

NATIONAL Assessment Centre Services (ver 1 Jan 2005)

| | | | |
|---------------------------|---|------------------------|----------|
| Date In: 02/11/2018 16:47 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA/INC18019970/R4 | E-mail (within 3hrs, AIC 2hrs): | | |
| Veh No: SLQ 4412L | i-Motor Claim Form: MT/1018270-001 | 3/11/18 10:25 | |
| 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: GN14D 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:

NA1807112 Invoice Preparation Checklist Amt (\$) Amt (\$) (in Bill) Add Bill

Claimant's Particulars: 1) AR: Accident Reporting (\$30); INC (\$80)

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

Contact No: 3) TF: Towing Fee \$40/\$45

Damaged Portion: 4) FT: Follow-Through Survey \$120

QC Checked by (Engr-In-Charge): 5) FT: Follow-Through Survey (Resurvey) \$30

Auditors' Comments: For claiming against INC Only (wef 10 Jan 2005)

2nd I: 6) TR: Re-inspection \$75

2nd 2/3: 7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

9) N12: Idao Mobile \$30

Invoice dated: Fee Charged: \$130

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 willful 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 | 02/11/2018 16:47 |
| Date Of Accident | 02/11/2018 14:30 |
| Exact Location Of Accident | CTE TWDS AYE BEFORE BRADDELL RD EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SLQ4412L |
| Insured/Policyholder | |
| Name Of Registered Owner | EASTCROWN ELECTRICAL SERVICES |
| Co Reg No | 53382061L |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96327886 |
| Alternative Phone No | OFFICE-96327886 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | TOYOTA |
| Model | WISH 1.8 AUTO |
| 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 | 5103432243 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | LOH CHEAN CHENG |
| NRIC No | S8086389F |
| Date Of Birth | 31/01/1980 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/11/2007 |
| Driving Experience | 10 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96327886 |
| Fax Number | |
| Contact Number | OTHERS-96327886 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 128B CANBERRA STREET #13-528 |
| Postcode | 752128 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - OWNER OF COMPANY |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-----------------|
| Type Of Accident | CHAIN COLLISION |
| 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? | YES |
| 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 | GN14D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | 96236550 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver) 2
Passenger 1 NAME: : NIL
GENDER: : MALE

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number CB7810L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number 82013283
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1 NAME: : NIL
GENDER: : FEMALE

DETAILS OF INJURED PERSON 1

Name LOH CHEAN CHENG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLQ4412L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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 (POPA)**

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.



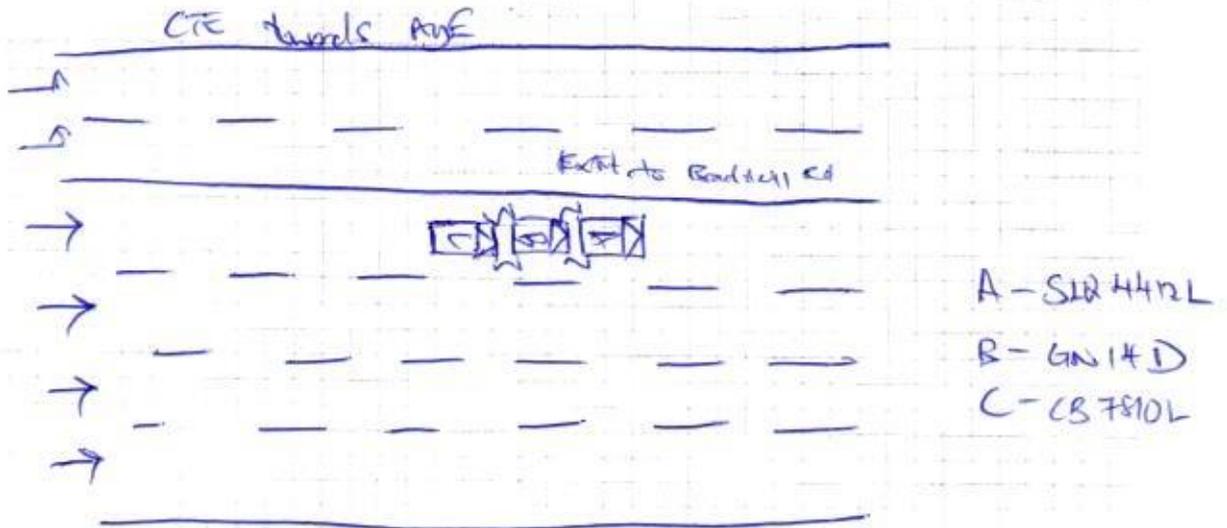
Policyholder's Signature
Date & Time:

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

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

2/11/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

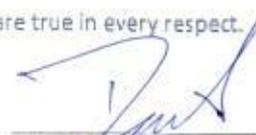
I was driving along CTE towards AGE on the 5th lane from the left of a 6-lane, expressway. Somewhere before Roadkill Rd Exit, vehicles ahead of me slowed down and stopped. As such, I stopped back and stopped accordingly. After I stopped, I felt an impact on the rear portion of my vehicle. After the impact, I observed and realised that vehicle (C) hit into vehicle (B) thus causing veh (B) to hit into my vehicle.

A - SLQ 4412L
 B - GN 14D
 C - CB 7810L

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: 2/11/2018
 NRIC/FIN No.:

| | | | |
|--|--|-------------------|----------------------------|
| Vehicle No. | SD4412L | Model / Make | Byztek with |
| Date of Accident | 2/1/18 | | |
| Time of Accident | 2.30pm | HRS | |
| Location of Accident | C/O Towards AgE Repair Saddlers Rd East | | |
| Exact purpose use during accident | Commercial use | | |
| Name of Owner | East Crown Electrical Services | | |
| Telephone No. | H/P: 96327886 | Home : | Office : |
| NRIC | 53382061L | | |
| Address | 5027 Ang Mo Kio Industrial Park 2, # 01-129, (S6953) | | |
| Claim type | OD | (THIRD PARTY) | REPORTING ONLY |
| Insurance Company | Ntuc | | |
| Type of Coverage | (Comprehensive) | Third Party | Third Party / Fire / Theft |
| Policy No. | 5103432243 | | |
| Name of Driver | As Above If No, Loh Chean Cheng | | |
| NRIC | S8086389F | Any Passengers : | 01 (female) 85116316 |
| Date of birth | 31/10/1980 | | |
| Occupation | (Outdoor) | / | Indoor |
| Driving License Pass Date | 21/11/2007 | | |
| Gender | (Male) | / | Female |
| Contact No. | H/P: 96327886 | Home : | Office : |
| Address | Bk 120B Canberra St, #13-528, S6752 | | |
| Driver have any own vehicle | No, | If yes, Reg No. | |
| Relationship | Employee, | (If no, state | owner of company |
| Weather condition | (Clear) | Raining | Other |
| Road Surface | (Dry) | Wet | Other |
| Any Injuries | No, | If Yes, Who? | |
| Name And Contact No. | Loh Chean Cheng | | |
| Name And Contact No. | | | |
| Police Report | No, | If Yes, Where? | |
| Vehicle B No. | GN 14D (96336550) | Any Passengers : | 01 (male) |
| Name of Driver | | Contact No. : | |
| Vehicle C No. | CB 7810L 85013283 | Any Passengers : | 01 (female) |
| 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 | Rear Portion | | |
| Camera Recorder | (Yes) No | | |
| Email Address | Davidccloh@gmail.com | | |
| HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE? | Yes / (No) | | |
| PARTICULAR WORKSHOP | Tonica Automotive Pte | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | KAREN | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | sales@n51.com.sg | | |

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8086389F**

Name: **LOH CHEAN CHENG**

Birth Date: **31 Jan 1980**

Issue Date: **20 Nov 2014**



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8086389F**



Name: **LOH CHEAN CHENG**

Race: **罗健青**

Race: **CHINESE**

Date of birth: **31-01-1980**

Country/Place of birth: **MALAYSIA**

Sex: **M**

9345727

Land Transport Authority



VOCATIONAL LICENCE
Licence No : **S8086389F**
Name : **LOH CHEAN CHENG**

Card Issue Date : **06/03/2018**

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

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg **21 Nov 2007**



NP 428A



9345727



NRIC No. **S8086389F**

Nationality: **MALAYSIAN**

Date of issue: **29-09-2014**

APT BLK 128B CANBERRA STREET #13-528
SINGAPORE 752128

NRIC No: **S8086389F**

Date: **23/03/2018 (R)**

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

| Type | Description | Issue Date |
|------|---------------------|------------|
| 14 | PRIVATE HIRE CAR VL | 06/03/2018 |





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: 5103432243 Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLQ4412L
 Chassis Number : JTDER12W503000643

