

NATIONAL Assessment Centre Services [ver 1 Jan 2005]

Date In: 28/03/2019 17:45  
 Ref No: NA/INC19005580/K4  
 Vch No: SJD 4008M  
 Date: 28/03/2019 09:10  
 TP: Reporting Only  
 TP Insurer:   
 Job description: SAS e-filing  
 Date & Time Completed: MT/1037917-001 29/3/19 10:17  
 Done by:   
 E-mail (within 8hrs, AIC 2hrs)  
 i-Motor Claim Form  
 i-Motor W/O (within: OD 2hrs, TP 4hrs)  
 i-Photo Uploaded  
 Assessment/Survey Report  
 Ass't Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: ( )  
 Tel: ( ) Fax: ( )  
 TP Particulars: Vch No: SGQ 9808E 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)  
 1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
 2) QC Check / Post Repair Inspection ( )  
 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| Claimant's Particulars:      | Invoice Preparation Checklist                   |             | Am't (\$) | Am't (\$) |
|------------------------------|---|-------------|-----------|-----------|
|                              |   |             | Est. Bill | Add. Bill |
| Driver/Owner:                | 1) AR: Accident Reporting (\$30);               |             |           |           |
| Contact No:                  | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |           |           |
| Damaged Portion:             | 3) TP: Towing Fee \$40/\$45                     |             |           |           |
| Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |             |           |           |
| Additional Comments:         | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |           |           |
|                              | Foreclaiming against INC Only (wef 10 Jan 2005) |             |           |           |
|                              | 6) TR: Re-inspection \$75                       |             |           |           |
|                              | 7) NI: Idao DA + SMRT Survey \$160              |             |           |           |
|                              | 8) NTUC Additional Services:-                   |             |           |           |
|                              | 0) *  |             |           |           |
|                              | *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: Idao Mobile \$0                         |             |           |           |
|                              | 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 willful 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             | 28/03/2019 17:45                                   |
| Date Of Accident           | 28/03/2019 09:10                                   |
| Exact Location Of Accident | BLK 203 HOUGANG ST 21 ( KOVAN( MKT & FOOD CENTRE ) |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |   |
|-----------------------------|---|
| Vehicle Registration Number | SJD4008M                                |
| <b>Insured/Policyholder</b> |   |
| Name Of Registered Owner    | LIM WEE LEI RAYMOND (LIN WEILI RAYMOND) |
| NRIC No                     | S7139743B                               |
| Email Address               | NOEMAIL                                 |
| Mobile Phone No             | (LOCAL) +65-90997843                    |
| Alternative Phone No        | OTHERS-90997843                         |

### Vehicle Particulars

|  |                           |
|--|---------------------------|
| Manufacturer   | SUBARU                    |
| Model  | FORESTER 2.0XT CVT AWD SR |
| 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             | 5092729948-01                          |
| Cover Note Number         |  |

### Driver

|                      |   |
|----------------------|---|
| Name of Driver       | LIM WEE LEI RAYMOND (LIN WEILI RAYMOND) |
| NRIC No              | S7139743B                               |
| Date Of Birth        | 20/11/1971                              |
| Occupation           | INDOOR                                  |
| Date Of Driving Pass | 20/03/2002                              |
| Driving Experience   | 17 YEARS AND 0 MONTHS                   |
| Gender               | MALE                                    |
| Mobile Number        | (LOCAL) +65-90997843                    |
| Fax Number           |   |
| Contact Number       | OTHERS-90997843                         |
| E-Mail Address       | NOEMAIL                                 |

|   |                                |
|---|--------------------------------|
| Address   | BLK 7 LORONG HOW SUN<br>#11-42 |
| Postcode  | 536564                         |
| 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 - 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?   | YES    |
| Remarks/ Reasons:                             | REVERT |
| Was there any audio recorded?                 | NO     |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SGQ9808E    |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      | NG WEI LIP  |
| NRIC/Passport Number                | S1745060C   |
| Contact Number                      | 90285799    |
| 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.

