

NATIONAL Assessment Centre Services

(AFC 10 Jan 05)

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 14/09/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC18016800/13 | SAS e-filing | | |
| Veh No: SLK 98872 | E-mail (within 8hrs, AIC 2hrs) | | |
| DOA 13/09/18 2255 | i-Motor Claim Form | MT/1011560 - 001 | |
| OD (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | | |
|--|---|-----------------------|------|
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | Fax: |
| TP Particulars: | Veh No: FW 7517M | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA1805870

| Claimant's Particulars :- | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
|---------------------------------|---|----------------------|----------------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 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:- | | |
| | 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 30 | | |
| Auditors' Comments :- | Invoice dated | Fee Charged | |
| Cat 1: | Invoice dated | Fee Charged | |
| Cat 2/3: | | | |

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 | 14/09/2018 12:00 |
| Date Of Accident | 13/09/2018 22:55 |
| Exact Location Of Accident | SIMS WAY SLIP RD INTO GUILLEMARD RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLK9887Z |
| Insured/Policyholder | |
| Name Of Registered Owner | IT-1973 ENTERPRISE |
| Co Reg No | 53353416W |
| Email Address | SEB2GOOD@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-93868750 |
| Alternative Phone No | OFFICE-93868750 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | HONDA |
| Model | VEZEL |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE 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 | NO |
| Policy Number | 5087886178-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | SEBASTIAN FONG KIM SENG |
| NRIC No | S6849962C |
| Date Of Birth | 28/09/1968 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/08/1992 |
| Driving Experience | 26 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93868750 |
| Fax Number | |
| Contact Number | |
| Email Address | SEB2GOOD@GMAIL.COM |

| | |
|---|--------------------------------------|
| Address | BLK 827 JURONG WEST ST 81 #02-278 |
| Postcode | 640827 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - SOLE-PROPRIETOR |
| 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 | |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | JURONG EAST NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8999999 - FAX NO: 66655791 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180914/2010

Attachment(s)

| | |
|---|-------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|------------------|
| Vehicle Registration Number | FW7517M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | JUNAIDI BIN AZIZ |
| NRIC/Passport Number | S9210626H |
| Contact Number | 88082476 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

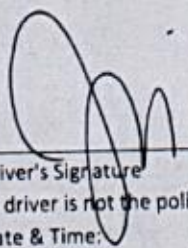
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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: 14/9/18


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

A-SLK9887Z

B-FW7517M

SIMS WAY
SLIP RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20180914/2010

DECLARATION

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

14/9/18



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 POLICE FORCE



T/20180914/2010

1 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20180914/2010

REPORT OF A TRAFFIC ACCIDENT

| | | | |
|---|------------|---|------------------------------|
| Date/Time Report Made: 14/09/2018 00:57 | | Vide Report No.: | Station Diary No.: 8 |
| Informant's Particulars | | | |
| Name of Informant: SEBASTIAN FONG KIM SENG | | Address: APT BLK 827 JURONG WEST STREET 81 #02-278 SINGAPORE 640827 | |
| ID Type / ID No.: NRIC NO / S6849962C | | Contact No.: Home/Office: Mobile: 93868750 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 49 | Date of Birth: 28/09/1968 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: GRAB DRIVER | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 13/09/2018 22:55 | Type of Location: |
| Location: Along Road 1 Traveling Toward Road 2 SIMS AVENUE GUILLEMARD ROAD Sims Ave entering Guillemard Rd | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|------------------|-----------------|
| FW7517M | Motorcycle | | | | Slightly Damaged | 1 |
| SLK9887Z | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Rider | | | |
| Name | JUNAIDI BIN AZIZ | ID No. | S9210626H |
| Related Vehicle | FW7517M (Motorcycle) | Contact No. | 88082476 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | SEBASTIAN FONG KIM SENG | ID No. | S6849962C |
| Related Vehicle | SLK9887Z (Car) | Contact No. | 93868750 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 13/09/2018 at about 2255hrs at along Sims Ave before Guillemard Road, I stopped my vehicle before entering the road when a motorcycle hit onto my rear right bumper, rear right wheel arch and top taillight & signal light.

The bumper has scratches, rear right wheel arch has dented and the taillight has cracked as a result of the accident. The rider and I then exchanged particulars and he informed that his pillion has abrasion on her leg due to falling down from the impact. I am not injured and does not plan to see doctor for now. The car belongs to my wife and I have in car camera that shows that the rider did not keep a safety distance.

No police was called and no one conveyed by ambulance. I am lodging this report to claim for insurance.



