

NATIONAL Assessment Centre Services

Print : Jan 05

MNA119259863

Date In: 8/19-18:52	Job description	Date & Time Completed	Done by
Ref No: NA/NC15008159/24	SAS e-filing		
Veh No: PC9033R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 7/5/19-10:22	i-Motor Claim Form	M/1043596-001	8/19 19:21
OD: JP: 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: Unknown 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: ()

Invoice Preparation Checklist	Amt (\$) for Bill	Amt (\$) 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) 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:-		
Q1:		
*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 (N'm INC) against INC \$20		
9) N12: Idac Mobile \$0		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

NA1503522

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 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	08/05/2019 18:52
Date Of Accident	07/05/2019 16:20
Exact Location Of Accident	BLK 33 PARK CRES MULTISTORY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9033R
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE EDL PTE LTD
Co Reg No	201414951G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62265633

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VIANO CDI2.2 EL
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	REPORTING ONLY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095789624-01
Cover Note Number	

Driver

Name of Driver	LI SHU
NRIC No	S8064207E
Date Of Birth	29/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	29/11/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91890586
Fax Number	
Contact Number	OFFICE-91890586
EMail Address	NOEMAIL

Address	BLK 120 POTONG PASIR AVENUE 1 #01-820
Postcode	350120
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	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?	YES
If Yes, Please state which Police Station	
Police Station Name	ALJUNIED NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 13 JOO SENG ROAD , POSTCODE: 360013 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2809999 - FAX NO: 62815960
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190508/2100.

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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.

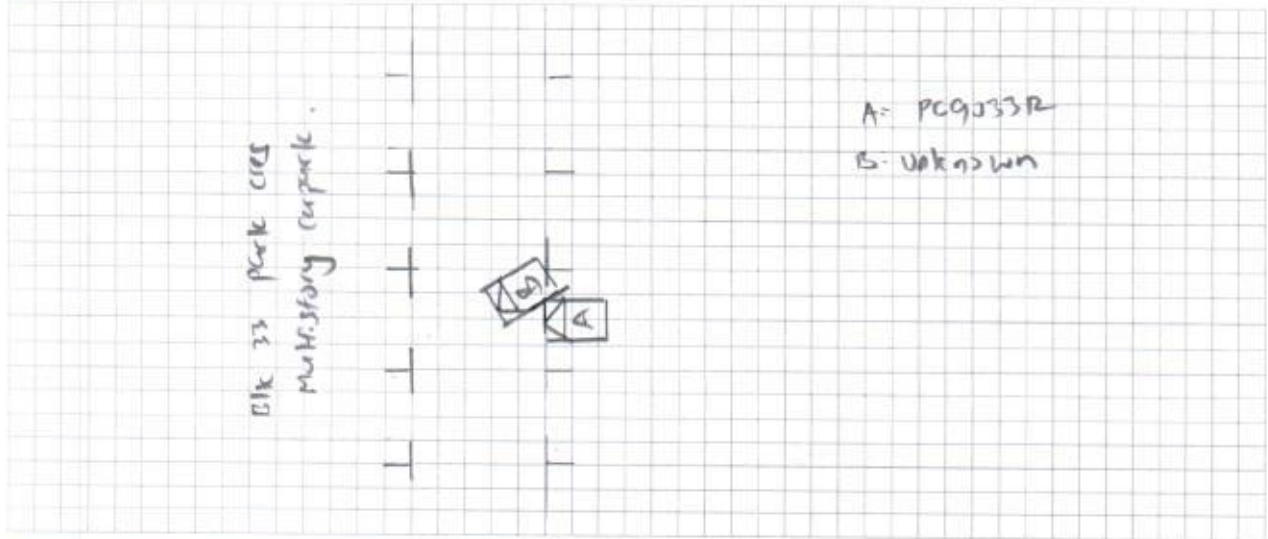


Policyholder's Signature
Date & Time:

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

Refer to police report. 7/21/2020/2100.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (7/5/19) (DD/MM/YYYY), TIME: (16:20) (HH:MM)