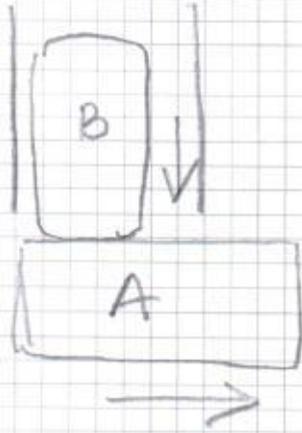
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**

KOVAN (Mkt & Food Centre)  
 BIK 203  
 Hougang St. 21



A - SJD 4008M  
 B - SGQ9808E

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Vehicle A was driving out of the car @ BIK 203, Hougang St. 21 (KOVAN Market & Food Centre) when vehicle B which was parked head-in suddenly reversed and hit my rear left-hand side door at 0.10 am (MAR. 28<sup>th</sup>, 2010) as vehicle A drove past/by.

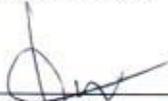
The damage to the rear left-hand side of the vehicle A was bad as indicated on the pictures taken at the site of accident and particulars were exchanged on site thereafter.

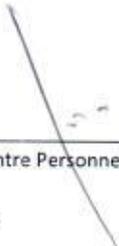
Vehicle B driven acknowledged that he was not checking before he reversed the car and so asked me to claim his insurance if private settlement cannot be reached.

**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.:

28/3/2019

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S7139743B**



Name  
**LIM WEE LEI RAYMOND  
(LIN WEILI RAYMOND)**

Race  
**CHINESE**

Date of birth  
**20-11-1971**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**




REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait photo

Licence Number **S7139743B**  
Name  
**LIM WEE LEI RAYMOND  
(LIN WEILI RAYMOND)**

Birth Date **20 Nov 1971**  
Issue Date **25 Mar 2010**

Barcode: 001841723A

5538017

Barcode

NRIC No. **S7139743B**

Portrait photo

Date of issue  
**18-11-2015**

**BLK 7 LORONG HOW SUN #11-42  
SINGAPORE 536564**

NRIC No: **S7139743B**      Date: **23/12/2015**

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

CLASS      PASS DATE

**Class 3      Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg      20 Mar 2002**

NP 423A

Barcode: Licence No: S7139743B

## 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)

|   |   |
|---|---|
| <b>Certificate Number:</b> 5092729948-01  | <b>Cover :</b> drivo PREMIUM              |
| 1. Index mark and Registration Number of Vehicle  | : <b>SJD4008M</b>                         |
| Chassis Number  | : JF1SJK85FG053555                        |
| 2. Name of Policyholder   | : LIM WEE LEI RAYMOND (LIN WEILI RAYMOND) |
| 3. Effective Date of Insurance  | : 14 Aug 2018                             |
| 4. Expiry Date of Insurance   | : 13 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)                   | : N/A   |
| 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 | : YES   |
| INSURE WITH COE                      | : YES   |
| NCD PROTECTION                       | : YES (FREE)                                      |
| TRANSPORT ALLOWANCE                  | : YES   |
| EXCESS WAIVER                        | : YES   |
| PRIMARY DRIVER                       | : LIM WEE LEI RAYMOND                             |
| NAMED DRIVER (1)                     | : SUMIATI SELAMAT                                 |
| NAMED DRIVER (2)                     | : N/A   |
| HIRE PURCHASE COMPANY                | : N/A   |
| 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)

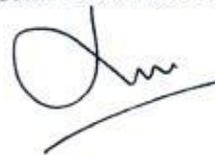
Agency : LOO KAY SIONG (00000580417)  
 Date of Issue : 27 Jul 2018 11:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



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="28/03/2019 09:10"/> |
| Vehicle No.(For Motor) | <input type="text" value="SJD4008M"/> | Certificate Number | <input type="text"/>                          |

