

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 19/10/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC/1802752/13 | SAS e-filing | | |
| Veh No: 5LK2390 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 18/10/18 2120 | i-Motor Claim Form | 18/10/24498 - 001 | |
| 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: 5JW53030 | 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 |
|-----------|---------|
| | |
| | |
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| | |
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| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA1808371 | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Claimant's Particulars :- | 1) AR: Accident Reporting (\$30); | | |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| | 3) TF: Towing Fee \$40/\$45 | | |
| | 4) FT: Follow-Through Survey \$120 | | |
| | 5) RT: Follow-Through Survey (Resurvey) \$30 | | |
| Driver/Owner: | For claiming against INC Only (wef 10 Jan 2005) | | |
| Contact No: | 6) TR: Re-inspection \$75 | | |
| Damaged Portion: | 7) N1: Idac DA + SMRT Survey \$160 | | |
| QC Checked by (Engr-In-Charge): | 8) NTUC Additional Services:- | | |
| | OD* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| Auditors' Comments :- | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| Cat. 1: | Invoice dated | Fee Charged | |
| Cat. 2 / 3: | Invoice dated | Fee Charged | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

| ACCIDENT STATEMENT | |
|--|---|
| Date Of Report | 19/12/2018 13:43 |
| Date Of Accident | 18/12/2018 21:20 |
| Exact Location Of Accident | SHEARES AVE TWDS ECP |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLK239D |
| Insured/Policyholder | |
| Name Of Registered Owner | H & H CAR RENTAL & LEASING |
| Co Reg No | 53331980C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-97234411 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | WISH |
| Exact Purpose for which vehicle was being used at time of accident | GRAB |
| 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 | YES |
| Policy Number | 5078818993-02 |
| Cover Note Number | |
| Driver | |
| Name of Driver | SEET BOON LEONG,ADRIAN(XUE WENLIANG,ADRIAN) |
| NRIC No | S7801957C |
| Date Of Birth | 18/01/1978 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/03/2014 |
| Driving Experience | 4 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92229938 |
| Fax Number | |
| Contact Number | |
| EMail Address | ARENTI78@HOTMAIL.COM |

| | |
|---|-------------------------------------|
| Address | BLK 342A YISHUN RING RD #08-1900 |
| Postcode | 761342 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| 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 (including own vehicle) involved in the accident | 2 |
| 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) | 2 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : MALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | MARINE PARADE N.P.C |
| Police Station Address | ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181219/2034

Attachment(s)

| | |
|---|------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | HAVEN'T RETRIEVE |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------------|
| Vehicle Registration Number | SJW5303D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LIM CHNG KUAN |
| NRIC/Passport Number | S7624556H |

Contact Number 96869354
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SEET BOON LEONG,ADRIAN(XUE WENLIANG,ADRIAN)
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLK239D
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.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/12/18

Reporting Centre Personnel's Signature
Name: shyn 19/12/18
NRIC/FIN No.:

SKETCH PLAN

A - SLK239D

B - SJW5303D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20181219/2034

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: 19/12/18

[Signature] 19/12/18

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



**SINGAPORE
POLICE FORCE**



T/20181219/2034

1 of 3

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20181219/2034

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 19/12/2018 11:44 | Vide Report No.: | Station Diary No.: 40 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|--|----------------------------|--|
| Name of Informant: SEET BOON LEONG, ADRIAN | | | Address: APT BLK 342A YISHUN RING ROAD #08-1900 SINGAPORE 761342 | | |
| ID Type / ID No.: NRIC NO / S7801957C | | | Contact No.: Home/Office: Mobile: 92229938 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 40 | Date of Birth: 18/01/1978 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | Institution / School Name: | |
| Occupation: GRAB DRIVER | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------|---|--|-------------------------------------|
| General Information of the Accident: | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 18/12/2018 21:20 | Type of Location: T-Junction |
| Location: Along Road 1 EAST COAST EXPRESSWAY SHEARES AVE TOWARDS ECP | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | 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 |
|-------------|------|--------|--|--------|---------------------|-----------------|
| SJW5303D | Car | BMW | 320I AT ABS D/AB 2WD 4DR GAS/D SR | Black | Slightly Damaged | 0 |
| SLK239D | Car | TOYOTA | WISH 1.8X A | Maroon | Slightly Damaged | 1 |



**SINGAPORE
POLICE FORCE**



T/20181219/2034

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

2 of 3

Report No. T/20181219/2034

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------------|--|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | SEET BOON LEONG, ADRIAN | ID No. | S7801957C |
| Related Vehicle | SLK239D (Car) | Contact No. | 92229938 |
| Hospital/Clinic | C & K FAMILY CLINIC PTE LTD | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 19/12/2018 | Date Discharge | 19/12/2018 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |

Brief Details.

