

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA 11903443

| | | | |
|-------------------------|--|-----------------------|---------|
| Date In: 4/1/19-10:50 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC 1903443 | SAS e-filing | | |
| Veh No: NC 027430 | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 3/1/19-07:50 | i-Motor Claim Form | 4/1/19 11:05 | |
| 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: 4MR87264 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA 1903443 | Invoice Preparation Checklist | Ant (\$) Est Bill | Ant (\$) 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:- | | |
| QC Checked by (Engr-In-Charge): | ON* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| Auditors' Comments:- | 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 | 04/05/2019 10:52 |
| Date Of Accident | 03/05/2019 07:50 |
| Exact Location Of Accident | OUTSIDE ANCHORVALE SWIMMING COMPLEX |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKU7243D |
| Insured/Policyholder | |
| Name Of Registered Owner | HUANG LIJUAN |
| NRIC No | S6965128C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-85180888 |
| Alternative Phone No | OFFICE-85180888 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS 1.6 AUTO |
| 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 | 5099813863-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | HUANG LIJUAN |
| NRIC No | S6965128C |
| Date Of Birth | 26/11/1969 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/04/2014 |
| Driving Experience | 5 YEARS AND 0 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-85180888 |
| Fax Number | |
| Contact Number | OFFICE-85180888 |
| EMail Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 323B SENGKANG EAST WAY #03-555 |
| Postcode | 542323 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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) | 0 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO 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 | SMK8726A |
| Vehicle Make/Model/Colour | SKODA |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | 96396152 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |


SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



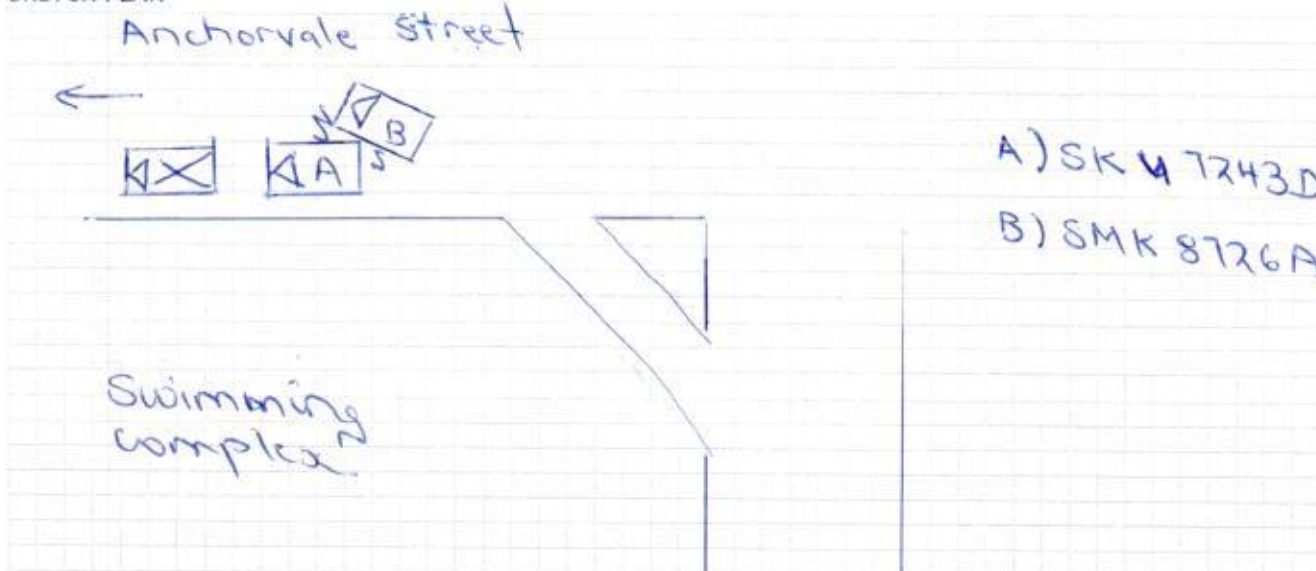
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my car in the parking lot along the road side, & proceeded to do my daily exercise in the complex. When I returned to my car, a witness informed me that Veh (B) had collided onto my car. She gave me the Vehicle No of Veh. (B).

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.:

