

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 11901048

| | | | |
|----------------------------|--|-----------------------|---------------|
| Date In: 22/1/19 - 13:40 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC192014 22/24 | SAS e-filing | | |
| Veh No: SJH 9739P | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 21/1/19 - 15:45 | i-Motor Claim Form | MT/1029214-201 | 22/1/19 14:40 |
| 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: SICF 6671L | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA1902635 | Invoice Preparation Checklist | Amf (\$) Tft 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:- | | |
| QC Checked by (Engr-In-Charge): | QJ* | | |
| | *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 \$0 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

| ACCIDENT STATEMENT | |
|--|--|
| Date Of Report | 22/01/2019 13:40 |
| Date Of Accident | 21/01/2019 15:45 |
| Exact Location Of Accident | SEAH IM RD |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SJH9139P |
| Insured/Policyholder | |
| Name Of Registered Owner | NG THIM LEE |
| NRIC No | S7897177J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96506464 |
| Alternative Phone No | OFFICE-96506464 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | CIVIC 1.6L VTI AUTO |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE 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 CAR |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5103119709 |
| Cover Note Number | |
| Driver | |
| Name of Driver | NG THIM LEE (HUANG DINGLI) |
| NRIC No | S7897177J |
| Date Of Birth | 12/07/1978 |
| Occupation | INDOOR |
| Date Of Driving Pass | 08/12/2017 |
| Driving Experience | 1 YEAR AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96506464 |
| Fax Number | |
| Contact Number | OFFICE-96506464 |
| Email Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 455 YISHUN STREET 41 #10-59 |
| Postcode | 760455 |
| 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 | 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) | 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

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 | SKF6671L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|----------------------------|
| Name | NG THIM LEE (HUANG DINGLI) |
|------|----------------------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJH9139P

YES

NO

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:

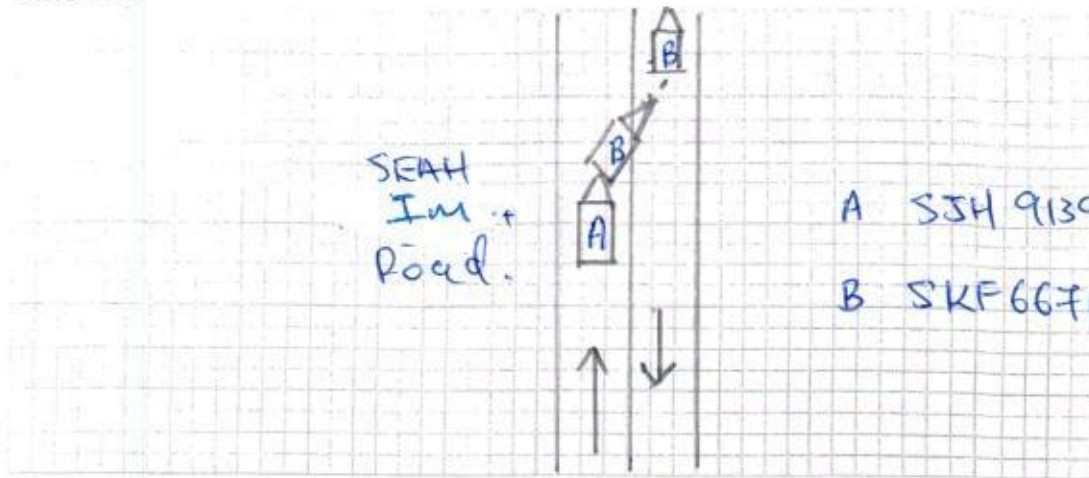
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/01/2019 I was driving my vehicle SJH 9139P along SEAH IM Road, This is a two way Lane. Vehicle B SKF667IL was driving in front of me, Suddenly SKF 667IL move toward opposite Rd and make a reverse back into my Lane. I horned him but vehicle B SKF667IL hit onto my front of my vehicle.

DECLARATION

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

x 
Policyholder's Signature
Date & Time:

