

# NATIONAL Assessment Centre Services.

(wef 1 Jan'05) **MA1815861**

Date In: <b>8/11/18-11:35</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC 1807239/24</b>	SAS e-filing		
Veh No: <b>5A 3423A</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>8/11/18-05:00</b>	i-Motor Claim Form	<b>MA/1807239-001</b>	<b>8/11/18 11:52</b>
OD: <b>TP</b> 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: <b>JK583192</b>	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

<b>NA208040</b>	<b>Invoice Preparation Checklist</b>	Amf (\$) 1st Bill	Amf (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	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	
	Invoice dated	Fee Charged	
Auditors' Comments :-			
At 1:			
At 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	08/12/2018 11:35
Date Of Accident	08/12/2018 03:20
Exact Location Of Accident	NICOLL HWY TWDS GUILLEMARD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA3473A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JMH
Co Reg No	53344567A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98803168
Alternative Phone No	OFFICE-98803168

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
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	5084798582-02
Cover Note Number	

### Driver

Name of Driver	TNG BENG SENG
NRIC No	S1584534A
Date Of Birth	06/06/1963
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98803168
Fax Number	
Contact Number	OFFICE-98803168
Email Address	NOEMAIL

Address	BLK 423 TAMPINES STREET 41 #10-172
Postcode	520423
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### 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	SKS8319Z
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	JEFF
NRIC/Passport Number	
Contact Number	91760867
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA7276A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4

Passenger 1	NAME: :
	GENDER: :
Passenger 2	NAME: :
	GENDER: :
Passenger 3	NAME: :
	GENDER: :

#### DETAILS OF INJURED PERSON 1

Name	TNG BENG SENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJA3473A
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.

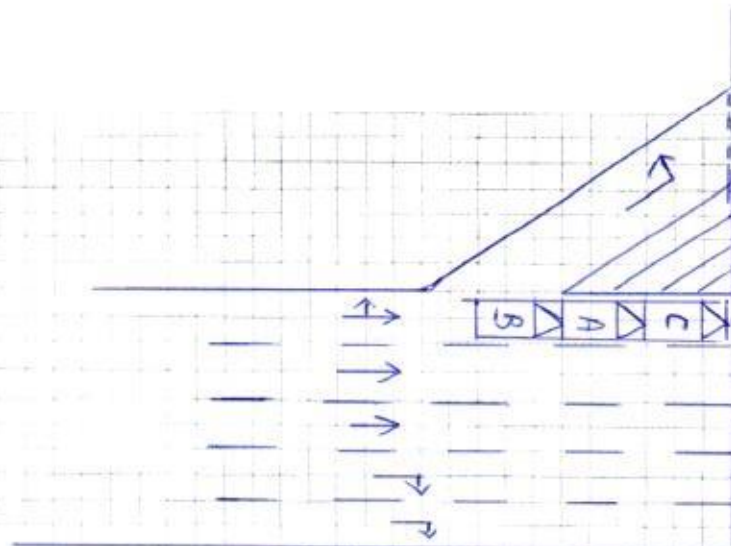
432 JMH  
TAMPINES

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



(A) SJA 3473A

(B) SKS 83192

(C) SJA 7276A

Nicoll towards Guillemard Road.  
Junction Mountbatten Road.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/12/18 at @ 0320 hrs, I stopped my vehicle (SJA 3473A) along Nicoll highway towards Guillemard Road junction Mountbatten Road on the extreme left lane due to red light. Infront of me was a taxi (SJA 7276A). Suddenly, a car (SKS 83192) from behind collided onto the rear portion of my vehicle, the impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the taxi ahead of me.

