NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA118 16855

Date In: 27/12/18 - 19:32	Job description	Date & Time Completed	Done by
Ref No: NA/INC1802232301/24	SAS e-filing		
Veh No: SBG4360Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 26/12/18 - 8:00	i-Motor Claim Form	MY1025456001	27/12/18 20:02
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: SBF8819Y 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

NA1808527

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
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) 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	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

MNA1181665S1 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 27/12/2018 19:32
SUBMITTED BY: Jackson Ho Zhao Tian

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 willful misrepresentation or witholding 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	27/12/2018 19:32
Date Of Accident	26/12/2018 18:00
Exact Location Of Accident	CITY SQUARE MALL LOADING / UNLOADING BAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG4362T
Insured/Policyholder	
Name Of Registered Owner	LIFE IS ...
Co Reg No	53241659K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97468360
Alternative Phone No	OFFICE-97468360
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO CARGO MAXI 1.6 MTJ 6MT GLAZE
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101818334
Cover Note Number	
Driver	
Name of Driver	LEE YANG WEN (LI YANGWEN)
NRIC No	S7904858E
Date Of Birth	23/02/1979
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2006
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97468360
Fax Number	
Contact Number	OFFICE-97468360
EMail Address	NOEMAIL

Address	BLK 676B PUNGGOL DRIVE #11-716
Postcode	822676
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF8819Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SHAKE MD JAMAL
NRIC/Passport Number	G6509768R
Contact Number	82287818
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

Life Is...

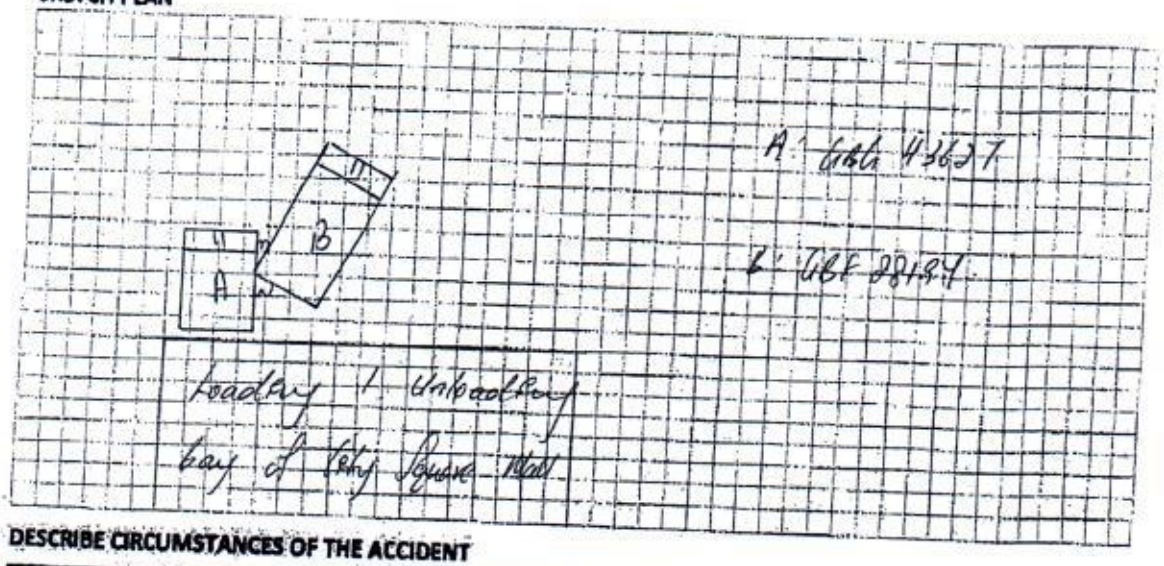
Business Registration: 53241659K
Contact: 97468360
Email: enquiries.lifeis@gmail.com

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

My vehicle was parked at the loading / unloading bay of City Square Mall. No one was inside the vehicle as I went to deliver my stock. Half way through, I received a phone call from the driver of vehicle (B) saying that he had collided onto my vehicle while reversing. As such, I went back down to check. I saw that there was damages on the front portion of my vehicle. I then exchange particulars with the driver.

DECLARATION

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

Life18...

