

# NATIONAL Assessment Centre Services (wef 1 Jan'05)

|                                    |  |                       |         |
|------------------------------------|--|-----------------------|---------|
| Date In <b>07/01/19</b>            | Job description  | Date & Time Completed | Done by |
| Ref No: <b>NA/INC19000225/13</b>   | SAS e-filing   |                       |         |
| Veh No: <b>SLP4471</b>             | E-mail (within 8hrs. AIC 2hrs)                         |                       |         |
| D.O.A. <b>04/01/19</b> <b>1830</b> | i-Motor Claim Form                                     | <b>MT/1026737-001</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 <u>Fax / Hand</u> to <u>Owner/Wksp</u> |                       |         |

|  |                         |                       |
|--|-------------------------|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( <b>N-51</b> )                                   | Tel: ( )                | Fax: ( )              |
| TP Particulars:  | Veh No: <b>SLP3593X</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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

**NA1900174**

| Claimant's Particulars :-       | Invoice Preparation Checklist                   | Ant (\$)<br>1st Bill | Ant (\$)<br>Add Bill |
|---------------------------------|---|----------------------|----------------------|
| Driver/Owner:                   | 1) AR : Accident Reporting (\$30);              |                      |                      |
| Contact No:                     | 2) DA : Damage Assessment (\$100); INC (\$80)   |                      |                      |
| Damaged Portion:                | 3) TF : Towing Fee \$40/\$45                    |                      |                      |
| QC Checked by (Engr-In-Charge): | 4) FT : Follow-Through Survey \$120             |                      |                      |
|                                 | 5) RT : 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:-                   |                      |                      |
|                                 | OD*   |                      |                      |
|                                 | *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                          |                      |                      |
| 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             | 07/01/2019 14:09                         |
| Date Of Accident           | 04/01/2019 18:30                         |
| Exact Location Of Accident | CHOA CHU KANG WAY JUNC OF BUKIT BATOK RD |
| Country/State of Loss      | SINGAPORE                                |

### DETAILS OF OWN VEHICLE

|                             |                 |
|-----------------------------|-----------------|
| Vehicle Registration Number | SLP447T         |
| <b>Insured/Policyholder</b> |                 |
| Name Of Registered Owner    | PG MOTORING     |
| Co Reg No                   | 53213875M       |
| Email Address               | NOEMAIL         |
| Mobile Phone No             |                 |
| Alternative Phone No        | OFFICE-87777799 |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | RENAULT      |
| Model  | FLUENCE      |
| Exact Purpose for which vehicle was being used at time of accident           | CHAUFFEUR    |
| 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             | 5089747594-01                          |
| Cover Note Number         |  |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | JOHN SOH CHACK LIANG   |
| NRIC No              | S1414844B              |
| Date Of Birth        | 14/05/1960             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 03/05/1978             |
| Driving Experience   | 40 YEARS AND 8 MONTHS  |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-90079228   |
| Fax Number           |                        |
| Contact Number       |                        |
| Email Address        | JOHNSOH12321@GMAIL.COM |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 106 TECK WHYE LANE<br>#08-500 |
| Postcode  | 680106                            |
| 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   | SIDE SWIPE |
| 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)   | 1   |

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

|   |               |
|---|---------------|
| Are accident photos available for attachment? | YES           |
| Was there any video captured by Car Camera?   | YES           |
| Remarks/ Reasons:                             | WITH WORKSHOP |
| Was there any audio recorded?                 | NO            |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                      |
|-------------------------------------|----------------------|
| Vehicle Registration Number         | SKP3593X             |
| Vehicle Make/Model/Colour           |                      |
| Details Of Properties               |                      |
| Vehicle Category                    | PRIVATE CAR          |
| Name of Driver                      | THOMAS POH KUAN YUAN |
| NRIC/Passport Number                |                      |
| Contact Number                      |                      |
| Address                             |                      |
| Postcode                            |                      |
| Insurance Company Name              |                      |
| Nature Of Damage                    |                      |
| No. Of Passenger (Including Driver) |                      |

#### DETAILS OF INJURED PERSON 1

|   |                      |
|---|----------------------|
| Name  | JOHN SOH CHACK LIANG |
| Approximate Age                                     |                      |
| Injuries Sustain                                    | SLIGHT               |
| Injured person in which vehicle?                    | SLP447T              |
| 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:

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



# SKETCH PLAN

(A) SLP 447 T.  
(B) SKP 3593 X.

Choa Chu Kang Way.

Choa Chu Kang Road.

