

# NTUC Additional Assessment Centre Services

Date In	19/11/2018 15:12	Job description	Date & Time Completed	Done by
Ref No	NA/INC18020905/K4	SAS e-filing		
PL No	SMA6950J	E-mail (within 3hrs, AIC 2hrs)		
Date	17/11/2018 21:10	i-Motor Claim Form	MT/1020462-001	20/11/18 09:58
Reporting Only		i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Referred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
Particulars:	Yeh No:	
Owner / Driver: (	SLT5405K INC ( ) / Non-INC ( )	
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
Apply for Transport Allowance ( ) / Courtesy Car ( )		
Check / Post Repair Inspection ( )		
Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Time	Actions

NA1807541	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Amount's Particulars:	1) AR: Accident Reporting (\$30);	Est Bill	Add Bill
Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Ref No:	3) TF: Towing Fee \$40/\$45		
Damage Portion:	4) FT: Follow-Through Survey \$120		
Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Driver's Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q11		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	19/11/2018 15:12
Date Of Accident	17/11/2018 21:10
Exact Location Of Accident	MIDDLE ROAD TURNING TWDS BEACH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA6950J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOTBUS TRAVEL PTE LTD
Co Reg No	201216834E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96333371
Alternative Phone No	OFFICE-96333371

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD 2.5S CVT
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	5101231293
Cover Note Number	

### Driver

Name of Driver	WILFRED TAN FU GUI
NRIC No	S9530523G
Date Of Birth	23/08/1995
Occupation	OUTDOOR
Date Of Driving Pass	28/06/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91122690
Fax Number	
Contact Number	OTHERS-91122690
Email Address	NOEMAIL

Address	38A DUKU ROAD
Postcode	429196
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	COLLISION - CHANGE/CROSS LANE
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)	1

#### Details of Police Action

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

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : G/20181119/7009

#### 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	SLT5405K
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	WILFRED TAN FU GUI
Approximate Age	
Injuries Sustain	BACK AND NECK PAIN
Injured person in which vehicle?	SMA6950J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	



## IMPORTANT NOTICE

1. Please report promptly 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 reassess 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:

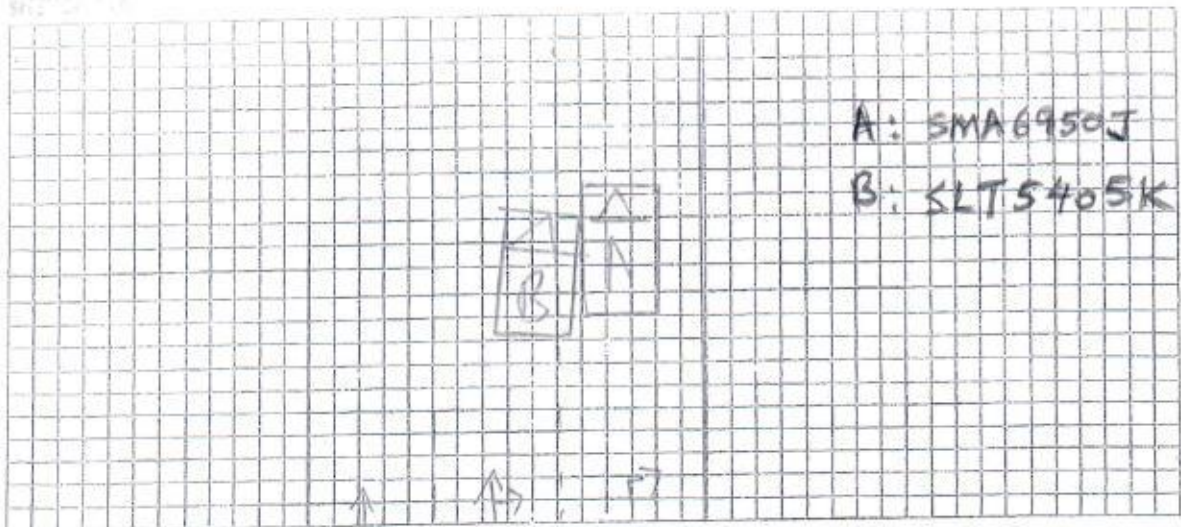
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/mall 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.:

Middle Rd turning towards Beach Rd.



A: SMA6950J

B: SLT5405K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

G/20181119/17009

DECLARATION

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

Policyholder's Signature  
Date & Time:

GIARMC SketchPlanForm\_V3

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

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





## POLICE REPORT (NP299)

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Report No. G/20181119/7009

Date/Time Report Made 19/11/2018 11:14		Vide Report No.		Station Diary No.	
Name Of Informant WILFRED TAN FU GUI		Address 38A DUKU ROAD SINGAPORE 429196			
ID Type / ID No. NRIC NO / S9530523G		Contact No. Home/Office:                      Mobile: 91122690			
Nationality SINGAPORE CITIZEN		Email Address wilfredtanfg@hotmail.com			
Occupation Driver		Sex Male	Age 23	Date of Birth 23/08/1995	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 17/11/2018 09:05 - 17/11/2018 09:10		Location Of Incident middle road			

### Brief details.

My vehicle was completely stationary along Middle road on the first lane waiting to turn towards to Beach Road. After the traffic light green i then proceed to turn right, after a few seconds later vehicle B from my left lane suddenly cut into my lane and collided onto my car.