Business Registration: 53241659K
Policyholder's Signature
Contact: 9[illegible]
Date & Time:
Email: enquiries.lifeis@gmail.com

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

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	**Date:** 26 Dec 2018 **(DD/MM/YY) Time:** 1800 **(HH:MM)**
Exact location of accident	Loading / Unloading bay of City Square Mall.

Details of vehicle

Vehicle registration number	GBG4362T
Vehicle make and model	Fiat Doblo
Type of vehicle	Saloon ☐ MPV ☐ CRV ☐ Van ☑ Lorry ☐ Bus ☐ Motorcycle ☐ Others:
Vehicle category	Private ☐ Commercial ☑ Motorcycle ☐
Purpose of using at said time	Delivery.
Are you claiming under your own insurance company?	Yes ☐ No ☑ if no, please select: Third part claim ☑ Reporting only ☐

Insurance information

Insurance company	NTUC
Policy number	5101818334.
Type of policy	Comprehensive ☑ Third party fire & theft ☐ TP only ☐

Insured / Policy holder

Name	Like is ... Male ☐ Female ☐
NRIC / Fin / Passport number	S8241659K.
Contact	9746 8360
Address	

Driver

Same as insured above ☐ (skip to D.O.B)

Name	Lee Yong Wen Male ☑ Female ☐
NRIC / Fin / Passport number	S7904858E
Contact	9746 8360
Address	Block 676B Punggol Drive #11-716 Singapore 822676
Email address	engsiong.lee@gmail.com.
Date of birth	23 Feb 1979
Occupation	Indoor ☐ Outdoor ☑
Driving date pass	7/8/2006.

General information of the accident

Was driver an employee of the insured's company?	Yes ☑ No ☐ If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes ☐ No ☑
Weather condition	Clear ☑ Raining ☐ Others: _____
Road surface	Dry ☑ Wet ☐
No of passenger	0 (Inclusive of driver)

Passenger 1

Name	
Gender	Male ☐ Female ☐

Passenger 2

Name	
Gender	Male ☐ Female ☐

Passenger 3

Name	
Gender	Male ☐ Female ☐

Passenger 4

Name	
Gender	Male ☐ Female ☐

Passenger 5

Name	
Gender	Male ☐ Female ☐

Passenger 6

Name	
Gender	Male ☐ Female ☐

Other information

Was anybody injured?	Yes ☐ No ☑
Was other vehicle damaged?	Yes ☑ No ☐

Details of police action

Reported to police?	Yes ☐ No ☑ If yes, please state which police station.
Police station name	

Third party vehicle 1

(Mycool ite Hel)

Name	Shake Mol Jamal
Contact number	8228 7818 (Mr Ah Man)
NRIC / Fin / Passport number	G6509768R.
Vehicle registration number	GBF8814Y
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	

Witness 2

Name	

Injured person 1

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

Injured person 2

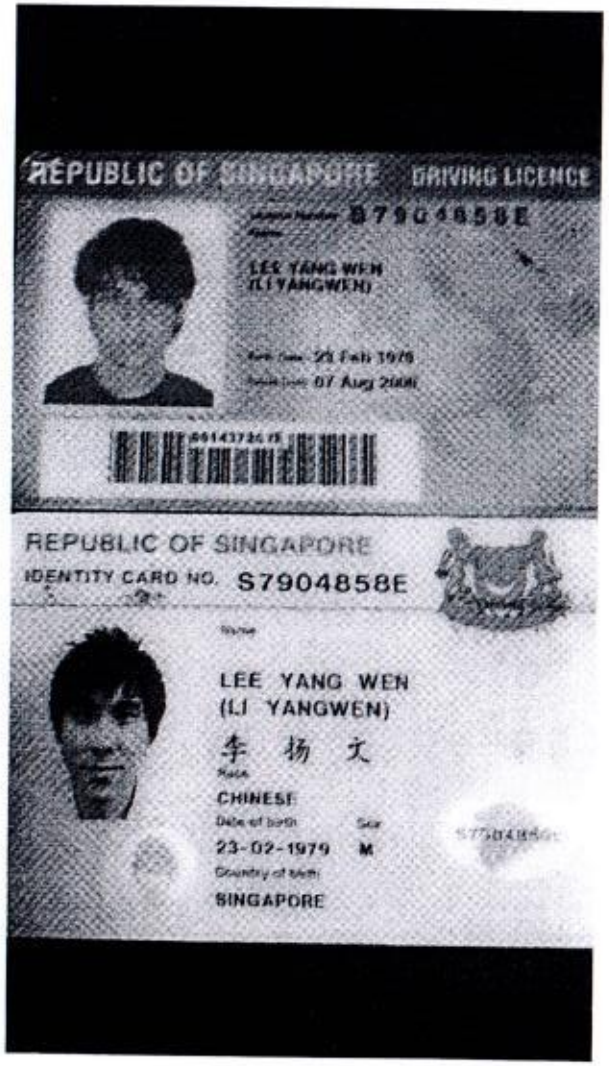
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