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


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

VEHICLE NO: SJH 9139 P MAKE & MODEL: Honda Civic

| | | |
|--|--|--|
| DATE OF ACCIDENT | 21 / 01 / 2019 | |
| TIME OF ACCIDENT | 3.45 AM / PM | |
| LOCATION OF ACCIDENT | SEAH IM ROAD | |
| Exact Purpose use during accident | Passing By | |
| NAME OF OWNER | NG THIM LEE | |
| TELP NO | 96506464 | |
| NRIC | S7897177J | |
| CLAIM TYPE | OD / THIRD PARTY / Reporting Only | |
| PRIVATE HIRE | YES / NO | |
| INSURANCE CO. | NTUC | |
| TYPE OF COVERAGE | Comprehensive / Third Party / Third Party Fire & Theft | |
| POLICY NO. | | |
| NAME OF DRIVER | As above / If No: | |
| NRIC | as above | |
| DATE OF BIRTH | 12 / 07 / 1978 | |
| OCCUPATION | Outdoor / Indoor | |
| DATE OF DRIVING PASS | 07 / 12 / 2006 | |
| GENDER | Male / Female | |
| CONTACT NO. | as above | |
| ADDRESS | 455 Yishun St 41 #10-59 (760455) | |
| DRIVER HAVE ANY OWN Vehicle | NO / If yes : Reg No: | |
| RELATIONSHIP | Employee / If No: | |
| WEATHER CONDITION | Clear / Raining / Other : | |
| ROAD SURFACE | Dry / Wet / Other : | |
| ANY INJURIES | No / If yes : Who? NG THIM LEE | |
| CONTACT NO. | 96506464 | |
| POLICE REPORT | No / If yes : Where? | |
| VEHICLE B NO. | SKF 667IL | |
| NAME | | |
| CONTACT NO. | | |
| VEHICLE C NO. | Any Passenger : | |
| VEHICLE D NO. | Any Passenger : | |
| VEHICLE E NO. | Any Passenger : | |
| VEHICLE F NO. | Any Passenger : | |
| ANY WITNESS | | |
| WITNESS CONTACT NO. | | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | | |
| YES / NO | | |
| PARTICULAR WORKSHOP | Sme Motor Pte Ltd | |
| TELP NO | 1 Kaki bukit ave 6 #02-15 | |
| CONTACT PERSON | Autobay @ kaki bukit | |
| FAX NO. | Singapore 417883 | |

6 Speed Autowerkz Pte Ltd
 68 Kaki Bukit Avenue 6
 #02-05 ARK @ KB, Singapore 417896
 Tel: 6384 7037 Fax: 6384 7039
 Email: 6speedautowerkz@gmail.com

Tel: 67476106 (6 lines)

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7897177J**

Name: **NG THIM LEE (HUANG DINGLI)**

Birth Date: **12 Jul 1978**

Issue Date: **07 Dec 2006**

001463907H



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7897177J**



Name: **NG THIM LEE (HUANG DINGLI)**
黄 鼎 利
Race: **CHINESE**
Date of birth: **12-07-1978** Sex: **M**
Country of birth: **INDONESIA**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

| | PASS DATE |
|---------------------------------|---|
| Class 2B Class 2A Class 3 | Motorcycles <= 100 CC Motorcycles between 101 CC and 400 CC Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg |

67 Dec 2006
20 Mar 2008
08 Dec 2017

S / No. 9000276300

S7897177J

NP 428A

Licence No: S7897177J

4735284

NRIC No: **S7897177J**

Date of issue: **01-06-2011**

APT BLK 455 YISHUN STREET 41 #10-59
SINGAPORE 760455
NRIC No: **S7897177J** Date: **20/01/2012** No: **7030115**




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: 5103119709

Cover : Third Party, Fire & Theft

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJH9139P |
| Chassis Number | : JHMFD462085202227 |
| 2. Name of Policyholder | : NG THIM LEE |
| 3. Effective Date of Insurance | : 22 Aug 2018 |
| 4. Expiry Date of Insurance | : 27 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. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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) | : N/A |
| EXCESS (SECTION 2) | : N/A |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : N/A |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| PRIMARY DRIVER | : NG THIM LEE |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : EFIZZIG CREDIT 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 : MAGNI INSURANCE AGENCY (00000572198)

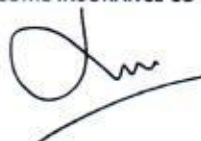
Date of Issue : 21 Aug 2018 09:36 hrs

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

Vehicle No.(For Motor) Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-------------------|-------------------|---------|---------------------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5103119709 | | NG THIM LEE | S78971777 | GPC | Third Party, Fire & Theft | SJH9139P | SJH9139P | 22/08/2018 | 27/08/2019 |

Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|------------------|----------------------------------|------------------|
| Policy No. | 5103119709 | Policyholder Name | NG THIM LEE | Policyholder NRIC | S7897177J |
| Certificate No. | | | | | |
| Address | BLK 455 #10-59 YISHUN STREET 41 SINGAPORE 760455 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 21/08/2018 | Effective Date | 22/08/2018 00:00 | Expiry Date | 27/08/2019 23:59 |
| Excess Type | | All Claims Excess | | | |
| Third Party Excess | 0 | Own damage Excess | 0 | Windscreen Excess | 0 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 0 | Outside Singapore TP Excess | 0 | Young/Inexperience Driver Excess | |
| Agent | MAGNI INSURANCE AGENCY | Agent Tel. | 64472636 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 455 #10-59 | Address 2 | YISHUN STREET 41 | Address 3 | SINGAPORE 760455 |
| Address 4 | | Address Type | Singapore address | Post Code | 760455 |
| Unit No. | | Related Policy Number | 5103119709 | | |

