

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

|                                  |   |                         |         |
|----------------------------------|---|-------------------------|---------|
| Date In: <b>30/01/19</b>         | Job description                                 | Date & Time Completed   | Done by |
| Ref No: <b>NA/INC19001944/13</b> | SAS e-filing                                    |                         |         |
| Veh No: <b>SK53867M</b>          | E-mail (within 8hrs, AIC 2hrs)                  |                         |         |
| DOA: <b>29/01/19 1530</b>        | i-Motor Claim Form                              | <b>07/1030106 - 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 to Owner/Wksp</u> |                         |         |

|  |                                    |                       |
|--|------------------------------------|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( <b>TWINCAR</b> )                                | Tel:                               | Fax:                  |
| TP Particulars:  | Veh No: <b>SLM372R</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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| Claimant's Particulars :-       | Invoice Preparation Checklist                   | Amt (\$)    | Amt (\$) |
|---------------------------------|---|-------------|----------|
|                                 |   | 1st Bill    | 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             |             |          |
| Auditors' Comments :-           | 5) iT : Follow-Through Survey (Resurvey) \$30   |             |          |
| Cat. 1:                         | For claiming against INC Only (wef 10 Jan 2005) |             |          |
| Cat. 2 / 3:                     | 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                          |             |          |
|                                 | 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             | 30/01/2019 09:33          |
| Date Of Accident           | 29/01/2019 15:30          |
| Exact Location Of Accident | HOUGANG MALL OPEN CARPARK |
| Country/State of Loss      | SINGAPORE                 |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKJ3867M             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LEOW GIAM KEOW       |
| NRIC No                     | S6929387E            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96561343 |
| Alternative Phone No        | OTHERS-96561343      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | LEXUS       |
| Model  | GS450H      |
| 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          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5105717561                             |
| Cover Note Number         |  |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | CHESTER TOH JIA AN     |
| NRIC No              | S9443257Z              |
| Date Of Birth        | 09/11/1994             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 21/02/2014             |
| Driving Experience   | 4 YEARS AND 11 MONTHS  |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-83524913   |
| Fax Number           |                        |
| Contact Number       |                        |
| Email Address        | CHESTERTO@ABWIN.COM.SG |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 639 ANG MO KIO AVE 6<br>#11-5051 |
| Postcode  | 560639                               |
| Was driver an employee of the Insured's Company     | NO                                   |
| If No, Relationship of the Driver with the Insured  | OTHER - NEPHEW                       |
| Vehicle Registration Number of Driver's Own Vehicle | -                                    |
|   | -                                    |
| Insurance Company of Driver's Own Vehicle           | -                                    |
|   | -                                    |
|   | -                                    |

#### General Information of the Accident

|                    |                              |
|--------------------|------------------------------|
| Type Of Accident   | COLLIDED INTO PARKED VEHICLE |
| 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?  | 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)   | 3                                 |
| Passenger 1   | NAME: : UNKNOWN<br>GENDER: : MALE |
| Passenger 2   | NAME: : UNKNOWN<br>GENDER: : MALE |

#### 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 | SLM372R     |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              |             |
| NRIC/Passport Number        |             |
| Contact Number              | 97399783    |
| Address                     |             |

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN


### IMPORTANT NOTICE

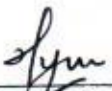
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

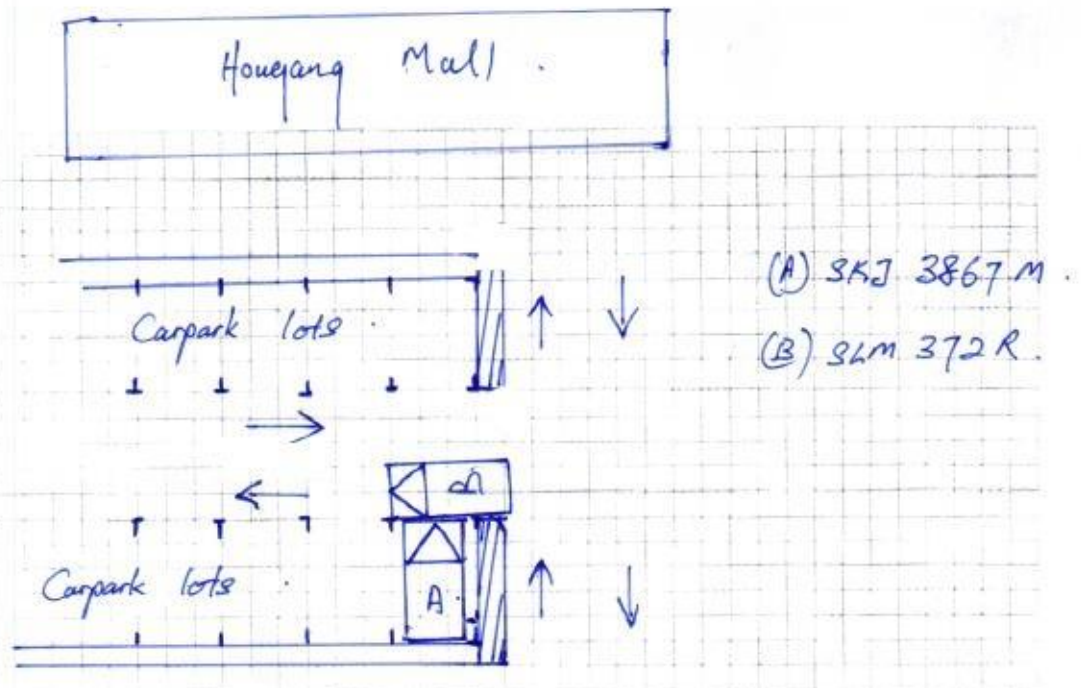
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

 30/01/19  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/01/19 at @ 1529 hrs, I was in my vehicle (SKJ 3867M) in the carpark lots in front of Hougang Mall (open carpark). I was stationary in the carpark lot waiting to go out, as there were vehicles coming in. Suddenly, a car (SKM 372R) drove past and collided onto the front portion of my vehicle. I have an in-car camera recording showing that my car was stationary.

## 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:

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



|                                   |   |                         |
|-----------------------------------|---|-------------------------|
| Vehicle No.                       | SKJ 3867M · Model / Make Lexus GS450H.                      |                         |
| Date of Accident                  | 29/01/19.   |                         |
| Time of Accident                  | 1529 HRS  |                         |
| Location of Accident              | Hougang Mall (open Carpark).                                |                         |
| Exact purpose use during accident | Private Used.   |                         |
| Name of Owner                     | Leow Giam Keow  |                         |
| Telephone No.                     | H/P: 9656 1343 · Home :                                     | Office :                |
| NRIC                              | S 6929 387E.  |                         |
| Address                           | BLK 677 Hougang Ave 8 #11-537 (S) 530677.                   |                         |
| Claim type                        | OD <u>THIRD PARTY</u> REPORTING ONLY                        |                         |
| Insurance Company                 | NTUC.   |                         |
| Type of Coverage                  | <u>Comprehensive</u> Third Party Third Party / Fire / Theft |                         |
| Policy No.                        | 5105717561  |                         |
| Name of Driver                    | As Above If No, Chester Toh Jia An.                         |                         |
| NRIC                              | S 9443257Z.   | Any Passengers: 02 (m). |
| Date of birth                     | 09/11/1994  |                         |
| Occupation                        | Outdoor / <u>Indoor</u>                                     |                         |
| Driving License Pass Date         | 21/02/2014.   |                         |
| Gender                            | <u>Male</u> / Female  |                         |
| Contact No.                       | H/P: 8352 4913 · Home :                                     | Office :                |
| Address                           | BLK 639 Ang Mo Kio Ave 6 #11-5051 (S) 560639.               |                         |
| Driver have any own vehicle       | <u>No</u> , If yes, Reg No.                                 |                         |
| Relationship                      | Employee, If no, state <u>Nephew</u>                        |                         |
| Weather condition                 | <u>Clear</u> Raining Other                                  |                         |
| Road Surface                      | <u>Dry</u> Wet Other  |                         |
| Any Injuries                      | <u>No</u> , If Yes, Who?                                    |                         |
| Name And Contact No.              |   |                         |
| Name And Contact No.              |   |                         |
| Police Report                     | <u>No</u> , If Yes, Where?                                  |                         |
| Vehicle B No.                     | SLM 372 R   | Any Passengers: N.A.    |
| Name of Driver                    |   | Contact No.: 9739 9783. |
| 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                  | Front Portion   |                         |
| Camera Recorder                   | <u>Yes</u> / No   |                         |
| Email Address                     | chestertoh@abwin.com.sg                                     |                         |
| PARTICULAR WORKSHOP               | Twencar.  |                         |
| CONTACT NO.                       | 6842 0051 / 6744 0510                                       |                         |
| CONTACT PERSON                    | HuiXin  |                         |
| FAX NO                            | 6741 0510   |                         |
| WORKSHOP EMAIL ADDRESS            | sales@n5i.com.sg  |                         |

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9443257Z**

Name:

**CHESTER TOH JIA AN**

Birth Date: **09 Nov 1994**

Issue Date: **21 Feb 2014**



002277351K

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S9443257Z**



Name

**CHESTER TOH JIA AN**

**卓家安**

Race

**CHINESE**

Date of birth

**09-11-1994**

Sex

**M**

Country of birth

**SINGAPORE**

S9443257Z

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 21 Feb 2014



Licence No: S9443257Z

NP 428A



4454273



NRIC No: **S9443257Z**

Date of issue

**27-08-2009**

Address

**APT BLK 639 ANG MO KIO AVENUE 6  
#11-5051  
SINGAPORE 560639**



## 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:** 5105717561

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKJ3867M**  
Chassis Number : JTHBC96S605023491
2. Name of Policyholder : **LEOW GIAM KEOW**
3. Effective Date of Insurance : **21 Nov 2018**
4. Expiry Date of Insurance : **20 Nov 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)                   | : S\$600  |
| EXCESS (SECTION 2)                   | : N/A   |
| 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                       | : LEOW GIAM KEOW                                  |
| NAMED DRIVER (1)                     | : N/A   |
| NAMED DRIVER (2)                     | : N/A   |
| HIRE PURCHASE COMPANY                | : ABWIN 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 : ABWIN PTE LTD (00000614234)  
Date of Issue : 21 Nov 2018 15:25 hrs

**ABWIN PTE LTD**

8 KAKI BUKIT ROAD 2  
RUBY WAREHOUSE COMPLEX  
#01-33 SINGAPORE 117841

TEL: 6842 3302 FAX: 6842 3303 (ADMIN OFFICE)

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer

Chief Executive

## Claim Handling

## Accident MT/1030106

|                     |   |                     |   |                      |
|---------------------|---|---------------------|---|----------------------|
| Policy No.          | 5105717561  | Vehicle No.         | SKJ3867M  | GST Registration No. |
| Certificate No.     |   |                     |   |                      |
| Policyholder Name   | LEOW GIAM KEOW  |                     |   | Policyholder NRIC    |
| Product Code        | PRIVATE CAR INSURANCE   | Cover Type          | drivo CLASSIC   | Loading              |
| Contact No.(Mobile) | 96561343  | 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(%)  | 30  | Private Hire         |

## ▼ Accident Details

|                   |                           |                               |       |                     |
|-------------------|---------------------------|-------------------------------|-------|---------------------|
| Report Date       | 30/01/2019 09:53          | Accident Report Within 24 hrs | Yes   | Accident Type       |
| Date of Accident  | 29/01/2019                | Time of Accident hh:mm        | 15:30 | Country of Accident |
| Reporting Centre  |                           | Orange Force                  |       | ICM No.             |
| Accident Location | HOUGANG MALL OPEN CARPARK |                               |       |                     |

## ▼ Excess

|                       |          |                             |        |                   |
|-----------------------|----------|-----------------------------|--------|-------------------|
| Own damage Excess     | 600.00   | Additional Excess           | 0      | Windscreen Excess |
| Unnamed Driver Excess | 2,500.00 | Outside Singapore OD Excess | 600.00 |                   |
| 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 677 #11-537 | Address 2             | HOUGANG AVENUE 8  | Address 3 |
| Address 4 |                 | Address Type          | Singapore address | Post Code |
| Unit No.  |                 | Related Policy Number | 5105717561        |           |

## ▼ OI Driver Info

|   |   |                     |                     |                    |
|---|---|---------------------|---------------------|--------------------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver      |                    |
| Unnamed driver Name                     | CHESTER TOH JIA AN  | Driver NRIC         | S9443257Z           | Driver DOB         |
| Register Date of Driver License         | 21/02/2014  | Driver Age          | 24                  | Driving Experience |
| Contact No.(Mobile)                     | 83524913  | Contact No.(Office) | 0                   | Contact No.(Home)  |
| Address 1                               | BLK 639   | Address 2           | ANG MO KIO AVENUE 6 | Address 3          |
| Address 4                               | SINGAPORE 560639  | Address Type        | Singapore address   | Post Code          |
| Unit No.                                | #11-5051  |                     |                     |                    |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                     | Driver Insurer Com |

|                                     |      |             |   |
|-------------------------------------|------|-------------|---|
| Declaration                         |      |             |   |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

## Modification History

Claim 001 OD-MX

New

|                         |                                   |                         |                                  |
|-------------------------|-----------------------------------|-------------------------|----------------------------------|
| Claim Type *            | OD-MX                             | Insured Name            | LEOW C                           |
| Contact No.(Mobile)     | 96561343                          | Contact No. (Home)      | NIL                              |
| Email Address           | NGO_DEBBIE@HOTMAIL.COM            | OI Vehicle Number       | SKJ386                           |
| Claim Description       | SKJ3867M / SLM372R ON 29 Jan 2019 |                         |                                  |
| Preferred Workshop      | Insured Liability                 | Not at Fault            |                                  |
| Repair No. Finalisation | Yes                               | Preferred Repair Option | Preferred Workshop (refer below) |
| Date Registered         | 30/01/2019 09:58                  | GIA report              | Received                         |
| Report Taken By         | ROSLINDA                          | Claim Close Date        |                                  |
|                         |                                   | Workshop Repairer       |                                  |

Print AK letter



[Save](#) [Submit](#)

## Attachment

Accident No. MT/1030106 Claim No. 001  
Last Doc. Received ☒ Yes ☐ No Upload Date 30/01/2019 09:58

[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Message Read](#)

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NO

## Attachment List

| Attachment | Uploaded By/Date   | Category              | Urgency | Des             |
|------------|--|-----------------------|---------|-----------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 09:58 | NRIC/ Driving License | Normal  | NRIC/ Driving 1 |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 09:58 | SAS                   | Normal  | SAS 2           |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 09:58 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 09:58 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 09:58 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 09:58 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 09:58 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 09:58 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 09:58 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 09:58 | Photos                | Normal  | Photos          |

## Video List

| Uploaded By/Date | Folder Date | File Name |  |
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