

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA119051371

Date In: 21/1/19 - 09:44	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19026087/24	SAS e-filing		
Veh No: 6237522	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/1/19 - 09:44	i-Motor Claim Form	21/1/19 09:44	21/1/19 09:44
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: PC509E

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)

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

NA1902442

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Est. Bill

Am't (\$)

Add. Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) RT: 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:-

QD*

*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 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	22/04/2019 09:24
Date Of Accident	18/04/2019 09:45
Exact Location Of Accident	JUNC INTERNATIONAL RD & NEYTHAL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ3752Z
Insured/Policyholder	
Name Of Registered Owner	SUNCORAM ENGINEERING PTE LTD
Co Reg No	201208242D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63680350

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FB70ABOSRDEB
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5102967327
Cover Note Number	

Driver

Name of Driver	KYAW NYUNT
Passport No/FIN	G7338717K
Date Of Birth	01/05/1969
Occupation	OUTDOOR
Date Of Driving Pass	15/06/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84496003
Fax Number	
Contact Number	OFFICE-84496003
EMail Address	NOEMAIL

Address	BLK 288B JURONG EAST STREET 21 #03-376
Postcode	602288
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : JUPRI BIN SAUT GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - J/20190418/7017.

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	PC5029E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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 KYAW NYUNT
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GZ3752Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name JUPRI BIN SAUT
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GZ3752Z
Were seat belts worn? YES
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.



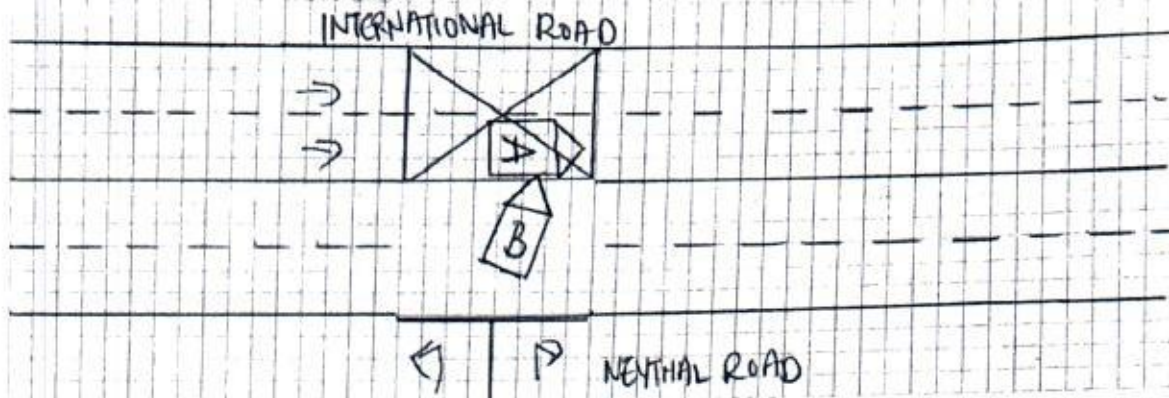
Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

A: GZ 3752 Z
B: PC 5029 E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I (GZ3752Z) WAS TRAVELLING ALONG THE STATED VENUE ON THE RIGHT LANE. WHILE APPROACHING THE TRAFFIC LIGHT, I MAINTAINED AT A MODERATE SPEED IN CASE OF TRAFFIC LIGHT CHANGES. SUDDENLY, THERE WAS A HUGE IMPACT FROM MY RIGHT AND MY WHOLE LORRY ~~SPUN~~ SPUN. AFTER ~~BE~~ ALIGHTING, I REALISED THAT (PC5029E) HAD CAME BUT FROM THE MINOR ROAD (NEYTHAL ROAD) WITHOUT CHECKING CLEAR OF THE MAINROAD THUS COLLIDED ONTO MY VEHICLE, CAUSING DAMAGES.

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.:

Date of Accident : 18.04.2019 Accident Time: 09.45 (24-HR-Format)
Accident Place : JUNCTION OF INTERNATIONAL ROAD & NEYTHAL ROAD
Vehicle Reg. No. (Car Plate No.) : GZ 3752 E
Vehicle Make/Model : MITSUBISHI CANTER
Insurance Company : A NULC Policy No. _____
Owner or Company Name / IC No. : SUNCOPAM ENGINEERING PTE LTD
Owner or Company Contact No. : 694552879. Owner's Hp 63680350 Company Tel
DRIVER'S Name / IC No. : KYAW NYUNT / G7338717K
DRIVER'S Date Of Birth : 01.05.1969 DRIVER'S License Pass Date 15.01.2009
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : BLK 123, JURONG EAST ST 13, #01-59, 600123
DRIVER'S Contact No./ Alt No. : 1) 84496003 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : ADMIN@MYCAR.SG
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 02
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: PC 5029 E	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



J/20190418/7017

1 of 2

POLICE REPORT (NP299)

Report No. J/20190418/7017

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 18/04/2019 11:39	Vide Report No.	Station Diary No.
Name Of Informant KYAW NYUNT	Address APT BLK 288B JURONG EAST STREET 21 #03-376 SINGAPORE 602288	
ID Type / ID No. FIN NO / G7338717K	Contact No. Home/Office:	Mobile: 83116005
Nationality MYANMAR	Email Address admin@suncoram.com.sg	
Occupation PROJECT SUPERVISOR	Sex Male	Age 49
Institution/School Name	Date of Birth 01/05/1969	Race Others
Date/Time Of Incident 18/04/2019 09:45 - 18/04/2019 10:45	Language English	
	Location Of Incident INTERNATIONAL ROAD	

Brief details.