Bukit Batok Road.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/01/19 at @ 1830 hrs, I was travelling in my vehicle (SLP 447 T) along Choa Chu Kang Way junction Bukit Batok Road on the centre lane of 3 lanes. When the traffic light turn green, I proceed to make a right turn into Bukit Batok Road within my lane. Suddenly, a vehicle (SKP 3593 X) under ~~pro~~ learning from Bukit Batok driving test centre, cut into my lane and collided onto the right portion of my vehicle.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

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

Signature 07/01/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



|                                   |  |                            |                            |
|-----------------------------------|--|----------------------------|----------------------------|
| Vehicle No.                       | SLP 447 T  | Model / Make               | Renault Fluence.           |
| Date of Accident                  | 04/01/19   |                            |                            |
| Time of Accident                  | 1830 HRS   |                            |                            |
| Location of Accident              | Choa Chu Kang Way Junction Bukit Batok Road.         |                            |                            |
| Exact purpose use during accident | Chauffeur  |                            |                            |
| Name of Owner                     | PG Motoring  |                            |                            |
| Telephone No.                     | H/P: 8777 7799                                       | Home:                      | Office:                    |
| NRIC                              | 53213875 M   |                            |                            |
| Address                           | 200, Jalan Sultan #02-38, Textile Centre (S) 199018. |                            |                            |
| Claim type                        | OD   | THIRD PARTY REPORTING ONLY |                            |
| Insurance Company                 | NJC.   |                            |                            |
| Type of Coverage                  | Comprehensive  | Third Party                | Third Party / Fire / Theft |
| Policy No.                        | 5089747594-01  |                            |                            |
| Name of Driver                    | As Above If No, John Soh Chack Liang                 |                            |                            |
| NRIC                              | S 1414844 B  | Any Passengers: N/A        |                            |
| Date of birth                     | 14/05/1960   |                            |                            |
| Occupation                        | Outdoor  | Indoor                     |                            |
| Driving License Pass Date         | 03/05/1978   |                            |                            |
| Gender                            | Male   | Female                     |                            |
| Contact No.                       | H/P: 9007 9228                                       | Home:                      | Office:                    |
| Address                           | BLK 106, Teck whye lane #08-500 (S) 680106.          |                            |                            |
| Driver have any own vehicle       | No,  | If yes, Reg No.            |                            |
| Relationship                      | Employee,  | If no, state <i>freel</i>  |                            |
| Weather condition                 | Clear  | Raining                    | Other                      |
| Road Surface                      | Dry  | Wet                        | Other                      |
| Any Injuries                      | No,  | If Yes, Who?               |                            |
| Name And Contact No.              | John Soh Chack Liang (4/P: 9007 9228)                |                            |                            |
| Name And Contact No.              |  |                            |                            |
| Police Report                     | No,  | If Yes, Where?             |                            |
| Vehicle B No.                     | SKP 3593 X   | Any Passengers:            | 01 (M)                     |
| Name of Driver                    | Thomas Poh Kuan Yuan                                 | Contact No.:               |                            |
| Vehicle C No.                     |  | Any Passengers:            |                            |
| Vehicle D No.                     |  | Any Passengers:            |                            |
| Vehicle E no.                     |  | Any Passengers:            |                            |
| Vehicle F No.                     |  | Any Passengers:            |                            |
| Vehicle G No.                     |  | Any Passengers:            |                            |
| Witness Name                      | N/A  | Witness Contact:           | N/A                        |
| Accident Portion                  | Right Portion  |                            |                            |
| Camera Recorder                   | Yes/No   |                            |                            |
| Email Address                     | johnsoh12321@gmail.com                               |                            |                            |
| PARTICULAR WORKSHOP               | N-51   |                            |                            |
| CONTACT NO.                       | 6842 0051 / 6744 0510                                |                            |                            |
| CONTACT PERSON                    | Huixin   |                            |                            |
| FAX NO                            | 6741 0510  |                            |                            |
| WORKSHOP Email ADDRESS            | Sales@n51.com.sg                                     |                            |                            |



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1414844B

Name:

JOHN SOH CHACK LIANG

Birth Date: 14 May 1960

Issue Date: 02 Apr 2003



000343250F

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1414844B



JOHN SOH CHACK LIANG

蘇祚樑

Race:

CHINESE

Date of Birth:

14-05-1960

Sex:

M

Country of Birth:

SINGAPORE

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

- |         |  |
|---------|--|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms |
| Class 4 | Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms   |

PASS DATE

03 May 1978

21 Aug 1981

Licence No: S1414844B



NP 428A



2380828

NRIC No: S1414844B



Blood Group: Date of issue:

Bx 05-08-1994

APT BLK 106 TECK WHYE LANE #08-500  
SINGAPORE 680106

NRIC No: S1414844B

Date: 22/05/2015



## 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:** 5089747594-01

**Cover :** drivo CLASSIC

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLP447T           |
| Chassis Number  | : VF1LZLF0E53997630 |
| 2. Name of Policyholder   | : PG MOTORING       |
| 3. Effective Date of Insurance  | : 05 Apr 2018       |
| 4. Expiry Date of Insurance   | : 04 Apr 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)                   |   |
| EXCESS (SECTION 2)                   |   |
| WINDSCREEN EXCESS                    |   |
| 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                | : SKYWAY CREDIT & LEASING 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 : ASSURE PTE. LTD. (00000572842)  
Date of Issue : 03 Apr 2018 16:07 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/1026737

|                     |   |                     |   |                      |
|---------------------|---|---------------------|---|----------------------|
| Policy No.          | 5089747594-01   | Vehicle No.         | SLP447T   | GST Registration No. |
| Certificate No.     |   |                     |   |                      |
| Policyholder Name   | PG MOTORING   |                     |   | Policyholder NRIC    |
| Product Code        | FLEET INSURANCE   | Cover Type          | drivo CLASSIC   | Loading              |
| Contact No.(Mobile) | 87777799  | Contact No.(Office) | 0   | Contact No.(Home)    |
| Email Address       |   | Special Remark      |   | eCode                |
| KFK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |
| NCD Protection      | No  | NCD Entitlement(%)  | 0   | Private Hire         |

