

**NATIONAL Assessment Centre Services**

(wef 1 Jan 2005) MHA 11908874V

|                           |  |                       |             |
|---------------------------|--|-----------------------|-------------|
| Date In: 8/2/19 - 15: 04  | Job description                          | Date & Time Completed | Done by     |
| Ref No: HA/14019012024 TW | SAS e-filing                             |                       |             |
| Veh No: 5JL550J           | E-mail (within 5hrs, AIG 2hrs)           |                       |             |
| D.O.A : 8/2/19 - 14: 02   | i-Motor Claim Form                       | M 7/1052370-001       | 8/2/19 1649 |
| 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: GSD 4671B INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( )

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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| Claimant's Particulars :-       | Invoice Preparation Checklist                   | Am't (\$)   | Am't (\$) |
|---------------------------------|---|-------------|-----------|
|                                 |   | for Bill    | 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             |             |           |
| Auditors' Comments :-           | 5) FT : Follow-Through Survey (Resurvey) \$30   |             |           |
| Date 1:                         | For claiming against INC Only (wef 10 Jan 2005) |             |           |
| Date 2/3:                       | 6) TR : Re-inspection \$75                      |             |           |
|                                 | 7) N1 : Idac DA + SMRT Survey \$160             |             |           |
|                                 | 8) NTUC Additional Services:-                   |             |           |
|                                 | Q1)*  |             |           |
|                                 | *N5: Courtesy Car / Tpl 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 willful 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   | 08/07/2019 15:04                       |
| Date Of Accident   | 06/07/2019 19:00                       |
| Exact Location Of Accident   | RIVER VALLEY RD                        |
| Country/State of Loss  | SINGAPORE                              |
| DETAILS OF OWN VEHICLE   |  |
| Vehicle Registration Number  | SJL5500J                               |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | LEE WEE JAY                            |
| NRIC No  | S8340812Z                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-84845582                   |
| Alternative Phone No   | OFFICE-84845582                        |
| Vehicle Particulars  |  |
| Manufacturer   | TOYOTA                                 |
| Model  | WISH 1.8 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 HIRE                           |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5106665100                             |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | LEE WEE JAY                            |
| NRIC No  | S8340812Z                              |
| Date Of Birth  | 17/12/1983                             |
| Occupation   | OUTDOOR                                |
| Date Of Driving Pass   | 17/09/2008                             |
| Driving Experience   | 10 YEARS AND 9 MONTHS                  |
| Gender   | MALE                                   |
| Mobile Number  | (LOCAL) +65-84845582                   |
| Fax Number   |  |
| Contact Number   | OFFICE-84845582                        |
| Email Address  | NOEMAIL                                |

|   |                                       |
|---|---------------------------------------|
| Address   | BLK 615 WOODLANDS AVENUE 4<br>#11-513 |
| Postcode  | 730615                                |
| 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   | 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)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY  |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190708/7008.

#### Attachment(s)

|   |                           |
|---|---------------------------|
| Are accident photos available for attachment? | YES                       |
| Was there any video captured by Car Camera?   | YES                       |
| Remarks/ Reasons:                             | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded?                 | NO                        |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBD4971B           |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| 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 LEE WEE JAY

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJL5500J

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 reassess 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

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 : 6 July 2019 Accident Time: 7pm (24-HR-Format)  
 Accident Place : River valley Road  
 Vehicle Reg. No. (Car Plate No.) : SJL 5500J  
 Vehicle Make/Model : Toyota wish  
 Insurance Company : NTUC Policy No. \_\_\_\_\_  
 Owner or Company Name / IC No. : Lee Wee Jay 883408127  
 Owner or Company Contact No. : 84845582 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Lee Wee Jay 883408127  
 DRIVER'S Date Of Birth : 17 dec 1983 DRIVER'S License Pass Date 17 sep 2008  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
 DRIVER'S Address : 615 woodlands Avenue 4 #11-513 s (730615)  
 DRIVER'S Contact No./ Alt No. : 1) 84845582 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): 1

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: <u>GBP 4971B</u> | 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**



T/20190708/7008

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20190708/7008

**CONTINUATION OF REPORT**

| Details of Person Involved        |                |  |                                 |
|-----------------------------------|----------------|--|---------------------------------|
| Any Pedestrian Involved: No       |                |  |                                 |
| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA         |                                 |
| Driver                            |                |  |                                 |
| Name                              | LEE WEE JAY    | ID No.                                 | S8340812Z                       |
| Related Vehicle                   | SJL5500J (Car) | Contact No.                            | 84845582                        |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | 05             | Degree of Injury                       | Slight                          |

Brief Details.