Subjects Involved	
Suspect	
Person Name	SLT5405K

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/11/2018 11:14
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

# WILFRED TAN FU GUI

- ◆ Complete and submit this form to the individual insurance authorised reporting centre.
- ◆ Please report correctly on the details of the accident to speed up the claim process.
- ◆ This form must be filled up by the policy holder and/or authorised driver.
- ◆ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ◆ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ◆ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	17 November 2018	(DD/MM/YY)
Time of accident	9:10 PM	(HH:MM)
Exact location of accident	Middle Road turning towards Beach Road	

## DETAILS OF VEHICLE

Vehicle registration number	SM A69FQJ		
Vehicle make and model	Toyota Alphard		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input checked="" type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third party claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	Got BUS Travel Pte Ltd	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact	9633 3391 (Paul Tan)		
Address	<del>200</del> Btime Building		

## DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Wilfred Tan Fu Gui	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9530923G		
Contact	91122690		
Address	38A DUKU Road S(429196)		
Email address	wilfredtan@idnul.com		
Date of birth	23-08-1995		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	28 June 2016		



Is the driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	_____ (Inclusive of driver)

PASSENGER 1	
Name	Wahid Tan Fa Gui
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	Bedok Division HQ

WITNESS 1	
Name	

WITNESS 2	
Name	

Vehicle registration number	3LT9409K
Vehicle make model	Honda VIZU
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	



Name	Wilfred Tan Fu Gui	
Injuries sustained	Neck and Back	
Which vehicle person in?	3MA699DJ	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 2		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 3		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 4		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 5		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 6		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

REPUBLIC OF SINGAPORE DRIVING LICENCE

002562925K

WILFRED TAN FU GUI

Birth Date: 23 Aug 1995  
Issue Date: 28 Jun 2016

002562925K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO S9530523G

WILFRED TAN FU GUI

陈富桂

CHINESE

Date of Birth: 23-08-1995 Sex: M

Country of birth: SINGAPORE

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

Class S Motor cars with unladen weight  $\leq$  3600kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg

EFFECTIVE DATE

28 Jun 2016

NP 426A



NRIC No: S9530523G



Date of issue: 03-11-2010

Address  
38A DUKU ROAD  
SINGAPORE 429196



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="17/11/2018 21:10"/>
Vehicle No.(For Motor)	<input type="text" value="SMA6950J"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101231293		GOTBUS TRAVEL PTE LTD	201216834E	GPC	drive CLASSIC	SMA6950J	SMA6950J	18/06/2018	17/06/2019

## Policy Information

Policy No.	5101231293	Policyholder Name	GOTBUS TRAVEL PTE LTD	Policyholder NRIC	201216834E
Certificate No.					
Address	246 MACPHERSON ROAD #04-02 BETIME BUILDING SINGAPORE 348578				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	12/06/2018	Effective Date	18/06/2018 00:00	Expiry Date	17/06/2019 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 (SINGAPORE) PTE. LTD	Agent Tel.	68038751	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	246 MACPHERSON ROAD	Address 2	#04-02 BETIME BUILDING	Address 3	SINGAPORE 348578
Address 4		Address Type	Singapore address	Post Code	348578
Unit No.		Related Policy Number	5062200574-05		

## Insured Object: SMA6950J

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	18/06/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 18 Jun 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: PRIME MOTOR & LEASING PTE LTD CHASSIS NUMBER: AGH300163601 ENGINE NUMBER: 2ARJ025552 VEHICLE REGISTRATION NUMBER: SMA6950J ORIGINAL REGISTRATION DATE: 18 Jun 2018

Continue

Cancel



## Claim Handling

Accident MT/1020462

Policy No.	5101231293	Vehicle No.	SMA6950J	GST Registration No.
Certificate No.				
Policyholder Name	GOTBUS TRAVEL PTE LTD			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96333371	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	20/11/2018 09:51	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/11/2018	Time of Accident hh:mm	21:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	MIDDLE ROAD TURNING TWDS BEACH ROAD			

## ▼ 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	246 MACPHERSON ROAD	Address 2	#04-02 BETIME BUILDING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5062200574-05	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	WILFRED TAN FU GUI	Driver NRIC	S9530523G	Driving Experience
Register Date of Driver License	28/06/2016	Driver Age	23	Contact No.(Home)
Contact No.(Mobile)	91122690	Contact No.(Office)	0	Contact No.(Home)
Address 1	38 DUKU ROAD	Address 2	# CANNVILLE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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	GOTBU
Contact No.(Mobile)	96333371	Contact No. (Home)	
Email Address		OI Vehicle Number	SMA6950J
Claim Description	SMA6950J / SLT5405K ON 17 Nov 2018		
Preferred Workshop		Insured Liability	Not at Fault
FORBID No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	20/11/2018 09:59	GIA report	Received
Report Taken By		Claim Close Date	
Print AK letter		Workshop Repairer	

Save Submit

## Attachment



Accident No.	MT/1020462	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/11/2018 10:00
Path *		Category *	Confidential
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> <input type="button" value="NO"/>

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2018 09:58	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2018 09:57	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2018 09:56	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2018 09:56	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2018 09:56	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2018 09:56	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2018 09:56	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2018 09:56	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2018 09:56	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2018 09:56	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2018 09:55	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2018 09:55	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2018 09:55	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2018 09:55	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2018 09:55	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2018 09:55	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2018 09:55	Photos	Normal	Photos ;