

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA119038890

Date In: 25/1/19- 15:24	Job description	Date & Time Completed	Done by
Ref No: NA/INC19005321/24	SAS e-filing		
Veh No: 604490C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 25/1/19- 11:15	i-Motor Claim Form	M/1037396-001	25/1/19 19:45
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: 50B3131C	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

NA 1905192	Invoice Preparation Checklist	Amt (\$) ft Bill	Amt (\$) 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):	QD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	25/03/2019 15:24
Date Of Accident	22/03/2019 11:15
Exact Location Of Accident	SIMS AVE EAST TWDS KEMBANGAN MRT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH490C
Insured/Policyholder	
Name Of Registered Owner	CTE AUTOMOBILE PTE LTD
Co Reg No	201604137Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE DX 3.0 M
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097955804
Cover Note Number	
Driver	
Name of Driver	NARAYANAN MURUGESAN
Passport No/FIN	G7859234L
Date Of Birth	23/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	14/06/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98115589
Fax Number	
Contact Number	OFFICE-98115589
Email Address	NOEMAIL

Address	53 UBI AVENUE 1 #01-56 PAYA UBI INDUSTRIAL PARK
Postcode	408934
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : - 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

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	SDB3131C
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)



## SKETCH PLAN

### IMPORTANT NOTICE

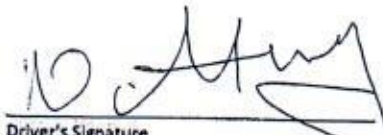
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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



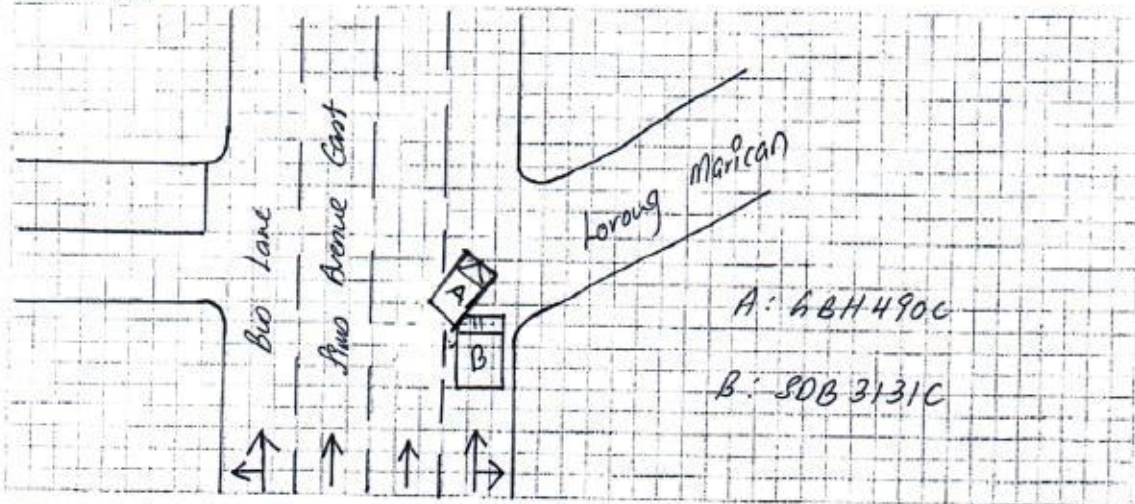
Policyholder's Signature  
Date & Time:

  
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

I was travelling straight along Awo Avenue East towards  
 Lambangari MRT. As I was making a right turn into  
 Lorong Marican, I misjudge that the lane I was travelling  
 in is not for right turning. This caused me to collided  
 with vehicle (B).

## 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.:



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## Accident details

Date and time of accident	Date: 22 Mar 2019 (DD/MM/YY) Time: 1115 (HH:MM)
Exact location of accident	Silo Avenue East towards Kembangan MCT before Kembangan Expressway Exit.

## Details of vehicle

Vehicle registration number	GBH 490C
Vehicle make and model	Toyota Hiace
Type of vehicle	Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input checked="" type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	Working
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input type="checkbox"/> Reporting only <input checked="" type="checkbox"/>

## Insurance information

Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

## Insured / Policy holder

Name	CTE Automobile Pte Ltd.	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	201604137Z	
Contact		
Address	1 Sunnew Road #08-44 Eco-Techview @ Sunnew S(627615)	

## Driver

Same as insured above ☐ (skip to D.O.B)

Name	Navayanan Murugesan	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	G7859234L	
Contact	9811 5589	
Address	53 Ubi Ave 1 #01-56 Maya Ubi Industrial Park S(408934)	
Email address		
Date of birth	23 Oct 1978	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	14 Jan 2017	

### General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	2 (Inclusive of driver)

#### Passenger 1

Name	_____
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 2

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 3

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 4

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 5

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 6

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Other information

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	_____



Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	80B 3131C
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

**Witness 1**

Name	
------	--

**Witness 2**

Name	
------	--

**Injured person 1**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Injured person 2**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Injured person 3**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Injured person 4**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**UNITED SG AUTOMOBILE PTE. LTD.**

Sector: **SERVICE**

Name  
**NARAYANAN MURUGESAN**  
Occupation  
**MECHANIC, AUTOMOBILE**

S Pass No.  
**D 33519400**

Date of Application  
**08-01-2018**  
Date of Issue  
**13-02-2018**  
Date of Expiry  
**13-02-2020**




