

NATIONAL Assessment Centre Services

Wef 1 Jan'05 MNA118144192

Date In: 7/11/18-18:09	Job description	Date & Time Completed	Done by
Ref No: NA/INC1802124/24	SAS e-filing		
Veh No: 5X68635	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/11/18-19:00	i-Motor Claim Form	M7/1018774-001	7/11/18 18:23
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: Vch No: 46F303C 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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: 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		
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Est. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt 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	07/11/2018 18:09
Date Of Accident	05/11/2018 19:00
Exact Location Of Accident	PIE (CHANGI) BEFORE PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX6863S
Insured/Policyholder	
Name Of Registered Owner	C J GARMENT
Co Reg No	53124552K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96938881
Alternative Phone No	OFFICE-96938881

Vehicle Particulars

Manufacturer	CITROEN
Model	C4 SX 1.6L VTI AT ABS D/AB P-SR 5DR 2WD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5103684318
Cover Note Number	

Driver

Name of Driver	JIMMY NG GUAN CHOON (JIMMY HUANG YUANJUN)
NRIC No	S7127512D
Date Of Birth	20/08/1971
Occupation	INDOOR
Date Of Driving Pass	04/08/1995
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96938881
Fax Number	
Contact Number	OFFICE-96938881
EEmail Address	NOEMAIL

Address	BLK 301 UBI AVENUE 1 #04-267
Postcode	400301
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	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	4
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181106/2008.

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	SLF303C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKT1263R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJM2129M
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JIMMY NG GUAN CHOON (JIMMY HUANG YUANJUN)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJX6863S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
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 (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.

CJ GARMENT

.....

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.:

Vehicle No.	55X 6863 S	Model / Make CITROEN C4
Date of Accident	05/11/2018	
Time of Accident	1900	HRS
Location of Accident	PIE TOWARDS CHANGE BEFORE PAGA LBAR EXIT	
Exact purpose use during accident	PRIVATE USE	
Name of Owner	CJ GARMENT	
Telephone No.	H/P: 96938881	Home: Office:
NRIC	53124552K	
Address	BLK 301 UBI AVE 1 #04-267 S(400301)	
Claim type	OD	<u>THIRD PARTY</u> REPORTING ONLY
Insurance Company	NTUC	
Type of Coverage	<u>Comprehensive</u>	Third Party Third Party / Fire /Theft
Policy No.	5103684318	
Name of Driver	As Above If <u>No</u> , JIMMY NH GUAN CHOON	
NRIC	57127512D	Any Passengers: NIL
Date of birth	20/08/1971	
Occupation	Outdoor	/ <u>Indoor</u>
Driving License Pass Date	04 AUG 1995	
Gender	Male / Female	
Contact No.	H/P: 96938881	Home: Office:
Address	BLK 301 UBI AVE 1 #04-267 S(400301)	
Driver have any own vehicle	<u>No</u>	If yes, Reg No.
Relationship	<u>Employee</u> ,	If no, state
Weather condition	<u>Clear</u>	Raining Other
Road Surface	<u>Dry</u>	<u>Wet</u> Other
Any Injuries	No,	If <u>Yes</u> , Who?
Name And Contact No.	JIMMY NH GUAN CHOON, 96938881	
Name And Contact No.		
Police Report	No,	If <u>Yes</u> Where? TP DIVISION HQ
Vehicle B No.	SLF 303 C	Any Passengers:
Name of Driver		Contact No.:
Vehicle C No.	SKT 1263 R	Any Passengers:
Vehicle D No.	SJM 2129 M	Any Passengers:
Vehicle E no.		Any Passengers:
Vehicle F No.		Any Passengers:
Vehicle G No.		Any Passengers:
Witness Name		Witness Contact:
Accident Portion	FRONT / REAR	
Camera Recorder	Yes / <u>No</u>	
Email Address		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		
		Yes / No
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD	
CONTACT NO.	6842 0051 / 6744 0510	
CONTACT PERSON	IAN	
FAX NO	6741 0510	
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg	



**SINGAPORE
POLICE FORCE**



T/20181106/2008

2 of 3

Report No. T/20181106/2008

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS THE DRIVER OF THE 3RD VEHICLE SJX6863S IN THE 4-CAR COLLISION

I WAS DRIVING BEHIND A CAR(SKT1263R) ON THE EXTREME RIGHT LANE OF THE 4-LANE ROAD. THE ROAD CONDITION WAS WET. THE CAR INFRONT OF ME SUDDENLY STOP. I MANAGED TO STOP ABOUT 2-CARLENGTH BEHIND THE CAR INFRONT. I WAS STATIONARY AND WAS LOOKING AT MY REAR-VIEW MIRROR WHEN I NOTICED THAT THERE WAS A CAR(SLF303C) COMING FROM BEHIND AT QUITE A FAST SPEED AND COLLIDED INTO THE BACK OF MY CAR. THE COLLISION CAUSED MY CAR TO MOVE FORWARD AND HIT THE CAR(SJM2129M) IN FRONT. I GOT OUT OF MY CAR AND NOTICED THAT THERE WAS ANOTHER CAR(SKT1263R) INFRONT THAT WAS INVOLVED IN THE ACCIDENT.

