

NATIONAL Assessment Centre Services

Ver: Jan 2005

| | | | |
|---------------------------|--|-----------------------|---------------|
| Date In: 06/10/2018 16:08 | Job description | Date & Time Completed | Done by: |
| Ref No: NA/INC18018132/K4 | SAS e-filing | | |
| Veh No: SGS 7588S | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 05/10/2018 19:35 | i-Motor Claim Form | MT/1014600-001 | 8/10/18/10:05 |
| 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: SCR 1168M | 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 1806386

| Claimant's Particulars: | Invoice Preparation Checklist | Am't (\$) In Bill | Am't (\$) Add. Bill |
|---------------------------------|---|----------------------|------------------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Damaged Portion: | 3) TP: 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: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD* | | |
| | *N5: Courtesy Car / Tpf 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 | | |
| | 9) N12: Idao Mobile 30 | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | |
| Auditors' Comments: | Invoice dated | Fee Charged | |
| Cat. 1: | | | |
| 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 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. 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 | 06/10/2018 16:08 |
| Date Of Accident | 05/10/2018 19:35 |
| Exact Location Of Accident | SCOTTS ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGS7588S |
| Insured/Policyholder | |
| Name Of Registered Owner | ASSUMERE |
| Co Reg No | 53354113A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96995814 |
| Alternative Phone No | OFFICE-96995814 |

Vehicle Particulars

| | |
|--|---|
| Manufacturer | KIA |
| Model | CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | 5087450721-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | ZHUANG CHENGCAI, LOUIS |
| NRIC No | S8112282B |
| Date Of Birth | 01/05/1981 |
| Occupation | INDOOR |
| Date Of Driving Pass | 24/06/2006 |
| Driving Experience | 12 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96995814 |
| Fax Number | |
| Contact Number | OTHERS-96995814 |
| Email Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 448 YISHUN RING ROAD #05-86 |
| Postcode | 760448 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - CO. OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| 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) | 2 |
| Passenger 1 | |
| | NAME: : NIL |
| | GENDER: : FEMALE |

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SCR1168M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| 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.

ASSUMERE

53354113A

448 YISHUN RING ROAD

#05-86

SINGAPORE (760448)

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.:

6/10/2018

SKETCH PLAN

VEHICLE A - SG575885

VEHICLE B - SCR1168M

FAR EAST
PLAZA

CAR PARK EXIT
OF FAR EAST PLAZA

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TURNING OUT FROM THE CAR PARK EXIT, I WAS ON THE RIGHT LANE.

WHILE TURNING OUT FROM THE EXIT, IN MY RIGHT OF WAY LANE. WHEN I WAS ABOUT TO FINISH THE TURN, SUDDENLY I FELT A IMPACT FROM THE LEFT REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENSE PLATE (SCR 1168M) THAT COLLIDE TO THE LEFT REAR PORTION OF MY VEHICLE, WHEN HE MISJUDGED AND MADE A WIDE TURN OUT FROM THE EXIT.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SG575885

VEHICLE B - SCR1168M

DECLARATION

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

53354113A

448 YISHUN RING ROAD

#05-86

SINGAPORE (760448)

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature


Name:

NRIC/FIN No.:

6/10/2018

| | | | |
|---|--|--------------------------|----------------------------|
| Vehicle No. | SWS 7588 S | Model / Make | KIA CERATO HATCH |
| Date of Accident | 05/10/2018 | | |
| Time of Accident | 1935 | HRS | |
| Location of Accident | SCOTTS ROAD | | |
| Exact purpose use during accident | PRIVATE USE | | |
| Name of Owner | ASSUMERE | | |
| Telephone No. | H/P: 9699 5814 | Home : | Office : |
| NRIC | 53354113A | | |
| Address | 448 YISHUN RING ROAD #05-16 S(760448) | | |
| Claim type | OD | THIRD PARTY | REPORTING ONLY |
| Insurance Company | NINE | | |
| Type of Coverage | Comprehensive | Third Party | Third Party / Fire / Theft |
| Policy No. | 5087450721-01 | | |
| Name of Driver | As Above If <u>No</u> , ZHUANK CHENGCAI, LOUIS | | |
| NRIC | 5811282B | Any Passengers : | 1 (WIFE) |
| Date of birth | 01/05/1981 | | |
| Occupation | Outdoor / <u>Indoor</u> | | |
| Driving License Pass Date | 24 JUN 2006 | | |
| Gender | Male / Female | | |
| Contact No. | H/P: 9699 5814 | Home : | Office : |
| Address | BLK 448 YISHUN RING ROAD #05-16 S(760448) | | |
| Driver have any own vehicle | <u>No</u> | If yes, Reg No. | |
| Relationship | Employee, | If no, state | CO. OWNER |
| Weather condition | <u>Clear</u> | Raining Other | |
| Road Surface | <u>Dry</u> | Wet Other | |
| Any Injuries | <u>No</u> | If Yes, Who? | |
| Name And Contact No. | | | |
| Name And Contact No. | | | |
| Police Report | <u>No</u> | If Yes, Where? | |
| Vehicle B No. | SCR 1168 M | Any Passengers : | |
| Name of Driver | | Contact No. : | |
| Vehicle C No. | | Any Passengers : | |
| Vehicle D No. | | Any Passengers : | |
| Vehicle E no. | | Any Passengers : | |
| Vehicle F No. | | Any Passengers : | |
| Vehicle G No. | | Any Passengers : | |
| Witness Name | | Witness Contact : | |
| Accident Portion | LM REAR | | |
| Camera Recorder | <u>Yes</u> / No | FRONT / REAR | |
| Email Address | | | |
| HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE? | | | |
| | | | Yes / No |
| PARTICULAR WORKSHOP | TWINCAR AUTOMOTIVE PTE LTD | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | IAN | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | sales@n51.com.sg | | |