Search

| Select                | Policy No.    | Certificate Number | Policyholder Name                                | Policyholder NRIC | Product | Cover Type       | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|--|-------------------|---------|------------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5092729948-01 |                    | LIM WEE LEI<br>RAYMOND<br>(LIN WEILI<br>RAYMOND) | S7139743B         | GPC     | drivo<br>PREMIUM | SJD4008M    | SJD4008M       | 14/08/2018    | 13/08/2019  |

Continue

▼ **Policy Information**

|                             |   |                             |                             |                   |                  |
|-----------------------------|---|-----------------------------|-----------------------------|-------------------|------------------|
| Policy No.                  | 5092729948-01   | Policyholder Name           | LIM WEE LEI RAYMOND (LIN WE | Policyholder NRIC | S7139743B        |
| Certificate No.             |   |                             |                             |                   |                  |
| Address                     | 7 LORONG HOW SUN #11-42 BARTLEY RESIDENCES SINGAPORE 536564 |                             |                             |                   |                  |
| Product Name                | PRIVATE CAR INSURANCE                                       | Plan                        |                             | Group Policy Flag | N                |
| Policy Issue Date           | 27/07/2018  | Effective Date              | 14/08/2018 00:00            | Expiry Date       | 13/08/2019 23:59 |
| Third Party Excess          | 0   | Own damage Excess           | 0.0                         | Windscreen Excess | 100              |
| Additional Excess           | 0   | OS Premium                  | 0                           |                   |                  |
| Outside Singapore OD Excess | 0.0   | Outside Singapore TP Excess | 0                           |                   |                  |
| Agent                       | LOO KAY SIONG   | Agent Tel.                  | 63379066                    | GST Flag          | Y                |
| Co-insurance Flag           | No  |                             |                             |                   |                  |
| Open Policy Info            |   |                             |                             |                   |                  |
| Certificate Info            |   |                             |                             |                   |                  |

▼ **Policyholder Mailing Address**

|           |                  |                       |                           |           |                  |
|-----------|------------------|-----------------------|---------------------------|-----------|------------------|
| Address 1 | 7 LORONG HOW SUN | Address 2             | #11-42 BARTLEY RESIDENCES | Address 3 | SINGAPORE 536564 |
| Address 4 |                  | Address Type          | Singapore address         | Post Code | 536564           |
| Unit No.  |                  | Related Policy Number | 5092729948-01             |           |                  |

▶ **Insured Object: SJD4008M**

▼ **Endorsements**

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

**Claim Handling**

Accident MT/1037917

|                     |   |                     |   |                      |
|---------------------|---|---------------------|---|----------------------|
| Policy No.          | 5092729948-01   | Vehicle No.         | SJD4008M  | GST Registration No. |
| Certificate No.     |   |                     |   |                      |
| Policyholder Name   | LIM WEE LEI RAYMOND (LIM WEILI RAYMOND)                       |                     |   | Policyholder NRIC    |
| Product Code        | PRIVATE CAR INSURANCE   | Cover Type          | drive PREMIUM   | Loading              |
| Contact No.(Mobile) | SJD4008M  | 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      | Yes   | NCD Entitlement(%)  | 50  | Private Hire         |

▼ **Accident Details**

|                   |  |                               |       |                     |
|-------------------|--|-------------------------------|-------|---------------------|
| Report Date       | 29/03/2019 10:10                                   | Accident Report Within 24 hrs | Yes   | Accident Type       |
| Date of Accident  | 28/03/2019   | Time of Accident hh:mm        | 09:10 | Country of Accident |
| Reporting Centre  |  | Orange Force                  |       | ICM No.             |
| Accident Location | BLK 203 HOUGANG ST 21 ( KOVAN( MKT & FOOD CENTRE ) |                               |       |                     |