Insured Object: SJH9139P

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Continue

Cancel

Claim Handling

Exit

Accident MT/1029014

| | | | | | |
|-----------------------------------|---|--------------------------------|---|----------------------|--------------------------|
| Policy No. | 5103119709 | Vehicle No. | SJH9139P | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | NG THIM LEE | | | Policyholder NRIC | S7897177J |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | Third Party, Fire & Theft | Loading | 0 |
| Contact No.(Mobile) | 96506464 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | For |
| KFX | <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 | No |
| Accident Details | | | | | |
| Report Date | 22/01/2019 14:39 | Accident Report Within 24 hrs. | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 21/01/2019 | Time of Accident hh:mm | 15:45 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | SEAH JM RD | | | | |
| Excess | | | | | |
| Own damage Excess | 0.00 | Additional Excess | 0 | Windscreen Excess | 0.00 |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 0.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |
| Benefits | | | | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | Yes | | |
| Modification History | | | | | |

Policyholder Mailing Address

| | | | | | |
|---|---|-----------------------|---|------------------------|------------------|
| Address 1 | BLK 455 #10-59 | Address 2 | YISHUN STREET 41 | Address 3 | SINGAPORE 760455 |
| Address 4 | | Address Type | Singapore address | Post Code | 760455 |
| Unit No. | | Related Policy Number | 5103119709 | | |
| OT Driver Info | | | | | |
| Driver Name | NG THIM LEE | Driver Type | Main Driver | Driver DOB | 12/07/1978 |
| Unnamed driver Name | | Driver NRIC | S7897177J | Driving Experience | 1 |
| Register Date of Driver License | 08/12/2017 | Driver Age | 40 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 96506464 | Contact No.(Office) | 0 | Address 3 | SINGAPORE 760455 |
| Address 1 | BLK 455 | Address 2 | YISHUN STREET 41 | Post Code | 760455 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 10-59 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |
| 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 | NG THIM LEE | Insured NRIC | S7897177J |
| Contact No.(Mobile) | 96506464 | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | SYLVES_NG@YAHOO.COM.SG | OT Vehicle Number | SJH9139P | TP Vehicle Number | SKF6671L |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | SJH9139P / SKF6671L ON 21 Jan 2019 | | | | |
| 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 | 22/01/2019 14:40 | Claim Close Date | | Date Received | 22/01/2019 14:41 |
| Report Taken By | Jackson | Workshop Repairer | | Total Loss But Repaired | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | |
|--------------------|---|---------------|------------------|
| Accident No. | MT/1029014 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 22/01/2019 14:41 |
| Path * | | Category * | |
| | Browse... Clear | Please Select | NO |
| | Browse... Clear | Please Select | NO |
| | Browse... Clear | Please Select | NO |
| | Browse... Clear | Please Select | NO |

| | | | | | | |
|-----------|--|-------|---------------|-----|--------|--|
| Browse... | | Clear | Please Select | v/v | Normal | |
| Browse... | | Clear | Please Select | 1/0 | Normal | |

☐ Send Message

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Mag Sent? (CD) | Action |
|------------|---|-----------------------|---------|---------------------------------|----------------|----------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 22 Jan 2019 14:41 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-1-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 22 Jan 2019 14:41 | SAS | Normal | SAS 2019-1-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 22 Jan 2019 14:41 | Photos | Normal | Photos 2019-1-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 22 Jan 2019 14:41 | Photos | Normal | Photos 2019-1-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 22 Jan 2019 14:41 | Photos | Normal | Photos 2019-1-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 22 Jan 2019 14:41 | Photos | Normal | Photos 2019-1-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 22 Jan 2019 14:41 | Photos | Normal | Photos 2019-1-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 22 Jan 2019 14:40 | Photos | Normal | Photos 2019-1-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 22 Jan 2019 14:40 | Photos | Normal | Photos 2019-1-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 22 Jan 2019 14:40 | Photos | Normal | Photos 2019-1-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 22 Jan 2019 14:40 | Photos | Normal | Photos 2019-1-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 22 Jan 2019 14:40 | Photos | Normal | Photos 2019-1-22 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 22 Jan 2019 14:40 | Photos | Normal | Photos 2019-1-22 | | Edit |

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"/> | | | | |