

# NATIONAL Assessment Centre Services.

[wef 1 Jan 2019]

Date In: 04/03/2019 09:27	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19003931 K4	SAS e-filing		
Veh No: PC 3163M	E-mail (w/old 3hrs, A/C 2hrs)		
D.O.A: 03/03/2019 10:00	I-Motor Claim Form	MT/1034584-002 8/3/19	1528
OID / 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: Yeh No: STP1402P 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( )

( )

( )

( )

( )

( )

( )

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( )

( )

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( )

( )

( )

( )

NA1901689

Client's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	Forfeiting against INC Only (wef 10 Jan 2019)	
	6) TR: Re-inspection \$75	
	7) NI: Idu DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NG: Courtesy Car / Tpr Allowance \$5	
	*NG: Repair Coordination \$10	
	*NG: Post Repair Inspection \$25	
	*NG: DV / Collect Excess Coordination \$5	
	TP (Nil): TP (Non INC) \$20	
	9) NI: Idu Mobile \$30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

2/3

10-DEC-2018 MON 06:09

FOR:



## 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	04/03/2019 09:27
Date Of Accident	03/03/2019 10:00
Exact Location Of Accident	CTE TWDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3163M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JEAN-JERRYL TOURS & TRANSPORTATION SVS
Co Reg No	PC3163M
Email Address	JAMESANTHONYNSILVA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-84208702
Alternative Phone No	OFFICE-84208702

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	REPORTING ONLY
Vehicle Category	BUS

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082412276-02
Cover Note Number	

### Driver

Name of Driver	HO JENSON, JOHN@SHIMA TATSUYA @YOCHANAN ELIYAHU BE
NRIC No	S7630617F
Date Of Birth	29/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	20/01/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96581040
Fax Number	
Contact Number	OTHERS-96581040
Email Address	JAMESANTHONYNSILVA@HOTMAIL.COM

Address	BLK 538 ANG MO KIO AVENUE 5 #03-4036
Postcode	560538
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : ANNEX E / S/D FER: 120 (ALL ACCIDENT CLAIMS WILL BE BARE BY THE DRIVER AND NOT THE INSURED)

#### 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	SJP1402P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

**JEAN-JERRYL TOURS & TRANSPORT SVCS**


REG. NO: 53259493B

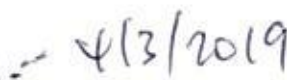
BLK 447A JALAN KAYU #06-366

SINGAPORE 791447

HP: 9420 8702 FAX: 6444 9655

Email: [jamesanthonyysilva@hotmail.com](mailto:jamesanthonyysilva@hotmail.com)

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

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

# SKETCH PLAN

A-PC3163M  
B-SJP1402P  
C-SLF1385J

CTE (Towards City)

To Lot  
Chuan

To PIE  
(Chang)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Ref to the Police Report  
Annex E  
SID Ref: 120

## DECLARATION

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

**JEAN-JERRY TOURS & TRANSPORT SVCS**

REG NO: 53259493B  
BLK 447A JALAN KAYU #06-366  
SINGAPORE 791447  
HP: 8420 8702 FAX: 6444 9655  
Email: jamesanthonyisilva@hotmail.com

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

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

4/3/2019



**CONFIDENTIAL**

**Annex E**

**NOTICE OF COMPLIANCE**

This is to confirm that Ho Jenson, John NRIC/FIN S7630617E, has reported to the Police a non-injury traffic accident which occurred along CTE, near to the slip road between Lorong Chuan and PIE(Changi) on 03/03/2019 at 1000hrs involving the following vehicles:

**AM**

- a) PC3163M – Toyota Hiace (Informant Hp: 96581040)
- b) SJP1402P - Red Volvo (Yam Wen Keong, Kenneth S8336989B)
- c) SLF1385J – Silver Color Honda City (Ho Wenhao, S8438609Z)