| | | | |
|--|-------------------------------------|-----------------------------------|-------------------------------|
| VEHICLE NO : SK47243D | | MAKE/MODEL : TOYOTA COROLLA ALTIS | |
| Date of Accident | 03/05/2019 | Time: 07:50 | Foreign Veh Involved YES / NO |
| Location of Accident | outside ANCHORVALE SWIMMING COMPLEX | Foreign Veh No | |
| Country of Loss | SINGAPORE Anchorvale Rd | | |
| Vehicle Damaged | | No. of Veh Involved : | |
| Claim Type | OD / TP / REPORTING | Was There Any Witness | YES / NO |
| INSURANCE CO | | Name of Witness : | |
| Coverage | Comprehensive/TPFT/Third Party Only | Contact No | : |
| Policy No | 5099813863-01 | | |
| Fleet Policy | YES / NO | | |
| | | OTHER VEHICLES | |
| OWNER / CO. NAME | HUANG LIJUAN | VEHICLE B | : SMK 8726A |
| NRIC / Co's Reg No. | S6965128C | Category | : Skoda |
| Address | Blk 323B Serangoon East Way #03-555 | Driver's Name | : |
| Contact / Mobile No | 85180888 | NRIC No | : |
| Email Address | | Contact No | : 96396152 |
| Date of Birth | 26.11.1969 | No. of Passenger | : |
| Gender | M / (F) | VEHICLE C | : |
| DRIVER'S NAME | as above | Category | : |
| NRIC No | as | Driver's Name | : |
| Address | | NRIC No | : |
| Contact / Mobile No | | Contact No | : |
| Email Address | | No. of Passenger | : |
| Date of Birth | | VEHICLE D | : |
| Gender | M / (F) | Category | : |
| LICENSE PASSED DATE | | Driver's Name | : |
| Occupation | Indoor / Outdoor | NRIC No | : |
| Relation with Owner | owner | Contact No | : |
| | | No. of Passenger | : |
| Does Driver Own Any Other Veh ? YES / NO | | 0 passenger (including driver) | |
| Vehicle Reg No | | | |
| Insurance Co | | | |
| Weather Condition | Clear / Raining / Others | Video Captured | : Yes / No |
| Road Surface | Dry / Wet / Others | | |
| | | | |
| INJURED : YES / NO | | | |
| Name of Injured | : | Police Report | : YES/NO |
| Convey To Hospital by Ambulance | : YES / NO | If YES, Where | : |
| | | | |
| NO. OF PASSENGERS : | | | |
| Name of Passenger | : | M / F | INJURED? YES/NO |
| Name of Passenger | : | M / F | INJURED? YES/NO |
| Name of Passenger | : | M / F | INJURED? YES/NO |
| Name of Passenger | : | M / F | INJURED? YES/NO |
| REMARKS : | | SUCCESS UNITED PTE LTD | |
| Name of Workshop | : 2 Kaki Bukit AutoHub | Contact No | : |
| Address | : Kaki Bukit Ave 2, #01-33/#02-29 | Email | : |
| | : Singapore 417921 | | |
| | : Tel: 6746 1515 Fax: 6748 5015 | | |

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S6965128C**

Name:

HUANG LIJUAN

Birth Date: **26 Nov 1969**

Issue Date: **22 Apr 2014**



002297491B

REPUBLIC OF SINGAPORE

IDENTITY CARD NO **S6965128C**



Name

HUANG LIJUAN

黄丽娟

Race

CHINESE

Date of birth

26-11-1969

Sex

F

Country of birth

CHINA

S6965128C

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg 22 Apr 2014

NP 428A



Licence No: S6965128C



NRIC No. **S6965128C**



Date of issue

09-11-2011

**APT BLK 323B SENGKANG EAST WAY #03-555
SINGAPORE 542323**

NRIC No: S6965128C

Date: 25/08/2015

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: 5099813863-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKU7243D**
Chassis Number : **MR053ZEE106105615**
2. Name of Policyholder : **HUANG LIJUAN**
3. Effective Date of Insurance : **22 Apr 2019**
4. Expiry Date of Insurance : **21 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 business or profession.

This Policy does not cover

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

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

| | |
|--------------------------------------|---|
| EXCESS (SECTION 1) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : YES |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : HUANG LIJUAN |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : TOKYO CENTURY LEASING (SINGAPORE) 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 : KHC HOLDINGS PTE LTD (00000613934)
Date of Issue : 28 Mar 2019 23:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

| | | | |
|---------------------------------------|---------------------------------------|--------------------|---|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="03/05/2019 07:50"/> |
| Vehicle No.(For Motor) | <input type="text" value="SKU7243D"/> | 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 type="radio"/> | 5099813863-01 | | HUANG LIJUAN | S6965128C | GPC | drive CLASSIC | SKU7243D | SKU7243D | 22/04/2019 | 21/04/2020 |

Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|---------------------|----------------------------------|------------------|
| Policy No. | 5099813863-01 | Policyholder Name | HUANG LIJUAN | Policyholder NRIC | S6965128C |
| Certificate No. | | | | | |
| Address | BLK 323B #03-555 SENGKANG EAST WAY SINGAPORE 542323 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | Group Policy Flag N | | |
| Policy issue Date | 28/03/2019 | Effective Date | 22/04/2019 00:00 | Expiry Date | 21/04/2020 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | Young/Inexperience Driver Excess | |
| Agent | KHC HOLDINGS PTE LTD | Agent Tel. | 62538288 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------|-----------------------|-------------------|------------------|
| Address 1 | BLK 323B #03-555 | Address 2 | SENGKANG EAST WAY | Address 3 | SINGAPORE 542323 |
| Address 4 | | | Address Type | Singapore address | Post Code |
| Unit No. | | | Related Policy Number | 5099813863-01 | |