**L8608625**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G7859234L**

Name  
**NARAYANAN MURUGESAN**

Birth Date: **23 Oct 1978**  
Issue Date: **24 Mar 2016**  
Valid Till: **24/03/2021**



**VISIT PASS**  
Immigration Regulations

Name  
**NARAYANAN MURUGESAN**



Date of Birth: **23-10-1978** Sex: **M** Nationality: **INDIAN**  
FIN: **G7859234L** Date of Issue: **13-02-2018** Date of Expiry: **13-02-2020**

**MULTIPLE JOURNEY VISA ISSUED**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

Class	Description	Expiry Date
Class 3	Motor cars < 2000 kg with < 7 passengers, excluding off the highway motor transport vehicles < 2500 kg	14 Jan 2017
Class 4	Heavy motor cars and motor tractors > 2500 kg	14 Jan 2017

**S / No. 9000270632**

**G7859234L**

**NP 428A**

 Licence No: G7859234L

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="22/03/2019 11:15"/>
Vehicle No. (For Motor)	<input type="text" value="GBH490C"/>	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"/>	5097955804		CTE AUTOMOBILE PTE LTD	201604137Z	GCV	Preferred Workshop Plan	GBH490C	GBH490C	06/02/2018	27/06/2019



## Policy Information

Policy No.	5097955804	Policyholder Name	CTE AUTOMOBILE PTE LTD		Policyholder NRIC	201604137Z
Certificate No.						
Address	1 SUNVIEW ROAD #08-44 ECO-TECH@SUNVIEW SINGAPORE 627615					
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan			Group Policy Flag	N
Policy issue Date	06/02/2018	Effective Date	06/02/2018 00:00		Expiry Date	27/06/2019 23:59
Excess Type		All Claims Excess				
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100	
Additional Excess		OS Premium	0			
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess	
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149		GST Flag	Y
Co-insurance Flag	No					
Open Policy Info						
Certificate Info						

## Policyholder Mailing Address

Address 1	1 SUNVIEW ROAD	Address 2	#08-44 ECO-TECH@SUNVIEW	Address 3	SINGAPORE 627615
Address 4		Address Type	Singapore address	Post Code	627615
Unit No.	08-44	Related Policy Number	5097378307-01		

## Insured Object: GBH490C

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	06/02/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 06 Feb 2018, the following amendment(s) is/are made to this policy: 1. ORIGINAL REGISTRATION DATE: 28 Dec 2017 2. VEHICLE REGISTRATION NUMBER: GBH490C</p> <p>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: 06 Feb 2018 TO 27 Jun 2019 In view of this amendment, an additional premium of \$533.77 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>
2	19/12/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	

Continue

Cancel

## Claim Handling

• Exit

Accident MT/1037396

Policy No.	5097955804	Vehicle No.	GBH490C	GST Registration No.	
Certificate No.					
Policyholder Name	CTE AUTOMOBILE PTE LTD.			Policyholder NRIC	201604137Z
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	11
KIX	<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	25/03/2019 19:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	22/03/2019	Time of Accident (h:mm)	11:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIMS AVE EAST TWOS KEMBANGAN MRT				

**Excess**

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

**Benefits**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	01/09/2016
GST Registration No.	201604137Z	GST Status Verified	Yes

Modification History  
 25/03/2019 19:44:59 System changed GST Registered from No to Yes  
 25/03/2019 19:44:59 System changed GST Registration No. from null to 201604137Z  
 25/03/2019 19:44:59 System changed GST Registration Date from null to 01/09/2016

**Policyholder Mailing Address**

Address 1	1 SUNVIEW ROAD	Address 2	#08-44 ECD-TECH@SUNVIEW	Address 3	SINGAPORE 627615
Address 4		Address Type	Singapore address	Post Code	627615
Unit No.	08-44	Related Policy Number	5097378307-01		

**01 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	23/10/1978
Unnamed driver Name	NARAYANAN MURUGESAN	Driver NRIC	G7859234L	Driving Experience	1
Register Date of Driver License	14/06/2017	Driver Age	40	Contact No.(Home)	0
Contact No.(Mobile)	98115589	Contact No.(Office)	0	Address 3	SINGAPORE 408934
Address 1	53 UBI AVENUE 1	Address 2	PAYA UBI INDUSTRIAL PARK	Post Code	408934
Address 4		Address Type	Singapore address		
Unit No.	01-55				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-HX	Insured Name	CTE AUTOMOBILE PTE LTD	Insured NRIC	201604137Z
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	++
Email Address		Of Vehicle Number	GBH490C	TP Vehicle Number	SOB3131C
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBH490C / SOB3131C ON 22 Mar 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/03/2019 19:45	Claim Close Date		Date Received	25/03/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1037396	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/03/2019 19:46

Path *	Category *	Confidential	Urgency *	Description *
Browse...	Clear Please Select	NO	Normal	
Browse...	Clear Please Select	NO	Normal	
Browse...	Clear Please Select	NO	Normal	
Browse...	Clear Please Select	NO	Normal	



Browse...

Clear

Please Select

110

Normal

Browse...

Clear

Please Select

110

Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Mar 2019 19:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Mar 2019 19:46	SAS	Normal	SAS 2019-3-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Mar 2019 19:45	Photos	Normal	Photos 2019-3-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Mar 2019 19:45	Photos	Normal	Photos 2019-3-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Mar 2019 19:45	Photos	Normal	Photos 2019-3-25		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Mar 2019 19:45	Photos	Normal	Photos 2019-3-25		<a href="#">Edit</a>
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Video List

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