

NATIONAL Assessment Centre Services. [part 1 Jan03] MMA 119047423

Date In: 11/4/19 15:59	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA 1190 6484 164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: FBD 550J	I-Motor Claim Form	MT/1039042- ⁰⁰²	11/4/19 16:27
D.O.A: 214/19 20:50	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: SHB 4993C	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

MA1902634		Invoice Particulars Checklist	Am ()	Adj ()
Claimant's Particulars:	Driver/Owner:	1) AR: Accident Reporting (\$10)	30.00	
Contact No:	Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$50)		
QC Checked by (Engr-In-Charge):	Auditor's Comments:	3) TP: Towing Fee \$40/\$45		
		4) PT: Follow-Through Survey \$120		
		5) PT: Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (ref 10 Jan 2003)		
		6) TR: Re-inspection \$75		
		7) HI: Idan DA + SMRT Survey \$160		
		8) NTUC Additional Services:		
		ON:		
		*M5: Courtesy Car / Tpt Allowance \$3		
		*N6: Repair Coordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
		TP (N11): TP (S-n INC) against INC \$20		
		9) N12: Idan Mobile \$0		
		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	11/04/2019 15:59
Date Of Accident	02/04/2019 20:50
Exact Location Of Accident	JUNC OF ZION RD TO RIVER VALLEY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBD550J
Insured/Policyholder	
Name Of Registered Owner	RWAVE MOTOR
Co Reg No	53373424W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93696861
Vehicle Particulars	
Manufacturer	YAMAHA
Model	NOUVO ELEGANCE
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5096968941-01
Cover Note Number	-
Driver	
Name of Driver	GANESH S/O RAMALINGAM
NRIC No	S9112650H
Date Of Birth	10/04/1991
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96723555
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 77 TELOK BLANGAH DR #07-224
Postcode	100077
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - 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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 15 COMMONWEALTH AVENUE , POSTCODE: 149725 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO: 64715299
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4993C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	GANESH S/O RAMALINGAM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBD550J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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.

RWAVE MOTOR

+ Reg. No. 53373424W

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

River Valley Rd

Zion Rd

A = FBD 550J

B = SHB 4993C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

RWAVE MOTOR
Reg. No. 53373424W

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: (2 / 4 / 19) (DD/MM/YYYY), TIME: (20:50) (HH:MM)

LOCATION: June of Zion Rd to River valley

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD 550J
b) INSURANCE COMPANY: MTUC
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: working
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: Bwave motor. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9369 6861
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Ganesh s/o Rama Lingam. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 967 23555
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: Hirer.

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: Queenstown NPC.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHB 4993C. MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of
passenger
(including dr.
(1))

* No of passs
(including dr
(-))

* No of passs
(including d
(-))

Waiting chop & motorcycle. Email = N-51

fax =

Camera: No.



SINGAPORE POLICE FORCE



T/20190405/2043

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20190405/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2019 10:29		Vide Report No.: T/20190404/2163		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: GANESH S/O RAMALINGAM			Address: APT BLK 77 TELOK BLANGAH DRIVE #07-224 SINGAPORE 100077		
ID Type / ID No.: NRIC NO / S9112650H			Contact No.: Home/Office: Mobile: 96723555		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 10/04/1991	Type of Informant: Rider		
Race: Indian			Language:	Institution / School Name:	
Occupation: FREE LANCER			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/04/2019 20:50	Type of Location: X-Junction
Location: Along Road 1 ZION ROAD RIVER VALLEY ROAD X Junction of Zion Road to River Valley Road Lane 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD550J	Motorcycle	YAMAHA	NOUVO ELEGANCE	Red	Seriously Damaged	1
SHB4993C	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	3



**SINGAPORE
POLICE FORCE**



T/20190405/2043

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20190405/2043

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	GANESH S/O RAMALINGAM	ID No.	S9112650H
Related Vehicle	FBD550J (Motorcycle)	Contact No.	96723555
Hospital/Clinic	HEALTHPLUS FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	03/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	TAN TZE HOW SIMON	ID No.	S7336970C
Related Vehicle	SHB4993C (Car)	Contact No.	82619210
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.

Amendment of report T/20190404/2163

On 02/04/2019 at about 2050hrs, I was travelling along Zion Rd on the 2nd lane with the intention to turn into River Valley Rd. As I approached the cross junction, I signaled right before slowing down. As the lights were 'Green', no vehicle stopped. As I was about to make my right turn, I felt an impact from the back causing my bike to skid and drop.

