

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MAN118134811**

Date In: <b>17/10/18-13:29</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18018860/24</b>	SAS e-filing		
Veh No: <b>696 60753</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>19/11/18-13:15</b>	i-Motor Claim Form	<b>MT11010850-002</b>	<b>17/10/18 14:27</b>
OD: <b>TP</b> 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: ( )

TP Particulars:	Veh No: <b>696 60753</b>	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	Fax: ( )
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)

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

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

Date/Time	Actions

**NA1806661**

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: 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 \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## Auditors' Comments :-

2at 1:

2at 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	17/10/2018 12:29
Date Of Accident	19/03/2018 13:15
Exact Location Of Accident	BLK 443 PASIR RIS DR 6 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6075J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VERDECAS ENTERPRISE LLP
Co Reg No	T14LL0564K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85337661
Alternative Phone No	OFFICE-85337661

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 M
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094212393
Cover Note Number	

#### Driver

Name of Driver	LOO WAI KIT
NRIC No	S7405857D
Date Of Birth	25/02/1974
Occupation	OUTDOOR
Date Of Driving Pass	30/06/2004
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97751383
Fax Number	
Contact Number	OFFICE-97751383
EMail Address	NOEMAIL

Address	BLK 635 ANG MO KIO AVENUE 6 #02-5127
Postcode	560635
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	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	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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG5468B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHANG XIANGLONG
NRIC/Passport Number	G2955326U
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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:

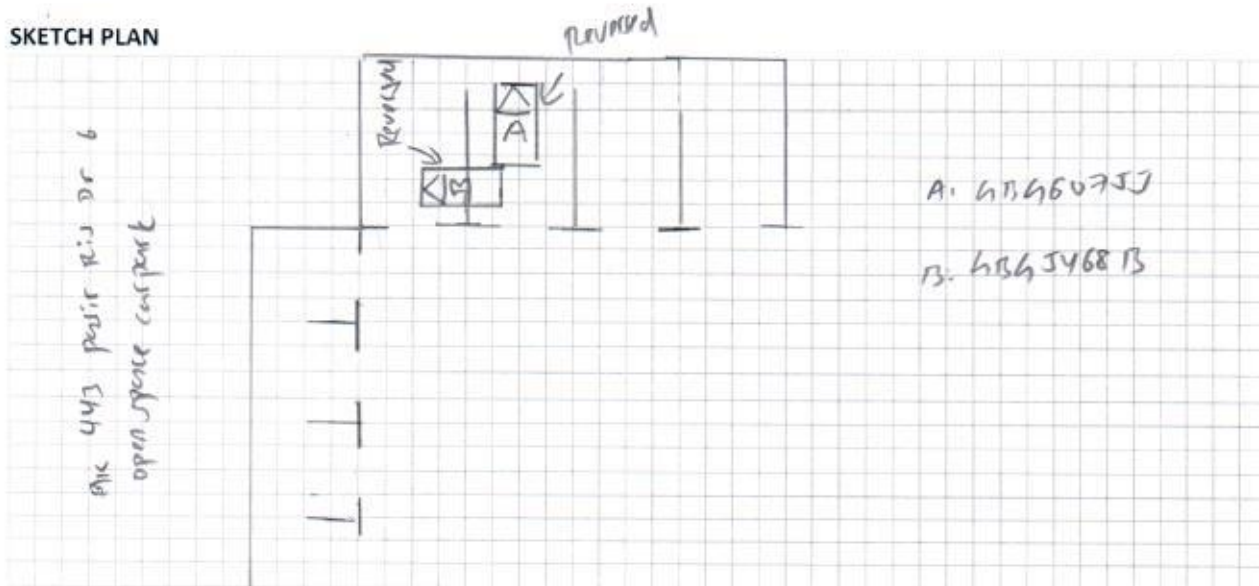
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 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, AS I WANTED TO REVERSED OUT FROM THE CARPARK LOT OF BLK 443 PASIR RIS DR 6, I CHECK MY BLIND SPOT BEFORE I CAN PROCEED. WHEN I REVERSED MY VEHICLE, VEHICLE B WHICH PARKED ILLEGARLLY REVERSED HIS VEHICLE. AS A RESULT, MY VEHICLE REAR LEFT PORTION AND VEHICLE B REAR RIGHT PORTION INTACT EACH OTHER.

# ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 3 / 18) (DD/MM/YYYY), TIME: (13 : 15) (HH:MM)

LOCATION: 811c 443 Paris Ris Dr 6 open space carpark.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 60660757  
 b) INSURANCE COMPANY: NTC  
 c) POLICY NUMBER: 3094212393  
 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: Verdegas Enterprise WP (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: T146605641 CONTACT: 85397661  
 c) ADDRESS:

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

## DRIVER

- a) NAME: Loo Wei Ki (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 57405857D CONTACT: 97751383  
 c) ADDRESS: 811c 635 Ang Mo Kio Avenue 6 # 02-5127 (560635)

\* d) DATE OF BIRTH: (25 / 2 / 1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 30/6/2004

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: 6065468B MODEL:

b) DRIVER'S NAME: Zhang Xianglong

c) NRIC/FIN/PASSPORT: 629553260 CONTACT:

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

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

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

\* No of passenger  
(including driver)  
( )

Email =

fax =

VIDEO =

## INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

## Business Profile (LLP) of VERDECAS ENTERPRISE LLP (T14LL0564K)

Date: 17/04/2018

## The Following Are The Brief Particulars of :

Name of LLP	:	VERDECAS ENTERPRISE LLP
Former Name(s) if any	:	
Registration No.	:	T14LL0564K
Registration Date	:	25/03/2014

The LLP was converted from VERDECAS ENTERPRISE (Registration No.: 53256866D) on 25/03/2014.

Status	:	Live
Status Date	:	25/03/2014
Registered Office Address	:	225C COMPASSVALE WALK #14-345 COMPASSVALE VISTA SINGAPORE (543225)
Date of Change of Name	:	
Date of Change of Address	:	22/03/2018
Date of Annual Declaration	:	25/05/2015

## Principal Activities

Activities (I)	:	WHOLESALE ON A FEE OR CONTRACT BASIS (EG COMMISSION AGENTS) (46100)
Description	:	VERDECAS ENTERPRISE IS A COMMERCIAL BASE BUSINESS ENGAGING IN TRADING
Activities (II)	:	
Description	:	

## Particulars of Partner(s)

Name	ID	Nationality	Address	Date of Appointment	Source of Address
BRYAN WONG CHUN KIAT	S9317230B	SINGAPORE CITIZEN	225C COMPASSVALE WALK #14-345 COMPASSVALE VISTA SINGAPORE (543225)	25/03/2014	ACRA
YEO KENNEDY	S9548607Z	SINGAPORE CITIZEN	17 TOH YI DRIVE #05-93 TOH YI GARDENS SINGAPORE (590017)	25/03/2014	ACRA

Authentication No. : J18255935V

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## Business Profile (LLP) of VERDECAS ENTERPRISE LLP (T14LL0564K)

Date: 17/04/2018

## Particulars of Partner(s)

Name	ID	Nationality	Address	Date of Appointment	Source of Address
CHEE RON HUA	S9511635C	SINGAPORE CITIZEN	61 MARINE DRIVE #06-84 MARINE DRIVE GARDENS SINGAPORE (440061)	25/03/2014	ACRA
JOVEL WONG CHUN KAI	S9525212E	SINGAPORE CITIZEN	225C COMPASSVALE WALK #14-345 COMPASSVALE VISTA SINGAPORE (543225)	17/09/2016	ACRA

## Particulars of Manager(s)

Name	ID	Nationality	Address	Date of Appointment	Source of Address
BRYAN WONG CHUN KIAT	S9317230B	SINGAPORE CITIZEN	225C COMPASSVALE WALK #14-345 COMPASSVALE VISTA SINGAPORE (543225)	25/03/2014	ACRA
YEO KENNEDY	S9548607Z	SINGAPORE CITIZEN	17 TOH YI DRIVE #05-93 TOH YI GARDENS SINGAPORE (590017)	25/03/2014	ACRA
CHEE RON HUA	S9511635C	SINGAPORE CITIZEN	61 MARINE DRIVE #06-84 MARINE DRIVE GARDENS SINGAPORE (440061)	25/03/2014	ACRA
JOVEL WONG CHUN KAI	S9525212E	SINGAPORE CITIZEN	225C COMPASSVALE WALK #14-345 COMPASSVALE VISTA SINGAPORE (543225)	17/09/2016	ACRA

## Particulars of Public Accounting Employee(s)

Name	ID	Nationality	Address	Date of Appointment	Source of Address
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## Withdrawn Partner(s)

