

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 11818838

Date In: 13/01/18-11:54	Job description	Date & Time Completed	Done by
Ref No: NA/INC1801676/24	SAS e-filing		
Veh No: JJR17296	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 11/01/18-20:35	I-Motor Claim Form	11/01/18-20:35	13/01/18 17:25
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: SHDUB646

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

NA1805856

## Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:

Ref. 1:

Ref. 2 / 3:

## Invoice Preparation Checklist

Amf (\$)

Amf (\$)

In Bill

Add Bill

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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD:

\*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 willful 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	13/09/2018 11:54
Date Of Accident	11/09/2018 20:35
Exact Location Of Accident	JUNC JURONG WEST AVE 3 & JALAN BAHAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR1729L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	K & M LEASING PTE LTDD
Co Reg No	201634342C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97538067
Alternative Phone No	OFFICE-97538067

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION A15 A
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	5095123617-01
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD ADNAN TOBING BIN ALI TOBING
NRIC No	S1606152B
Date Of Birth	27/06/1963
Occupation	OUTDOOR
Date Of Driving Pass	30/06/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81383736
Fax Number	
Contact Number	OFFICE-81383736
EMail Address	NOEMAIL

Address	BLK 446B JALAN KAYU #14-336
Postcode	792446
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 - CROSS JUNCTION
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?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180913/2025.

#### 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	SHD4864G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD ADNAN TOBING BIN ALI TOBING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJR1729L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE


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

I understand, acknowledge, agree and consent that:

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

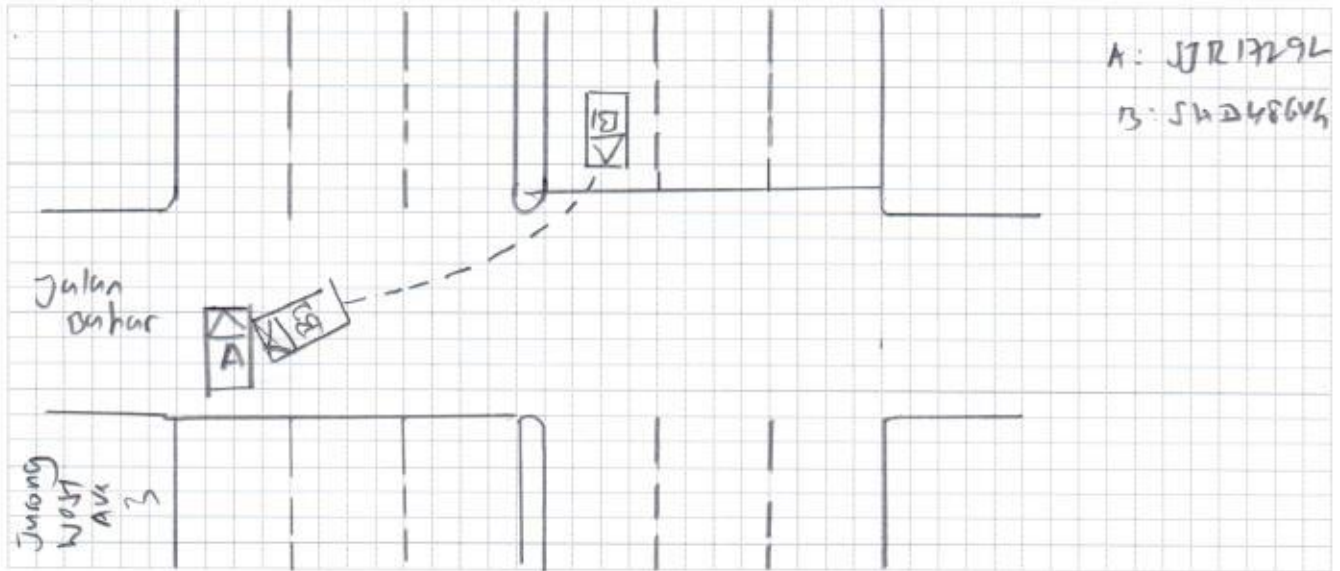


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180913/2025.

