

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MVA 118 123992**

| | | | |
|---------------------------------|---|-----------------------|----------------------|
| Date In: 24/1/18-12:37 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC1801936/24 | SAS e-filing | | |
| Veh No: CB 8864M | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 21/9/18-12:10 | i-Motor Claim Form | M7/1012820-001 | 24/9/18 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 <u>Fax / Hand to Owner/Wksp</u> | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

| | | |
|---------------------------------|---|-----------------------|
| TP Particulars: | Veh No: SMB520V | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|--|---|-----------------------|-----------------------|
| NA 180 6049 | Invoice Preparation Checklist | Am't (\$) Est Bill | Am't (\$) 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) | | |
| Dat. 1: | 6) TR: Re-inspection \$75 | | |
| Dat. 2/3: | 7) N1: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | 9) N12: Idao Mobile \$0 | | |
| | * 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 (N'n INC) against INC \$20 | | |
| | 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 | 24/09/2018 17:37 |
| Date Of Accident | 21/09/2018 13:10 |
| Exact Location Of Accident | MARSILING RISE BEFORE JUNC MARSILING RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | CB6864M |
| Insured/Policyholder | |
| Name Of Registered Owner | TRAVEL GSH PTE LTD |
| Co Reg No | 199205400K |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65369300 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | ZHONG TONG |
| Model | LCK6107H CRUISE |
| 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 | THIRD PARTY |
| Vehicle Category | BUS |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | 5067996244-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | GONG RUHAI |
| Passport No/FIN | G2771331P |
| Date Of Birth | 11/12/1974 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/08/2017 |
| Driving Experience | 1 YEAR AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91751222 |
| Fax Number | |
| Contact Number | OFFICE-91751222 |
| EEmail Address | NOEMAIL |

| | |
|---|--|
| Address | 101 UPPER CROSS STREET #B1-17M PEOPLE'S PARK CENTRE |
| Postcode | 058357 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - CHANGE/CROSS LANE |
| 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? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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 |

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? | YES |
| Remarks/ Reasons: | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------------|
| Vehicle Registration Number | SMB1520U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | BUS |
| Name of Driver | WONG CHIN HAW |
| NRIC/Passport Number | G2151974Q |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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



Policyholder's Signature
Date & Time:

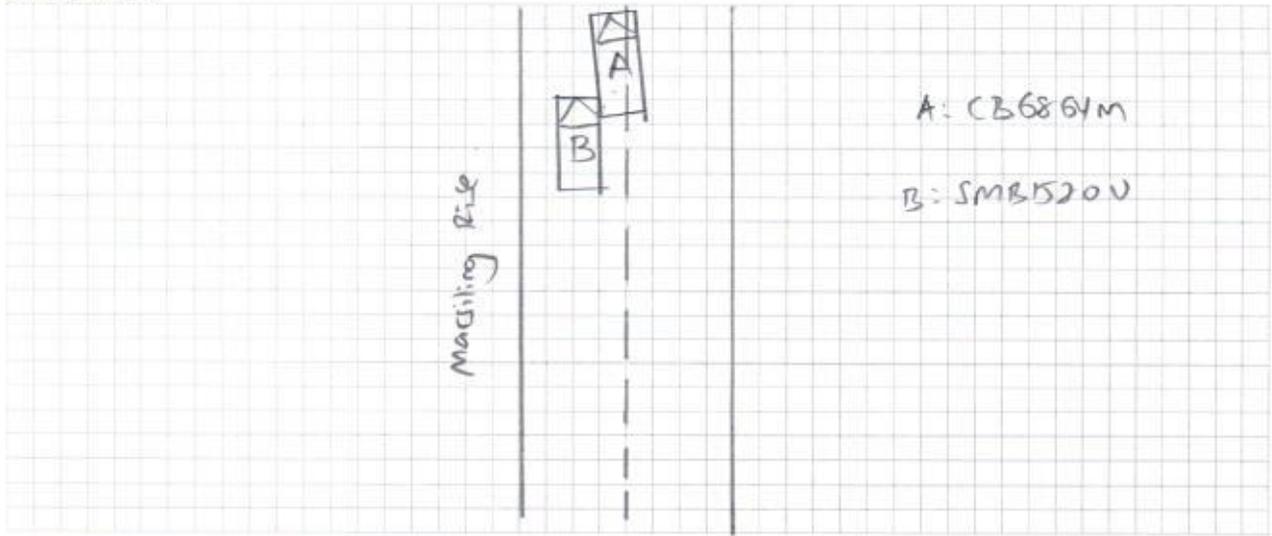
Signature of Driver

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

Signature of Reporting Centre Personnel

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refers to statement.

