

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MA118157028-01**

Date In: 4/1/18-12:03	Job description	Date & Time Completed	Done by
Ref No: NA/14618021837/24	SAS e-filing		
Veh No: 2607717C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 3/12/18-8:00	i-Motor Claim Form	M7/1022554-002	4/1/18 20:05
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: DFS99715	INC () / Non-INC ()
Owner / Driver: (Tel:	(
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1807936	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Est 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		
	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:-		
	QD*		
	*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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
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	04/12/2018 17:03
Date Of Accident	03/12/2018 18:00
Exact Location Of Accident	COMMONWEALTH AVE W BEFORE JUNC GHIM MOH LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU7217C
Insured/Policyholder	
Name Of Registered Owner	HUI WENG TAT
NRIC No	S1195065E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91010941
Alternative Phone No	OFFICE-91010941

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101465324
Cover Note Number	

Driver

Name of Driver	MICHELLE HUI SHIU YIN
NRIC No	S9019040G
Date Of Birth	29/05/1990
Occupation	INDOOR
Date Of Driving Pass	24/04/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81259856
Fax Number	
Contact Number	OFFICE-81259856
Email Address	NOEMAIL

Address	18 PINE GROVE #03-07
Postcode	591001
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	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/20181204/2091.

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	SFS9971S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUHAIMI BIN ALI
NRIC/Passport Number	S1430650A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLP8068B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver CHARYL LEE WAN QIAN
NRIC/Passport Number S85203811
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name MICHELLE HUI SHIU YIN
Approximate Age
Injuries Sustain NECK & HEAD
Injured person in which vehicle? SGU7217C
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:

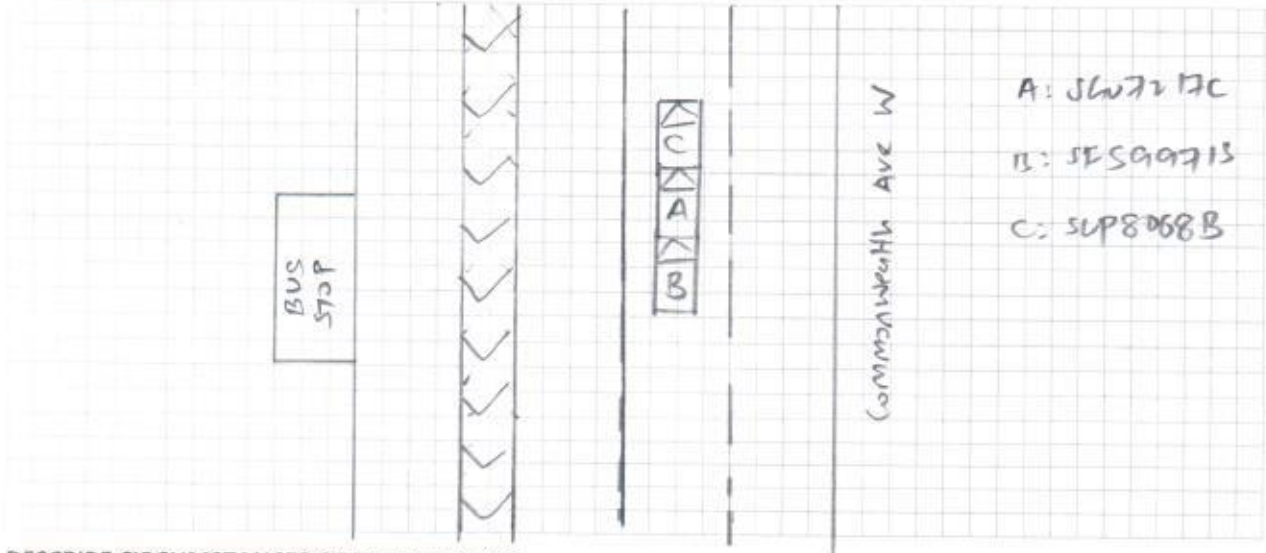
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 - 7/20181204/2091.