**SINGAPORE
POLICE FORCE**



T/20180914/2010

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20180914/2010

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:

D /

Sgt 2 OW WOAN TING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

SN 34

Signature Of Informant:

Date/Time:

14/09/2018 00:57

Classification Of Case:

REPUBLIC OF SINGAPORE

Licence Number: **S6849962C**

Name: **SEBASTIAN FONG KIM SENG**

Birth Date: **28 Sep 1968**

Issue Date: **19 Dec 2016**

002639969J

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE 21 Aug 1992

NP 428A



Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S6849962C**

Name: **SEBASTIAN FONG KIM SENG**

Card Issue Date: **21/03/2018**

Please visit www.lta.gov.sg to check the status of this vocational licence

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

| Type | Description | Issue Date |
|------|---------------------|------------|
| 13 | PRIVATE HIRE CAR VL | 21/03/2018 |



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S6849962C**

Name: **SEBASTIAN FONG KIM SENG**

馮 錦 勝

Race: **CHINESE**

Date of birth: **28-09-1968**

Sex: **M**

Country of birth: **SINGAPORE**

3831745

NRIC No: **S6849962C**

Date of issue: **24-01-2006**

Address: **APT BLK 827 JURONG WEST STREET 81 #02-278 SINGAPORE 640827**

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: 5087886178-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLK9887Z**
Chassis Number : RU11112835
2. Name of Policyholder : IT-1973 ENTERPRISE
3. Effective Date of Insurance : 09 Feb 2018
4. Expiry Date of Insurance : 08 Feb 2019
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) Use for any purpose in connection with the Motor Trade.

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) | : S\$2,000 |
| EXCESS (SECTION 2) | : S\$1,500 |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : HUP LONG AUTOMOBILE PTE LTD |
| 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 : IVAN INSURANCE AGENCY (00000614519)

Date of Issue : 31 Jan 2018 12:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1011560

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5087886178-01 | Vehicle No. | SLK9887Z | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | IT-1973 ENTERPRISE | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 93868750 | Contact No.(Office) | 0 | Contact No.(Home) |
| 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(%) | 30 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|-------------------------------------|-------------------------------|-------|---------------------|
| Report Date | 14/09/2018 17:12 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 13/09/2018 | Time of Accident hh:mm | 22:55 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | SIMS WAY SLIP RD INTO GUILLEMARD RD | | | |

▼ Excess

| | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|
| Own damage Excess | 2,000.00 | Additional Excess | 0 | Windscreen Excess |
| Unnamed Driver Excess | | Outside Singapore OD 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 | No |
| Modification History | | | |

▼ Policyholder Mailing Address

| | | | | |
|-----------|-----------------|-----------------------|-----------------------|-----------|
| Address 1 | BLK 827 #02-278 | Address 2 | JURONG WEST STREET 81 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | 02-278 | Related Policy Number | 5087886178-01 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|-----------------------|--------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | |
| Unnamed driver Name | SEBASTIAN FONG KIM SENG | Driver NRIC | S6849962C | Driver DOB |
| Register Date of Driver License | 21/08/1992 | Driver Age | 49 | Driving Experience |
| Contact No.(Mobile) | 93868750 | Contact No.(Office) | 0 | Contact No.(Home) |
| Address 1 | BLK 827 | Address 2 | JURONG WEST STREET 81 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | #02-278 | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Com |

| | | | |
|-------------------------------------|------|-------------|---|
| 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 | IT-1973 |
| Contact No.(Mobile) | | Contact No. (Home) | |
| Email Address | | OI Vehicle Number | SLK988 |
| Claim Description | SLK9887Z / FW7517M ON 13 Sept 2018 | | |
| Preferred Workshop | | Insured Liability | Not at Fault |
| Contact No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| Report Taken By | | 14/09/2018 17:23 | Claim Close Date |
| | | | Workshop Repairer |

☒ Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1011560 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 14/09/2018 00:00 |

| | | | | |
|--------------|----------------|------------|-----------------|--------------|
| Path * | | Category * | | Confidential |
| 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 |
| Choose File | No file chosen | Clear | Please Select ▼ | NO |
| Message Read | | | | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Des. |
|---|--|-----------------------|---------|-----------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Sep 2018 17:23 | NRIC/ Driving License | Normal | NRIC/ Driving I |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Sep 2018 17:23 | SAS | Normal | SAS 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Sep 2018 17:23 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Sep 2018 17:23 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Sep 2018 17:20 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Sep 2018 17:20 | Photos | Normal | Photos |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Sep 2018 17:19 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Sep 2018 17:19 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Sep 2018 17:19 | Photos | Normal | Photos |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Sep 2018 17:19 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Sep 2018 17:18 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Sep 2018 17:18 | Photos | Normal | Photos |

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
14 Sep 2018 17:18

Photos

Normal

Photos

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
14 Sep 2018 17:18

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
14 Sep 2018 17:18

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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
14 Sep 2018 17:18

Photos

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Folder Date

File Name



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