

NATIONAL Assessment Centre Services.

(wef 1 Jan 05) MNA11813571

Date In: 17/10/18-17:51	Job description	Date & Time Completed	Done by
Ref No: NA/NC18018912/24	SAS e-filing		
Veh No: CB22092	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 16/10/18-08:25	i-Motor Claim Form	M711016079-001	17/10/18 18:06
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: Vch No: () 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)

Remarks:	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

NA1806647

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) 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		
Auditors' Comments :-	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:-		
	Q1:		
	*N5: Courtesy Car / Tpl 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		
	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 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 17:51
Date Of Accident	16/10/2018 08:25
Exact Location Of Accident	BOUNDARY RD TWDS LOR CHUAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7209Z
Insured/Policyholder	
Name Of Registered Owner	GUILLEMARD BUS SERVICE
Co Reg No	20973700W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68419813

Vehicle Particulars

Manufacturer	JOYLONG
Model	HKL6540RC 2.0 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	REPORTING ONLY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5102731694
Cover Note Number	

Driver

Name of Driver	TAN THONG SWEE
NRIC No	S1255973I
Date Of Birth	02/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	27/08/1985
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82109810
Fax Number	
Contact Number	OFFICE-82109810
Email Address	NOEMAIL

Address	BLK 554 BEDOK NORTH STREET 3 #02-235
Postcode	460554
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	COLLIDED INTO BICYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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)	12

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181017/2047.

Attachment(s)

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

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.

基理瑪巴士服務
GUILLEMARD BUS SERVICE

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

Refer to Attached Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refers to police report: 7/2018/017/2042.

DECLARATION

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

基理馬巴士服務
GUILLEMARD BUS SERVICE

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.:

Lor-Chuan Rd

Hng. Jia Hwe

Lor-Chuan Rd

Yellow Box

zebra crossing

zboct 80

BUS stop

A: CB72092

Boundary Rd

Serangoon Ave

Yellow Box

Chop chop Hawker Center

Boundary Rd

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 10 / 18) (DD/MM/YYYY), TIME: (08:25) (HH:MM)

LOCATION: Bundary rd fwhd wrong turn

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: CB72042
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5102731694
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Working
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: Guillemaud Bus Service (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 20975700W CONTACT: 68419813
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Thong Siew (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S12559732 CONTACT: 82109810
c) ADDRESS: Blk 554 Bedok North Street 3 #02-235

* d) DATE OF BIRTH: (2 / 11 / 1957) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(12)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email =

fax =

VIDEO =



SINGAPORE POLICE FORCE



T/20181017/2047

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20181017/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2018 11:24	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: TAN THONG SWEE		Address: APT BLK 554 BEDOK NORTH STREET 3 #02-235 SINGAPORE 460554	
ID Type / ID No.: NRIC NO / S12559731		Contact No.: Home/Office: Mobile: 82109810	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 02/11/1957	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 16/10/2018 08:25	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 BOUNDARY ROAD LORONG CHUAN BOUNDARY ROAD TOWARDS LORONG CHUAN, AT THE BEND			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Pedestrian Crossing	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB7209Z	Bus/Coach/Minibus (School Children)	JOYLONG	HKL6540RC 2.0 M		No Damage	11

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: Used



**SINGAPORE
POLICE FORCE**



T/20181017/2047

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 489678
Tel No: 1800-2449999

2 of 3

Report No: T/20181017/2047

CONTINUATION OF REPORT

Driver				
Name	TAN THONG SWEE		ID No.	S12559731
Related Vehicle	NIL		Contact No.	82109810
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 18/10/18, at 8.25am, I was driving along Boundary road and turning towards Lor Chuan Road in my vehicle, CB7209Z, which is a school bus with 10 kindergarten school children and 1 attendant.

At the bend, there was a zebra crossing, so I slowed down. Seeing that there was no pedestrian, I moved off. When I was halfway through the zebra crossing, a cyclist sped in front of my vehicle from the right side of the road, to the left. I heard a soft sound, and I stopped my vehicle. I saw a cyclist that has just fell. The cyclist's rear bicycle wheel touched my left front bumper and he fell. I winded down the window, and checked on the cyclist. The cyclist stood up and appeared to be fine. My passengers were all fine as well. As I was rushing to send the school children to school, and I saw that he was okay, I started to drive off. He then ran after my vehicle and I stopped to speak to him. He took a few photo of my bus and he demanded to know why drove off. I explained that I was halfway through the zebra crossing and he was the one speeding across the road. I told him that I cannot stop for too long as I have to send the children to school, and asked him to wait for me opposite the school so that we can discuss about the issue.

When I was done with sending the school children to school, I went out of the school and saw that the cyclist is no where to be found. I wish to state that there was no damage on my vehicle and no one was injured. The cyclist did not give me his particulars.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 409676
Tel No: 1800-2449009



T/2018/1017/2047

3 of 3

Report No: T/2018/1017/2047

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

Sgt 2 BOEY HUI QI MICHELLE

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time

17/10/2018 11:24

Officer In Charge Of Case

TP - AEST
Sgt 2 SITIMARSITA BINTE BOHARI
Contact No: 62476219

Classification Of Case

Authorised Signatory
Sgt 2

Land Transport Authority



VOCATIONAL LICENCE

Licence No: S12559731

Name: TAN THONG SWEET

Issue Date: 9/7/2011

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

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S12559731

Name:

TAN THONG SWEET

Birth Date: 02 Nov 1957

Issue Date: 08 Jan 2003



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S12559731



TAN THONG SWEET

陈通水

Race:

CHINESE

Date of Birth:

02-11-1957

Country of Birth:

SINGAPORE

Sex:

M

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
03	BUS VL

Issue Date
27/08/1985



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

PASS DATE

01 Feb 1979

23 Sep 1981

NP 427A



1461123



Licence No: S12559731

Board Group: AB+ Date of issue: 22-11-1993

Address:

APT BLK 554 BEDOK NORTH STREET 3
#02-235
SINGAPORE 1646

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UB1_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="16/10/2018 08.25"/>
Vehicle No.(For Motor)	<input type="text" value="CB7209Z"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102731694		GUILLEMARD BUS SERVICE	20973700W	GFT	Comprehensive	CB7209Z	CB7209Z	29/07/2018	
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5102731694	Policyholder Name	GUILLEMARD BUS SERVICE	Policyholder NRIC	20973700W
Certificate No.					
Address	52 FOWLIE ROAD SINGAPORE 428496				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/07/2018	Effective Date	29/07/2018 00:00	Expiry Date	28/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	500
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	S'PORE SCH&PTE HIRE BUS OW	Agent Tel.	67410788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	52 FOWLIE ROAD	Address 2	SINGAPORE 428496	Address 3	
Address 4		Address Type	Singapore address	Post Code	428496
Unit No.		Related Policy Number	5102731694		

Insured Object: CB7209Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	29/08/2018 00:00	Basic Information Endorsement	000001286891218	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. CB2629C 29-08-2018 \$2,212.82 In view of this amendment, an additional premium of \$2,212.82 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	29/08/2018 00:00		000001286891622		<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. BE639JD00129 31-08-2018 \$1,975.72 In view of this amendment, an additional premium of \$1,975.72 (inclusive of GST) is payable under your policy. Please ignore this premium payment</p>
		Basic Information		Endorsement Take	

Claim Handling

Exit

Accident MT/1016079

Policy No.	S102731694	Vehicle No.	CB7209Z	GST Registration No.	20973700W
Certificate No.					
Policyholder Name	GUILLEMARD BUS SERVICE			Policyholder NRIC	20973700W
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	68419613	Contact No.(Home)	0
Email Address		Special Remark		eCode	71
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	17/10/2018 18:04	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Cyclist
Date of Accident	16/10/2018	Time of Accident hh:mm	08:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BOUNDARY RD TWOS LOR CHUAN				
Excess					
Own damage Excess	2,000.00	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	01/01/2014		
GST Registration No.	20973700W	GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	52 FOWLIE ROAD	Address 2	SINGAPORE 428496	Address 3	
Address 4		Address Type	Singapore address	Post Code	428496
Unit No.		Related Policy Number	S102731694		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN THONG SWEE	Driver NRIC	S12599721	Driver DOB	02/11/1957
Register Date of Driver License	27/08/1985	Driver Age	60	Driving Experience	33
Contact No.(Mobile)	82109610	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 554	Address 2	BEDOK NORTH STREET 3	Address 3	KAKI BUKIT GREEN
Address 4	SINGAPORE 460554	Address Type	Singapore address	Post Code	460554
Unit No.	02-235				
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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	GUILLEMARD BUS SERVICE	Insured NRIC	20973700W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	68419613
Email Address		OI Vehicle Number	CB7209Z	TP Vehicle Number	
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	CB7209Z ON 16 Oct 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/10/2018 18:06	Claim Close Date		Date Received	17/10/2018 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1016079	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/10/2018 18:07		
Path *		Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal

Please Select










Please Select

Please Select

Please Select

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 18:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 18:07	SAS	Normal	SAS 2018-10-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 18:07	Photos	Normal	Photos 2018-10-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 18:06	Photos	Normal	Photos 2018-10-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 18:06	Photos	Normal	Photos 2018-10-17		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 18:06	Photos	Normal	Photos 2018-10-17		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 17 Oct 2018 18:06	Photos	Normal	Photos 2018-10-17		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				