

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] MHA118 158 139

Date In: 7/12/18-10:25	Job description	Date & Time Completed	Done by
Ref No: NA/14C18023045/24	SAS e-filing		
Veh No: 5R 3246	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 6/12/18-17:00	i-Motor Claim Form	MT/1022459-001	7/12/18 15:17
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: 5V6809K

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

NA180803

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int Bill

Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Ref 1:

Ref 2 / 3:

1) AR : Accident Reporting (\$30);		
2) DA : Damage Assessment (\$100); INC (\$80)		
3) TP : Towing Fee \$40/\$45		
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 : Idas 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 (N-in INC) against INC \$20		
9) N12: Idas 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	07/12/2018 10:05
Date Of Accident	06/12/2018 17:00
Exact Location Of Accident	PIE (CHANGI) NEAR L/P:434
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3004G
Insured/Policyholder	
Name Of Registered Owner	FISHING BEE
Co Reg No	53369233D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96505845
Alternative Phone No	OFFICE-96505845

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6(A) 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	5093724296
Cover Note Number	

Driver

Name of Driver	LIM HONG BEE (LIN FENGMEI)
NRIC No	S7108452C
Date Of Birth	03/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2000
Driving Experience	18 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96505845
Fax Number	
Contact Number	OFFICE-96505845
Email Address	NOEMAIL

Address	BLK 214 SERANGOON AVENUE 4 #04-104
Postcode	550214
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181206/2182.

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	SJV6809K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	GOH TOH JIEW
NRIC/Passport Number	S0098755G
Contact Number	90610299
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJL5261Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG BING SOON
NRIC/Passport Number	S8850560C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLG6895R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IBRAHIM BIN SUANT
NRIC/Passport Number	S1681055Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM HONG BEE (LIN FENGMEI)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJR3004G
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.

FISHING BEE
Co Reg No: 53369233D

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

Sketch plan area with grid lines and handwritten notes:

- Vertical line on the left: PHE (change)
- Vertical line in the middle: A, B, C, D (in a box)
- Handwritten notes on the right:
 - A: SJR 30046
 - B: SJV 809K
 - C: SJL 5261Z
 - D: SJL 6895R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2018/206/782

Describe circumstances of the accident area with horizontal lines for text entry.

DECLARATION

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

FISHING BEE
Co Reg No: 53369233D

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.:



SINGAPORE POLICE FORCE



T/20181206/2182

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

1 of 4

Report No. T/20181206/2182

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2018 22:15		Vide Report No.:		Station Diary No.: 76
Informant's Particulars				
Name of Informant: LIM HONG BEE		Address: APT BLK 214 SERANGOON AVENUE 4 #04-104 SINGAPORE 550214		
ID Type / ID No.: NRIC NO / S7108452C		Contact No.: Home/Office: Mobile: 96505845		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 47	Date of Birth: 03/03/1971	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/12/2018 17:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Towards Airport, L/P 434				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL5261Z	Car	HONDA	FIT 1.3G A	Blue	Slightly Damaged	0
SJR3004G	Car	KIA	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR	Maroon	Slightly Damaged	2
SJV6809K	Car	TOYOTA	RUSH 1.5X A	Red	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20181206/2182

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 4

Report No. T/20181206/2182

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG6895R	Car	KIA	CERATO FORTE KOUPI 1.6 AT SX ABS D/AB SR	Black	Slightly Damaged	0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	ONG BING SOON		ID No.	S8850560C	
Related Vehicle	SJL5261Z (Car)		Contact No.	NIL	
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	LIM HONG BEE		ID No.	S7108452C	
Related Vehicle	SJR3004G (Car)		Contact No.	96505845	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	06/12/2018		Date Discharge	06/12/2018	
No. of Days granted Medical Leave	05		Degree of Injury	Slight	
Driver					
Name	GOH TOH JEW		ID No.	S0098755G	
Related Vehicle	SJV6809K (Car)		Contact No.	90610299	
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	



**SINGAPORE
POLICE FORCE**



T/20181206/2182

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

3 of 4

Report No. T/20181206/2182

CONTINUATION OF REPORT

Name	IBRAHIM BIN SUANT	ID No.	S1681055Z
Related Vehicle	SLG6895R (Car)	Contact No.	NIL
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 06/12/2018 at around 1700hrs, I was driving my vehicle SJR3004G along PIE towards Changi side. There weather was drizzling, the road was wet and the traffic was moderate.

The vehicle in front of me jammed break which cause me to sudden break in order not to hit onto the front vehicle. I managed to avoid and my vehicle stopped for 2 second as I was in a shock. Out of sudden, I felt a few impact coming from the rear, the impact was moderate.

There were 2 passengers inside my vehicle, I made a check on them and luckily they were not injured. I make a check with other driver and they were exchanging particular and taking photos of the incident. The Traffic Police came by to assist on the incident. I left when the officer informed to leave as the traffic was been obstructed by us. I proceeded to the airport to send my passengers to the designation.

I felt pain at my stomach area and went to hospital at Mount Alvernia for a check. The doctor informed could be a muscle injury from the accident. I was given a 5 days MC from the doctor.



