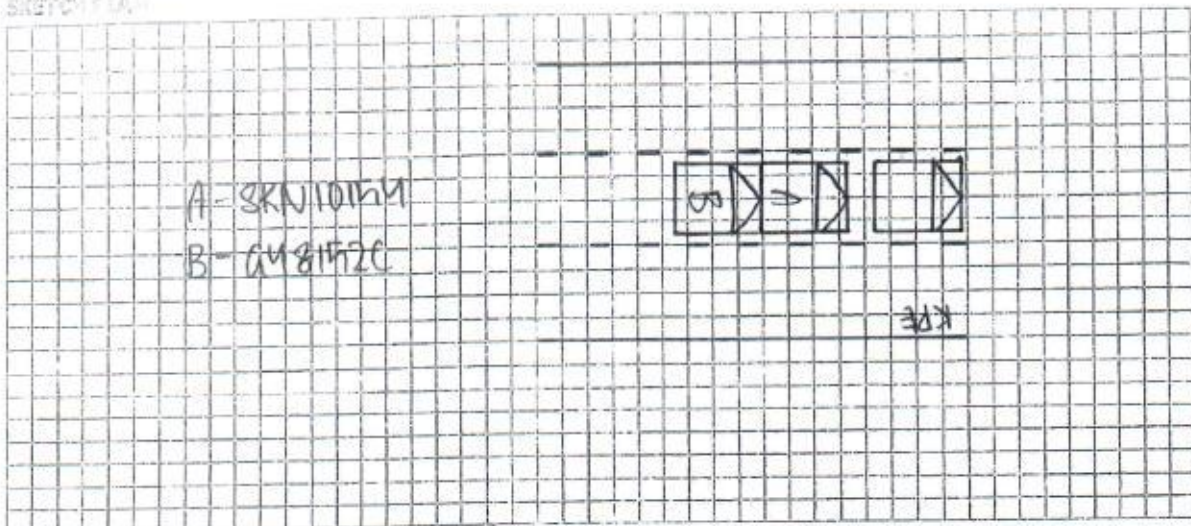
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

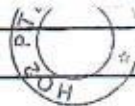
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along KPE towards Bartley Road East before Defu Flyover. The traffic was heavy so all of the vehicles are moving very slowly. When the vehicle in front of me started to brake, I also came to a stop behind him without any contact with it. Suddenly after being stationary for around 10 seconds, my passenger and I suddenly felt a huge impact from the rear portion of our vehicle. When we both got down, we realized that vehicle B had collided onto the rear portion of my vehicle.



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.:



# SINGAPORE ACCIDENT STATEMENT

E

- Please submit this form to the individual insurance authorised reporting centre.  
 Please report correctly on the details of the accident to speed up the claim process.  
 This form must be filled up by the policy holder and/or authorised driver.  
 Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.  
 ♦ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.  
 ♦ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	11 Sept (mbur) 2018	(DD/MM/YY)
Time of accident	09:10 a.m	(HH:MM)
Exact location of accident	KPE towards Bartley Road East before Delta Fly Over	

## DETAILS OF VEHICLE

Vehicle registration number	3KN101FY		
Vehicle make and model	Mitsubishi Lancer		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	H02 Pte Ltd	Male <input type="checkbox"/>	Female <input type="checkbox"/>
RIC / Fin / Passport number			
Contact			
Address			

## DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

ime	Ting Pei Ching Renita	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
IC / Fin / Passport number	38115532A		
ntact	88098352		
ldress	Blk 317D Anchorvale Road #08-206 S(944317)		
mail address	RENITATINGA@GMAIL.COM		
te of birth	08 JUN 1981		
cupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>		
iving date pass	16 APR 2012		

# GENERAL INFORMATION OF THE ACCIDENT

Employee of any?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Recorded by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
of passenger	2 (Inclusive of driver)

## PASSENGER 1

me	Ting Pu Ching Renita
nder	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 2

me	LIO LAI
nder	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 3

me	
nder	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 4

me	
nder	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 5

me	
nder	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 6

me	
nder	Male <input type="checkbox"/> Female <input type="checkbox"/>

## OTHER INFORMATION

is anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
is other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

## DETAILS OF POLICE ACTION

ported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
lice station name	

## WITNESS 1

me	
----	--

## WITNESS 2

me	
----	--



THIRD PARTY VEHICLE 1	
Vehicle registration number	AY8152C
Vehicle make model	MITSUBISHI
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	Renita Ting Pei Ching
Injuries sustained	Neck and Back
Which vehicle person in?	SKN10154
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



REPUBLIC OF SINGAPORE DRIVING LICENCE

50115632A

LEE PEI CHING, RENITE  
DING PEI JING, RENITE

Issued On 03 Jun 1981  
Valid Until 16 Apr 2012

007060006B

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSSES:**

CLASS	EFFECTIVE DATE
Class 5A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	16 Apr 2012

NP #20A

License No. S6115532A

8 8 5 0 7 7 8

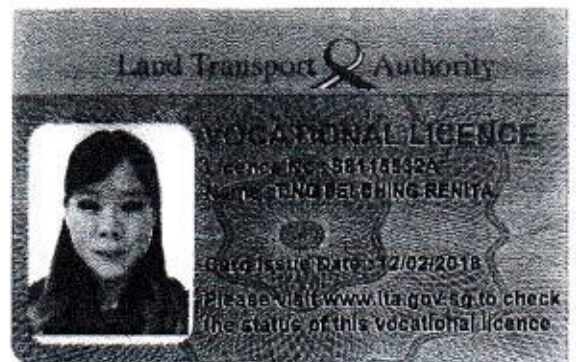


NRIC No. **S8115532A**



Date of issue  
**10-05-2012**

**Address**  
**APT BLK 317D ANCHORVALE ROAD**  
**#06-206**  
**SINGAPORE 544317**



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sui Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	12/02/2018





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"/>	5100572973		HO2 PTE LTD	201623774E	GPT	drive CLASSIC	SKN1015Y	SKN1015Y	15/05/2018	

## ▼ Policy Information

Policy No.	5100572973	Policyholder Name	HO2 PTE LTD	Policyholder NRIC	201623774E
Certificate No.					
Address	3031A UBI ROAD 3 #01-118 SINGAPORE 408659				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	08/05/2018	Effective Date	15/05/2018 00:00	Expiry Date	14/05/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00	Young/Inexperience Driver Excess	
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	3031A UBI ROAD 3	Address 2	#01-118	Address 3	SINGAPORE 408659
Address 4		Address Type	Singapore address	Post Code	408659
Unit No.	01-118	Related Policy Number	5100572973		

## ▶ Insured Object: SKN1015Y

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	15/05/2018 00:00	Basic Information Endorsement	000001286819847	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1: SJF3196Z 15-05-2018 \$1,401.70 In view of this amendment, a refund of \$1,401.70 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 15 May 2018, the following amendment(s) is/are made to this policy: VEHICLE NUMBER HIRE PURCHASE COMPANY SGD4012K TAI THONG LEE TRADING PTE LTD SGU1016E TAI THONG LEE TRADING PTE LTD SGY8614L TAI THONG LEE TRADING PTE LTD SJA2549Y TAI THONG LEE TRADING PTE LTD SJA2718B TAI THONG LEE TRADING PTE LTD SJA5936T TAI THONG LEE TRADING PTE LTD SJP8029M TAI THONG LEE TRADING PTE LTD SKH5133U TAI THONG LEE TRADING PTE LTD SKX4288D TAI THONG LEE TRADING PTE LTD SKN1015Y TAI THONG LEE TRADING PTE LTD SLN8812E DAIMLER FINANCIAL SERVICES AFRICA &amp; ASIA PACIFIC LTD</p> <p>Thank you for giving us the</p>
2	15/05/2018 00:00	Basic Information Endorsement	000001286819948	Endorsement Take Effective	



## Claim Handling

[Exit](#)

Accident MT/1011090

Policy No.	5100572973	Vehicle No.	SKN1015Y	GST Registration No.	
Certificate No.					
Policyholder Name	HO2 PTE LTD			Policyholder NRIC	201623774E
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	11
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	11/09/2018 19:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/09/2018	Time of Accident (hh:mm)	09:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE TWDS BARTLEY RD EAST BEFORE DEPU FLYOVER				

## ▼ Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore DO Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	3031A UBI ROAD 3	Address 2	#01-118	Address 3	SINGAPORE 408659
Address 4		Address Type	Singapore address	Post Code	408659
Unit No.	01-118	Related Policy Number	5100572973		

## ▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/06/1981
Unnamed driver Name	TING PEI-CHING, RENITA (DOW)	Driver NRIC	S8115532A	Driving Experience	0
Register Date of Driver License	12/02/2018	Driver Age	37	Contact No.(Home)	0
Contact No.(Mobile)	88098352	Contact No.(Office)	0	Address 3	ANCHORVALE GARDENS
Address 1	BLK 317D	Address 2	ANCHORVALE ROAD	Post Code	544317
Address 4	SINGAPORE 544317	Address Type	Singapore address		
Unit No.	08-206				
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 checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	---

## Modification History

Claim 001 [New](#)

Claim Type *	CO-MX	Insured Name	HO2 PTE LTD	Insured NRIC	201623774E
Contact No.(Mobile)	90050110	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		O1 Vehicle Number	SKN1015Y	TP Vehicle Number	GY8152C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKN1015Y / GY8152C ON 11 Sept 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/09/2018 19:20	Claim Close Date		Date Received	11/09/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter[Save](#) [Submit](#)





















## Attachment

Accident No.	MT/1011090	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/09/2018 19:23

Path *	Category *	Confidential	Urgency *	Description *
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	
<a href="#">Browse...</a>	<a href="#">Clear</a> Please Select	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	Normal	

Browse...		Clear	Please Select	▼	ND	▼	Normal	▼	
Browse...		Clear	Please Select	▼	ND	▼	Normal	▼	

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:22	SAS	Normal	SAS 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:22	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:22	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:22	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:22	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:21	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:21	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:21	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:21	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:21	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:21	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:21	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:21	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:21	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:21	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:21	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:21	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 11 Sep 2018 19:21	Photos	Normal	Photos 2018-9-11		<a href="#">Edit</a>

**Video List**

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