## DECLARATION

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

432 JMH  
TAMPINES

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.:



<b>Vehicle No.</b>	SJA 3473A	<b>Model / Make</b>	TOYOTA WISH.
<b>Date of Accident</b>	08/12/18		
<b>Time of Accident</b>	0320 HRS		
<b>Location of Accident</b>	Nicol Highway towards Guallemard Road Junction Mountbatten Road.		
<b>Exact purpose use during accident</b>	Chauffeur.		
<b>Name of Owner</b>	JMH.		
<b>Telephone No.</b>	H/P: 9880 3168	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	J3344567 A.		
<b>Address</b>	BLK 423, Tampines St 41 # 01-172 (S) 520423.		
<b>Claim type</b>	OD	<u>THIRD PARTY</u>	REPORTING ONLY
<b>Insurance Company</b>	NTUC.		
<b>Type of Coverage</b>	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5084798582-02.		
<b>Name of Driver</b>	As Above If No, TNG BENG SENG.		
<b>NRIC</b>	S1584534 A.	<b>Any Passengers :</b>	04 (2M) (2F)
<b>Date of birth</b>	06/06/1963.		
<b>Occupation</b>	<u>Outdoor</u>	/	Indoor
<b>Driving License Pass Date</b>	26/11/2007.		
<b>Gender</b>	<u>Male</u>	/	Female
<b>Contact No.</b>	H/P: 9880 3168	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 423, Tampines St 41 # 01-172 (S) 520423		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state <u>Self-Employed.</u>	
<b>Weather condition</b>	<u>Clear</u>	Raining	Other
<b>Road Surface</b>	<u>Dry</u>	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>	TNG BENG SENG (H/P: 9880 3168)		
<b>Name And Contact No.</b>			
<b>Police Report</b>	<u>No,</u>	If Yes, Where?	
<b>Vehicle B No.</b>	SKE 8319 Z.	<b>Any Passengers :</b>	N.A.
<b>Name of Driver</b>	Jeff.	<b>Contact No. :</b>	9176 0867.
<b>Vehicle C No.</b>	SJA 7276 A	<b>Any Passengers :</b>	04
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>	N.A	<b>Witness Contact :</b>	N.A
<b>Accident Portion</b>	Front and Rear Portion.		
<b>Camera Recorder</b>	<u>Yes</u> / No		
<b>Email Address</b>	johnson.tng@gmail.com.		
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
			Yes / <u>No</u>
<b>PARTICULAR WORKSHOP</b>	Twincar.		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Huixin.		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1584534A**

Name: **TNG BENG SENG**

Birth Date: **06 Jun 1963**

Issue Date: **26 Nov 2007**

001547085K

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S1584534A**

Name: **TNG BENG SENG**

唐明成

Place: **CHINESE**

Date of Birth: **06-06-1963** Sex: **M**

Country of Birth: **SINGAPORE**

**Land Transport Authority**

**AUTO TRANSMISSION VEHICLE ONLY**

**VOCATIONAL LICENCE**

Licence No: **S1584534A**

Name: **TNG BEE SENG**

Card Issue Date: **26/04/2018**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

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

**Class 3A** Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals =< 2500kg

**PASS DATE**  
**26 Nov 2007**

NP 428A



2802458

**NRIC No. S1584534A**

Blood Group: **O+** Date of issue: **29-03-1995**

APT BLK 423 TAMPINES STREET 41 #10-172  
SINGAPORE 520423  
NRIC No: **S1584534A** Date: **20-10-1998** No: **2718698**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	26/04/2018





## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5084798582-02

**Cover :** Comprehensive

- |  |                |
|--|----------------|
| 1. Index mark and Registration Number of Vehicle   | : SJA3473A     |
| Chassis Number   | : ZNE100381417 |
| 2. Name of Policyholder  | : JMH          |
| 3. Effective Date of Insurance   | : 05 Dec 2018  |
| 4. Expiry Date of Insurance  | : 04 Dec 2019  |
| 5. Persons or Classes of Persons entitled to drive#  |                |
| (a) The Policyholder.  |                |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                |
| 6. Limitations as to Use#  |                |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.   |                |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.   |                |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : AON SINGAPORE PTE LTD (00000691150)  
 Date of Issue : 12 Nov 2018 16:49 hrs  
 Reprint : 12 Nov 2018 16:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
 Authorised Officer



