

NATIONAL Assessment Centre Services

[wef 1 Jan 05] **NA118 15312**

Date In: 26/11/18-17:34	Job description	Date & Time Completed	Done by
Ref No: NA/14C18021344/24	SAS e-filing		
Veh No: YP2189L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/11/18-06:05	i-Motor Claim Form	MT/1021472-001	26/11/18 19:18
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: WU1440T	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 1807710	Invoice Preparation Checklist		Amf (\$)	Amf (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
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			
	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		

Auditors' Comments:-

Ref 1:

Ref 2/3:

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	26/11/2018 17:34
Date Of Accident	23/11/2018 06:05
Exact Location Of Accident	UPPER EAST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7689L
Insured/Policyholder	
Name Of Registered Owner	TENG HONG INTERNATIONAL PTE LTD
Co Reg No	201622050W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62915477

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FK62FMZ1RDEB
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104167183
Cover Note Number	

Driver

Name of Driver	TAJINDRA SINGH
Passport No/FIN	G6936260K
Date Of Birth	11/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86545848
Fax Number	
Contact Number	OFFICE-86545848
Email Address	NOEMAIL

Address	BLK 6G SELETAR NORTH LINK #01-340 PPT LODGE 1B
Postcode	797452
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 - 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?	YES
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)	10
Passenger 1	NAME: : UDDIN MD AYEN GENDER: : MALE
Passenger 2	NAME: : HOSSAIN MD SOHORAB GENDER: : MALE
Passenger 3	NAME: : HOSSAIN MUKUI GENDER: : MALE
Passenger 4	NAME: : UDDIN NASIR GENDER: : MALE
Passenger 5	NAME: : ROKNUZZAMAN MOHAMMAD GENDER: : MALE
Passenger 6	NAME: : ALI SAHIN GENDER: : MALE
Passenger 7	NAME: : ARSHAD GENDER: : MALE
Passenger 8	NAME: : - GENDER: : MALE
Passenger 9	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	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181123/2023.

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	WC1440T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	UDDIN MD AYEN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP7689L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	HOSSAIN MD SOHORAB
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP7689L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	HOSSAIN MUKUI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	YP7689L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 4

Name UDDIN NASIR

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YP7689L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 5

Name ROKNUZZAMAN MOHAMMAD

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YP7689L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 6

Name ALI SAHIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YP7689L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 7

Name ARSHAD

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YP7689L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

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.