## 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:

*[Handwritten signature]*

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

*[Handwritten signature]*

# ACCIDENT STATEMENT

ACCIDENT DATE: (11/ 9/ 18) (DD/MM/YYYY), TIME: (20 : 35) (HH:MM)

LOCATION: Junc Jurong West Ave 3 & Jalan Bayhar

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 1729L  
b) INSURANCE COMPANY: NTOL  
c) POLICY NUMBER: 5095123617-01  
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: commercial use  
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: K L M Leasing Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 201634322 CONTACT: 97538067  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Mohammad Adnan Tasying Bin Ali (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 516061528 CONTACT: 8138372  
c) ADDRESS: Blk 446B Jalan Kaya 814-336 C79 2446

\*d) DATE OF BIRTH: (27 / 6 / 1963) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20/4 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Driver  
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: SHD 48646 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 passengers  
(including driver)  
(1)

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

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

Email = motor@km.com.sg

fax =

VIDEO =



**SINGAPORE  
POLICE FORCE**



T/20180913/2025

1 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180913/2025

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/09/2018 09:53		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMMAD ADNAN TOBING BIN ALI TOBING			Address: 446B JALAN KAYU #14-336 FERNVALE LODGE SINGAPORE 792446		
ID Type / ID No.: NRIC NO / S1606152B			Contact No.: Home/Office: Mobile: 81383736		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 27/06/1963	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/09/2018 20:35	Type of Location:
Location: Junction of Road 1 and Road 2 JURONG WEST AVENUE 3 JALAN BAHAR				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4864G	TAXI					0
SJR1729L	Car					0



**SINGAPORE  
POLICE FORCE**



T/20180913/2025

2 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180913/2025

**CONTINUATION OF REPORT**

**Brief Details.**

**ON THE ABOVE MENTIONED DATE TIME AND LOCATION**

I WAS TRAVELLING ALONG JURONG WEST AVE 3 ON THE LEFT LANE OF THE 2-LANE ROAD GOING STRAIGHT TOWARDS JURONG AVE 5. I WAS APPROACHING THE X-JUNCTION OF JURONG WEST AVE 3 AND JALAN BAHAR AND SAW THAT THE TAFFIC LIGHT AT THAT JUNCTION WAS GREEN FOR ME. SO I CONTINUED GOING STRAIGHT. I WAS AT THE JUNCTION WHEN SUDDENLY A TAXI(SHD4864G) CAME OUT OF JALAN BAHAR ON MY RIGHT SIDE AND COLLIDED INTO THE FRONT RIGHT SIDE OF MY CAR. AMBULANCE AND POLICE CAME. I WAS CONVEYED TO NG TENG FONG HOSPITAL AND WAS DISCHARGED THE NEXT DAY AND RECEIVED 3-DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20180913/2025

3 of 3

Report No. T/20180913/2025

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**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:  
TP /  
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/09/2018 09:53

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MOHAMED RIZWAN BIN IBRAHIM  
Contact No.: 93265045

Classification Of Case:


Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**

Signature:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1606152B




Name  
**MOHAMMAD ADNAN TOBING  
BIN ALI TOBING**  
محمد عدنان توبيع بن علي توبيع

Race  
**MALAY**

Date of Birth **27-06-1963** Sex **M**

Country of Birth  
**SINGAPORE**


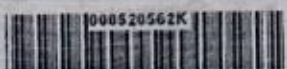


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1606152B**

Name  
**MOHAMMAD ADNAN TOBING  
BIN ALI TOBING**

Birth Date **27 Jun 1963**  
Issue Date **28 May 2003**

1000520562K

1489853



NPIC No. **S1606152B**



Blood Group **O+** Date of issue **05-12-1993**

APT BLK 446B JALAN KAYU #14-336  
SINGAPORE 792446  
NPIC No: **S1606152B** Date: **30/12/2012** No: **7237734**


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

		PASS DATE
Class 2B	Motorcycles $\leq 200$ CC	14 Jun 1982
Class 3	Motor cars $\leq 3000$ kg with $\leq 7$ passengers, exclusive of the driver; and motor tractors/vehicles $\leq 2500$ kg	30 Jun 2007

S1606152B S / No. 9000057898

Licence No: S1606152B

NP 426A



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 NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095123617-01		K & M LEASING PTE LTD	201634342C	GFT	drive CLASSIC	SJR1729L	SJR1729L	13/01/2018	