On 03/03/2019 at about 1000hrs, I was driving my vehicle on the left most lane. Whilst driving, I noticed that there were two vehicles in front of me. The front most vehicle SLF1385J made a sudden braking despite having no vehicle in front of him. Subsequently, SJP1402P did an e-brake but hit onto vehicle SLF1385J. I tried to do an emergency brake however, I was not able to stop in time and due to that, the front portion of my vehicle hit onto vehicle SJP1402P. Traffic Police officer Brandon also came to attend to us shortly as I believe that he was attending to an earlier road traffic accident at the slip road of Lorong Chuan. We exchanged our particulars and was advised to lodge a report via our Insurance. I have an in-vehicle camera which recorded the footage.

- 2 If this accident was reported to the Police within 24 hours of its occurrence,  
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSgt Hermi

Date: 03/03/2019 Time: 1810hrs

S/D Ref: 120

Police Post/Unit: Ang Mo Kio South NPC

Original – to be issued to informant  
Duplicate – to be submitted to Traffic Police

**CONFIDENTIAL**

Version as of 15 Jan 2002

## JEAN-JERRYL TOURS & TRANSPORT SVCS

Business Registration – No. 53259493B

HP: 8420 8702 FAX: 6444 9655 Email: [jamesanthonyysilva@hotmail.com](mailto:jamesanthonyysilva@hotmail.com)

3 March 2019

### LETTER OF UNDERTAKING

I, Ho Jenson John @ Shima Tatsuya (I/C No: S7630617F) of Block 538 Ang Mo Kio Avenue 5 #03-4036 Singapore 560538,

Hereby undertake full responsibility of the accident caused by myself on route to my own personal appointment and not during working time on the 3 March 2019 at 10.15am along the CTE.


I also undertake full responsibility of the cost of the damages incurred on the company vehicle, PC3163M, as well as all insurance claims and liabilities towards the company on this accident by third parties.

  
\_\_\_\_\_  
Mr. James Silva  
Tours & Jean-Jerryl Transport Svcs

  
\_\_\_\_\_  
Ho Jenson John @ Shima Tatsuya  
(I/C No: S7630617F)

JEAN-JERRYL TOURS & TRANSPORT SVCS  
REG. NO: 53259493B  
BLK 447A JALAN KAYU #06-365  
SINGAPORE 791447  
HP: 8420 8702 FAX: 6444 9655  
Email: [jamesanthonyysilva@hotmail.com](mailto:jamesanthonyysilva@hotmail.com)

Ho Jenson, John  
S7630617F

  
aw 04/03/2019  
Ref: W/H

4TH MARCH 2019.

DEAR SIR / MADAM,

ON BEHALF OF MADAM OLIVIA  
JAMES SILVA, I/C 1745544/C

HEREBY DECLARE THAT AT THE  
TIME OF THE SAID ACCIDENT, THE  
DRIVER HO JENSON I/C S7630617P  
JOHN

HAS NOT ON DUTY ON THAT DAY.  
AND ALL CLAIMS THAT IS GOING  
TO BE CLAIMED BY THE OTHER PARTY  
ALL TO BE BEARED BY THE SAID DRIVER.

OLIVIA JAMES SILVA  
1745544/C

*[Signature]*

HO JENSON JOHN  
S7630617P

*[Signature]*

JEAN-JERRYL TOURS & TRANSPORT SVCS  
REG. NO: 53259493B  
BLK 447A JALAN KAYU #06-366  
SINGAPORE 791447  
HP: 8420 8702 FAX: 6444 9655  
Email: jamesanthonyosilva@hotmail.com

*[Signature]*  
04/03/2019  
Rosh. WATSON



Bulkit Merah

Reported on 4/3/2019

@ 0920 Am

## ACCIDENT STATEMENT

ACCIDENT DATE: (3/3/2019) (DD/MM/YYYY). TIME: (10.00 Am) (HH:MM)

