

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA19024208

| | | | |
|------------------------|--|-----------------------|---------------|
| Date In: 14/1/19-12-43 | Job description | Date & Time Completed | Done by |
| Ref No: NA19024208 | SAS e-filing | | |
| Veh No: 1A96590 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 13/1/19-12-43 | i-Motor Claim Form | M/1035892-001 | 14/1/19 13:59 |
| 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: 1A96590 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| NA1901908 | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | 1st Bill | Add Bill |
| 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): | 9) N12: Idac Mobile | | |
| Auditors' Comments:- | *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 \$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 | 14/03/2019 12:43 |
| Date Of Accident | 13/03/2019 20:40 |
| Exact Location Of Accident | HOUGANG ST 92 TWDS HOUGANG AVE 9 |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SJA9699B |
| Insured/Policyholder | |
| Name Of Registered Owner | TAY WUI KIAT |
| NRIC No | S7421769I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96369630 |
| Alternative Phone No | OFFICE-96369630 |
| Vehicle Particulars | |
| Manufacturer | VOLKSWAGEN |
| Model | SCIROCCO 1.4L AT TSI 1372Q5 |
| 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 | 5099730869 |
| Cover Note Number | |
| Driver | |
| Name of Driver | TAY WUI KIAT (ZHENG WEIJIE) |
| NRIC No | S7421769I |
| Date Of Birth | 18/07/1974 |
| Occupation | INDOOR |
| Date Of Driving Pass | 14/02/1996 |
| Driving Experience | 23 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96369630 |
| Fax Number | |
| Contact Number | OFFICE-96369630 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | 12 HOUGANG STREET 92 #03-08 |
| Postcode | 538688 |
| 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 - CHANGE/CROSS LANE |
| 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? | YES |
| Remarks/ Reasons: | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SGQ9786J |
| 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 | TAY WUI KIAT (ZHENG WEIJIE) |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SJA9699B |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

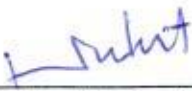
SKETCH PLAN

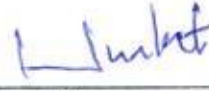
IMPORTANT NOTICE


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:

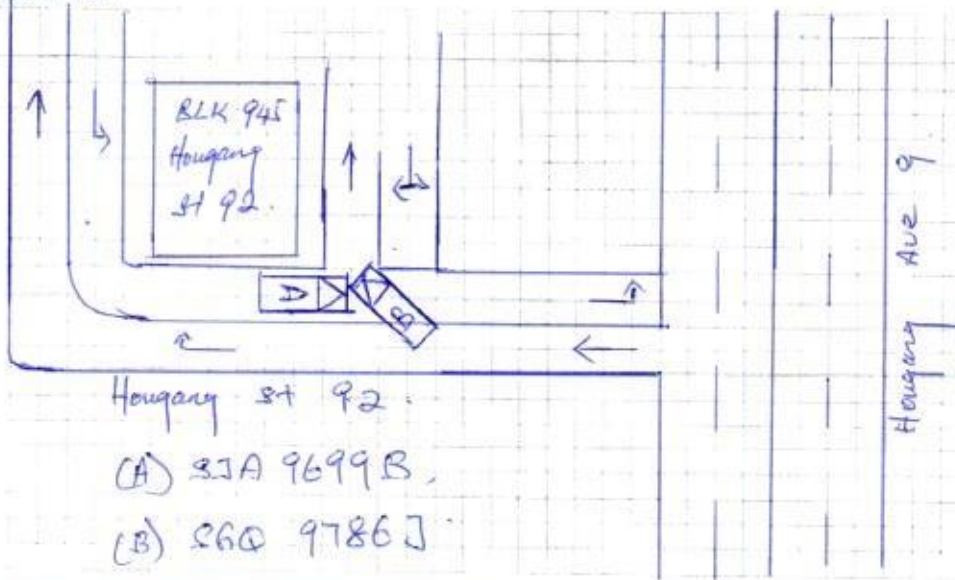
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/03/19 at @ 2040 hrs, I was travelling in my vehicle (3JA 9699B) along Hougang St 92 towards Hougang Ave 9 in front of BLK 945 going straight. Suddenly, a car (26Q 9786J) from opposite direction make a right turn without giving way and collided onto the front 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:


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

| | | | |
|-----------------------------------|---|----------------------------|----------------------------|
| Vehicle No. | SJA 9699B | Model / Make | Volkswagen Scirocco 1.4 |
| Date of Accident | 13 / 03 / 19 | | |
| Time of Accident | 20 40 HRS | | |
| Location of Accident | Hougang Street 92 towards Hougang Ave 9 | | |
| Exact purpose use during accident | Private Use | | |
| Name of Owner | TAY WUI KIAT | | |
| Telephone No. | H/P : 9636 9630 | Home : | Office : |
| NRIC | S7421769I | | |
| Address | 12, Hougang St 92 #03-28 (S) 538688 | | |
| Claim type | OD | THIRD PARTY REPORTING ONLY | |
| Insurance Company | NTUC | | |
| Type of Coverage | Comprehensive | Third Party | Third Party / Fire / Theft |
| Policy No. | 5099730869 | | |
| Name of Driver | As Above If No, | | |
| NRIC | Any Passengers : 0 | | |
| Date of birth | 18 / 07 / 1974 | | |
| Occupation | Outdoor | Indoor | |
| Driving License Pass Date | 14 / 02 / 1996 | | |
| Gender | Male / Female | | |
| Contact No. | H/P : | Home : | Office : |
| Address | | | |
| Driver have any own vehicle | No, | If yes, Reg No. | |
| Relationship | Employee, | If no, state Owner | |
| Weather condition | Clear | Raining | Other |
| Road Surface | Dry | Wet | Other |
| Any Injuries | No, | If Yes, Who? | |
| Name And Contact No. | Tay Wui Kiat (H/P: 9636 9630) | | |
| Name And Contact No. | | | |
| Police Report | No, | If Yes, Where? | |
| Vehicle B No. | SGQ 9786J | Any Passengers : | |
| Name of Driver | | 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 | Front Portion | | |
| Camera Recorder | Yes / No | | |
| Email Address | taywui5440@gmail.com | | |
| PARTICULAR WORKSHOP | N-51 | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | Hui Xian | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP Email ADDRESS | sales@n51.com.sg | | |

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S7421769I**

Name: **TAY WUI KIAT (ZHENG WEIJIE)**

Birth Date: **18 Jul 1974**

Issue Date: **26 Feb 2003**

000235047K



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7421769I



Name: **TAY WUI KIAT (ZHENG WEIJIE)**
 鄭 偉 覺
 Race: **CHINESE**
 Date of birth: **18-07-1974** Sex: **M**
 Country of birth: **SINGAPORE**

S7421769I


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

PASS DATE: **14 Feb 1996**

Licence No: **S7421769I**

NP 428A




4668170

NRIC No: **S7421769I**

Date of issue: **15-01-2011**

Address: **12 HOUGANG STREET 92#
 #03-08
 SINGAPORE 538688**

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: 5099730869

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJA9699B**
 Chassis Number : **WVWZZZ13ZCV040374**
2. Name of Policyholder : **TAY WUI KIAT**
3. Effective Date of Insurance : **09 Apr 2018**
4. Expiry Date of Insurance : **28 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) | : 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 | : TAY WUI KIAT (ZHENG WEIJIE) |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : HUI HUA 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 : HUI HUA CREDIT PTE LTD (00000571762)
 Date of Issue : 09 Apr 2018 14:26 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. | <input type="text"/> | Date of Accident | <input type="text" value="13/03/2019 20:40"/> |
| Vehicle No.(For Motor) | <input type="text" value="SJA9699B"/> | Certificate Number | <input type="text"/> |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-------------------|-------------------|---------|------------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5099730869 | | TAY WUT KIAT | S74217691 | GPC | drivo CLASSIC | SJA9699B | SJA9699B | 09/04/2018 | 28/08/2019 |

Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|------------------|----------------------------------|------------------|
| Policy No. | 5099730869 | Policyholder Name | TAY WUI KIAT | Policyholder NRIC | S74217691 |
| Certificate No. | | | | | |
| Address | 12 HOUGANG STREET 92 #03-08 REGENTVILLE SINGAPORE 538688 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 09/04/2018 | Effective Date | 09/04/2018 00:00 | Expiry Date | 28/08/2019 23:59 |
| Excess Type | | All Claims Excess | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | Young/Inexperience Driver Excess | |
| Agent | HUI HUA CREDIT PTE LTD | Agent Tel. | 64696611 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|----------------------|-----------------------|--------------------|-----------|------------------|
| Address 1 | 12 HOUGANG STREET 92 | Address 2 | #03-08 REGENTVILLE | Address 3 | SINGAPORE 538688 |
| Address 4 | | Address Type | Singapore address | Post Code | 538688 |
| Unit No. | | Related Policy Number | 5099730869 | | |

Insured Object: SJA9699B

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|-----------------------|----------------------------|---|
| 1 | 26/02/2019 00:00 | POI Extension/Shorten | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 09 Apr 2018 TO 28 Aug 2019 In view of this amendment, an additional premium of \$353.15 (inclusive of GST) is payable under your policy. |

Continue

Cancel

Claim Handling

Exit

Accident MT/1035892

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No. | 5099730869 | Vehicle No. | SIA96998 | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | TAY WUI KIAT | | | Policyholder NRIC | 574217691 |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 96369630 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| 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 | No |

Accident Details

| | | | | | |
|-------------------|----------------------------------|-------------------------------|-------|---------------------|---------------------------------|
| Report Date | 14/03/2019 13:58 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Change / Cross lane |
| Date of Accident | 13/03/2019 | Time of Accident hh:mm | 20:40 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | HOUGANG ST 92 TWO5 HOUGANG AVE 9 | | | | |

Excess

| | | | | | |
|-------------------------|--------|-----------------------------|--------|-------------------|--------|
| Own damage Excess | 500.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Uninsured Driver Excess | 0.00 | 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 | 12 HOUGANG STREET 92 | Address 2 | #03-08 REGENTVILLE | Address 3 | SINGAPORE 538688 |
| Address 4 | | Address Type | Singapore address | Post Code | 538688 |
| Unit No. | | Related Policy Number | 5099730869 | | |

DI Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------------------|
| Driver Name | TAY WUI KIAT (ZHENG WEDJIE) | Driver Type | Main Driver | Driver DOB | 18/07/1974 |
| Unnamed driver Name | | Driver NRIC | 574217691 | Driving Experience | 23 |
| Register Date of Driver License | 14/02/1996 | Driver Age | 44 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 96369630 | Contact No.(Office) | 0 | Address 3 | SINGAPORE 538688 |
| Address 1 | 12 HOUGANG STREET 92 | Address 2 | REGENTVILLE | Post Code | 538688 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 03-08 | | | | |
| 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 New

| | | | | | |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | TAY WUI KIAT | Insured NRIC | 574217691 |
| Contact No.(Mobile) | 96369630 | Contact No.(Home) | 96369630 | Contact No.(Office) | |
| Email Address | | OT Vehicle Number | SIA96998 | TP Vehicle Number | SGQ97861 |
| Claimant Type Claimant * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | SIA96998 / SGQ97861 ON 13 Mar 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 | 14/03/2019 13:59 | Claim Close Date | | Date Received | 14/03/2019 00:00 |
| Report Taken By | Jackson | | | | |

☒ Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1035892 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 14/03/2019 14:00 |

| Path * | Category * | Confidential | Urgency * | Description * |
|-----------------|---------------|--------------|-----------|---------------|
| Browse... Clear | Please Select | NO | Normal | |
| Browse... Clear | Please Select | NO | Normal | |
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Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) | Action |
|---|--|-----------------------|---------|---------------------------------|----------------|----------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2019 14:00 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-3-14 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2019 13:59 | SAS | Normal | SAS 2019-3-14 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2019 13:59 | Photos | Normal | Photos 2019-3-14 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2019 13:59 | Photos | Normal | Photos 2019-3-14 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2019 13:59 | Photos | Normal | Photos 2019-3-14 | | Edit |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2019 13:59 | Photos | Normal | Photos 2019-3-14 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2019 13:59 | Photos | Normal | Photos 2019-3-14 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 14 Mar 2019 13:59 | Photos | Normal | Photos 2019-3-14 | | 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"/> | | | | |