On 18/12/2018 at about 2120hrs I was driving my vehicle SLK239D along Sheares Ave. I have a passenger with me at that point of time. I came to a traffic junction when the traffic light turned red and I came to a stop. When the light turned green I was about to move off, I heard a loud bang from behind and realized that another vehicle with the plate number SJW5303D has hit onto my vehicle. After which I alighted from my vehicle and exchanged particulars with the driver and took some photos of the accident. Subsequently we left the location. On 19/12/2018 when I woke up I felt some discomfort and went to seek medical attention. I was given 5 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20181219/2034

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3

Report No. T/20181219/2034

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:

G /

Sgt 2 MAK YIK MENG, EUGENE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/12/2018 11:44

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168



VOCATIONAL LICENCE

Licence No: S7801957C

Name: SEET BOON LEONG, ADRIAN

Please visit www.lta.gov.sg to check the status of this vocational licence

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 | 01/08/2018 |



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7801957C

Name:

SEET BOON LEONG, ADRIAN
(XUE WENLIANG, ADRIAN)

Birth Date: 18 Jan 1978

Issue Date: 18 Mar 2014

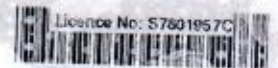


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg 18 Mar 2014

NP 426A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7801957C



Name

SEET BOON LEONG, ADRIAN
(XUE WENLIANG, ADRIAN)

薛文良

Race

CHINESE

Date of birth

18-01-1978

Sex

M

Country of birth

SINGAPORE

S7801957C

3717253



NRIC No: S7801957C

Date of issue

03-05-2005

APT BLK 342A YISHUN RING ROAD #08-1900
SINGAPORE 761342

NRIC No: S7801957C

Date: 21/12/2014

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: 5078818993-02

Cover : drive CLASSIC

- | | |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLK239D |
| Chassis Number | : ZGE206033062 |
| 2. Name of Policyholder | : H & H CAR RENTAL & LEASING |
| 3. Effective Date of Insurance | : 28 Mar 2018 |
| 4. Expiry Date of Insurance | : 27 Mar 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. | |
- 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.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) Use for any purpose in connection with the Motor Trade.

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\$1,500 |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : MAYBANK |
| 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 : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 26 Mar 2018 09:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1024498

| | | | | |
|---|--|-------------------------------|---|----------------------|
| Policy No. | 5078818993-02 | Vehicle No. | SLK239D | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | H & H CAR RENTAL & LEASING | | | Policyholder NRIC |
| Product Code | FLEET INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 97234411 | Contact No.(Office) | 0 | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input type="radio"/> No <input type="radio"/> Yes | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire |
| ➤ Accident Details | | | | |
| Report Date | 19/12/2018 17:39 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 18/12/2018 | Time of Accident hh:mm | 21:20 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | SHEARES AVE TWDS ECP | | | |
| ➤ Excess | | | | |
| Own damage Excess | 2,000.00 | Additional Excess | 0 | Windscreen Excess |
| Unnamed Driver Excess | | Outside Singapore OD Excess | 2,000.00 | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | |
| ➤ Benefits | | | | |
| ➤ GST Registered Information | | | | |
| GST Registered | No | GST Registration Date | | |
| GST Registration No. | | GST Status Verified | | Yes |
| Modification History | | | | |
| ➤ Policyholder Mailing Address | | | | |
| Address 1 | 61 UBI AVENUE 2 | Address 2 | #04-12 AUTOMOBILE MEGAMAR | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | 04-12 | Related Policy Number | 5106190975 | |
| ➤ OI Driver Info | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | |
| Unnamed driver Name | SEET BOON LEONG,ADRIAN(XUI | Driver NRIC | 57801957C | Driver DOB |
| Register Date of Driver License | 18/03/2014 | Driver Age | 40 | Driving Experience |
| Contact No.(Mobile) | 92229938 | Contact No.(Office) | 0 | Contact No.(Home) |
| Address 1 | BLK 342A | Address 2 | YISHUN RING ROAD | Address 3 |
| Address 4 | SINGAPORE 761342 | Address Type | Singapore address | Post Code |
| Unit No. | #06-1900 | | | |
| Does he own a Singapore Registered car? | Yes <input type="radio"/> No <input type="radio"/> | Driver Vehicle No. | | Driver Insurer Com. |
| Declaration | | | | |
| 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 | H & H C |
| Contact No.(Mobile) | | Contact No. (Home) | |
| Email Address | | OI Vehicle Number | SLK239 |
| Claim Description | SLK239D / SJW5303D ON 18 Dec 2018 | | |
| Preferred Workshop | | Insured Liability | Not at Fault |
| Benefit No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| Report Taken By | | Claim Close Date | 19/12/2018 17:48 |
| | | Workshop Repairer | ROSLINDA |

Print AK letter

Save

Submit

Attachment



| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1024498 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 19/12/2018 00:00 |

| | | | | |
|-------------|----------------|-------|---------------|--------------|
| Choose File | No file chosen | Clear | Category * | Confidential |
| Choose File | No file chosen | Clear | Please Select | NO |
| Choose File | No file chosen | Clear | Please Select | NO |
| Choose File | No file chosen | Clear | Please Select | NO |
| Choose File | No file chosen | Clear | Please Select | NO |
| Choose File | No file chosen | Clear | Please Select | NO |
| Choose File | No file chosen | Clear | Please Select | NO |

Message Read

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|------------|--|-----------------------|---------|-----------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:48 | NRIC/ Driving License | Normal | NRIC/ Driving L |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:48 | SAS | Normal | SAS 2(|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:47 | Photos | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:47 | Photos | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:47 | Photos | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:47 | Photos | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:47 | Photos | Normal | Photos 2 |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:44 | Photos | Normal | Photos 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Dec 2018 17:44 | Photos | Normal | Photos 2 |
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
19 Dec 2018 17:44

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