Name	ID	Nationality	Address	Date of Appointment	Date of Withdrawal	Source of Address
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Authentication No. : J18255935V

## INFORMATION RESOURCES

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## Business Profile (LLP) of VERDECAS ENTERPRISE LLP (T14LL0564K)

Date: 17/04/2018

## Withdrawn Partner(s)

Name	ID	Nationality	Address	Date of Appointment	Date of Withdrawal	Source of Address
LAU YI LIANG DANIEL	S8831806D	SINGAPORE CITIZEN	3C UPPER BOON KENG ROAD #07-638 KALLANG HEIGHTS SINGAPORE (383003)	25/03/2014	16/09/2016	ACRA

## Withdrawn Manager(s)

Name	ID	Nationality	Address	Date of Appointment	Date of Withdrawal	Source of Address
LAU YI LIANG DANIEL	S8831806D	SINGAPORE CITIZEN	3C UPPER BOON KENG ROAD #07-638 KALLANG HEIGHTS SINGAPORE (383003)	25/03/2014	16/09/2016	ACRA

## Withdrawn Public Accounting Employee(s)

Name	ID	Nationality	Address	Date of Appointment	Date of Withdrawal	Source of Address

## Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

## Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit [www.acra.gov.sg](http://www.acra.gov.sg).

FOR REGISTRAR OF LIMITED LIABILITY PARTNERSHIPS  
SINGAPORE

RECEIPT NO. : ACRA180417115256

DATE : 17/04/2018

This is computer generated. Hence no signature required.



Authentication No. : J18255935V

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7405857D



Name  
LOO WAI KIT

罗伟杰

Race  
CHINESE

Date of birth  
25-02-1974

Sex  
M

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7405857D

Name  
LOO WAI KIT

Birth Date 25 Feb 1974

Issue Date 25 Jul 2003





3633281



NRIC No: S7405857D



Date of Issue  
13-05-2004

APT BLK 635 ANG MO KIO AVENUE 6 #02-5127  
SINGAPORE 560635  
NRIC No: S7405857D

Date: 01/09/2007

No: 5691218

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

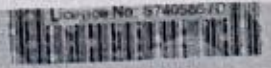
29 Jul 1998  
30 Jun 2004

Class 2B	Motorcycles not exceeding 200 cc
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

S7405857D

S / No. 9000017462

License No: S7405857D



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094212393		VERDECAS ENTERPRISE LLP	T14LL0564K	GFT	Comprehensive	GBG6075J	GBG6075J	17/11/2017	11/09/2018

## Claim Handling

- Exit

Accident MT/1010850

Policy No.	S094212393	Vehicle No.	GBG60751	GST Registration No.	
Certificate No.					
Policyholder Name	VERDECAS ENTERPRISE LLP			Policyholder NRIC	T14LL0564K
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	10
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	Not available
<b>Accident Details</b>					
Report Date	10/09/2018 17:36	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	19/03/2018	Time of Accident Incomm	13:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR RIS 442 CP				
<b>Excess</b>					
Own damage Excess	000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	11/09/2018 09:36:48 Deborah Mui changed GST Registered from Yes to No 11/09/2018 09:36:48 Deborah Mui changed GST Registration No. from 9999999999 to null 11/09/2018 09:36:48 Deborah Mui changed GST Registration Date from 01/01/1999 to null				
<b>Policyholder Mailing Address</b>					
Address 1	8 YISHUN INDUSTRIAL STREET	Address 2	#07-03 NORTH VIEW BIZHUB	Address 3	SINGAPORE 768090
Address 4		Address Type	Singapore address	Post Code	768090
Unit No.	05-93	Related Policy Number	S094212393-01		
<b>OI Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	DD-MX	Insured Name	VERDECAS ENTERPRISE LLP	Insured NRIC	T14LL0564K
Contact No.(Mobile)	92290593	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBG60751	TP Vehicle Number	GBG54688
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBG60751 / GBG54688 ON 19 Mar 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	17/10/2018 14:27	Claim Close Date		Date Received	17/10/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1010850	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/10/2018 14:29
Path *			
Browse...	Clear	Category *	Confidential
Browse...	Clear	Please Select	Urgency *
Browse...	Clear	Please Select	Normal
Browse...	Clear	Please Select	Normal
Browse...	Clear	Please Select	Normal
Browse...	Clear	Please Select	Normal
Browse...	Clear	Please Select	Normal
Browse...	Clear	Please Select	Normal