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.:

ON STATED DATE AND TIME, I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLIND SPOT BEFORE I CAN PROCEED. WHEN I PROCEED, VEHICLE B MOVED FORWARD AND HIT ONTO MY VEHICLE REAR LEFT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 9 / 18) (DD/MM/YYYY), TIME: (13 :10) (HH:MM)

LOCATION: Mariling Rise before junc Mariling Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: CB 6864M
b) INSURANCE COMPANY: NTO
c) POLICY NUMBER: 5067996244-03
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: Working
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: Travel Hk Hk Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: h9205420k CONTACT: 65369300
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Gong Ruiqi (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: h7771331P CONTACT: 91751222
c) ADDRESS: _____

*d) DATE OF BIRTH: (11 / 12 / 1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1/8/2017

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SM 81520U MODEL: _____

b) DRIVER'S NAME: Wong chin HAW

c) NRIC/FIN/PASSPORT: h2151974a CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
(including driver)

(2)

1 female.

*No of passenger
(including driver)

()

*No of passenger
(including driver)

()

Email =

fax =

video =

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
TRAVEL GSH PTE LTD

Sector: **SERVICE**

Name
GONG RUHAI
Occupation
BUS DRIVER

S Pass No.
076968527

Date of Application
27-06-2017

Date of Issue
11-07-2017

Date of Expiry
11-07-2019





L8114217

REPUBLIC OF SINGAPORE DRIVING LICENCE

Journal Number: **G2771331P**

Name
GONG RUHAI

Birth Date: **11 Dec 1974**

Issue Date: **17 Oct 2016**

Valid Till: **16/10/2021**




Land Transport Authority

VOCATIONAL LICENCE

Licence No: **G2771331P**

Name: **GONG RUHAI**

Issue Date: **1/8/2017**

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



VISIT PASS
Immigration Regulations

Name
GONG RUHAI

| | | |
|---------------|---------------|----------------|
| Date of Birth | Sex | Nationality |
| 11-12-1974 | M | CHINESE |
| FIN | Date of Issue | Date of Expiry |
| G2771331P | 11-07-2017 | 11-07-2019 |

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



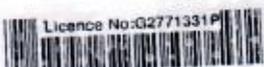

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| Class | Description | Effective Date | 6 |
|---------|---|----------------|---|
| Class 3 | Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg | 21 Feb 2017 | 6 |
| Class 4 | Heavy motor cars and motor tractors <= 2500 kg | 21 Feb 2017 | |

S / No. 9000256834

G2771331P

NP 42RA



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 Sin Ming Drive, Singapore 575701.

| Type | Description | Issue Date |
|------|-------------|------------|
| 03 | BUS VL | 01/08/2017 |



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

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|--------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5067996244-03 | | TRAVEL GSH PTE LTD | 199205400K | GFT | Comprehensive | CB6864M | CB6864M | 09/10/2017 | |

Continue

Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|--------------------|----------------------------------|------------------|
| Policy No. | 5067996244-03 | Policyholder Name | TRAVEL GSH PTE LTD | Policyholder NRIC | 199205400K |
| Certificate No. | | | | | |
| Address | 101 UPPER CROSS STREET #B1-17M PEOPLE'S PARK CENTRE SINGAPORE 058357 | | | | |
| Product Name | FLEET INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 03/10/2017 | Effective Date | 09/10/2017 00:00 | Expiry Date | 08/10/2018 23:59 |
| Excess Type | | All Claims Excess | | | |
| Third Party Excess | 1500.00 | Own damage Excess | 3000.00 | Windscreen Excess | 500.00 |
| Additional Excess | | OS Premium | 0 | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | Young/Inexperience Driver Excess | |
| Agent | NLE INSURANCE AGENCIES PTE | Agent Tel. | 65673612 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------------|-----------------------|------------------------------|-----------|------------------|
| Address 1 | 101 UPPER CROSS STREET | Address 2 | #B1-17M PEOPLE'S PARK CENTRE | Address 3 | SINGAPORE 058357 |
| Address 4 | | Address Type | Singapore address | Post Code | 058357 |
| Unit No. | | Related Policy Number | 5103292703 | | |

