

# NATIONAL Assessment Centre Services

|                           |   |                        |          |
|---------------------------|---|------------------------|----------|
| Date In: 14/06/2019 17:02 | Job description: SAS e-filing                   | Date & Time Completed: | Done by: |
| Ref No: NA/INC19010604/K4 |   |                        |          |
| Veh No: GBH 7118H         | E-mail (within 8hrs, Aft: 2hrs):                |                        |          |
| DOA: 14/06/2019 12:30     | i-Motor Claim Form: MT/1049117-001 15/6/19/0935 |                        |          |
| 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: SKS9331E   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA1904312

| Claimant's Particulars :-       | Invoice Preparation Checklist                   | Amt (\$)<br>1st Bill | Amt (\$)<br>Add Bill |
|---------------------------------|---|----------------------|----------------------|
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |                      |                      |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80)    |                      |                      |
| Damaged Portion:                | 3) TF: Towing Fee \$40/\$45                     |                      |                      |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |                      |                      |
|                                 | 5) FT: Follow-Through Survey (Resurvey) \$30    |                      |                      |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
|                                 | 6) TR: Re-inspection \$75                       |                      |                      |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |                      |                      |
|                                 | 8) NTUC Additional Services:-                   |                      |                      |
|                                 | OD:   |                      |                      |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |                      |                      |
|                                 | *N6: Repair Co-ordination \$10                  |                      |                      |
|                                 | *N7: Post Repair Inspection \$25                |                      |                      |
|                                 | *N8: DV / Collect Excess Coordination \$5       |                      |                      |
|                                 | TP (N11): TP (Non INC) against INC \$20         |                      |                      |
|                                 | 9) N12: Idac Mobile 30                          |                      |                      |
| Cat 1:                          | Invoice date/                                   | Fee Charged          |                      |
| Cat 2/3:                        | 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   | 14/06/2019 17:02                       |
| Date Of Accident   | 14/06/2019 12:30                       |
| Exact Location Of Accident   | WEST COAST ROAD                        |
| Country/State of Loss  | SINGAPORE                              |
| DETAILS OF OWN VEHICLE   |  |
| Vehicle Registration Number  | GBH7118H                               |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | OSIM INTERNATIONAL PTE. LTD.           |
| Co Reg No  | -                                      |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-98890076                   |
| Alternative Phone No   | OFFICE-98890076                        |
| Vehicle Particulars  |  |
| Manufacturer   | NISSAN                                 |
| Model  | NV200 ACENTA 1.5S DCI MANUAL           |
| Exact Purpose for which vehicle was being used at time of accident           | WORK                                   |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                                     |
| If No, Please state action to be taken                                       | REPORTING ONLY                         |
| Vehicle Category   | COMMERCIAL VEHICLE                     |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5072559137-03                          |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | TEOH PEI WAN                           |
| NRIC No  | S8879018I                              |
| Date Of Birth  | 21/04/1988                             |
| Occupation   | OUTDOOR                                |
| Date Of Driving Pass   | 22/11/2016                             |
| Driving Experience   | 2 YEARS AND 6 MONTHS                   |
| Gender   | MALE                                   |
| Mobile Number  | (LOCAL) +65-98890076                   |
| Fax Number   |  |
| Contact Number   | OTHERS-98890076                        |
| EMail Address  | NOEMAIL                                |

|   |                                 |
|---|---------------------------------|
| Address   | BLK 315 UBI AVENUE 1<br>#08-407 |
| Postcode  | 400315                          |
| 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 - 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?   | NO  |
| 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?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                         |
|-------------------------------------|-------------------------|
| Vehicle Registration Number         | SKS9331E                |
| Vehicle Make/Model/Colour           |                         |
| Details Of Properties               |                         |
| Vehicle Category                    | PRIVATE CAR             |
| Name of Driver                      | ONG AI GHEE (WANG AIYI) |
| NRIC/Passport Number                | S7717067G               |
| 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:

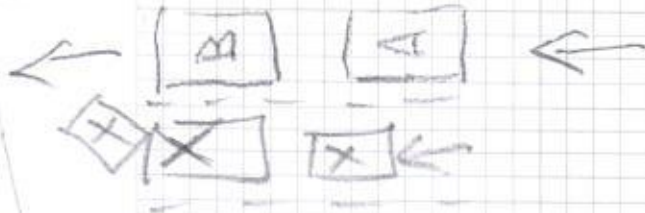
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

14/6/2019

# SKETCH PLAN

West coast Road →



A - GBH7118H  
B - SKS9331E

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was at West Coast Road. When Vehicle B wants to move but Vehicle X wanted to turn but Vehicle B jam brake and Vehicle A was behind and hit on Vehicle B ~~slightly~~ <sup>but no damage and</sup> Vehicle A No 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.:

14/6/2019



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S88790181



Name  
TEOH PEI WAN  
张培泉

Race  
CHINESE

Date of birth  
21-04-1988

Country/Place of birth  
MALAYSIA

Sex  
M

9331959

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S88790181

Name  
TEOH PEI WAN

Birth Date: 21 Apr 1988  
Issue Date: 22 Nov 2016

002631686F

For LKK/NAC Use Only

9331959

Barcode

NRIC No. S88790181

Nationality  
MALAYSIAN

Date of issue  
06-05-2014

Address  
APT BLK 315 UBI AVENUE 1  
#08-407  
SINGAPORE 400315

For LKK/NAC Use Only

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

EFFECTIVE DATE  
22 Nov 2016

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg

Licence No: S88790181

NP 428A

For LKK/NAC Use Only

## 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 :** 5072559137-03

**Cover :** Comprehensive

- |   |                                |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : GBH7118H                     |
| Chassis Number  | : VSKYBAM20U0153579            |
| 2. Name of Policyholder   | : OSIM INTERNATIONAL PTE. LTD. |
| 3. Effective Date of Insurance  | : 04 Sep 2018                  |
| 4. Expiry Date of Insurance   | : 03 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)    | : S\$350  |
| 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)

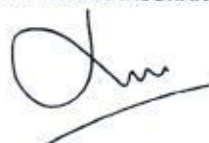
Agency : JARDINE LLOYD THOMPSON PTE LTD (00000690216)  
Date of Issue : 28 Jun 2018 10:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

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="14/06/2019 12:30"/> |
| Vehicle No.(For Motor)                | <input type="text" value="GBH7118H"/> | 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"/> | 5072559137-03 |                    | OSIM INTERNATIONAL PTE. LTD. | 198304191N        | GFT     | Comprehensive | GBH7118H    | GBH7118H       | 04/09/2018    |             |



## ▼ Policy Information

|                             |  |                             |                             |                   |                  |
|-----------------------------|--|-----------------------------|-----------------------------|-------------------|------------------|
| Policy No.                  | 5072559137-03                                      | Policyholder Name           | OSIM INTERNATIONAL PTE. LTD | Policyholder NRIC | 198304191N       |
| Certificate No.             |  |                             |                             |                   |                  |
| Address                     | 65 UBI AVENUE 1 OSIM HEADQUARTERS SINGAPORE 408939 |                             |                             |                   |                  |
| Product Name                | FLEET INSURANCE                                    | Plan                        |                             | Group Policy Flag | N                |
| Policy issue Date           | 28/06/2018   | Effective Date              | 01/07/2018 00:00            | Expiry Date       | 30/06/2019 23:59 |
| Third Party Excess          | 0  | Own damage Excess           | 350                         | Windscreen Excess | 0                |
| Additional Excess           |  | OS Premium                  | 0                           |                   |                  |
| Outside Singapore OD Excess |  | Outside Singapore TP Excess |                             |                   |                  |
| Agent                       | JARDINE LLOYD THOMPSON PTE                         | Agent Tel.                  | 63336311                    | GST Flag          | Y                |
| Co-insurance Flag           | No   |                             |                             |                   |                  |
| Open Policy Info            |  |                             |                             |                   |                  |
| Certificate Info            |  |                             |                             |                   |                  |

## ▼ Policyholder Mailing Address

|           |                 |                       |                   |           |        |
|-----------|-----------------|-----------------------|-------------------|-----------|--------|
| Address 1 | 65 UBI AVENUE 1 | Address 2             | SINGAPORE 408939  | Address 3 |        |
| Address 4 |                 | Address Type          | Singapore address | Post Code | 408939 |
| Unit No.  |                 | Related Policy Number | 5072559137-03     |           |        |

## ► Insured Object: GBH7118H

## ▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type              | Endorsement Number | Endorsement Status         | Endorsement Content  |
|----------|---------------------|-------------------------------|--------------------|----------------------------|--|
| 1        | 04/09/2018 00:00    | Basic Information Endorsement | 000001286895403    | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 04 Sep 2018, the following amendment(s) is/are made to this policy: VEHICLE REGISTRATION NUMBER: 1. GBH7012D 2. GBH7202Y 2. GBH7118H 3.   |
| 2        | 04/09/2018 00:00    | Basic Information Endorsement | 000001286895114    | 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: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. VSKYBAM20U0153547 04-09-2018 \$870.66 2. VSKYBAM20U0153365 04-09-2018 \$870.66 3. VSKYBAM20U0153579 04-09-2018 \$870.66 In view of this amendment, an additional premium of \$2,611.98(inclusive of GST) is payable under your policy. Please ignore this premium payment request if |