**SINGAPORE
POLICE FORCE**



T/20181206/2182

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

4 of 4

Report No. T/20181206/2182

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 /
Sgt 2 LAM CHEW KIT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt YUS MASTARI I KHAZALI
Contact No.: 65476214

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
06/12/2018 22:15

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7108452C



LIM HONG BEE
(LIN FENGMEI)
林凤美

CHINESE

03-03-1971 F

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7108452C

Name: LIM HONG BEE
(LIN FENGMEI)


Birth Date: 03 Mar 1971

Issue Date: 25 Apr 2009




001735589E

2153051



S7108452C

Group: O- Date of Birth: 19-06-1994


APT BLK 214 SERANGOON AVENUE 4 #04-104
SINGAPORE 550214

NRIC No: S7108452C Date: 15/07/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE: 03 Nov 2009

Class 3 Motor Cars <= 2000kg with <= 7 passengers, exclusive of the driver; and of other motor vehicles <= 2500kg



Licence No: S7108452C

NP 428A

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"/>	5093724296		FISHING BEE	53369233D	GPC	drivo CLASSIC	SJR3004G	SJR3004G	28/08/2017	17/06/2019

Policy Information

Policy No.	5093724296	Policyholder Name	FISHING BEE	Policyholder NRIC	53369233D
Certificate No.					
Address	BLK 214 #04-104 SERANGOON AVENUE 4 SERANGOON GREEN SINGAPORE 550214				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	28/08/2017	Effective Date	28/08/2017 00:00	Expiry Date	17/06/2019 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	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 214 #04-104	Address 2	SERANGOON AVENUE 4	Address 3	SERANGOON GREEN
Address 4	SINGAPORE 550214	Address Type	Singapore address	Post Code	550214
Unit No.	04-104	Related Policy Number	5093724296		

Insured Object: SJR3004G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	13/11/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	orangeeye0514 -To less \$100 on renewal premium for Orange Eye discount. Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 28 Aug 2017 TO 17 Dec 2018 In view of this amendment, an additional premium of \$440.11 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.
2	11/06/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 28 Aug 2017 TO 17 Jun 2019 In view of this amendment, an additional premium of \$715.18 (inclusive of

Claim Handling

• Exit

Accident MT/1022959

Policy No.	5093724296	Vehicle No.	SJR3004G	GST Registration No.	
Certificate No.					
Policyholder Name	FISHING BEE	Cover Type	Drive CLASSIC	Policyholder NRIC	S3369233D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96505845	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="1"/> <input type="text" value="v"/>
RTK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

↳ Accident Details

Report Date	07/12/2018 15:15	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	06/12/2018	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (CHANGI) NEAR L/P:434				

↳ Excess

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		

↳ Benefits

↳ GST Registered Information

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

↳ Policyholder Mailing Address

Address 1	BLK 214 #04-104	Address 2	SERANGOON AVENUE 4	Address 3	SERANGOON GREEN
Address 4	SINGAPORE 550214	Address Type	Singapore address	Post Code	550214
Unit No.	04-104	Related Policy Number	5093724296		

↳ OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/03/1971
Unnamed Driver Name	LIM HONG BEE (LIN FENGMEI)	Driver NRIC	S7108452C	Driving Experience	18
Registered Date of Driver License	03/11/2000	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	96505845	Contact No.(Office)	0		
Address 1	BLK 214	Address 2	SERANGOON AVENUE 4	Address 3	SERANGOON GREEN
Address 4	SINGAPORE 550214	Address Type	Singapore address	Post Code	550214
Unit No.	04-104				
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-MX	Insured Name	FISHING BEE	Insured NRIC	S3369233D
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SJR3004G	TP Vehicle Number	SJV6809K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	<input type="text" value="ZZ"/>	Claimant NRIC *			
Claimant Address					
Claim Description	SJR3004G / SJV6809K ON 6 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	07/12/2018 15:17	Claim Close Date		Date Received	07/12/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1022959	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/12/2018 15:19

Path *	Category *	Confidential	Urgency *	Description *
<input type="text" value="Browse..."/> Clear	Please Select	<input type="text" value="NO"/>	Normal	
<input type="text" value="Browse..."/> Clear	Please Select	<input type="text" value="NO"/>	Normal	
<input type="text" value="Browse..."/> Clear	Please Select	<input type="text" value="NO"/>	Normal	
<input type="text" value="Browse..."/> Clear	Please Select	<input type="text" value="NO"/>	Normal	

 Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Dec 2018 15:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Dec 2018 15:19	SAS	Normal	SAS 2018-12-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Dec 2018 15:18	Photos	Normal	Photos 2018-12-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Dec 2018 15:18	Photos	Normal	Photos 2018-12-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Dec 2018 15:18	Photos	Normal	Photos 2018-12-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Dec 2018 15:18	Photos	Normal	Photos 2018-12-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Dec 2018 15:18	Photos	Normal	Photos 2018-12-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Dec 2018 15:18	Photos	Normal	Photos 2018-12-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Dec 2018 15:18	Photos	Normal	Photos 2018-12-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Dec 2018 15:18	Photos	Normal	Photos 2018-12-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Dec 2018 15:18	Photos	Normal	Photos 2018-12-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Dec 2018 15:18	Photos	Normal	Photos 2018-12-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Dec 2018 15:18	Photos	Normal	Photos 2018-12-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Dec 2018 15:17	Photos	Normal	Photos 2018-12-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Dec 2018 15:17	Photos	Normal	Photos 2018-12-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Dec 2018 15:17	Photos	Normal	Photos 2018-12-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 07 Dec 2018 15:17	Photos	Normal	Photos 2018-12-7		Edit

Video List

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