LOCATION: Blk 33 Park Crescent Multi-Storey Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC955312
 b) INSURANCE COMPANY: NTSC
 c) POLICY NUMBER: 5095789624-01
 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: Singapore Edi Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 214140516 CONTACT: 62265633
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Li Jun (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 88064007E CONTACT: 9189286
 c) ADDRESS: Blk 120 Pong Pong Avenue 1 # 01-870 (35210)
 *d) DATE OF BIRTH: (24/6/1980) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 24/11/2016

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

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown 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 driver)
 (0)

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

Email = xiao zhou. leo @ gmail. com.

fax =

VIDEO =



**SINGAPORE
POLICE FORCE**



T/20190508/2100

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

1 of 3

Report No. T/20190508/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2019 14:14	Vide Report No.:	Station Diary No.: 19
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LI SHU			Address: APT BLK 120 POTONG PASIR AVENUE 1 #01-820 SINGAPORE 350120		
ID Type / ID No.: NRIC NO / S8064207E			Contact No.: Home/Office: Mobile: 91890586		
Nationality: CHINESE			Email:		
Sex: Male	Age: 38	Date of Birth: 29/06/1980	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TRAVEL GUIDE			Driving Licence Information: Class: 3		
			Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/05/2019 16:20	Type of Location: Car Park
Location: Along Road 1 PARK CRESCENT At 33 Park Crescent, which is a MSCP, Level 2, Parking lot no. 499.				
Weather:		Road Surface: a bit wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: UNKNOWN				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC9033R	Car	MERCEDES BENZ	VIANO CDI2.2 EL	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
PC9033R	NTUC Income Insurance Co-Operative Limited			



**SINGAPORE
POLICE FORCE**



T/20190508/2100

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

2 of 3

Report No. T/20190508/2100

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LI SHU	ID No.	S8064207E
Related Vehicle	PC9033R (Car)	Contact No.	91890586
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/05/19 at around 1620hrs, I parked my company's vehicle bearing PC9033R at level 2 of MSCP located at 33 Park Crescent, parking lot no. 499. Before I left, I noted everything to be intact and not damaged.

On the same date at around 1910hrs, I returned to my vehicle, only to realise that there were multiple scratches and dents on the right lower side of my vehicle, and cracks on the glass of the right side headlight. The lights in the right headlight are totally not functional anymore, and one of the bulbs inside the left headlight is not functional as well. There were no notes left behind on my vehicle from anyone who collided against my vehicle.

As my vehicle's camera will only be switched on when the engine is running, I waited for the drivers of the vehicles that were parked opposite of my vehicle (SKL6191Z and SMK6921R), to check if their cameras that were installed in their vehicles had captured the accident or not. The vehicle owner for vehicle SKL6191Z turned up shortly, and I approached him for assistance.

On 08/05/19 in the afternoon, I was notified by the said vehicle owner that his vehicle's camera had only captured footage from 1820hrs onwards, and he informed that there was no accident which occurred from that point in time.



**SINGAPORE
POLICE FORCE**



T/20190508/2100

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

3 of 3

Report No. T/20190508/2100

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:
E /
Sgt 2 MARCUS TEO

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902



SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

STG

Signature Of Informant:

Date/Time:
08/05/2019 14:14

Classification Of Case:

SN 02

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8064207E



Name: LI SHU
李 述
Race: CHINESE
Date of birth: 29-06-1980 Sex: M
Country of birth: CHINA




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8064207E
Name: LI SHU
Birth Date: 29 Jun 1980
Issue Date: 16 Oct 2012



Land Transport Authority



VOCATIONAL LICENCE
Licence No: S8064207E
Name: LI SHU
Issue Date: 29/11/2016
Please visit www.lta.gov.sg to check the status of this vocational licence

9032602




NRIC No: S8064207E
Nationality: CHINESE
Date of issue: 25-05-2009
APT BLK 120 POTONG PASIR AVENUE 1 #01-820
SINGAPORE 350120
NRIC No: S8064207E Date: 08/08/2016

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

Class	Description	Effective Date
Class 3	Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	02 Feb 2008