▼ **Excess**

|                       |      |                             |      |                   |
|-----------------------|------|-----------------------------|------|-------------------|
| Own damage Excess     | 0.00 | Additional Excess           | 0    | Windscreen Excess |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 0.00 |                   |
| Third Party Excess    | 0.00 | Outside Singapore TP Excess | 0.00 |                   |

▼ **Benefits**

|                     |  |             |  |
|---------------------|--|-------------|--|
| Coverage            |  | Sum Insured |  |
| Transport Allowance |  | 99999999.99 |  |
| Excess Waiver       |  | 99999999.99 |  |

▼ **GST Registered Information**

|                      |    |                       |     |
|----------------------|----|-----------------------|-----|
| GST Registered       | No | GST Registration Date |     |
| GST Registration No. |    | GST Status Verified   | Yes |
| Modification History |    |                       |     |

▼ **Policyholder Mailing Address**

|           |                  |                       |                           |           |
|-----------|------------------|-----------------------|---------------------------|-----------|
| Address 1 | 7 LORONG HOW SUN | Address 2             | #11-42 BARTLEY RESIDENCES | Address 3 |
| Address 4 |                  | Address Type          | Singapore address         | Post Code |
| Unit No.  |                  | Related Policy Number | 5092729948-01             |           |

▼ **OI Driver Info**

|   |   |                     |                     |
|---|---|---------------------|---------------------|
| Driver Name                             | Lim Wee Lei Raymond   | Driver Type         | Main Driver         |
| Unnamed driver Name                     |   | Driver NRIC         | S7139743B           |
| Register Date of Driver License         | 20/03/2002  | Driver Age          | 47                  |
| Contact No.(Mobile)                     | 90997843  | Contact No.(Office) | 0                   |
| Address 1                               | BLK 7   | Address 2           | LORONG HOW SUN      |
| Address 4                               |   | Address Type        | Singapore address   |
| Unit No.                                | 311-42  |                     |                     |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                     |
|   |   |                     | Driver Insurer Com. |

Declaration

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

Modification History

Claim 001 OD-MX **New**

|                     |                                   |                                  |            |
|---------------------|-----------------------------------|----------------------------------|------------|
| Claim Type *        | OD-MX                             | Insured Name                     | LIM WE     |
| Contact No.(Mobile) | 90997843                          | Contact No. (Home)               | 644206     |
| Email Address       | raymond_lim2@merck.com            | OI Vehicle Number                | SJD400     |
| Claim Description   | SJD4008M / SQ9808E ON 28 Mar 2019 |                                  |            |
| Preferred Workshop  | Insured Liability                 | Not at Fault                     |            |
| Repair Option       | Preferred                         | Preferred Workshop, Name unknown | GIA report |
| Date Registered     | 29/03/2019 10:17                  | Claim Close Date                 |            |

Report Taken By

Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No. MT/1037917 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 29/03/2019 10:15

- No file chosen
- 

| Path *                               | Category *    | Confidential |
|--------------------------------------|---------------|--------------|
| <input type="button" value="Clear"/> | Please Select | NO           |
| <input type="button" value="Clear"/> | Please Select | NO           |
| <input type="button" value="Clear"/> | Please Select | NO           |
| <input type="button" value="Clear"/> | Please Select | NO           |
| <input type="button" value="Clear"/> | Please Select | NO           |
| <input type="button" value="Clear"/> | Please Select | NO           |
| <input type="button" value="Clear"/> | Please Select | NO           |

Attachment List

| Attachment | Uploaded By/Date   | Category              | Urgency | Des             |
|------------|--|-----------------------|---------|-----------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2019 10:17 | NRIC/ Driving License | Normal  | NRIC/ Driving I |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2019 10:16 | SAS                   | Normal  | SAS 2           |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2019 10:15 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2019 10:15 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2019 10:15 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2019 10:15 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2019 10:15 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2019 10:15 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2019 10:15 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2019 10:15 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2019 10:15 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2019 10:15 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2019 10:14 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2019 10:14 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2019 10:14 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2019 10:14 | Photos                | Normal  | Photos          |