

# NATIONAL Assessment Centre Services: [wef 1 Jan'05] MVA118144731

Date In: 8/11/18-16:51	Job description	Date & Time Completed	Done by
Ref No: NA/11/18/0208/24	SAS e-filing		
Veh No: 5J024546	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/11/18-04:00	i-Motor Claim Form	M/10/18/95-201	8/11/18 20:16
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: 60329427	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)	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

NA 1807290	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	08/11/2018 16:51
Date Of Accident	07/11/2018 04:00
Exact Location Of Accident	SLIP RD JURONG WEST AVE 1 TWDS CORPORATION RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2454G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LONGDEAL SEA PRODUCTS TRADING
Co Reg No	53117584K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94517247
Alternative Phone No	OFFICE-94517247

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5100570746
Cover Note Number	

### Driver

Name of Driver	LAU TIEN SWEE, RICHMAN (LIU TIANRUI)
NRIC No	S7819692C
Date Of Birth	04/07/1978
Occupation	OUTDOOR
Date Of Driving Pass	06/05/1997
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82884778
Fax Number	
Contact Number	OFFICE-82884778
Email Address	NOEMAIL

Address	BLK 135 RIVERVALE STREET #07-726
Postcode	540135
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	2
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181107/2044.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB2942J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver	JYOTHI NAVEEN PRAGASH
NRIC/Passport Number	
Contact Number	83808006
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	LAU TIEN SWEE, RICHMAN (LIU TIANRUI)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJU2454G
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.

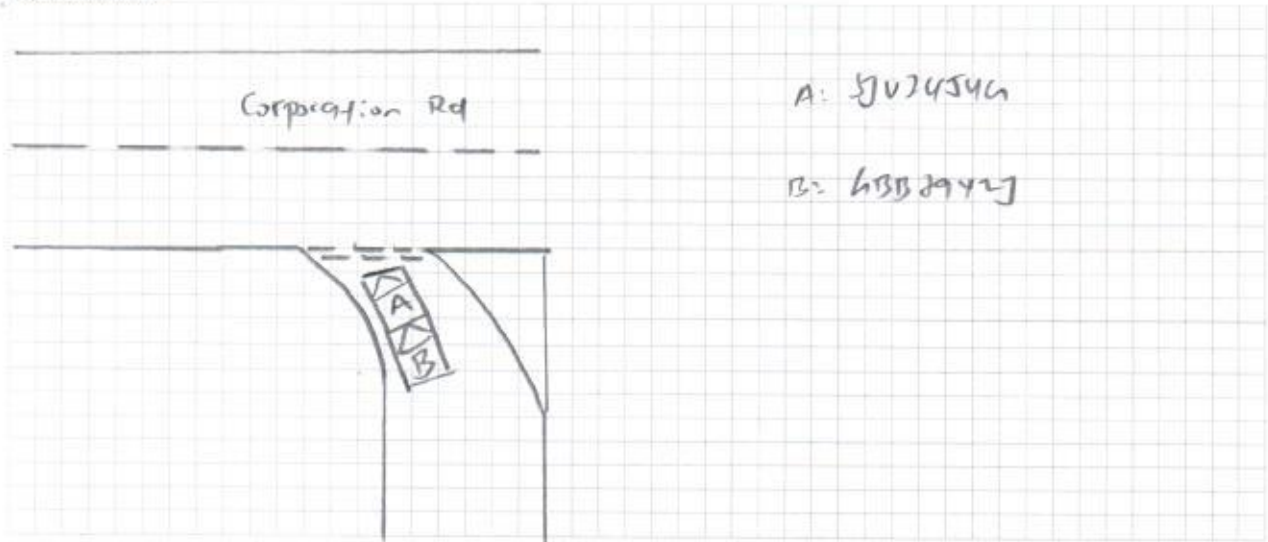


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report - 1/2018/1152/2044

*[A large diagonal line is drawn across the remaining lines of this section.]*

## DECLARATION

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



Policyholder's Signature  
Date & Time:

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

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



# ACCIDENT STATEMENT

ACCIDENT DATE: (7 / 11 / 18) (DD/MM/YYYY), TIME: (04 : 00) (HH:MM)

LOCATION: Slip Rd Jang West Ave 1 fuds Corporation Rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5J024546  
 b) INSURANCE COMPANY: MYOC  
 c) POLICY NUMBER: 5100570746  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL:  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME:  
 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: Longdean Sen Products Trading (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 531175846 CONTACT: 94517247  
 c) ADDRESS:

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

## DRIVER

- a) NAME: Lau Ten Siew, Richman Chin Tan (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 578198926 CONTACT: 82884778  
 c) ADDRESS: B11C 135 Riverside Hsuey #02-726 (JPD135)

\*d) DATE OF BIRTH: (4 / 7 / 1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 05 / 2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

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) - pending.  
 IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 6B529427 MODEL:  
 b) DRIVER'S NAME: Jyothi Shreea Pragas  
 c) NRIC/FIN/PASSPORT: 0367473 CONTACT:

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
 (2)

1. Suresh (male)  
 2. Raja (male)

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

\* No of passenger  
 (including driver)  
 ( )

Email =

fax =

VIDEO =



# SINGAPORE POLICE FORCE



T/20181107/2044

1 of 3

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20181107/2044

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2018 12:13		Vide Report No.:		Station Diary No.: 50	
<b>Informant's Particulars</b>					
Name of Informant: LA J TIEN SWEE, RICHMAN			Address: APT BLK 135 RIVERVALE STREET #07-726 SINGAPORE 540135		
Licence Type / ID No.: NRIC No. / S7819892C			Contact No.: Home/Office: Mobile: 82884778		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 04/07/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/11/2018 04:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 JURONG WEST AVENUE 1 CORPORATION ROAD Accident occurred at the junction of Jurong West Ave 1 and Corporation Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB2942J	Lorry					0
SJU2454G	Car				Slightly Damaged	2