NP 428A



Licence No: S8064207E

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

Type	Description	Issue Date
03	BUS VL	29/11/2016



eBaoTech

General Claim

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="07/05/2019 16:20"/>							
Vehicle No. (For Motor)	<input type="text" value="PC9033R"/>	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"/>	5095789624-01		SINGAPORE EDL PTE LTD	201414951G	GBS	Comprehensive	PC9033R	PC9033R	10/01/2019	09/01/2020
<input type="button" value="Continue"/>										

 Policy Information

Policy No.	5095789624-01	Policyholder Name	SINGAPORE EDL PTE LTD	Policyholder NRIC	201414951G
Certificate No.					
Address	190 MIDDLE ROAD #18-02 FORTUNE CENTRE SINGAPORE 188979				
Product Name	BUS INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/01/2019	Effective Date	10/01/2019 00:00	Expiry Date	09/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	190 MIDDLE ROAD	Address 2	#18-01/02 FORTUNE CENTRE	Address 3	SINGAPORE 188979
Address 4		Address Type	Singapore address	Post Code	188979
Unit No.	18-01/02	Related Policy Number	5092546412-02		

 Insured Object: PC9033R

 Endorsements

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

Claim Handling

Accident MT/1043596

Exit

Policy No.	5095789624-01	Vehicle No.	PC9033R	GST Registration No.	201414951G
Certificate No.					
Policyholder Name	SINGAPORE EDL PTE LTD			Policyholder NRIC	201414951G
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)	62265633	Contact No. (Home)	0
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	No

Accident Details

Report Date	08/05/2019 19:00	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	07/05/2019	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 33 PARK CRES MULTISTORY CARPARK				

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
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 Registration No.		GST Status Verified	Yes
Modification History	08/05/2019 19:01:08 System changed GST Registered from Yes to No 08/05/2019 19:01:08 System changed GST Registration No. from 201414951G to null 08/05/2019 19:01:08 System changed GST Registration Date from 02/01/2014 to null		

Policyholder Mailing Address

Address 1	190 MIDDLE ROAD	Address 2	#18-01/02 FORTUNE CENTRE	Address 3	SINGAPORE 188979
Address 4		Address Type	Singapore address	Post Code	188979
Unit No.	38-01/02	Related Policy Number	5092546412-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/05/1980
Unnamed driver Name	LI SHU	Driver NRIC	S8064207E	Driving Experience	2
Register Date of Driver License	29/11/2016	Driver Age	38	Contact No. (Home)	0
Contact No. (Mobile)	91890586	Contact No. (Office)	0	Address 3	SINGAPORE 350120
Address 1	BLK 120	Address 2	POTONG PASIR AVENUE 1	Post Code	350120
Address 4		Address Type	Singapore address		
Unit No.	01-820				
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	SINGAPORE EDL PTE LTD	Insured NRIC	201414951G
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	62265633
Email Address		OI Vehicle Number	PC9033R	TP Vehicle Number	UNKNOWN
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	PC9033R / UNKNOWN ON 7 May 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	08/05/2019 19:01	Claim Close Date		Date Received	08/05/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1043596	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/05/2019 19:02

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	

Please Select

SD

Normal


Please Select

SD

Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mig Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 May 2019 19:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 May 2019 19:02	SAS	Normal	SAS 2019-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 May 2019 19:02	Photos	Normal	Photos 2019-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 May 2019 19:02	Photos	Normal	Photos 2019-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 May 2019 19:02	Photos	Normal	Photos 2019-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 May 2019 19:02	Photos	Normal	Photos 2019-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 May 2019 19:02	Photos	Normal	Photos 2019-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 May 2019 19:02	Photos	Normal	Photos 2019-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 May 2019 19:01	Photos	Normal	Photos 2019-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 May 2019 19:01	Photos	Normal	Photos 2019-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 May 2019 19:01	Photos	Normal	Photos 2019-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 May 2019 19:01	Photos	Normal	Photos 2019-5-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 08 May 2019 19:01	Photos	Normal	Photos 2019-5-8		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				