## ▼ Policy Information

Policy No.	5095123617-01	Policyholder Name	K & M LEASING PTE LTD	Policyholder NRIC	201634342C
Certificate No.					
Address	2 YISHUN INDUSTRIAL STREET 1 #08-10 NORTH POINT BIZHUB SINGAPORE 768159				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	03/01/2018	Effective Date	13/01/2018 00:00	Expiry Date	12/01/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	1500	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	2 YISHUN INDUSTRIAL STREET	Address 2	#08-10 NORTH POINT BIZHUB	Address 3	SINGAPORE 768159
Address 4		Address Type	Singapore address	Post Code	768159
Unit No.	08-10	Related Policy Number	5096675469-01		

## ► Insured Object: SJR1729L

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	13/01/2018 00:00	Basic Information Endorsement	000001286732301	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. SJP7785U 13-01-2018 \$1,396.35 In view of this amendment, a refund of \$1,396.35 (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 this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJN3615P 12-02-2018 \$1,281.58 In view of this amendment, an additional premium of \$1,281.58 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	12/02/2018 00:00	Basic Information Endorsement	000001286754115	Endorsement Take Effective	

## Claim Handling

Exit

Accident MT/1011412

Policy No.	S095123617-01	Vehicle No.	SJR1729L	GST Registration No.	
Certificate No.					
Policyholder Name	K & M LEASING PTE LTD			Policyholder NRIC	201634342C
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97538067	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<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	Yes
<b>Accident Details</b>					
Report Date	11/09/2018 17:23	Accident Report Within 34 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	11/09/2018	Time of Accident hh:mm	20:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC JURONG WEST AVE 3 & JALAN BAHAR				
<b>Excess</b>					
Own damage Excess	1,500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	1,500.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	2 YISHUN INDUSTRIAL STREET	Address 2	#06-10 NORTH POINT BIZHUB	Address 3	SINGAPORE 768159
Address 4		Address Type	Singapore address	Post Code	768159
Unit No.	D8-10	Related Policy Number	S096675469-01		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/06/1963
Unnamed driver Name	MUHAMMAD ADNAN TOBINING BI	Driver NRIC	S1606152B	Driving Experience	11
Register Date of Driver License	30/06/2007	Driver Age	55	Contact No.(Home)	0
Contact No.(Mobile)	81381736	Contact No.(Office)	0	Address 3	PERVALE LODGE
Address 1	BLK 446B	Address 2	JALAN KAYU	Post Code	792446
Address 4	SINGAPORE 792446	Address Type	Singapore address		
Unit No.	14-336				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
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 *	OD-MX	Insured Name	K & M LEASING PTE LTD	Insured NRIC	201634342C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJR1729L	TP Vehicle Number	SHD4864G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJR1729L / SHD4864G 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	13/09/2018 17:25	Claim Close Date		Date Received	13/09/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1011412	Claim No.	001						
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/09/2018 17:27						
Path *		Category *		Confidential		Urgency *		Description *	
	Browse... Clear	Please Select		NO		Normal			
	Browse... Clear	Please Select		NO		Normal			
	Browse... Clear	Please Select		NO		Normal			
	Browse... Clear	Please Select		NO		Normal			

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Sep 2018 17:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-13		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Sep 2018 17:26	SAS	Normal	SAS 2018-9-13		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Sep 2018 17:26	Photos	Normal	Photos 2018-9-13		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Sep 2018 17:26	Photos	Normal	Photos 2018-9-13		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Sep 2018 17:26	Photos	Normal	Photos 2018-9-13		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Sep 2018 17:26	Photos	Normal	Photos 2018-9-13		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Sep 2018 17:26	Photos	Normal	Photos 2018-9-13		Edit
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Sep 2018 17:25	Photos	Normal	Photos 2018-9-13		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Sep 2018 17:25	Photos	Normal	Photos 2018-9-13		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Sep 2018 17:25	Photos	Normal	Photos 2018-9-13		Edit
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Sep 2018 17:25	Photos	Normal	Photos 2018-9-13		Edit
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Sep 2018 17:25	Photos	Normal	Photos 2018-9-13		Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 13 Sep 2018 17:25	Photos	Normal	Photos 2018-9-13		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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