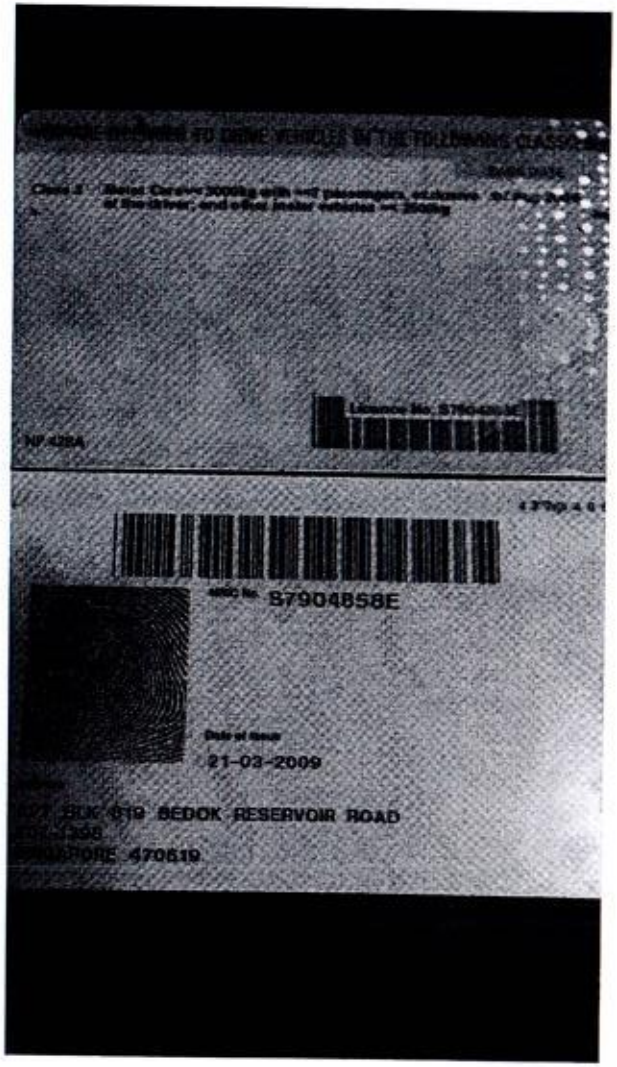
Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐


REPUBLIC OF SINGAPORE DRIVING LICENCE
S7904858E
LEE YANG WEN
(LI YANGWEN)
07 Aug 2008
REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7904858E
LEE YANG WEN
(LI YANGWEN)
李 扬 文
CHINESE
23-02-1979
M
SINGAPORE


S7904858E
21-03-2009
BEDOK RESERVOIR ROAD
SINGAPORE 470619

Period of Insurance refers to the period of insurance which your vehicle is insured under this policy as shown in the schedule or certificate of insurance.

Policy refers to this policy, your application form, your declarations, the schedule, the certificate of insurance and any endorsements we have issued under this policy.

Policyholder, you or **your** refers to the person named in the certificate of insurance and under whose name this policy has been issued.

We, our, us or **Income** refers to NTUC Income Insurance Co-operative Limited.

Your vehicle refers to the vehicle which is described in the schedule or certificate of insurance.

G Endorsements

The following endorsements apply when the endorsement number is shown in the schedule under the heading 'Endorsement Operative'.

M1 Third party cover

We are only legally responsible under section 2 of the policy. Section 1 of the policy does not apply.