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8112282B




Name
ZHUANG CHENGCAI, LOUIS

庄 承 财

Race
CHINESE

Date of birth 01-05-1981 Sex M



Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8112282B
Name
ZHUANG CHENGCAI, LOUIS

Birth Date 01 May 1981
Issue Date 24 Jun 2006

001427765D

3785840



NRIC No S8112282B



Date of issue
06-10-2005

APT BLK 448 YISHUN RING ROAD #05-86
SINGAPORE 760448

NRIC No: S8112282B Date: 14/10/2011 No: 6856711

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

PASS DATE
24 Jun 2006

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

NP 428A



Licence No: S8112282B

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: 5087450721-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SGS7588S**
Chassis Number : KNAFW411MA5123576
2. Name of Policyholder : ASSUMERE
3. Effective Date of Insurance : 16 Jan 2018
4. Expiry Date of Insurance : 15 Jan 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 | : TAI THONG LEE TRADING 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)

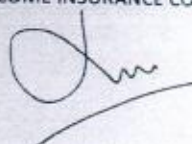
Agency : TAI THONG LEE TRADING PTE LTD (00000612744)
Date of Issue : 08 Dec 2017 14:16 hrs
Reprint : 08 Dec 2017 14:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

• Change Language

• Change Password

• Log Out

[My Desktop](#)[Notice of Loss](#)**Policy Query**

| | | | |
|------------------------|---------------------------------------|--------------------|---|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="05/10/2018 19:35"/> |
| Vehicle No.(For Motor) | <input type="text" value="SGS7588S"/> | Certificate Number | <input type="text"/> |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5087450721-01 | | ASSUMERE | 53354113A | GPC | drivo CLASSIC | SGS7588S | SGS7588S | 16/01/2018 | 15/01/2019 |

▼ Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|------------------|-------------------|------------------|
| Policy No. | 5087450721-01 | Policyholder Name | ASSUMERE | Policyholder NRIC | 53354113A |
| Certificate No. | | | | | |
| Address | BLK 448 #05-86 YISHUN RING ROAD JADE SPRING @ YISHUN SINGAPORE 760448 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 08/12/2017 | Effective Date | 16/01/2018 00:00 | Expiry Date | 15/01/2019 23:59 |
| Third Party Excess | 1500 | Own damage Excess | 2000 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 2000 | Outside Singapore TP Excess | 1500 | | |
| Agent | TAI THONG LEE TRADING PTE L | Agent Tel. | NIL | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|----------------------|
| Address 1 | BLK 448 #05-86 | Address 2 | YISHUN RING ROAD | Address 3 | JADE SPRING @ YISHUN |
| Address 4 | SINGAPORE 760448 | Address Type | Singapore address | Post Code | 760448 |
| Unit No. | 05-86 | Related Policy Number | 5087450721-01 | | |

► Insured Object: SGS7588S

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Claim Handling

Accident MT/1014600

| | | | | | |
|---|---|-------------------------------|---|------------------------|-----------|
| Policy No. | 5087450721-01 | Vehicle No. | SGS7588S | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | ASSUMERE | | | Policyholder NRIC | 5335 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 96995814 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | No |
| 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(%) | 50 | Private Hire | Yes |
| Accident Details | | | | | |
| Report Date | 08/10/2018 09:53 | Accident Report Within 24 hrs | Yes | Accident Type | Side |
| Date of Accident | 05/10/2018 | Time of Accident hh:mm | 19:35 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | SCOTTS ROAD | | | | |
| Excess | | | | | |
| Own damage Excess | 2,000.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| 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 448 #05-86 | Address 2 | YISHUN RING ROAD | Address 3 | JADE |
| Address 4 | SINGAPORE 760448 | Address Type | Singapore address | Post Code | 7604 |
| Unit No. | 05-86 | Related Policy Number | 5087450721-01 | | |
| OI Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | ZHUANG CHENGCAI, LOUIS | Driver NRIC | S81122828 | Driver DOB | 01/0 |
| Register Date of Driver License | 24/06/2006 | Driver Age | 37 | Driving Experience | 12 |
| Contact No.(Mobile) | 96995814 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | BLK 448 # | Address 2 | YISHUN RING ROAD | Address 3 | JADE |
| Address 4 | SINGAPORE 760448 | Address Type | Singapore address | Post Code | 7604 |
| Unit No. | | | | | |
| 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 OD-MX

New

| | | | | | |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|-------|
| Claim Type * | OD-MX | Insured Name | ASSUMERE | Insured NRIC | 5335 |
| Contact No.(Mobile) | 96995814 | Contact No.(Home) | NIL | Contact No.(Office) | 6741 |
| Email Address | lcoautis@hotmail.com | OI Vehicle Number | SGS7588S | TP Vehicle Number | SCR1 |
| Claim Description | SGS7588S / SCR1168M ON 5 Oct 2018 | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | GIA report | Rece |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | 08/10 |
| Date Registered | 08/10/2018 10:04 | Claim Close Date | | Total Loss but Repaired | |
| Report Taken By | KRISHNASAMY | Workshop Repairer | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

Accident No. MT/1014600

Claim No. 001

08/10/2018 10:05

Urgency •

Message Read

[illegible]