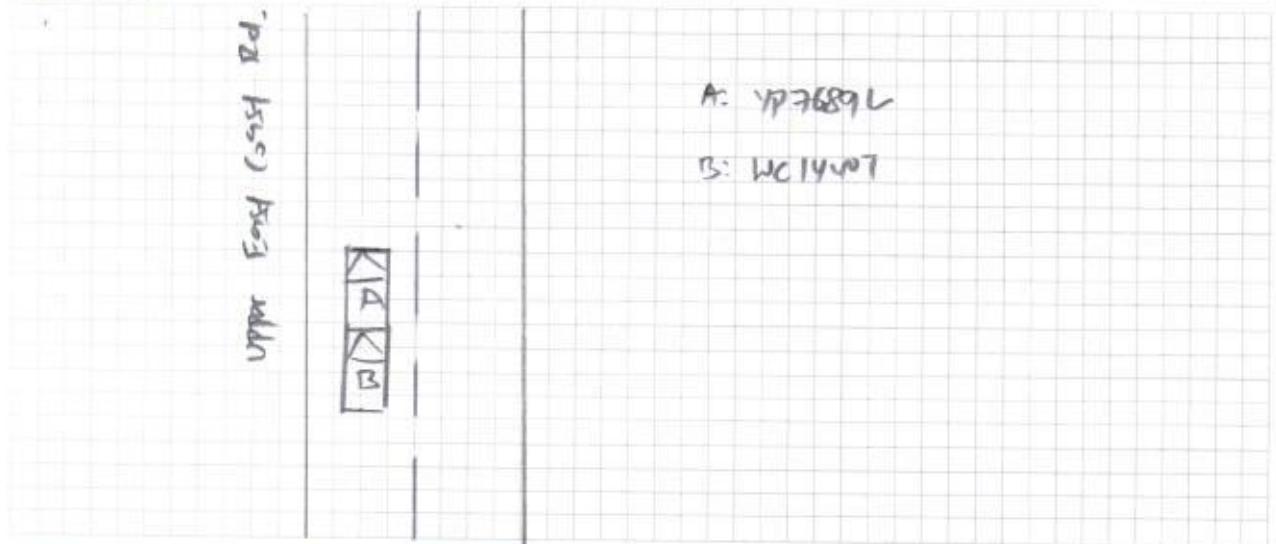


Policyholder's Signature
Date & Time:

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 - 1/2018123/2013.

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: (23/11/18) (DD/MM/YYYY), TIME: (06:05) (HH:MM)

LOCATION: upper East Coast Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP2689L
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 510467183
 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: Working
 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: Teng Hong International Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201622050W CONTACT: 62915477
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tejinder Singh (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 60936260K CONTACT: 86545848
 c) ADDRESS: Blk 6A Siletar North Link #01-340 PTA Lodge 1B (797452)

* d) DATE OF BIRTH: (26/11/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26/11/2014

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

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)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: WCL4427 MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 (10)

9 mile.

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

Email = singhumman@gmail.com
 info.tenghong@gmail.com
 fax = william.hosce@goldbell.com.sg

VIDEO =



SINGAPORE POLICE FORCE



T/20181123/2023

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20181123/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2018 10:18	Vide Report No.: G/20181123/0061	Station Diary No.: 42
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: TAJINDRA SINGH	Address: APT BLK 6G SELETAR NORTH LINK #01-340 PPT LODGE 1B SINGAPORE 797452		
ID Type / ID No.: FIN NO / G6936260K	Contact No.: Home/Office: Mobile: 86545848		
Nationality: INDIAN	Email:		
Sex: Male	Age: 28	Date of Birth: 11/07/1990	Type of Informant: Driver
Race: Indian	Language: English		Institution / School Name:
Occupation: Lorry driver	Driving Licence Information: Class: 3,4		Date of Expiry: 25/11/2019

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/11/2018 06:05	Type of Location: Straight Road
Location: Along Road 1 UPPER EAST COAST ROAD				
Lamp Post Number: 94				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Stopped Vehicle			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
WC1440T	Truck	UD TRUCKS		Green	Seriously Damaged	0
YP7689L	Lorry	MITSUBISHI	fuso	White	Seriously Damaged	9

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181123/2023

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20181123/2023

CONTINUATION OF REPORT

Driver			
Name	TAJINDRA SINGH	ID No.	G6936260K
Related Vehicle	YP7689L (Lorry)	Contact No.	86545848
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: 25/11/2019
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am a lorry driver and my job is to ferry workers to and fro dormitory and sites. On 23/11/2018 at about 0605hrs, I was driving my company lorry (white colour Mitsubishi Fuso bearing plate number YP7689L) on the left lane of the 2-lane road along Upper East Coast Road with about 9 or 10 workers on the lorry. I then turned on my hazard light and stopped the lorry near to lamp post 94 to alight the workers. I was seated at the driver seat while the workers were alighting.

About 1 to 2 minutes later, I suddenly felt a huge impact coming from the back of the lorry as such went down to make a check and saw that a truck (green colour UD truck bearing plate number WC1440T) had collided to the back of the lorry. The 2nd worker who was alighting from the lorry was hit by the truck and some of the workers sitting at the back of the lorry were also injured due to the impact. There was a passerby who came to assist and helped to call for the police and ambulance.