**SINGAPORE  
POLICE FORCE**



T/20181107/2044

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194

TEL No: 1800-2519999

2 of 3

Report No. T/20181107/2044

**CONTINUATION OF REPORT**

**Brief Details.**

On 07/11/2018 at about 0400hrs, I was driving my black colour Kia Cerato vehicle bearing registration no: SJU 2454G along the junction of Jurong West Ave 1 and Corporation Road. Thereafter I was stopping along a slip road to wait for the traffic to clear. When I was about to move off, I felt an impact from a rear. I went down to make a check and discovered a White lorry bearing registration no: GBB 2942J collided into the rear of my car.

The accident caused a dent and a cracked bumper. I managed to exchange particulars with the other driver

"Jyothi Naveen Pragash  
C/o Min Hiang Food Pte Ltd  
HP-83808006"

I then drove off as there were 2 passengers in my car. I then felt pain at my neck and back area. I then seek my own medical treatment at Mount Alvernia Hospital and was given 5 days of MC. There is a in car camera installed.



SINGAPORE  
POLICE FORCE



T/20181107/2044

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 3

Report No. T/20181107/2044

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:

E

Sgt 3 CHI WEI SIANG, DESMOND

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/11/2018 12:13

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168



SN 168



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7819892C**

Name: **LAU TIEN SWEE, RICHMAN**  
(LIU TIANRUI)

Birth Date: **04 Jul 1978**  
Issue Date: **23 Aug 2017**

002716682E



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S7819892C**

Name: **LAU TIEN SWEE, RICHMAN**  
(LIU TIANRUI)  
**刘添瑞**

Race: **CHINESE**  
Date of birth: **04-07-1978** Sex: **M**  
Country of birth: **SINGAPORE**




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

Class	Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	EFFECTIVE DATE
Class 3		06 May 1997

NP 428A



4258614

NRIC No. **S7819892C**

Date of issue: **04-08-2008**

Address: **APT BLK 135 RIVERVALE STREET**  
**#07-726**  
**SINGAPORE 540135**




eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100570746		LONGDEAL SEA PRODUCTS TRADING	53117584K	GPC	drivo CLASSIC	SJU2454G	SJU2454G	13/06/2018	24/11/2019



## Policy Information

Policy No.	5100570746	Policyholder Name	LONGDEAL SEA PRODUCTS TRA	Policyholder NRIC	53117584K
Certificate No.					
Address	BLK 3024 #02-97 UBI ROAD 3 KAMPONG UBI INDUSTRIAL ESTATE SINGAPORE 408652				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	09/05/2018	Effective Date	13/06/2018 00:00	Expiry Date	24/11/2019 23:59
Excess Type	All Claims Excess				
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	Young/Inexperience Driver Excess	
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 3024 #02-97	Address 2	UBI ROAD 3	Address 3	KAMPONG UBI INDUSTRIAL EST
Address 4	SINGAPORE 408652	Address Type	Singapore address	Post Code	408652
Unit No.	02-97	Related Policy Number	5100570746		

Insured Object: SJU2454G

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

## Claim Handling

[Exit](#)

## Accident MT/1018965

Policy No.	5100570746	Vehicle No.	51J2454G	GST Registration No.	
Certificate No.					
Policyholder Name	LONGDEAL SEA PRODUCTS TRADING	Cover Type	drive CLASSIC	Policyholder NRIC	S3117584K
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	84517247	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Yes
<b>Accident Details</b>					
Report Date	08/11/2018 20:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/11/2018	Time of Accident (H:mm)	04:00	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	SLIP RD JURONG WEST AVE 1 TWOS CORPORATION RD				
<b>Excess</b>					
Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	BLK 3024 #02-07	Address 2	UBI ROAD 3	Address 3	KAMPONG UBI INDUSTRIAL EST
Address 4	SINGAPORE 408652	Address Type	Singapore address	Post Code	408652
Unit No.	02-97	Related Policy Number	5100570746		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/07/1978
Unnamed driver Name	LAU TIEN SWEE, RICHMAN (LIU)	Driver NRIC	S7819892C	Driving Experience	21
Register Date of Driver License	06/05/1997	Driver Age	40	Contact No.(Home)	0
Contact No.(Mobile)	82884778	Contact No.(Office)	0	Address 3	SINGAPORE 540135
Address 1	BLK 135	Address 2	RIVERVALE STREET	Post Code	540135
Address 4		Address Type	Singapore address		
Unit No.	07-726				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	DO-MX	Insured Name	LONGDEAL SEA PRODUCTS TRA	Insured NRIC	S3117584K
Contact No.(Mobile)	82884778	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	51J2454G	TP Vehicle Number	G8B2942J
Claimant Type/Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	51J2454G / G8B2942J ON 7 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	08/11/2018 20:16	Claim Close Date		Date Received	08/11/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<b>Save</b> <b>Submit</b>					

## Attachment







Accident No.	MT/1018965	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/11/2018 20:17	
Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Browse	Clear	Please Select		Normal
Browse	Clear	Please Select		Normal

☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 08 Nov 2018 20:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 08 Nov 2018 20:17	SAS	Normal	SAS 2018-11-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 08 Nov 2018 20:16	Photos	Normal	Photos 2018-11-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 08 Nov 2018 20:16	Photos	Normal	Photos 2018-11-8		<a href="#">Edit</a>
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## 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"/>	