AMBULANCE CAME AND CONVEYED THE DRIVER OF SKT1263R TO THE HOSPITAL. AFTER THE ACCIDENT I WENT TO CHANGI GENERAL HOSPITAL ON MY OWN AND RECEIVED 3-DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20181106/2008

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20181106/2008

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: TP / MUHAMMAD SYUKRI BIN ABU BAKAR 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/11/2018 02:51
Officer In Charge Of Case: TP / GIT / SI NORASHIKIN BINTE DAUD Contact No.: 65476439	Classification Of Case: SINGAPORE POLICE FORCE
Authentication Stamp NP168	 Signature: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7127512D



Name
JIMMY NG GUAN CHOON
(JIMMY HUANG YUANJUN)

Race
CHINESE

Date of Birth
20-08-1971

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7127512D
Name
JIMMY NG GUAN CHOON
(JIMMY HUANG YUANJUN)

Birth Date: 20 Aug 1971
Issue Date: 13 Aug 2003




27



NRIC No. S7127512D



Block Group Date of issue
O 11-12-1995

APT BLK 301 UBI AVE 1 #04-267
SINGAPORE 400301
NRIC No: S7127512D Date: 12/03/2013 No: 7319173

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Aug 1995

NP 428A

Licence No: S7127512D



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 : 5103684318 **Cover :** Comprehensive

- | | |
|--|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJX6863S |
| Chassis Number | : VF7LC5FWF9Y594909 |
| 2. Name of Policyholder | : C J GARMENT |
| 3. Effective Date of Insurance | : 07 Sep 2018 |
| 4. Expiry Date of Insurance | : 06 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. | |
| (b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. |

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\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: LIEN CHONG ENTERPRISES 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 : GRABCAR PTE. LTD. (00000601726)
 Date of Issue : 07 Sep 2018 14:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="05/11/2018 19:00"/>
Vehicle No.(For Motor)	<input type="text" value="SJX6863S"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103684318		C J GARMENT	53124552X	GCV	Comprehensive	SJX6863S	SJX6863S	07/09/2018	06/09/2019

Continue

Policy Information

Policy No:	5103684318	Policyholder Name:	C J GARMENT	Policyholder NRIC:	53124552K
Certificate No.					
Address:	BLK 301 #04-267 UBI AVENUE 1 SINGAPORE 400301				
Product Name:	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag:	N		
Policy issue Date:	07/09/2018	Effective Date:	07/09/2018 00:00	Expiry Date:	06/09/2019 23:59
Excess Type:	All Claims Excess				
Third Party Excess:	2000	Own damage Excess:	2000	Windscreen Excess:	100
Additional Excess:	OS Premium 0.				
Outside Singapore OD Excess:	Outside Singapore TP Excess				
Agent:	GRABCAR PTE. LTD.	Agent Tel.:	65703925	GST Flag:	Y
Co-insurance Flag:	No				
Open Policy Info:					
Certificate Info:					

Young/Inexperience Driver Excess

Policyholder Mailing Address

Address 1:	BLK 301 #04-267	Address 2:	UBI AVENUE 1	Address 3:	SINGAPORE 400301
Address 4:		Address Type:	Singapore address	Post Code:	400301
Unit No.:	04-267	Related Policy Number:	5103684318		

Insured Object: SJX6863S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1018774

Policy No.	S103684318	Vehicle No.	S1X68635	GST Registration No.	
Certificate No.					
Policyholder Name	C J GARMENT			Policyholder NRIC	53124552K
Product Code	COMMERCIAL VEHICLE (INSUR)	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96938881	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	11
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(%)	20	Private Hire	Yes
Accident Details					
Report Date	07/11/2018 18:21	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	05/11/2018	Time of Accident (h:mm)	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (CHANGI) BEFORE PAYA LEBAR RD EXIT				
Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 301 #04-257	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400301
Address 4		Address Type	Singapore address	Post Code	400301
Unit No.	04-257	Related Policy Number	S103684318		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/08/1971
Unnamed driver Name	JIMMY NG GUAN CHOON (JIMH)	Driver NRIC	S7127512D	Driving Experience	23
Register Date of Driver License	04/08/1995	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	96938881	Contact No.(Office)	0	Address 3	SINGAPORE 400301
Address 1	BLK 301	Address 2	UBI AVENUE 1	Post Code	400301
Address 4		Address Type	Singapore address		
Unit No.	04-257	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 **New**

Claim Type *	CO-INS	Insured Name	C J GARMENT	Insured NRIC	53124552K
Contact No.(Mobile)	96990881	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OJ Vehicle Number	S1X68635	TP Vehicle Number	SLF303C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	S1X68635 / SLF303C ON 5 Nov 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	07/11/2018 18:23	Claim Close Date		Date Received	07/11/2018 00:00
Report Taken By	Jackson				
<input type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No. MT/1018774 Claim No. 001
 Last Doc. Received Yes No Upload Date 07/11/2018 18:24

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

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 SERVI CES) on 07 Nov 2018 18:24	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Nov 2018 18:24	SAS	Normal	SAS 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Nov 2018 18:24	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Nov 2018 18:24	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Nov 2018 18:24	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Nov 2018 18:23	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Nov 2018 18:23	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Nov 2018 18:23	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Nov 2018 18:23	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Nov 2018 18:23	Photos	Normal	Photos 2018-11-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 Nov 2018 18:23	Photos	Normal	Photos 2018-11-7		Edit
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Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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