

NATIONAL Assessment Centre Services. part 1 Jan 2003. MNA 119042183.

Date In: 11/4/19 16:07	Job description	Date & Time Completed	Done by
Ref No: NA/ INC 19005732/64	SAS e-filing		
Veh No: SJC 92453	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 3013/19 09:30	I-Motor Claim Form	MT/1038339-001	11/4/19 17:59
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLV 8977X	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: ( )

Reminders: (INC Hotline: 6788 6016)

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

2) QC Check / Post Repair Inspection ( )

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

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

Date/Time	Action

MNA 1902329		Invoice Information Client	Amo (\$)	Payable (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) PT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (over 10 Jan 2003)			
	6) TR: Re-inspection \$75			
	7) NI: Idan DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	* N5: Courtesy Car / Tpt Allowance \$5			
	* N6: Repair Coordination \$10			
	* N7: Post Repair Inspection \$25			
	* N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (vs INC) against INC \$20			
	9) N12: Idan Mobile 30			
	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	01/04/2019 16:07
Date Of Accident	30/03/2019 09:30
Exact Location Of Accident	JURONG CANAL DR TWDS JURONG EAST AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJC9245S
Insured/Policyholder	
Name Of Registered Owner	KOMATHY D/O KUPPUSAMY
NRIC No	S7833485A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91712091
Alternative Phone No	OFFICE-91712091
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	5035257530-10
Cover Note Number	-
Driver	
Name of Driver	KOMATHY D/O KUPPUSAMY
NRIC No	S7833485A
Date Of Birth	09/11/1978
Occupation	INDOOR
Date Of Driving Pass	15/03/2000
Driving Experience	19 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91712091
Fax Number	
Contact Number	OFFICE-91712091
Email Address	NOEMAIL

Address	BLK 23 MARSILING DR #11-155
Postcode	730023
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 - MAJOR/MINOR RD
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV8977X
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLF5042Y  
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 KOMATHY D/O KUPPUSAMY  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJC9245S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
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:

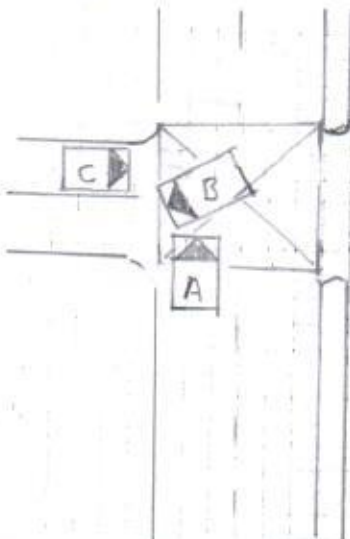
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



A = SJC 92455  
B = SLV 8477X  
C = SLF 5042Y

Jurong Canal Dr twof's Jurong  
East Ave 1

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (30/3/19) (DD/MM/YYYY), TIME: (09:30) (HH:MM)

LOCATION: Jurong Canal Dr tuds Jurong East Ave 1 outside Yoh Building

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJC 92455  
 b) INSURANCE COMPANY: Iuc  
 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: Private Use  
 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: Komathy O/o Kuppusamy (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 91712091  
 c) ADDRESS:

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

## DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS drizzling)  
 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: Traffic Police.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLY 8977X MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLF 5042Y MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (including driver)  
 (1)

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

waiting car

Email = Suheng @ gmail.com

fax =

VIDEO = Yes.



# SINGAPORE POLICE FORCE



T/20190330/2117

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20190330/2117

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/03/2019 16:28		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KOMATHY D/O KUPPUSAMY			Address: APT BLK 23 MARSILING DRIVE #11-155 SINGAPORE 730023		
ID Type / ID No.: NRIC NO / S7833485A			Contact No.: Home/Office: Mobile: 91712091		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 40	Date of Birth: 09/11/1978	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: TEACHER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/03/2019 09:30	Type of Location:
Location: Along Road 1 JURONG CANAL DRIVE JURONG EAST AVENUE 1 OUTSIDE YO:HA BUILDING				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJC9245S	Car	HONDA	CIVIC 1.8L A	Black	Seriously Damaged	0
SLF5042Y	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT			0
SLV8977X	Car	HONDA	JAZZ 1.3 CVT			0





**SINGAPORE  
POLICE FORCE**



T/20190330/2117

2 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190330/2117

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJC9245S	NTUC Income Insurance Co-Operative Limited	5035257530-10	04/03/2019	03/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KOMATHY D/O KUPPUSAMY		ID No.	S7833485A
Related Vehicle	SJC9245S (Car)		Contact No.	91712091
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/03/2019		Date Discharge	30/03/2019
No. of Days granted Medical Leave		05	Degree of Injury	NIL
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SLF5042Y (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SLV8977X (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL



**SINGAPORE  
POLICE FORCE**



T/20190330/2117

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20190330/2117

**CONTINUATION OF REPORT**

**Brief Details.**

ON STATED TIME, DATE AND LOCATION,  
I WAS TRAVELLING ALONG PIE (TUAS) AND EXIT INTO JURONG CANAL DR. I WAS TRAVELLING ON THE LEFT LANE OUT OF TWO-LANE TRAFFIC. I NOTICED THAT THERE WAS AN UNKNOWN M/VAN THAT WAS ON THE RIGHT LANE. THE SAID M/VAN WAS MOVING SLOWLY AND AT THE SAME TIME, I NOTICED THAT THE TRAFFIC LIGHT AT THE JUNCTION AHEAD WAS JUST TURN TO GREEN. AS I WAS APPROACHING THE ENTRANCE OF YOHA BUIDLING, THE ROAD IN FRONT OF ME WAS CLEAR. I CONTINUED TO PROCEED STRAIGHT WHEN SUDDENLY A M/CAR SLV8977X CAME FROM MY RIGHT AND ENCROACHED INTO MY PATH. IT WAS SO CLOSED THAT I APPLIED JAM BRAKE BUT SINCE THE ROAD WAS WET, I COULD NOT STOP IN TIME AND COLLIDED ONTO THE SAID M/CAR. I WAS CONSCIOUS AND SUSTAINED INJURIES. SUBSEQUENLTLY AMBULANCE CAME AND I WAS CONVEYED TO NTFGH. I WAS TREATED AS AN OUTPATIENT AND WAS GIVEN 5 DAYS MEDICAL LEAVE





**SINGAPORE  
POLICE FORCE**



T/20190330/2117

4 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190330/2117

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
TP /  
AHMAD JALALUDDIN BIN AHMAD

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

Contact No.:

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
30/03/2019 16:28

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7833485A



Name  
**KOMATHY D/O KUPPUSAMY**

செந்தி  
Race  
**INDIAN**

Date of birth  
**09-11-1978**

Sex  
**F**

Country of birth  
**SINGAPORE**




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7833485A

Name:  
**KOMATHY DO KUPPUSAMY**

Birth Date: 09 Nov 1978

Issue Date: 07 Mar 2003




4306597



NPIC No: S7833485A



Date of issue  
**13-11-2008**

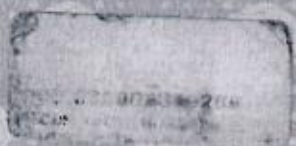
APT BLK 23 MARSILING DRIVE #11-155  
SINGAPORE 730023

NPIC No: S7833485A Date: 07/05/2010 No: 6480166

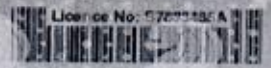
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
**15 Mar 2000**



Licence No: S7833485A



NP 420



Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5035257530-10		KOMATHY D/O KUPPUSAMY	S7833485A	GPC	drive PREMIUM	SJC92455	SJC92455	04/03/2019	03/03/2020

## Claim Handling

Accident MT/1038339

Policy No.	5035257530-10	Vehicle No.	SJC92455	GST Registration No.	
Certificate No.					
Policyholder Name	KOMATHY D/O KUPPUSAMY			Policyholder NRIC	S7833-
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	91712091	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	No
<b>Accident Details</b>					
Report Date	01/04/2019 17:54	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	30/03/2019	Time of Accident hh:mm	09:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG CANAL DR TWDS JURONG EAST AVE 1				
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 23 #11-155	Address 2	MARSILING DRIVE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	73002
Unit No.		Related Policy Number	5035257530-10		
<b>OI Driver Info</b>					
Driver Name	KOMATHY D/O KUPPUSAMY	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7833485A	Driver DOB	09/11/
Register Date of Driver License	15/03/2000	Driver Age	40	Driving Experience	19
Contact No.(Mobile)	91712091	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 23 #11-155	Address 2	MARSILING DRIVE	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	73002
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
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	KOMATHY D/O KUPPUSAMY
Contact No.(Mobile)	91712091	Contact No. (Home)	
Email Address	kom.kuppasamy@gmail.com	Vehicle Number	SJC92455
Claim Description	SJC92455 / SLV8977X ON 30 Mar 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	01/04/2019 17:58
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			
<div>Save</div> <div>Submit</div>			

## Attachment

Accident No.	MT/1038339	Claim No.	001
--------------	------------	-----------	-----



Last Doc. Received

☒ Yes ☐ No

Upload Date

01/04/2019 17:59

Path \*

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

Category \* Please Select ▼

Confidential

Urgency \*

NO ▼

Normal ▼

Clear

Category \* Please Select ▼

NO ▼

Normal ▼

Clear

Category \* Please Select ▼

NO ▼

Normal ▼

Clear

Category \* Please Select ▼

NO ▼

Normal ▼

Clear

Category \* Please Select ▼

NO ▼

Normal ▼

Clear

Category \* Please Select ▼

NO ▼

Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 17:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 17:59	SAS	Normal	SAS 2019-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 17:59	Photos	Normal	Photos 2019-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 17:59	Photos	Normal	Photos 2019-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 17:59	Photos	Normal	Photos 2019-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 17:59	Photos	Normal	Photos 2019-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 17:58	Photos	Normal	Photos 2019-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 17:58	Photos	Normal	Photos 2019-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 17:58	Photos	Normal	Photos 2019-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 17:58	Photos	Normal	Photos 2019-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 17:58	Photos	Normal	Photos 2019-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 17:58	Photos	Normal	Photos 2019-4-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2019 17:58	Photos	Normal	Photos 2019-4-1

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading