

NATIONAL Assessment Centre Services

[wef 1 Jan 2005]

Date In: 29/10/2018 17:50	Job description	Date & Time Completed	Done by
Ref No: NA/INC18019669/K4	SAS e-filing		
Veh No: SJL1892D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/10/2018 13:45	i-Motor Claim Form	MT/1017683-001	30/10/18 09:50
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: SKX3693Z 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

NA1807017

Invoice Preparation Checklist

Am't (\$)
In Bill

Am't (\$)
Add Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

Driver/Owner:

3) TF: Towing Fee \$40/\$43

4) FT: Follow-Through Survey \$120

Contact No:

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

Damaged Portion:

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

QC Checked by (Engr-In-Charge):

8) NTUC Additional Services:-

QD*

*N5: Courtesy Car / Tpf Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

Auditors' Comments:-

TE (N11): TP (Non INC) against INC \$20

Cat 1:

9) N12: Idao Mobile \$0

Cat 2 / 3:

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	29/10/2018 17:50
Date Of Accident	29/10/2018 13:45
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL1892D
Insured/Policyholder	
Name Of Registered Owner	KINETIC ALLIANCE PTE. LTD.
Co Reg No	201613074E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98781035
Alternative Phone No	OFFICE-98781035

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION 1.5 A
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5100815955
Cover Note Number	

Driver

Name of Driver	LIM JUN XIAN
NRIC No	S9301088D
Date Of Birth	08/01/1993
Occupation	OUTDOOR
Date Of Driving Pass	04/04/2014
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98781035
Fax Number	
Contact Number	OTHERS-98781035
Email Address	NOEMAIL

Address	BLK 458 TAMPINES STREET 42 #10-308
Postcode	520458
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX3693Z
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHYE YAN
NRIC/Passport Number	S0197122J
Contact Number	96623638
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:

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

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

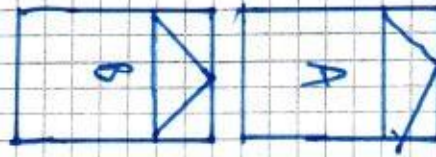
29/10/2018

SKETCH PLAN

Balestier Rd.

A-SJL1892L

B-SKX36932



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was stationary ~~in~~, vehicle B Hit me in my rear.

THE IMPACT CAUSED my Vehicle rear portion to be damaged badly.

DECLARATION

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



Policyholder's Signature

Date & Time:

M

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

29/10/2018

ACKNOWLEDGMENT

I, holding NRIC / Passport no.*
(*delete which is not applicable)

of vehicle no. acknowledge the following :

1. I am clear about the information disseminated by the counter staff during my accident reporting.
2. My accident reporting is for
(please circle the appropriate one)
 - a) **REPORTING PURPOSE ONLY**
 - b) **CLAIMING OWN DAMAGE**
 - c) **CLAIMING THIRD PARTY**
3. I came

a)	with my workshop	} (please circle the appropriate one)
b)	without my workshop	
4. My workshop who came with me is ORION AUTOCLINIC
(please provide the workshop name)
5. My preferred workshop who did not come with me is
..... and not recommended by the staff
(please provide the workshop name)



Signature :   X



Transfer from SLM7847S .(KR)

DATED THIS 22 DAY OF May 2018

BETWEEN

(1) Company Name KINETIC ALLIANCE PTE. LTD.
UEN No. 201613074E
Address 9 Tagore Lane #03-21 S787472
Tel / Fax 62642231 / 62642340

AND

(2) Name LIM JUN XIAN
NRIC / PP No. S9301088D
Address BLK 458 TAMPINES STREET 42 #10-308 S520458
Date Of Birth 03-01-93
License Passed Date 04-04-14
Contact Number 9878 1035

VEHICLE RENTAL AGREEMENT

(3) Vehicle Reg. Number SJL1892D /
Make TOYOTA
Model ALLION
Colour BLACK
COE Expiry 17-11-18
Contract Start Date 29 / 22-05-18
Contract End Date 22-08-18
Rental Rate/month 29 / \$ 360.00

HO WONG LAW PRACTICE LLC
MS. WONG SOO CHIH/MR. WARREN HO
Advocates & Solicitors
133 New Bridge Road #23-06 Chinatown Point
Singapore 059411

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport
/Company Cert No.: 201613074E

Owner ID Type: Company

Owner Name: KINETIC ALLIANCE PTE LTD

Registered Address: 9 TAGORE LANE #03-21 9 @ TAGORE SINGAPORE 787472

Mailing Address: -

Birth Date: -

Vehicle Particulars

Vehicle No.: SIL1892D

Previous Vehicle No.: -

Effective Date of Ownership: 21 Nov 2017

Original Regn Date: 18 Nov 2008

Registration Date: 18 Nov 2008

Year of Manufacture: 2008

Vehicle Type: Private Hire (Chauffeur) Motor Car

Vehicle Scheme: -

Vehicle Attachment 1: No Attachment

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: TOYOTA

Vehicle Model: ALLION 1.5 A

Primary Colour: Black

Secondary Colour: -

Passenger Capacity: 4

Chassis No: NZ12603032433

Engine No: 1N2D133199

Engine Capacity: 1.8 litre

Power/Kilowatt: -

Max Unladen Weight:	1200 kg
Maximum Laden Weight:	1475 kg
Open Market Value:	\$15,111.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Nov 2018
Minimum PARF Benefit:	\$7,555.00
No. of Transfers:	1
IU Label No.:	1028272431
COE No.:	2008110101003033R
COE Expiry Date:	17 Nov 2018
COE Category:	A - Car (1600cc & below)
COE Registration Category:	A - Car (1600cc & below)
Quota Premium (QP) / Prevailing Quota Premium:	\$10,989.00 / -
Actual QP Paid:	\$10,989.00
QP (Regn Car):	\$10,989.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$10,989.00
Additional Registration Fee Rate:	100.00 %
Actual ARF Paid:	\$15,111.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	-

Message:

To renew the COE, the Prevailing Quota Premium payable is that of Category A. You are required to affix a pair of PHC decals on your vehicle windscreens at Authorised Inspection Centres within 3 calendar days, regardless of usage. The vehicle cannot be converted out until the decals have been affixed. This is a public service vehicle.