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: (3 / 12 / 18) (DD/MM/YYYY), TIME: (18 : 00) (HH:MM)

LOCATION: commonwealth ave W before junction him moh link.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5N7217C
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5101465324
 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: private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ YES ☐ NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Hui Weng Tan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S19505E CONTACT: 91010941
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Michelle Hui Shin Yin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S90190406 CONTACT: 81259856
 c) ADDRESS: 18 Pine Grove #03-07 (591001)

*d) DATE OF BIRTH: (25 / 5 / 1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 24/4/2009

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) ☒ CLEAR
 b) ROAD SURFACE: (DRY / WET / OTHERS) ☒ DRY

6. WAS ANYBODY INJURED (YES / NO) ☒ YES ☐ NO head / neck

7. a) REPORTED TO POLICE (YES / NO) ☒ YES ☐ NO pending

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5F5722AS MODEL: _____
 b) DRIVER'S NAME: Juhaimi Bin Ali
 c) NRIC/FIN/PASSPORT: S1430650A CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLP8068B MODEL: _____
 e) DRIVER'S NAME: Charly Lee Wan Qian
 f) NRIC/FIN/PASSPORT: S8520381Z CONTACT: _____

Email =

fax =

video =



SINGAPORE POLICE FORCE



T/20181204/2091

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4

Report No. T/20181204/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2018 15:20	Vide Report No.: D/20181203/0098	Station Diary No.:
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Informant's Particulars

Name of Informant: MICHELLE HUI SHIU YIN			Address: 1B PINE GROVE #03-07 PINE GROVE SINGAPORE 591001		
ID Type / ID No.: NRIC NO / S9019040G			Contact No.: Home/Office: Mobile: 81259856		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 28	Date of Birth: 29/05/1990	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: OTHERS			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

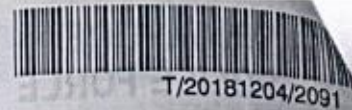
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/12/2018 18:00	Type of Location:
Location: Along Road 1 COMMONWEALTH AVENUE WEST TOWARDS GHIM MOH LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFS9971S	Car	TOYOTA	WISH 1.8 AUTO			0
SGU7217C	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO		Seriously Damaged	0
SLP8068B	Car	HONDA	AIRWAVE 1.5M A			0



SINGAPORE POLICE FORCE



T/20181204/2091

Report No. T/20181204/2

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

Use of Pedestrian Crossing: NA

No. of Pedestrians Injured: NIL

Driver

Name

SUHAIMI BIN ALI

ID No.

S1430650A

Related Vehicle

SFS9971S (Car)

Contact No.

97247641

Hospital/Clinic

NIL

Class of
Driving
Licence &
Expiry Date

Class: NIL

Date of Expiry: NIL

Date Treatment

NIL

Date Discharge

NIL

No. of Days granted Medical Leave

NIL

Degree of Injury

NIL

Driver

Name

MICHELLE HUI SHIU YIN

ID No.

S9019040G

Related Vehicle

SGU7217C (Car)

Contact No.

81259856

Hospital/Clinic

NATIONAL UNIVERSITY HOSPITAL

Class of
Driving
Licence &
Expiry Date

Class: NIL

Date of Expiry: NIL

Date Treatment

03/12/2018

Date Discharge

03/12/2018

No. of Days granted Medical Leave

NIL

Degree of Injury

NIL

Driver

Name

CHAYRL LEE WAN QIAN

ID No.

S85203811

Related Vehicle

NIL

Contact No.

97267827

Hospital/Clinic

NIL

Class of
Driving
Licence &
Expiry Date

Class: NIL

Date of Expiry: NIL

Date Treatment

NIL

Date Discharge

NIL

No. of Days granted Medical Leave

NIL

Degree of Injury

NIL

Brief Details.

ON STATED DATE, TIME AND LOCATION,

I WAS STATIC AT THE SAID LOCATON WITH OTHERS VEHICLES WAITING AS THE TRAFFIC LIGHT WAS RED.AFTER 30 SECONDS LATER, ALL OF SUDDEN, THE VEHICLE BEHIND ME COLLIDED ONTO MY BACK PART OF MY CAR. I WAS SHOCKED.THE IMPACT OF THE COLLISION WAS SO GREAT THAT MY CAR COLLIDED ONTO ANOTHER VEHICLE INFRONT OF ME. I THEN CAME OUT FROM MY VEHICLE TO CHECK AND EXCHANGED PARTICULARS. I CALLED MY PARTNER TO CAME DOWN AT THE SCENE. MY PATNER HELP ME TO CALL FOR AMBULANCE AND I WAS CONVEYED TO THE SAID HOSPITAL. I SUFFERED HEAD AND NECK INJURIES.