M2 Third party fire and theft

We are legally responsible under section 1 of the policy only for loss or damage by fire or theft of your vehicle. We are also legally responsible under section 2 of the policy.

M3 COE and PARF value cover

If you need to claim for theft or total loss, we are not legally responsible for the residual value of the COE or PARF value of your vehicle at the time of loss.

M7 Vehicle repairs at your preferred workshop

You can repair your vehicle at your preferred workshop.

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

income
made different

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 : S101818334 — **Cover** : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBG4362T**
   Chassis Number : ZFA26300006G96062
2. Name of Policyholder : LIFE IS ...
3. Effective Date of Insurance : 08 Aug 2018
4. Expiry Date of Insurance : 07 Aug 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 business or profession.
   (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover
(a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) 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$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: GOLDBELL FINANCIAL SERVICES PTE 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 : AUTOSHIELD PTE. LTD. (00000573469)
Date of Issue : 11 Jul 2018 17:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer — **Chief Executive**


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
26/12/2018 18:00
Vehicle No.(For Motor)
GBG4362T
Certificate Number
Search
Select
Policy No.
Certificate Number
Policyholder Name
Policyholder NRIC
Product
Cover Type
Vehicle No.
Insured Object
Commence Date
Expiry Date
5101818334
LIFE IS ...
53241659K
GCV
Comprehensive
GBG4362T
GBG4362T
08/08/2018
07/08/2019
Continue

Policy Information

Policy No.	5101818334	Policyholder Name	LIFE IS ...	Policyholder NRIC	53241659K
Certificate No.					
Address	BLK 676B #11-716 PUNGGOL DRIVE WATERWAY BROOKS SINGAPORE 822676				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	11/07/2018	Effective Date	08/08/2018 00:00	Expiry Date	07/08/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 676B #11-716	Address 2	PUNGGOL DRIVE	Address 3	WATERWAY BROOKS
Address 4	SINGAPORE 822676	Address Type	Singapore address	Post Code	822676
Unit No.	11-716	Related Policy Number	5101818334		

Insured Object: GBG4362T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Exit

Accident MT/1025456

Policy No.	5101818334	Vehicle No.	GBG4362T	GST Registration No.	
Certificate No.					
Policyholder Name	LIFE IS ...			Policyholder NRIC	53241659K
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97468360	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	27/12/2018 20:00	Accident Report Within 24 Hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	26/12/2018	Time of Accident hh:mm	18:00	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CITY SQUARE MALL LOADING / UNLOADING BAY				

Excess

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

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No

Modification History

Policyholder Mailing Address

Address 1	BLK 676B #11-716	Address 2	PUNGGOL DRIVE	Address 3	WATERWAY BROOKS
Address 4	SINGAPORE 822676	Address Type	Singapore address	Post Code	822676
Unit No.	11-716	Related Policy Number	5101818334		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE YANG WEN (LI YANGWEN)	Driver NRIC	S7904858E	Driver DOB	23/02/1979
Register Date of Driver License	07/08/2006	Driver Age	39	Driving Experience	12
Contact No.(Mobile)	97468360	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 676B	Address 2	PUNGGOL DRIVE	Address 3	WATERWAY BROOKS
Address 4	SINGAPORE 822676	Address Type	Singapore address	Post Code	822676
Unit No.	11-716				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ◉ No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LIFE IS ...	Insured NRIC	53241659K
Contact No.(Mobile)	98765432	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBG4362T	TP Vehicle Number	GBF8819Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	GBG4362T / GBF8819Y ON 26 Dec 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	27/12/2018 20:02	Claim Close Date		Date Received	27/12/2018 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1025456	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	27/12/2018 20:03

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

	Browse...	Clear	Please Select		Normal
	Browse...	Clear	Please Select		Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2018 20:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2018 20:02	SAS	Normal	SAS 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2018 20:02	Photos	Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2018 20:02	Photos	Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2018 20:02	Photos	Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2018 20:02	Photos	Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2018 20:02	Photos	Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2018 20:02	Photos	Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2018 20:02	Photos	Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2018 20:02	Photos	Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2018 20:02	Photos	Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2018 20:02	Photos	Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2018 20:02	Photos	Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2018 20:02	Photos	Normal	Photos 2018-12-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2018 20:02	Photos	Normal	Photos 2018-12-27		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window Scan and uploading