## ▼ Accident Details

|                   |  |                               |       |                     |
|-------------------|--|-------------------------------|-------|---------------------|
| Report Date       | 07/01/2019 19:01                         | Accident Report Within 24 hrs | Yes   | Accident Type       |
| Date of Accident  | 04/01/2019                               | Time of Accident hh:mm        | 18:30 | Country of Accident |
| Reporting Centre  |  | Orange Force                  |       | ICM No.             |
| Accident Location | CHOA CHU KANG WAY JUNC OF BUKIT BATOK RD |                               |       |                     |

## ▼ 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 | 200 JALAN SULTAN | Address 2             | #02-38 TEXTILE CENTRE | Address 3 |
| Address 4 |                  | Address Type          | Singapore address     | Post Code |
| Unit No.  | 02-38            | Related Policy Number | S098041149-01         |           |

## ▼ O1 Driver Info

|   |   |                     |                   |                    |
|---|---|---------------------|-------------------|--------------------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver    | Driver DOB         |
| Unnamed driver Name                     | JOHN SOH CHACK LIANG  | Driver NRIC         | S1414844B         | Driving Experience |
| Register Date of Driver License         | 03/05/1978  | Driver Age          | 58                | Contact No.(Home)  |
| Contact No.(Mobile)                     | 90079228  | Contact No.(Office) | 0                 | Address 3          |
| Address 1                               | BLK 106   | Address 2           | TECK WHYE LANE    | Post Code          |
| Address 4                               |   | Address Type        | Singapore address |                    |
| Unit No.                                | #08-500   |                     |                   |                    |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | 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            | PG MOT                           |
| Contact No.(Mobile)       |                                  | Contact No. (Home)      |                                  |
| Email Address             |                                  | O1 Vehicle Number       | SLP447                           |
| Claim Description         | SLP447T / SKP3593X ON 4 Jan 2019 |                         |                                  |
| Preferred Workshop        |                                  | Insured Liability       | Not at Fault                     |
| Workshop No. Finalisation | Yes                              | Preferred Repair Option | Preferred Workshop (refer below) |
| Date Registered           |                                  | GIA report              | Received                         |
| Report Taken By           |                                  | Claim Close Date        | 07/01/2019 19:06                 |
|                           |                                  | Workshop Repairer       | ROSLINDA                         |



[Print AK letter](#)[Save](#) [Submit](#)

## Attachment

|  |   |   |                    |
|--|---|---|--------------------|
| Accident No.                               | MT/1026737  | Claim No.   | 001                |
| Last Doc. Received                         | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date   | 07/01/2019 00:00   |
| Path *                                     |   | Category *  | Confidential       |
| <a href="#">Choose File</a> No file chosen |   | <a href="#">Clear</a> <a href="#">Please Select</a> ▼ | <a href="#">NO</a> |
| <a href="#">Choose File</a> No file chosen |   | <a href="#">Clear</a> <a href="#">Please Select</a> ▼ | <a href="#">NO</a> |
| <a href="#">Choose File</a> No file chosen |   | <a href="#">Clear</a> <a href="#">Please Select</a> ▼ | <a href="#">NO</a> |
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| <a href="#">Choose File</a> No file chosen |   | <a href="#">Clear</a> <a href="#">Please Select</a> ▼ | <a href="#">NO</a> |
| <a href="#">Choose File</a> No file chosen |   | <a href="#">Clear</a> <a href="#">Please Select</a> ▼ | <a href="#">NO</a> |
| <a href="#">Message Read</a>               |   | <a href="#">Clear</a> <a href="#">Please Select</a> ▼ | <a href="#">NO</a> |

## Attachment List

| Attachment | Uploaded By/Date   | Category              | Urgency | Des           |
|------------|--|-----------------------|---------|---------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2019 19:06 | NRIC/ Driving License | Normal  | NRIC/ Driving |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2019 19:06 | SAS                   | Normal  | SAS           |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2019 19:06 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2019 19:06 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2019 19:06 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2019 19:06 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2019 19:06 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2019 19:06 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2019 19:06 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2019 19:06 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2019 19:06 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2019 19:06 | Photos                | Normal  | Photos        |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jan 2019 19:06 | Photos                | Normal  | Photos        |

## Video List

| Uploaded By/Date | Folder Date | File Name  |
|------------------|-------------|--|
|                  |             | <a href="#">Display in New Window</a> <a href="#">Scan and uploading</a> |