

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 10/04/19	Job description	Date & Time Completed	Done by
Ref No: NIA/INC19006364/13	SAS e-filing		
Veh No: 5LM1555Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/04/19 1750	i-Motor Claim Form	MT/1039687-001	
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: AQ88X	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%; F: 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

NIA1902600	<b>Invoice Preparation Checklist</b>		Am't (\$) 1st Bill	Am't (\$) 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:-			
	OD:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
Auditors' Comments :-	Invoice dated	Fee Charged		
Cat. 1:				
Cat. 2 / 3:				



## 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	10/04/2019 14:48
Date Of Accident	09/04/2019 17:50
Exact Location Of Accident	JUNC OF EAST COAST RD & KARIKAL LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM1555Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LE MOTOR CAR RENTAL PTE LTD
Co Reg No	201401553D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93866708

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108696783
Cover Note Number	

### Driver

Name of Driver	OOI KOK WAH
NRIC No	S1678572E
Date Of Birth	12/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1999
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96448002
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	350A EAST COAST ROAD
Postcode	428967
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
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	AQ88X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
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.

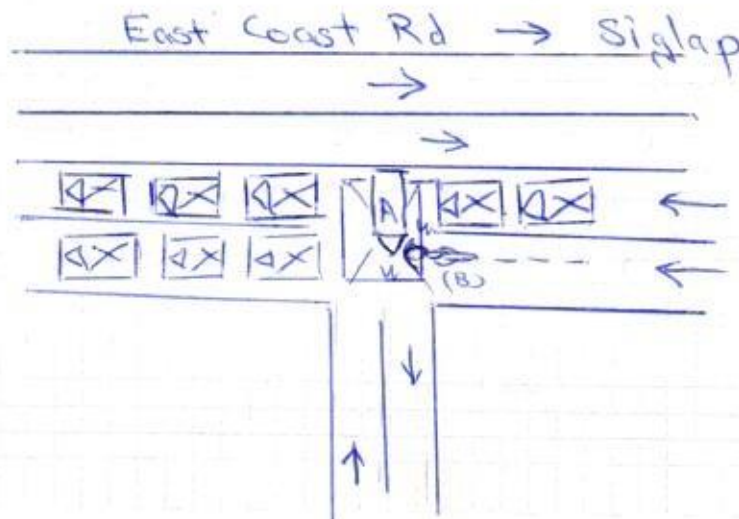


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



A) SLM 15552  
B) AQ 88 X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along East Coast Rd toward Siglap direction with a female passenger in my car. I stopped my car at the junction to Karikal lane. Traffic along opposite direction was congested due to red traffic light ahead. When the yellow box was cleared, I proceeded to make my turn into Karikal lane. As I was slowly crossing through the yellow box, a motorcyclist appeared from my left and we collided. The motorcyclist fell and I called the traffic police and the ambulance arrived and conveyed the injured motorcyclist to the hospital. I make a police report thereafter.

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:

*Slym* 10/04/19

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





**SINGAPORE  
POLICE FORCE**



T/20190409/2186

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

1 of 3  
Report No. T/20190409/2186

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/04/2019 21:02	Vide Report No.:	Station Diary No.: 11
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**Informant's Particulars**

Name of Informant: OOI KOK WAH			Address: 350A EAST COAST ROAD SINGAPORE 428967		
ID Type / ID No.: NRIC NO / S1678572E			Contact No.: Home/Office: Mobile: 96448002		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 12/02/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			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: 09/04/2019 17:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 EAST COAST ROAD KARIKAL LANE				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AQ88X	Motorcycle	HONDA	NF125MD	Green	Slightly Damaged	0
SLM1555Z	Car	HONDA	VEZEL 1.5X CVT	Silver	Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999



T/20190409/2186

2 of 3

Report No. T/20190409/2186

**CONTINUATION OF REPORT**

Driver			
Name	OOI KOK WAH	ID No.	S1678572E
Related Vehicle	NIL	Contact No.	96448002
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

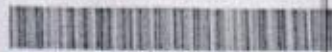
**Brief Details.**

On 09/04/2019 at about 1754hrs, I was driving along East Coast Road junction of Karikal Lane. Subsequently, there was a motorcycle braked in front of me and I also braked. However, my vehicle could not stop in time and hit on the motorcycle. I went down and made a check on the motorist. I then called for ambulance. Subsequently, the ambulance and Traffic Police arrived at my scene. The motorist was conveyed by the ambulance and sent to Changi General Hospital. The Traffic Police informed me that I required to make a traffic police report.

There is a vide report No: G/20190409/0129



SINGAPORE  
POLICE FORCE



T/20190409/2155

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

3 of 3

Report No. T/20190409/2155

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:

G /

Sr Staff Sgt TEH WAI HAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/04/2019 21:02

