

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In 26/03/2019 10:51
Ref No NA/INC19005343/KY
Ch No YN6665Y
DOA 25/03/2019 07:45
TP Reporting Only

Job description Date & Time Completed Done by
SAS e-filing
E-mail (within 8hrs, AIC 2hrs)
I-Motor Claim Form MT/1037617-001 27/3/19 1000
I-Motor W/O (Within: O/D 2hrs, TP 4hrs)
I-Photo Uploaded
Assessment/Survey Report
Ass't Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Vch No: SLN 8858Z INC () / Non-INC ()
Owner / Driver: () Tel: () Fax: ()

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: Customers 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)

| Remarks | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

NA1902212

| Claimant's Particulars: | Invoice Preparation Checklist | Am't (\$) In Bill | Am't (\$) Add. Bill |
|------------------------------|---|----------------------|------------------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$50) | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | |
| Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Notes/Comments: | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | Q1* | | |
| | *N5: Courtesy Car / Tpl 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: Idao Mobile \$0 | | |
| | Invoice dated | Fee Charged | NA1902212 |

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 | 26/03/2019 10:51 |
| Date Of Accident | 25/03/2019 07:45 |
| Exact Location Of Accident | PIE TWDS TUAS ROAD |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | YN6665Y |
| Insured/Policyholder | |
| Name Of Registered Owner | MAXCON BUILDERS PTE LTD |
| Co Reg No | 200506264D |
| Email Address | MAXCON.BUILDESS@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-84552663 |
| Alternative Phone No | OFFICE-84552663 |
| Vehicle Particulars | |
| Manufacturer | ISUZU |
| Model | NMR85UH5A |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | 5104925185 |
| Cover Note Number | |
| Driver | |
| Name of Driver | VAIRAMUTHU RADHAKRISHNAN |
| Passport No/FIN | G8453143Q |
| Date Of Birth | 14/07/1987 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/03/2015 |
| Driving Experience | 4 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84552663 |
| Fax Number | |
| Contact Number | OTHERS-84552663 |
| EMail Address | MAXCON.BUILDESS@GMAIL.COM |

| | |
|---|-------------------------|
| Address | MAXCON BUILDERS PTE LTD |
| Postcode | |
| 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 | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | 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? | 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? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|------------------|
| Vehicle Registration Number | SLN8858Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | FOONG KWONG FATT |
| NRIC/Passport Number | S1554797I |
| Contact Number | 97888428 |
| 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.