2. Name of Policyholder : EASTCROWN ELECTRICAL SERVICES

3. Effective Date of Insurance : 05 Sep 2018

4. Expiry Date of Insurance : 04 Sep 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 | : WSJ CREDIT 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 : ASSURE PTE. LTD. (00000572842)
 Date of Issue : 04 Sep 2018 17:39 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. 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 checked="" type="radio"/> | 5103432243 | | EASTCROWN ELECTRICAL SERVICES | 53382061L | GPC | drivo CLASSIC | SLQ4412L | SLQ4412L | 05/09/2018 | 04/09/2019 |

▼ **Policy Information**

| | | | | | |
|-----------------------------|---|-----------------------------|---------------------------|-------------------|------------------|
| Policy No. | 5103432243 | Policyholder Name | EASTCROWN ELECTRICAL SERV | Policyholder NRIC | 53382061L |
| Certificate No. | | | | | |
| Address | BLK 5027 #01-129 ANG MO KIO INDUSTRIAL PARK 2 ANG MO KIO INDUSTRIAL PARK 2 SINGAPORE 569530 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 04/09/2018 | Effective Date | 05/09/2018 00:00 | Expiry Date | 04/09/2019 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 | ASSURE PTE. LTD. | Agent Tel. | 68489119 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ **Policyholder Mailing Address**

| | | | | | |
|-----------|------------------|-----------------------|----------------------------|-----------|----------------------------|
| Address 1 | BLK 5027 #01-129 | Address 2 | ANG MO KIO INDUSTRIAL PARK | Address 3 | ANG MO KIO INDUSTRIAL PARK |
| Address 4 | SINGAPORE 569530 | Address Type | Singapore address | Post Code | 569530 |
| Unit No. | 01-129 | Related Policy Number | 5103432243 | | |

▶ **Insured Object: SLQ4412L**

▼ **Endorsements**

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

Claim Handling

Accident MT/1018270

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5103432243 | Vehicle No. | SLQ4412L | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | EASTCROWN ELECTRICAL SERVICES | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 96327886 | Contact No.(Office) | 0 | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire |

▼ **Accident Details**

| | | | | |
|-------------------|--------------------------------------|-------------------------------|-------|---------------------|
| Report Date | 03/11/2018 10:17 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 02/11/2018 | Time of Accident hh:mm | 14:30 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | CTE TWDS AYE BEFORE BRADDELL RD EXIT | | | |

▼ **Excess**

| | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|
| Own damage Excess | 2,000.00 | Additional Excess | 0 | Windscreen Excess |
| 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 5027 #01-129 | Address 2 | ANG MO KIO INDUSTRIAL PARK | Address 3 |
| Address 4 | SINGAPORE 569530 | Address Type | Singapore address | Post Code |
| Unit No. | 01-129 | Related Policy Number | 5103432243 | |

▼ **OI Driver Info**

| | | | | |
|---|---|---------------------|-------------------|--------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | |
| Unnamed driver Name | LDH CHEAN CHENG | Driver NRIC | S8086389F | Driver DOB |
| Register Date of Driver License | 21/11/2007 | Driver Age | 38 | Driving Experience |
| Contact No.(Mobile) | 96327886 | Contact No.(Office) | 0 | Contact No.(Home) |
| Address 1 | BLK 128B # | Address 2 | CANBERRA STREET | Address 3 |
| Address 4 | SINGAPORE 752128 | 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 | EASTCF |
| Contact No.(Mobile) | NIL | Contact No. (Home) | |
| Email Address | | OI Vehicle Number | SLQ441 |
| Claim Description | SLQ4412L / GN14D ON 2 Nov 2018 | | |
| Preferred Workshop | | Insured Liability | Partially at Fault |
| Contact No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| Report Taken By | | Claim Close Date | 03/11/2018 10:26 |
| | | Workshop Repairer | |

Print AK letter

Save Submit

Attachment

Accident No. MT/1018270 Claim No. 001
 Last Doc. Received Yes No Upload Date 03/11/2018 10:30

| 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 |
| Choose File | No file chosen | Clear | Please Select | NO |
| Message Read | | | | |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Des |
|------------|--|-----------------------|---------|-----------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 10:25 | NRIC/ Driving License | Normal | NRIC/ Driving I |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 10:24 | SAS | Normal | SAS 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 10:23 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Nov 2018 10:23 | Photos | Normal | Photos |
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