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE



VEHICLE NO : <u>SLM 1555 Z</u>		MAKE/MODEL : <u>HONDA VE11 1.5A</u>	
Date of Accident	<u>01/04/2019</u>	Time: <u>17:50</u>	Foreign Veh Involved YES / <u>NO</u>
Location of Accident	<u>EAST COAST RD X KARIKAL LN</u>		Foreign Veh No
Country of Loss			
Vehicle Damaged			No. of Veh Involved : <u>2</u>
Claim Type	<u>OD / TP / <u>REPORTING</u></u>		Was There Any Witness YES / <u>NO</u>
INSURANCE CO	<u>NTUC Income</u>		Name of Witness :
Coverage	<u>Comprehensive/TPFT/Third Party Only</u>		Contact No :
Policy No	<u>5108696783</u>		
Fleet Policy	<u>YES/NO</u>		
<b>OTHER VEHICLES</b>			
OWNER / CO. NAME	<u>LE Motor Car Rental P</u>		VEHICLE B : <u>AQ58 X</u>
NRIC / Co's Reg No.	<u>2014 01553D</u>		Category :
Address	<u>50 East Coast Road #01-89 Romy Square Singapore 428769</u>		Driver's Name :
Contact / Mobile No	<u>93866708</u>		NRIC No :
Email Address	<u>edw.lemotor@gmail.com</u>		Contact No :
Date of Birth			No. of Passenger :
Gender	<u>M / F</u>		
DRIVER'S NAME	<u>OOI KOK WAH</u>		VEHICLE C :
NRIC No	<u>51678572E</u>		Category :
Address	<u>350A EAST COAST ROAD SINGAPORE 428967</u>		Driver's Name :
Contact / Mobile No	<u>96448002</u>		NRIC No :
Email Address	<u>OKWOKERY@YAHOO.COM.SG</u>		Contact No :
Date of Birth	<u>12/02/1964</u>		No. of Passenger :
Gender	<u>(M) / F</u>		
LICENSE PASSED DATE	<u>29/06/1999</u>		VEHICLE D :
Occupation	<u>Indoor / Outdoor</u>		Category :
Relation with Owner	<u>EMPLOYEE HIRER</u>		Driver's Name :
Does Driver Own Any Other Veh ?	<u>YES / NO</u>		NRIC No :
Vehicle Reg No			Contact No :
Insurance Co			No. of Passenger :
Weather Condition	<u>Clear / <u>Raining</u> / Others</u>		
Road Surface	<u>Dry / <u>Wet</u> / Others</u>		Video Captured : Yes / <u>NO</u>
INJURED	<u>YES / NO</u>		
Name of Injured	<u>Motorcyclist</u>		Police Report : <u>YES/NO</u>
Convey To Hospital by Ambulance	<u>YES / NO</u>		If YES, Where :
NO. OF PASSENGERS	<u>1</u>		
Name of Passenger			M / <u>F</u> INJURED? YES / <u>NO</u>
Name of Passenger			M / F INJURED? YES / NO
Name of Passenger			M / F INJURED? YES / NO
Name of Passenger			M / F INJURED? YES / NO
<b>REMARKS</b> :			
Name of Workshop	<u>SUCCESS UNITED PTE LTD</u>		Contact No :
Address	<u>2 Kaki Bukit AutoHub Kaki Bukit Ave 2, #01-33/#02-29 Singapore 417921</u>		Email :
<u>Tel: 6746 1515 Fax: 6748 5015</u>			

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

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

29 Jun 1999



Licence No: S1678572E

SNP429A



NRIC No: S1678572E



Blood Group Date of issue  
O+ 09-12-1992

350A EAST COAST ROAD  
SINGAPORE 428967

NRIC No: S1678572E

Date: 04/10/2018

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1678572E**  
Name: **OOI KOK WAH**

Birth Date: 12 Feb 1964  
Issue Date: 27 Oct 2003

000954239F



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S1678572E**



Name

**OOI KOK WAH**

黄国华  
Race

**CHINESE**

Date of Birth

**12-02-1964**

Country of Birth


**SINGAPORE**


Sex  
**M**





Land Transport Authority

 PDVL/TDVL  
33 888 88888  
256940



**VOCATIONAL LICENCE**  
Licence No : S1678572E  
Name : OOI KOK WAH

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	27/09/2018



## 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:** 5108696783

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLM1555Z**  
Chassis Number : RU11210732
2. Name of Policyholder : LE MOTOR CAR RENTAL PTE LTD
3. Effective Date of Insurance : 06 Apr 2019
4. Expiry Date of Insurance : 05 Apr 2020
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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DICKSON CAPITAL 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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)  
Date of Issue : 05 Apr 2019 11:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

The premium on this policy has not been collected.

Accident MT/1039687

Policy No.	5108696783	Vehicle No.	SLM1555Z	GST Registration No.
Certificate No.				
Policyholder Name	LE MOTOR CAR RENTAL PTE LTD			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	93866708	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	10/04/2019 17:56	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/04/2019	Time of Accident hh:mm	17:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF EAST COAST RD & KARIKAL LANE			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	10/04/2019 17:59:32 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	50 EAST COAST ROAD	Address 2	#01-89 ROXY SQUARE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-89	Related Policy Number	5108697379	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	OOI KOK WAH	Driver NRIC	S1678572E	Driving Experience
Register Date of Driver License	29/06/1999	Driver Age	55	Contact No.(Home)
Contact No.(Mobile)	96448002	Contact No.(Office)	0	Address 3
Address 1	350 EAST COAST ROAD	Address 2	CHUNG CHIN FLATS	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

## Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LE MOT
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SLM155
Claim Description	SLM1555Z / AQ88X ON 9 Apr 2019		
Preferred Workshop	Insured Liability	Partially at Fault	
Workshop No.	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received		
	10/04/2019 18:02	Claim Close Date	

Report Taken By

ROSILINDA

Workshop  
Repairer

Print AK letter

Save

Submit

## Attachment

Accident No.

MT/1039687

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

10/04/2019 00:00

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

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NO

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NO

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NO

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NO

Clear

Please Select

NO

## Attachment List

Attachment

Uploaded By/Date

Category



Urgency

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NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on  
10 Apr 2019 18:02

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