Insured Object: CB6864M

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Number | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|--------------------|----------------------------|--|
| 1 | 14/11/2017 00:00 | Basic Information Endorsement | 000001286692660 | Endorsement Take Effective | We confirm that the following 2 vehicles had been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REVISED REFUND PREMIUM (INCL GST) 1.PA8116C 03/11/2017 \$1,361.66 2.PC118P 03/11/2017 \$1,361.66 In view of this amendment, an additional refund of \$456.56 (inclusive of GST) will be adjusted against the outstanding premium. |
| 2 | 14/11/2017 00:00 | Basic Information Endorsement | 000001286692167 | Endorsement Take Effective | We confirm that the following 2 vehicles had been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1.PA8116C 03/11/2017 \$1,133.38 2.PC118P 03/11/2017 \$1,133.38 In view of this amendment, a refund of \$2,266.76 (inclusive of GST) will be adjusted against the outstanding premium. |
| 3 | 08/12/2017 00:00 | Basic Information Endorsement | 000001286708253 | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 2 additional vehicles as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. LDY6KS9D0H0000278 12-12-2017 \$1,205.47 2. LDY6KS9D2H0000279 12-12-2017 \$1,205.47 In view of this amendment, an additional premium of \$2,410.93 (inclusive of GST) is payable under your policy. Please ignore this premium payment |

Claim Handling

Exit

Accident MT/1012820

| | | | | | |
|---------------------|---|---------------------|---|----------------------|------------|
| Policy No. | 0067996244-02 | Vehicle No. | CB6664M | GST Registration No. | 199205400K |
| Certificate No. | | | | | |
| Policyholder Name | TRAVEL GSH PTE LTD | | | Policyholder NRIC | 199205400K |
| Product Code | FLEET INSURANCE | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | 0 | Contact No.(Office) | 65369300 | Contact No.(Home) | 0 |
| 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(%) | 0 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|---|-------------------------------|-------|---------------------|---------------------------------|
| Report Date | 24/09/2018 19:17 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Change / Cross lane |
| Date of Accident | 21/09/2018 | Time of Accident hh:mm | 13:10 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | MARSILING RISE BEFORE JUNC MARSILING RD | | | | |

Excess

| | | | | | |
|-----------------------|----------|-----------------------------|--|-------------------|--------|
| Own damage Excess | 3,000.00 | Additional Excess | | Windscreen Excess | 500.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | | | |

Benefits

GST Registered Information

| | | | |
|----------------------|------------|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 26/10/1998 |
| GST Registration No. | 199205400K | GST Status Verified | Yes |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------------|-----------------------|-----------------------------|-----------|------------------|
| Address 1 | 101 UPPER CROSS STREET | Address 2 | #B1-17M PEOPLE'S PARK CENTI | Address 3 | SINGAPORE 058357 |
| Address 4 | Singapore address | Address Type | Singapore address | Post Code | 058357 |
| Unit No. | | Related Policy Number | S103292703 | | |

OI Driver Info

| | | | | | |
|---|---|---------------------|----------------------|------------------------|------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 11/12/1974 |
| Unnamed driver Name | GONG RUIHAI | Driver NRIC | G2771331P | Driving Experience | 1 |
| Register Date of Driver License | 01/08/2017 | Driver Age | 43 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 91751222 | Contact No.(Office) | 0 | Address 3 | SINGAPORE 058357 |
| Address 1 | 101 UPPER CROSS STREET | Address 2 | PEOPLE'S PARK CENTRE | Post Code | 058357 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | B1-17M | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

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

Modification History

Claim 001 **New**

| | | | | | | |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|---------------------|----------------------------|--|
| Claim Type * | OD-MX | Insured Name | TRAVEL GSH PTE LTD | Insured NRIC | 199205400K | |
| Contact No.(Mobile) | 93805854 | Contact No.(Home) | | Contact No.(Office) | 65369333 | |
| Email Address | | OI Vehicle Number | CB6664M | TP Vehicle Number | SMB1520U | |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | | |
| Claimant Name * | | Claimant NRIC * | | | | |
| Claimant Address | | | | | | |
| Claim Description | CB6664M / SMB1520U ON 21 Sept 2018 | | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Partially at Fault | | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received | |
| Date Registered | 24/09/2018 19:20 | Claim Close Date | | Date Received | 24/09/2018 00:00 | |
| Report Taken By | Jackson | | | | | |

Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1012820 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 24/09/2018 19:21 |

| Path * | Category * | Confidential | Urgency * | Description * |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Browse... Clear Please Select NO Normal

Browse... Clear Please Select NO Normal

Send Message Upload

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) | Action |
|------------|---|-----------------------|---------|---------------------------------|----------------|----------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Sep 2018 19:11 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-9-24 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Sep 2018 19:20 | SAS | Normal | SAS 2018-9-24 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Sep 2018 19:20 | Photos | Normal | Photos 2018-9-24 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Sep 2018 19:20 | Photos | Normal | Photos 2018-9-24 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Sep 2018 19:20 | Photos | Normal | Photos 2018-9-24 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Sep 2018 19:20 | Photos | Normal | Photos 2018-9-24 | | Edit |
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Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|---|-------------|-----------|--------|--------|
| Display in new window Scan and uploading | | | | |

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