Insured Object: SKU7243D

Endorsements

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

Continue

Cancel

Claim Handling

EXIT

Accident MT/1042904

| | | | | | |
|-------------------------|---|-------------------------------|---|----------------------|-----------------------|
| Policy No. | 5099813863-01 | Vehicle No. | SKU7243D | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | HUANG LIJUAN | | | Policyholder NRIC | S6965128C |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 85180888 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | <input type="text"/> |
| 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(%) | 40 | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 04/05/2019 11:03 | Accident Report Within 24 hrs | Yes | Accident Type | Damaged whilst parked |
| Date of Accident | 03/05/2019 | Time of Accident (hh:mm) | 07:50 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | OUTSIDE ANCHORVALE SWIMMING COMPLEX | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|---------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? | Covered |
| Additional Excess | 0.00 | | | | |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 | | |

Benefits

GST Registered Information

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

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 323B #03-555 | Address 2 | SENGKANG EAST WAY | Address 3 | SINGAPORE 542323 |
| Address 4 | | Address Type | Singapore address | Post Code | 542323 |
| Unit No. | | Related Policy Number | 5099813863-01 | | |

DI Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------------------|
| Driver Name | HUANG LIJUAN | Driver Type | Main Driver | Driver DOB | 26/11/1969 |
| Unnamed Driver Name | | Driver NRIC | S6965128C | Driving Experience | 5 |
| Register Date of Driver License | 22/04/2014 | Driver Age | 49 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 85180888 | Contact No.(Office) | 0 | Address 3 | SINGAPORE 542323 |
| Address 1 | BLK 323B | Address 2 | SENGKANG EAST WAY | Post Code | 542323 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 03-555 | | | | |
| 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 type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 **New**

| | | | | | |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|----------------------|
| Claim Type * | OD-MX | Insured Name | HUANG LIJUAN | Insured NRIC | S6965128C |
| Contact No.(Mobile) | 85180888 | Contact No.(Home) | NIL | Contact No.(Office) | NIL |
| Email Address | LIRU72@ICLOUD.COM | 01 Vehicle Number | SKU7243D | TP Vehicle Number | SMK8726A |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | <input type="text"/> | Claimant NRIC * | <input type="text"/> | | |
| Claimant Address | <input type="text"/> | | | | |
| Claim Description | SKU7243D / SMK8726A DN 3 May 2019 | | | | |
| Preferred Workshop Contact No. | <input type="text"/> | Insured Liability * | Not at Fault | Name of Preferred Workshop | <input type="text"/> |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 04/05/2019 11:05 | Claim Close Date | <input type="text"/> | Date Received | 04/05/2019 00:00 |
| Report Taken By | Jackson | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | |
|--------------------|---|---------------|----------------------|
| Accident No. | MT/1042904 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 04/05/2019 11:06 |
| Path * | <input type="text"/> | | |
| Category * | <input type="text"/> | Confidential | <input type="text"/> |
| Urgency * | <input type="text"/> | Description * | <input type="text"/> |

| | | | | | |
|--|--------------------------------------|--|----------------------------------|-------------------------------------|-------------------------------|
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="N/A"/> | <input type="text" value="Normal"/> | <input type="text" value=""/> |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="N/A"/> | <input type="text" value="Normal"/> | <input type="text" value=""/> |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="N/A"/> | <input type="text" value="Normal"/> | <input type="text" value=""/> |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="N/A"/> | <input type="text" value="Normal"/> | <input type="text" value=""/> |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="text" value="Please Select"/> | <input type="text" value="N/A"/> | <input type="text" value="Normal"/> | <input type="text" value=""/> |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) | Action |
|------------|---|-----------------------|---------|--------------------------------|----------------|----------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 May 2019 11:06 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-5-4 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 May 2019 11:06 | SAS | Normal | SAS 2019-5-4 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 May 2019 11:06 | Photos | Normal | Photos 2019-5-4 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 May 2019 11:06 | Photos | Normal | Photos 2019-5-4 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 May 2019 11:05 | Photos | Normal | Photos 2019-5-4 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 May 2019 11:05 | Photos | Normal | Photos 2019-5-4 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 May 2019 11:05 | Photos | Normal | Photos 2019-5-4 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 May 2019 11:05 | Photos | Normal | Photos 2019-5-4 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 May 2019 11:05 | Photos | Normal | Photos 2019-5-4 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 May 2019 11:05 | Photos | Normal | Photos 2019-5-4 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 May 2019 11:05 | Photos | Normal | Photos 2019-5-4 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 May 2019 11:05 | Photos | Normal | Photos 2019-5-4 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 May 2019 11:05 | Photos | Normal | Photos 2019-5-4 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 May 2019 11:05 | Photos | Normal | Photos 2019-5-4 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 May 2019 11:05 | Photos | Normal | Photos 2019-5-4 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 04 May 2019 11:05 | Photos | Normal | Photos 2019-5-4 | | Edit |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|------------------|-------------|-----------|--------|--------|
|------------------|-------------|-----------|--------|--------|