\_\_\_\_\_  
 Chief Executive

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UB1\_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="08/12/2018 03:20"/>
Vehicle No.(For Motor)	<input type="text" value="SJA3473A"/>	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"/>	5084798582-02		JMH	53344567A	GCV	Comprehensive	SJA3473A	SJA3473A	05/12/2018	04/12/2019



Policy Information					
Policy No.	5084798582-02	Policyholder Name	JMH	Policyholder NRIC	53344567A
Certificate No.					
Address	BLK 423 #10-172 TAMPINES STREET 41 SUN PLAZA GARDENS SINGAPORE 520423				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy Issue Date	12/11/2018	Effective Date	05/12/2018 00:00	Expiry Date	04/12/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	2000	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	OS Premium	0			
Outside Singapore OD Excess	Outside Singapore TP Excess	Young/Inexperience Driver Excess			
Agent	AON SINGAPORE PTE LTD	Agent Tel.	62397608	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyholder Mailing Address					
Address 1	BLK 423 #10-172	Address 2	TAMPINES STREET 41	Address 3	SUN PLAZA GARDENS
Address 4	SINGAPORE 520423	Address Type	Singapore address	Post Code	520423
Unit No.	10-172	Related Policy Number	5084798582-02		
Insured Object: SJA3473A					
Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content	
<div>Continue</div> <div>Cancel</div>					

## Claim Handling

Exit

Accident MT/1023032

Policy No.	SOB4798582-02	Vehicle No.	SJA3473A	GST Registration No.	
Certificate No.					
Policyholder Name	JMH	Cover Type	Comprehensive	Policyholder NRIC	S3344567A
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	98803168	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
ePK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	Yes
<b>Accident Details</b>					
Report Date	08/12/2018 11:49	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	08/12/2018	Time of Accident hh:mm	03:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NICOLL HWY TWDS GULLEMAUD RD				
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			
<b>Benefit</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	BLK 423 #10-172	Address 2	TAMPINES STREET 41	Address 3	SUN PLAZA GARDENS
Address 4	SINGAPORE S20423	Address Type	Singapore address	Post Code	S20423
Unit No.	10-172	Related Policy Number	SOB4798582-02		
<b>Q1 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/06/1963
Unnamed driver Name	TNG BENG SENG	Driver NRIC	S1584534A	Driving Experience	11
Register Date of Driver License	26/11/2007	Driver Age	55	Contact No. (Home)	0
Contact No. (Mobile)	98803168	Contact No. (Office)	0	Address 3	SUN PLAZA GARDENS
Address 1	BLK 423	Address 2	TAMPINES STREET 41	Post Code	S20423
Address 4	SINGAPORE S20423	Address Type	Singapore address		
Unit No.	10-172				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	JMH	Insured NRIC	S3344567A
Contact No. (Mobile)	98803168	Contact No. (Home)		Contact No. (Office)	NIL
Email Address		Q1 Vehicle Number	SJA3473A	TP Vehicle Number	SK583192
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJA3473A / SK583192 ON 8 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	08/12/2018 11:52	Claim Close Date		Date Received	08/12/2018 11:53
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					



















## Attachment

Accident No.	MT/1023032	Claim No.	001																									
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/12/2018 11:56																									
<table border="0"> <thead> <tr> <th>Path *</th> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				Path *	Category *	Confidential	Urgency *	Description *	Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal		Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal		Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal		Browse... Clear	Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	
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☐ Send Message

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2018 11:56	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2018 11:53	SAS	Normal	SAS 2018-12-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2018 11:53	Photos	Normal	Photos 2018-12-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2018 11:53	Photos	Normal	Photos 2018-12-8		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2018 11:53	Photos	Normal	Photos 2018-12-8		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2018 11:52	Photos	Normal	Photos 2018-12-8		<a href="#">Edit</a>

**Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				