On the stated time and date, I (GZ3752E) was travelling along the stated venue on the right lane. While approaching the traffic light, I maintained at a moderate speed in case of traffic light changes. Suddenly, there was a huge impact from my right and my whole lorry spun. After alighting, I realised that (PC5029E) had came out from the minor road (Neythal Road) without checking clear of the main road thus collided onto my vehicle, causing damages. TP arrived and I'm making this report with regards to case number J/20190418/0041

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/04/2019 11:39
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20190418/7017

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190418/7017

Subjects Involved			
Victim			
Person Name	KYAW NYUNT		
ID Type	FIN NO	ID No	G7338717K
Gender	Male	Age	49
Race	Others	Language	English
Occupation	PROJECT SUPERVISOR		Address Type
Address	APT BLK 288B JURONG EAST STREET 21 #03-376 SINGAPORE 602288		Mobile No 83116005
Is Informant A Victim?	Yes		
Person Name	KYAW NYUNT (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by
SingPass. No signature is required.

Date/Time:
18/04/2019 11:39

Classification Of Case:

Authentication Stamp

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1257157G



Name

JUPRI BIN SAUT

Race

JAVANESE

Date of birth

09-01-1957

Country of birth

SINGAPORE

Sex

M



4212405

S1257157G

Date of issue
12-06-2008

APART BUK 177 BOON LAY DRIVE #08-304
SINGAPORE 640177
NRIC No. S1257157G Date: 04/01/2011 No. 6711438

REPUBLIC OF SINGAPORE DRIVING LICENCE

Control No. **G7338717K**

KYAW NYUNT

DOB: 01 May 1969
Licence Date: 06 Mar 2014
Valid Till: 05 Mar 2019

0022817534



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

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

EFFECTIVE DATE 15 Jan 2009

NP 128A

Control No. **G7338717K**

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
SUNCONAM ENGINEERING PTE. LTD.

SECTOR: **CONSTRUCTION**

Name:
KYAW NYUNT

Position:
PROJECT SUPERVISOR

Pass No:
090880000

Date of Application:
26-10-2017

Date of Issue:
04-12-2017

Date of Expiry:
06-01-2020



LB484771

VISIT PASS
Immigration Regulations

Name:
KYAW NYUNT



Date of Birth: **01-05-1989** Sex: **M** Nationality: **MYANMAR**

TIN: **07338717K** Date of Issue: **04-12-2017** Date of Expiry: **06-01-2020**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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 : 5102967327

Cover : Third Party, Fire & Theft

- | | |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GZ3752Z |
| Chassis Number | : FB70ABA00255 |
| 2. Name of Policyholder | : SUNCORAM ENGINEERING PTE LTD |
| 3. Effective Date of Insurance | : 28 Sep 2018 |
| 4. Expiry Date of Insurance | : 27 Sep 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |
- This Policy does not cover
- | |
|--|
| (a) Use for hire or reward. |
| (b) Use for racing, pace-making, reliability trial or speed-testing. |
| (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. |

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

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
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 : ACER INSURANCE AGENCY (00000573834)
Date of Issue : 23 Aug 2018 12:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

eBaoTech

General Claim

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"/>	5102967327		SUNCORAM ENGINEERING PTE LTD	201208242D	GCV	Third Party, Fire & Theft	GZ3752Z	GZ3752Z	28/09/2018	27/09/2019

▼ Policy Information

Policy No.	5102967327	Policyholder Name	SUNCORAM ENGINEERING PTE	Policyholder NRIC	201208242D
Certificate No.					
Address	1 KIAN TECK CRESCENT SINGAPORE 628880				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	23/08/2018	Effective Date	28/09/2018 00:00	Expiry Date	27/09/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ACER INSURANCE AGENCY	Agent Tel.	67022906	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	1 KIAN TECK CRESCENT	Address 2	SINGAPORE 628880	Address 3	
Address 4		Address Type	Singapore address	Post Code	628880
Unit No.		Related Policy Number	5102967327		

▶ Insured Object: GZ3752Z

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Exit

Accident MT/1040994

Policy No.	S102967327	Vehicle No.	GZ37522	GST Registration No.	
Certificate No.					
Policyholder Name	SUNCORAM ENGINEERING PTE LTD			Policyholder NRIC	201208242D
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	63680350	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<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	22/04/2019 09:41	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	18/04/2019	Time of Accident (h:mm)	09:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC INTERNATIONAL RD & NEYTHAL RD				

Excess

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

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	09/07/2012
GST Registration No.	201208242D	GST Status Verified	Yes
Modification History	22/04/2019 09:42:35 System changed GST Registered from No to Yes 22/04/2019 09:42:35 System changed GST Registration No. from null to 201208242D 22/04/2019 09:42:35 System changed GST Registration Date from null to 09/07/2012		

Policyholder Mailing Address

Address 1	1 KIAN TECK CRESCENT	Address 2	SINGAPORE 628880	Address 3	
Address 4		Address Type	Singapore address	Post Code	628880
Unit No.		Related Policy Number	S102967327		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/05/1959
Unnamed driver Name	KYAW NYUNT	Driver NRIC	G7338717K	Driving Experience	9
Register Date of Driver License	15/06/2009	Driver Age	49	Contact No.(Home)	0
Contact No.(Mobile)	84496003	Contact No.(Office)	0	Address 3	SINGAPORE 602288
Address 1	BLK 288B	Address 2	JURONG EAST STREET 21	Post Code	602288
Address 4		Address Type	Singapore address		
Unit No.	03-376				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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-PK	Insured Name	SUNCORAM ENGINEERING PTE	Insured NRIC	201208242D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	GZ37522	TP Vehicle Number	PCS029E
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GZ37522 / PCS029E ON 18 Apr 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	22/04/2019 09:43	Claim Close Date		Date Received	22/04/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Attachment

Save Submit

Accident No.	MT/1040994	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/04/2019 09:44

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Attachment List

22/4/2019