LOCATION: CTE Towards City

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 3163 M  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 84208702  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96581040  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJP 1402 P MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLF 1385 J MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = jamesanthonyasilva@hotmail.com

VIDEO

jamesanthonyasilva@hotmail.com

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7630617F



Name  
HO JENSON, JOHN  
@SHIMA TATSUYA @YOCHANAN  
ELIYAHU BEN HASSAN

Race  
CHINESE  
Date of birth  
29-09-1976 M  
Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7630617F  
Name  
HO JENSON, JOHN  
@ SHIMA TATSUYA  
@ YOCHANAN ELIYAHU  
BEN HASSAN

Birth Date: 29 Sep 1976  
Issue Date: 15 Apr 2013



4959367

NRIC No. S7630617F



Date of issue  
09-04-2013

Address  
APT BLK 53B ANG MO KIO AVENUE 5  
#03-4036  
SINGAPORE 560538

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	21 Dec 2008
Class 2A	Motorcycles between 201 CC and 400 CC	05 Mar 2002
Class 1	Motorcycles > 400 CC	23 Jul 2003
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg.	20 Jan 2014

S7630617F

S / No. 9000181762



NP 42BA





**VOCATIONAL LICENCE**

Licence No : **S7630617F**

Name : **HO JENSON JOHN @SHIMA  
TATSUYA**

Card Issue Date : **19/01/2018**

**Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check  
the status of this vocational licence**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	24/11/2016
03	BUS VL	19/01/2018
04	BUS ATTENDANT	19/01/2018



eBaoTech

Hello, NAC\_BUKIT\_MERAH\_800676

General Claim

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/03/2019 10:00"/>	
Vehicle No. (For Motor)	<input type="text" value="PC3163M"/>	Certificate Number	<input type="text"/>	
<input type="button" value="Search"/>				

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5082412276-02		JEAN-JERRY L TOURS & TRANSPORTATION SVS	53259493B	GBS	Comprehensive	PC3163M	PC3163M	22/07/2018	16/06/2019



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. .:

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MM4419028901-C1 Vehicle Registration No: PC3163m  
Name (as shown in NRIC) : Ho Jiahong, DATU TATSUMA TATSUYA NRIC/FIN/Passport No : S7630617F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96581040  
Email Address : \_\_\_\_\_  
Date of Accident : 03/03/2019 Time of Accident : 10:00  
Place of Accident : CTM REWARDS CNY  
Insurance Company : NMC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO INSERT 2 LAMPA OF UNDER WHEELS FROM DRIVER &  
OWNER

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: Rashid  
NRIC/FIN No.:  
Date: 04/03/2019

## Claim Handling

Accident MT/1034584

Policy No.	5082412276-02	Vehicle No.	PC3163M	GST Registration No.
Certificate No.				
Policyholder Name	JEAN-JERRY L TOURS & TRANSPORTATION SVS			Policyholder NRIC
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	15	Private Hire
<b>Accident Details</b>				
Report Date	05/03/2019 11:05	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/03/2019	Time of Accident hh:mm	09:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE			
<b>Excess</b>				
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	3,000.00	Outside Singapore TP Excess		
<b>Benefits</b>				
<b>GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
<b>Policyholder Mailing Address</b>				
Address 1	BLK 447A #06-366	Address 2	JALAN KAYU	Address 3
Address 4	SINGAPORE 791447	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5092230400-01	
<b>OI Driver Info</b>				
Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Modification History				

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	JEAN-JE
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	PC3163
Claim Description	PC3163M / SJP1402P ON 3 Mar 2019		
Preferred Workshop		Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	05/03/2019 15:28
		Workshop Repairer	
<input type="checkbox"/> Print AK letter			























## Attachment

Accident No.	MT/1034584	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/03/2019 15:25

Path *	Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
<input type="button" value="Message Read"/>	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2019 15:28	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2019 15:28	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 05 Mar 2019 15:26	SAS	Normal	SAS ;
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