**SINGAPORE
POLICE FORCE**



T/20181204/2091

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 4

Report No. T/20181204/2091

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20181204/2091

4 of 4

Report No. T/20181204/2091

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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 /
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
04/12/2018 15:20

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118157028 Vehicle Registration No: SGU7217C
Name (as shown in NRIC) : MICHELLE HUI SHIU YIN NRIC/FIN/Passport No : S9019040G
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : 18 PINE GROVE #03-07 Singapore (591001)
Contact (Tel) : _____ Mobile No. : 81259856
Email Address : _____
Date of Accident : 03/12/2018 Time of Accident : 18:00
Place of Accident : COMMONWEALTH AVE W BEFORE JUNC GHIM MOH LINK
Insurance Company: NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND WAS ANY INJURED CONVEYED TO HOSPITAL BY AMBULANCE. (YES)

Policyholder / Driver's Signature
Date:


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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9019040G



Name

MICHELLE HUI SHIU YIN

许秀莹

Race

CHINESE

Date of birth

29-05-1990 F

Country of birth

SINGAPORE

Sex

S9019040G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9019040G

Name

MICHELLE HUI SHIU YIN

Birth Date 29 May 1990

Issue Date 24 Apr 2009



001734801E

3720779



NRIC No. S9019040G



Date of issue

30-05-2005

Address

18 PINE GROVE
#03-07
SINGAPORE 591001

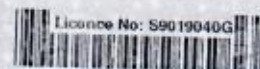
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg
with \leq 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals \leq 2000kg

24 Apr 2009

NP 428A



Licence No: S9019040G

eBaoTech

General Claim

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"/>	5101465324		HUI WENG TAT	S1195065E	GPC	drive CLASSIC	SGU7217C	SGU7217C	21/06/2018	20/06/2019

Claim Handling

•Exit

Accident MT/1022554

Policy No.	S101465324	Vehicle No.	SGU7217C	GST Registration No.	
Certificate No.					
Policyholder Name	HUI WENG TAT	Cover Type	drive CLASSIC	Policyholder NRIC	S1195065E
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPI	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available

➤ **Accident Details**

Report Date	04/12/2018 17:19	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	03/12/2018	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG COMMONWEALTH AVE WEST				

➤ **Excess**

Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

➤ **Benefits**

➤ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

➤ Policyholder Mailing Address

Address 1	18 PINE GROVE	Address 2	#03-07 PINE GROVE	Address 3	SINGAPORE S91001
Address 4		Address Type	Singapore address	Post Code	S91001
Unit No.		Related Policy Number	S101465324		

➤ **01 Driver Info**

Driver Name	MICHELLE HUI SHEU YIN	Driver Type	Named Driver	Driver DOB	29/05/1990
Unnamed driver Name		Driver NRIC	S9019040G	Driving Experience	9
Register Date of Driver License	01/01/2009	Driver Age	28	Contact No. (Home)	
Contact No. (Mobile)	81259856	Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	HUI WENG TAT	Insured NRIC	S1195065E
Contact No. (Mobile)	91010941	Contact No. (Home)		Contact No. (Office)	65169477
Email Address	SPPHWT@GMAIL.COM	01 Vehicle Number	SGU7217C	TP Vehicle Number	SFS9971S
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGU7217C / SFS9971S ON 3 Dec 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	04/12/2018 20:05	Claim Close Date		Date Received	04/12/2018 00:00
Report Taken By	Jackson				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1022554	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/12/2018 20:06

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

10

Normal

Browse...

Clear

Please Select

10

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 04 Dec 2018 20:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Dec 2018 20:05	SAS	Normal	SAS 2018-12-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Dec 2018 20:05	Photos	Normal	Photos 2018-12-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Dec 2018 20:05	Photos	Normal	Photos 2018-12-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Dec 2018 20:05	Photos	Normal	Photos 2018-12-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Dec 2018 20:05	Photos	Normal	Photos 2018-12-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Dec 2018 20:05	Photos	Normal	Photos 2018-12-4		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Dec 2018 20:05	Photos	Normal	Photos 2018-12-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 Dec 2018 20:05	Photos	Normal	Photos 2018-12-4		Edit

Video List

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