Subsequently traffic police and ambulance arrived at scene and 6 of my workers were conveyed to the hospital. There is only a front facing in-vehicle camera installed in my company lorry. I was told to lodge a traffic accident report by the traffic police vide G/20181123/0061, incharge IO Farid, Tel: 65476090.



**SINGAPORE
POLICE FORCE**



T/20181123/2023

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No. T/20181123/2023

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:
F /
Staff Sgt ANG PEI YING, AGNES

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:


Date/Time:
23/11/2018 10:18

Classification Of Case:

SRJ 1195

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore



Employer
TENG HONG INTERNATIONAL PTE. LTD.




Name
TAJINDRA SINGH

C Pass No.
0 3541326-

Sector
CONSTRUCTION



K0746742

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number
G6936260K

Name
TAJINDRA SINGH

Birth Date
11 Jul 1990

Issue Date
26 Nov 2014

Valid Till
25 Nov 2019



002369728J

VISIT PASS
Immigration Regulations

03-09-2018

Name
TAJINDRA SINGH

FIN
G6936260K

Date of Birth
11-07-1990

Sex
M

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status







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

Class	VEHICLE CLASS	EFFECTIVE DATE
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 3500 KILOGRAMS	26 Nov 2014
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 3500 KILOGRAMS	26 Nov 2014

S / No. 9000243728

Licence No: **G6936260K**



RP 428A



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"/>	5104167183		TENG HONG INTERNATIONAL PTE LTD	201622050W	GCV	Preferred Workshop Plan	YP7689L	YP7689L	25/10/2018	24/10/2019

Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1021472

Policy No.	5104167183	Vehicle No.	YP7689L	GST Registration No.	
Certificate No.					
Policyholder Name	TENG HONG INTERNATIONAL PTE LTD			Policyholder NRIC	201622050W
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)	62915477	Contact No. (Home)	0
Email Address		Special Remark		eCode	
KPK	<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(%)	10	Private Hire	No
Accident Details					
Report Date	26/11/2018 19:18	Accident Report within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/11/2018	Time of Accident hh:mm	00:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER EAST COAST RD				
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
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 808 #03-02	Address 2	FRENCH ROAD	Address 3	KITCHENER COMPLEX
Address 4	SINGAPORE 200808	Address Type	Singapore address	Post Code	200808
Unit No.	03-02	Related Policy Number	5104167183		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/07/1990
Unnamed driver Name	TAJINDRA SINGH	Driver NRIC	G6936260K	Driving Experience	2
Register Date of Driver License	30/12/2015	Driver Age	28	Contact No. (Home)	0
Contact No. (Mobile)	86545848	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	5G SELETAR NORTH LINK	Address 2	PPT LODGE 1B	Address 3	SINGAPORE 797452
Address 4		Address Type	Singapore address	Post Code	797452
Unit No.	01-340				
Does he own a Singapore Registered Car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
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 *	OD-MR	Insured Name	TENG HONG INTERNATIONAL P	Insured NRIC	201622050W
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		O1 Vehicle Number	YP7689L	TP Vehicle Number	WC1440T
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	YP7689L / WC1440T ON 23 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	26/11/2018 19:18	Claim Close Date		Date Received	26/11/2018 00:00
Report Taken By	Jackson				
<input type="checkbox"/> Print ACJ letter					
Save Submit					

Attachment

Accident No.	MT/1021472	Claim No.	001
LAST Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/11/2018 19:20
Path *		Category *	
	Browse... Clear	Please Select	Confidential: <input type="checkbox"/> Normal: <input type="checkbox"/>
	Browse... Clear	Please Select	Confidential: <input type="checkbox"/> Normal: <input type="checkbox"/>
	Browse... Clear	Please Select	Confidential: <input type="checkbox"/> Normal: <input type="checkbox"/>
	Browse... Clear	Please Select	Confidential: <input type="checkbox"/> Normal: <input type="checkbox"/>

Attachment List

[Video List](#)

Uploaded By/Date	Folder Date	File Name		Source	Action
		Display in New Window Scan and uploading			