## Claim Handling

Accident MT/1049117

|                     |   |                     |   |                      |
|---------------------|---|---------------------|---|----------------------|
| Policy No.          | 5072559137-03   | Vehicle No.         | GBH7118H  | GST Registration No. |
| Certificate No.     |   |                     |   |                      |
| Policyholder Name   | OSIM INTERNATIONAL PTE. LTD.                                  |                     |   | Policyholder NRJC    |
| Product Code        | FLEET INSURANCE   | Cover Type          | Comprehensive   | Loading              |
| Contact No.(Mobile) | 98890076  | Contact No.(Office) | 0   | Contact No.(Home)    |
| Email Address       |   | Special Remark      |   | eCode                |
| KFK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |
| NCD Protection      | No  | NCD Entitlement(%)  | 0   | Private Hire         |

## ▼ Accident Details

|                   |                  |                               |       |                     |
|-------------------|------------------|-------------------------------|-------|---------------------|
| Report Date       | 15/06/2019 09:31 | Accident Report Within 24 hrs | Yes   | Accident Type       |
| Date of Accident  | 14/06/2019       | Time of Accident hh:mm        | 12:30 | Country of Accident |
| Reporting Centre  |                  | Orange Force                  |       | ICM No.             |
| Accident Location | WEST COAST ROAD  |                               |       |                     |

## ▼ Excess

|                       |        |                             |                   |
|-----------------------|--------|-----------------------------|-------------------|
| Own damage Excess     | 350.00 | Additional Excess           | Windscreen Excess |
| 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 | 01/12/19 |
| GST Registration No. | M200625382 | GST Status Verified   | Yes      |
| Modification History |            |                       |          |

## ▼ Policyholder Mailing Address

|           |                 |                       |                   |           |
|-----------|-----------------|-----------------------|-------------------|-----------|
| Address 1 | 65 UBI AVENUE 1 | Address 2             | SINGAPORE 408939  | Address 3 |
| Address 4 |                 | Address Type          | Singapore address | Post Code |
| Unit No.  |                 | Related Policy Number | 5072559137-03     |           |

## ▼ OI Driver Info

|   |   |                     |                   |                    |
|---|---|---------------------|-------------------|--------------------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver    |                    |
| Unnamed driver Name                     | TEOH PEI WAN  | Driver NRJC         | S88790181         | Driver DOB         |
| Register Date of Driver License         | 22/11/2016  | Driver Age          | 31                | Driving Experience |
| Contact No.(Mobile)                     | 98890076  | Contact No.(Office) | 0                 | Contact No.(Home)  |
| Address 1                               | BLK 315 #   | Address 2           | UBI AVENUE 1      | Address 3          |
| Address 4                               |   | Address Type        | Singapore address | Post Code          |
| Unit No.                                |   |                     |                   |                    |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                   | Driver Insurer Com |

## Declaration

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

## Modification History

Claim 001 OD-MX

New

|                          |                                    |                         |                                  |
|--------------------------|------------------------------------|-------------------------|----------------------------------|
| Claim Type *             | OD-MX                              | Insured Name            | OSIM I                           |
| Contact No.(Mobile)      |                                    | Contact No. (Home)      |                                  |
| Email Address            |                                    | Ol Vehicle Number       | GBH71                            |
| Claim Description        | GBH7118H / SKS9331E ON 14 Jun 2019 |                         |                                  |
| Preferred Workshop       | Yes                                | Insured Liability       | Partially at Fault               |
| Contact No. Finalisation |                                    | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered          |                                    | GIA report              | Received                         |
| Report Taken By          |                                    | Claim Close Date        | 15/06/2019 09:38                 |
|                          |                                    | Workshop Repairer       |                                  |

☒ Print AK letter



Save Submit

Attachment

Accident No. MT/1049117 Claim No. 001  
Last Doc. Received Yes No Upload Date 15/06/2019 09:35

|              |                |       |               |              |
|--------------|----------------|-------|---------------|--------------|
| Choose File  | No file chosen | Clear | Category *    | Confidential |
| Choose File  | No file chosen | Clear | Please Select | NO           |
| Choose File  | No file chosen | Clear | Please Select | NO           |
| Choose File  | No file chosen | Clear | Please Select | NO           |
| Choose File  | No file chosen | Clear | Please Select | NO           |
| Choose File  | No file chosen | Clear | Please Select | NO           |
| Choose File  | No file chosen | Clear | Please Select | NO           |
| Message Read |                | Clear | Please Select | NO           |

Attachment List

| Attachment | Uploaded By/Date   | Category              | Urgency | Des.            |
|------------|--|-----------------------|---------|-----------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:38 | NRIC/ Driving License | Normal  | NRIC/ Driving I |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:36 | SAS                   | Normal  | SAS 2           |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:36 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:36 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:36 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:36 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:36 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:35 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:35 | Photos                | Normal  | Photos          |
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|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:35 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:35 | Photos                | Normal  | Photos          |

Video List

| Uploaded By/Date | Folder Date | File Name                                |
|------------------|-------------|--|
|                  |             | Display in New Window Scan and uploading |