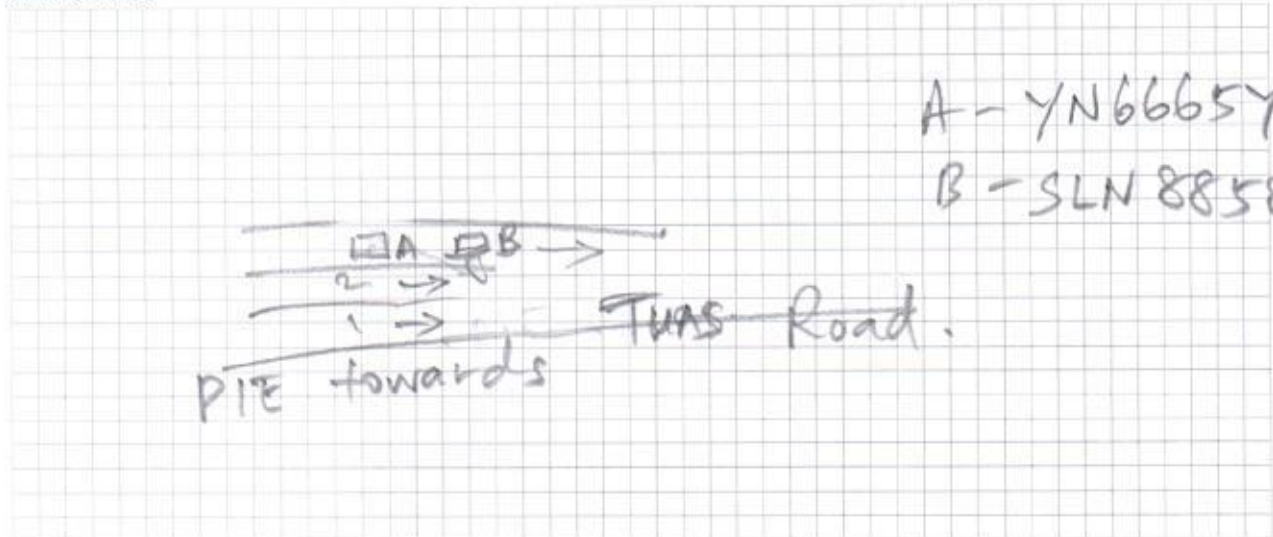


Policyholder's Signature
Date & Time:

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

Pls Refer to the Attached

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.:

On 25 March 2019 at about 7.45am, I was driving along
PIE to Ward Teas Road

My lorry vehicle number : YN 6665 Y - Isuzu NMR85UH5A, The
traffic was heavy, I was travelling on the middle lane,
Suddenly on Nissan SLN8858Z turning left and stop suddenly,
I could not make it to stop, and my left mirror knock onto
the other vehicle right side signal light and broken a small
hole, my lorry was not damage and this report only.
No repair of lorry require. both vehicle no injury.

Reported on 26/3/2019
@ 1025 AM.

ACCIDENT STATEMENT

ACCIDENT DATE: (25/3/2019) (DD/MM/YYYY), TIME: (07:45 AM) (HH:MM)

LOCATION: PIE towards Tuas Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN6665Y
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: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 84552063
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15/3/2015 ✓

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: SLN8858Z MODEL: _____
b) DRIVER'S NAME: FOONG KWONG FATT
c) NRIC/FIN/PASSPORT: S1554797I CONTACT: 97888428

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

waiting for vehicle photos?

Email = Maxcon.Bulldress@gmail.com ✓

fax =

VIDEO =

* Driver don't have the back part of DL ?
only front part ✓

* some photos
taken from
Driver HP

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

no need to read. This poster contains 36 pages.

28/05/2027

P<INDVAIRAMUTHU<<RADHAKRISHNAN<<<<<<<<<<<<<<
R0991687<7IND8707143M2705284<<<<<<<<<<<<<<4

Blank lines for text entry.

பெயர் / OBSERVATION

Blank lines for text entry.

பெயர் / MISCELLANEOUS SERVICE

பெயர் / பெயர் / பெயர் / Name of Father / Legal Guardian

VAIRAMUTHU

பெயர் / பெயர் / பெயர் / Name of Mother

POOMAYIL

பெயர் / பெயர் / பெயர் / Name of Spouse

பெயர் / Address

104 B, VASANTHANI

PAVANAKKOTTAI-POST, SIVAGANGA

PIN: 630611, TAMIL NADU, INDIA

பெயர் / பெயர் / பெயர் / பெயர் / Old Passport No. with Date and Place of Issue

M0535587

26/08/2014

SINGAPORE

பெயர் / பெயர் / பெயர் / பெயர் / Old Passport No. with Date and Place of Issue

MD1070218599117



R0991687

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G84531430**


Name: **VAIRAMUTHU RADHAKRISHNAN**

Birth Date: **14 Jul 1987**

Issue Date: **16 Mar 2015**

Valid Till: **15 Mar 2020**

002405837J



2/ Back Part of DL Driver told
do not have ?
OK

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 : 5104925185

Cover : Comprehensive

- | | |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : YN6665Y |
| Chassis Number | : JAANMR85HE7101977 |
| 2. Name of Policyholder | : MAXCON BUILDERS PTE LTD |
| 3. Effective Date of Insurance | : 30 Oct 2018 |
| 4. Expiry Date of Insurance | : 29 Oct 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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 |
| INSURE WITH COE | : YES |
| 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 : 29 Oct 2018 16:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



ABWIN PTE LTD
 8 Kaki Bukit Road 2 #01-33
 Ruby Warehouse Complex
 Singapore 417841

Tel: 6842 3332 Fax: 6842 3301 (Admin Office)

Countersigned By:

Authorised Officer



Chief Executive

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="25/03/2019 07:45"/> |
| Vehicle No.(For Motor) | <input type="text" value="YN6665Y"/> | 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="radio"/> | 5104925185 | | MAXCON BUILDERS PTE LTD | 200506264D | GCV | Comprehensive | YN6665Y | YN6665Y | 30/10/2018 | 29/10/2019 |

▼ Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|-------------------------|-------------------|------------------|
| Policy No. | 5104925185 | Policyholder Name | MAXCON BUILDERS PTE LTD | Policyholder NRIC | 200506264D |
| Certificate No. | | | | | |
| Address | 45 KALLANG PUDDING ROAD #10-09 ALPHA BUILDING SINGAPORE 349317 | | | | |
| Product Name | COMMERCIAL VEHICLE INSURANCE Plan | | | Group Policy Flag | N |
| Policy issue Date | 29/10/2018 | Effective Date | 30/10/2018 00:00 | Expiry Date | 29/10/2019 23:59 |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | | OS Premium | 0 | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | | |
| Agent | ABWIN PTE LTD | Agent Tel. | 68423301 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-------------------------|-----------------------|-----------------------|-----------|------------------|
| Address 1 | 45 KALLANG PUDDING ROAD | Address 2 | #10-09 ALPHA BUILDING | Address 3 | SINGAPORE 349317 |
| Address 4 | | Address Type | Singapore address | Post Code | 349317 |
| Unit No. | | Related Policy Number | 5104925185 | | |

▶ Insured Object: YN6665Y

▼ Endorsements

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

Continue

Cancel

Claim Handling

Accident MT/1037617

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5104925185 | Vehicle No. | YN6665Y | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | MAXCON BUILDERS PTE LTD | | | Policyholder NRIC |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Comprehensive | Loading |
| Contact No.(Mobile) | 84552663 | 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(%) | 10 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|--------------------|-------------------------------|-------|---------------------|
| Report Date | 27/03/2019 09:56 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 25/03/2019 | Time of Accident hh:mm | 07:45 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | PIE TWDS TUAS ROAD | | | |

▼ Excess

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

▼ Benefits

▼ GST Registered Information

| | | | |
|----------------------|---|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | 27/03/2019 09:59:05 System changed GST Status Verified from No to Yes | | |

▼ Policyholder Mailing Address

| | | | | |
|-----------|-------------------------|-----------------------|-----------------------|-----------|
| Address 1 | 45 KALLANG PUDDING ROAD | Address 2 | #10-09 ALPHA BUILDING | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5104925185 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|-------------------|--------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | |
| Unnamed driver Name | VAIRAMUTHU RADHAKRISHNAN | Driver NRIC | G8453143Q | Driver DOB |
| Register Date of Driver License | 15/03/2015 | Driver Age | 31 | Driving Experience |
| Contact No.(Mobile) | 84552663 | Contact No.(Office) | 0 | Contact No.(Home) |
| Address 1 | MAXCON BUILDERS PTE LTD | Address 2 | | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | | | |
| 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 *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Repair No.

Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX

Insured Name

MAXCO

Contact No.

NIL

(Home)

OI

Vehicle Number

YN6665

YN6665Y / SLN8858Z ON 25 Mar 2019

Insured Liability

Partially at Fault

Preferred Workshop, Name unknown

GIA report

Received

27/03/2019 10:04

Claim Close Date

Workshop Repairer

Save

Submit

Attachment



Accident No. MT/1037617 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 27/03/2019 10:00

Path *

Category *

Confidential

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

Clear

Please Select ▼

NO

Clear

Please Select ▼

NO

Clear

Please Select ▼

NO

Clear

Please Select ▼

NO

Clear

Please Select ▼

NO

Clear

Please Select ▼

NO

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Des |
|------------|--|-----------------------|---------|-----------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 10:04 | NRIC/ Driving License | Normal | NRIC/ Driving I |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 10:04 | NRIC/ Driving License | Normal | NRIC/ Driving I |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 10:04 | NRIC/ Driving License | Normal | NRIC/ Driving I |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 10:02 | SAS | Normal | SAS 2 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 10:02 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 10:02 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 10:01 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 10:01 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Mar 2019 10:01 | Photos | Normal | Photos |
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