When I had gotten back up, I realized that a Yellow taxi had hit my motorbike. As I did not require ambulance services, myself and the taxi driver then exchanged particulars and agreed on how to settle the matter. The taxi driver then left the scene and I then called a towing service for my motorcycle. The motorcycle which I was riding is a rental from R Wave Motors.

I then sought medical treatment the next day, where I was then given 3 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20190405/2043

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20190405/2043

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:
D /
Sr Staff Sgt MOHAMMAD ASRI BIN MAZLAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/04/2019 10:29

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP168

SN 49

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9112650H



Name

GANESH S/O RAMALINGAM

Race

INDIAN

Date of birth

10-04-1991

Sex

M

Country/Place of birth

SINGAPORE

S9112650H

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9112650H

Name:

GANESH S/O RAMALINGAM

Birth Date: 10 Apr 1991

Issue Date: 15 Mar 2016



002547625H

5444579



NRIC No. S9112650H



Date of issue
27-03-2015

Address

APT BLK 77 TELOK BLANGAH DRIVE
#07-224
SINGAPORE 100077

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE

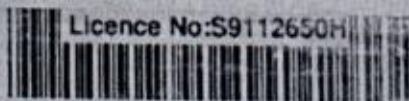
Class 2B Motorcycles < 300 CC

15 Mar 2015

15/3/2016.

S9112650H

S / No. 9000295032



Licence No: S9112650H

NP 423A

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"/>							
Vehicle No.(For Motor)	<input type="text" value="FBD550J"/>	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 checked="" type="radio"/>	5096968941-01		RWAVE MOTOR	53373424W	GFT	Third Party	FBD550J	FBD550J	01/01/2019	
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5096968941-01	Policyholder Name	RWAVE MOTOR	Policyholder NRIC	53373424W
Certificate No.					
Address	BLK 257 #09-403 JURONG EAST STREET 24 SINGAPORE 600257				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/01/2019	Effective Date	01/01/2019 00:00	Expiry Date	31/12/2019 23:59
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	LOMEN INSURANCE AGENCY	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 257 #09-403	Address 2	JURONG EAST STREET 24	Address 3	SINGAPORE 600257
Address 4		Address Type	Singapore address	Post Code	600257
Unit No.	09-403	Related Policy Number	5096968941-01		

▶ Insured Object: FBD550J

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	03/01/2019 00:00	Basic Information Endorsement	000001286979760	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. FBC2082K 03-01-2019 \$440.55 In view of this amendment, an additional premium of \$440.55 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	09/01/2019 00:00	Basic Information Endorsement	000001286984072	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. FBG4120A 09-01-2019 \$433.28 In view of this amendment, a refund of \$433.28 (inclusive of

Claim Handling

The premium on this policy has not been collected.

Accident MT/1039042

Policy No.	5096968941-01	Vehicle No.	FBD550J	GST Registration No.	
Certificate No.					
Policyholder Name	RWAVE MOTOR			Policyholder NRIC	53373
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	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	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	05/04/2019 18:39	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	02/04/2019	Time of Accident hh:mm	20:35	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 257 #09-403	Address 2	JURONG EAST STREET 24	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	60025
Unit No.	09-403	Related Policy Number	5096968941-01		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Preferred Workshop No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		

Date Registered

Report Taken By

Print AK letter

OD-MX	Insured Name	RWAVE MOTOR
93696861	Contact No. (Home)	
MORPHK@HOTMAIL.COM	Vehicle Number	FBD550J
FBD550J / SHB4993C ON 2 Apr 2019		

11/04/2019 16:25	Claim Close Date	
LIEW SHAN HUI		

Save Submit

Attachment

Accident No.	MT/1039042	Claim No.	002	Category *	Confidential	Urgency *
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/04/2019 16:27			
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

Please Select

NO

Normal

Clear

Please Select

NO

Normal

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Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

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NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:27	SAS	Normal	SAS 2019-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:27	Photos	Normal	Photos 2019-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:27	Photos	Normal	Photos 2019-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:26	Photos	Normal	Photos 2019-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:26	Photos	Normal	Photos 2019-4-11
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Apr 2019 16:25	Photos	Normal	Photos 2019-4-11
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