Date of Accident : 29/10/2018 Accident Time: 1348 Hrs. (24-HR-Format)
Accident Place : Balestier Rd.
Vehicle No. (Car Plate No.) : SJL1892B Make/Model: T/AIION
Insurance Company : NTUC Policy No: 5100815955
Owner or Company Name /IC No. : KINETIC ALLIANCE Pte Ltd / 2016130745
Owner or Company Contact No. : 84888585 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : LIM JUN KIAN / S9301088D
DRIVER'S Date Of Birth : 8/1/1993 DRIVER'S License Pass Date 4/4/2014
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: HIRER.
DRIVER'S Address : BLK 458 TAMPINES ST 42 #10-208
520 458.
DRIVER'S Contact No./ Alt No. : 1) 9878 1035 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : NO EMAIL.
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): N/A
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: 8KX3693Z.
Vehicle Make/Model: HONDA VESPA.
Name Driver: TAN Chye Yan
IC No. Driver/Contact: S0197122Jf
96623638.

Vehicle No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

workshop: Verve motor clinic @gmail.com
Attn: Kenneth Tham
Hp: 91444476




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9301088D



Name
LIM JUN XIAN
林俊賢
Race
CHINESE
Date of birth
08-01-1999
Country of birth
SINGAPORE



Land Transport Authority



VOCATIONAL LICENCE
Licence No : S9301088D
Name : LIM JUN XIAN
Please visit www.lta.gov.sg to check the status of this vocational licence

4159832



NRIC No. S9301088D
Date of issue
14-11-2008
Address
APT BLK 458 TAMPIR
#10-308
SINGAPORE 520458
EET 42

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

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	16/07/2018



REPUBLIC OF SINGAPORE DRIVING LIC



Licence Number: S9301088D

First Name

LIM JUN XIAN

Birth Date: 08 Jan 1993

Issue Date: 04 Apr 2014



002291854C



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: 5100815955

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJL1892D**
Chassis Number : **NZT2603032433**
2. Name of Policyholder : **KINETIC ALLIANCE PTE LTD**
3. Effective Date of Insurance : **24 May 2018**
4. Expiry Date of Insurance : **23 Feb 2019**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 3 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : **S & M ALLIANCE PTE LTD (00000614373)**
Date of Issue : **22 May 2018 17:01 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="29/10/2018 13:45"/>
Vehicle No.(For Motor)	<input type="text" value="SJL1892D"/>	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"/>	5100815955		KINETIC ALLIANCE PTE. LTD.	201613074E	GPC	Third Party	SJL1892D	SJL1892D	24/05/2018	23/02/2019

▼ Policy Information

Policy No.	5100815955	Policyholder Name	KINETIC ALLIANCE PTE. LTD.	Policyholder NRIC	201613074E
Certificate No.					
Address	9 TAGORE LANE #03-21 9 @ TAGORE SINGAPORE 787472				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	22/05/2018	Effective Date	24/05/2018 00:00	Expiry Date	23/02/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	9 TAGORE LANE	Address 2	#03-21 9 @ TAGORE	Address 3	SINGAPORE 787472
Address 4		Address Type	Singapore address	Post Code	787472
Unit No.	03-21	Related Policy Number	5101649875		

► Insured Object: SJL1892D

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	24/05/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 24 May 2018, the following amendment(s) is/are made to this policy: PREMIUM: S\$1,198.61 (inclusive of GST) In view of this amendment, an additional premium of \$238.37 (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, credit card or NETS.</p>

Claim Handling

Accident MT/1017683

Policy No.	5100815955	Vehicle No.	SJL1892D	GST Registration No.
Certificate No.				
Policyholder Name	KINETIC ALLIANCE PTE. LTD.			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	98781035	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input 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

▼ Accident Details

Report Date	30/10/2018 09:43	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	29/10/2018	Time of Accident hh:mm	13:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BALESTIER ROAD			

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	0.00	
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	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	9 TAGORE LANE	Address 2	#03-21 9 @ TAGORE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-21	Related Policy Number	5101649875	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LIM JUN XIAN	Driver NRIC	S9301088D	Driver DOB
Register Date of Driver License	04/04/2014	Driver Age	25	Driving Experience
Contact No.(Mobile)	98781035	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 458 #	Address 2	TAMPINES STREET 42	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

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

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	KINETIC
Contact No.(Mobile)	84888585	Contact No. (Home)	NIL
Email Address		OI Vehicle Number	SJL189
Claim Description	SJL1892D / SKX3693Z ON 29 Oct 2018		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	30/10/2018 09:52	GIA report	Received
Report Taken By		Claim Close Date	
		Workshop Repairer	

☒ Print AK letter

Save Submit

Attachment



Accident No.	MT/1017683	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/10/2018 09:50

Choose File	No file chosen	Clear	Category *	Confidential
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Message Read		Clear	Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 09:52	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 09:52	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 09:52	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 09:50	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 09:49	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 09:49	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 09:49	Photos	Normal	Photos 2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 09:49	Photos	Normal	Photos 2
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