On the stated time and date,  
I was driving my vehicle SJL5500J on river valley road towards clarke quay, I was going straight travelling at lane 1 on a 2 lane road,, suddenly a lorry bearing carplate number GBD4971B Turn out from leonie hill road and immediately cut in to lane 1 and collided to the side of my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20190708/7008

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190708/7008

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

|  |
|--|
| Signature Of Officer Recording The Report:<br>Not applicable   |
| Signature Of Interpreter:<br>Not applicable  |
| Officer In Charge Of Case:<br>TP / TPIB /<br>MOHAMAD ZULFAZDLI BIN ABDULLAH<br>Contact No.: 65476204 |

|  |
|--|
| Signature Of Informant:<br>The identity of the person making this report has<br>been authenticated by SingPass. No signature is<br>required. |
| Date/Time:<br>08/07/2019 13:33   |
| Classification Of Case:  |

Authentication Stamp  
NP168

REPUBLIC OF SINGAPORE DRIVING LICENCE

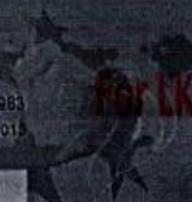
NRIC No. S8340812Z

Name LEE WEE JAY

Date of Birth 17 Dec 1983

Issue Date 21 Aug 2015

002215657J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8340812Z

Name LEE WEE JAY

Race CHINESE

Date of birth 17-12-1983

Country/Place of birth SINGAPORE

Sex M

88340812Z





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

| Class    | Description  | EFFECTIVE DATE |
|----------|--|----------------|
| Class 2B | Motorcycles <= 200 cc  | 06 Mar 2004    |
| Class 3  | Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg | 17 Sep 2008    |

NP 426A

Licence No: S8340812Z



5324689

NRIC No. S8340812Z

Date of Issue 06-07-2014

APT. BLK 615 WOODLANDS AVENUE 4 #11-513 SINGAPORE 730615

NRIC No: S8340812Z Date: 02/12/2016





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

Search

| Select                | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5106665100 |                    | LEE WEE JAY       | S83408122         | GPC     | drivo CLASSIC | SJL5500J    | SJL5500J       | 27/12/2018    | 30/12/2019  |

Continue

Policy Information

|                             |   |                             |                  |                                  |                  |
|-----------------------------|---|-----------------------------|------------------|----------------------------------|------------------|
| Policy No.                  | 5106665100  | Policyholder Name           | LEE WEE JAY      | Policyholder NRIC                | S8340812Z        |
| Certificate No.             |   |                             |                  |                                  |                  |
| Address                     | BLK 615 #11-513 WOODLANDS AVENUE 4 SINGAPORE 730615 |                             |                  |                                  |                  |
| Product Name                | PRIVATE CAR INSURANCE                               | Plan                        |                  |                                  |                  |
| Group Policy Flag           | N   |                             |                  |                                  |                  |
| Policy issue Date           | 27/12/2018  | Effective Date              | 27/12/2018 00:00 | Expiry Date                      | 30/12/2019 23:59 |
| Excess Type                 | All Claims Excess                                   |                             |                  |                                  |                  |
| Third Party Excess          | 1500  | Own damage Excess           | 2000             | Windscreen Excess                | 100              |
| Additional Excess           | 0   | OS Premium                  | 0                |                                  |                  |
| Outside Singapore OD Excess | 2000  | Outside Singapore TP Excess | 1500             | Young/Inexperience Driver Excess |                  |
| Agent                       | INSURE LINK PTE LTD                                 | Agent Tel.                  | 64444644         | GST Flag                         | Y                |
| Co-insurance Flag           | No  |                             |                  |                                  |                  |
| Open Policy Info            |   |                             |                  |                                  |                  |
| Certificate Info            |   |                             |                  |                                  |                  |

Policyholder Mailing Address

|           |                       |           |                    |           |                  |
|-----------|-----------------------|-----------|--------------------|-----------|------------------|
| Address 1 | BLK 615 #11-513       | Address 2 | WOODLANDS AVENUE 4 | Address 3 | SINGAPORE 730615 |
| Address 4 | Address Type          |           | Singapore address  | Post Code | 730615           |
| Unit No.  | Related Policy Number |           | 5106665100         |           |                  |

Insured Object: SJL5500J

Endorsements

| Sequence | Date of Endorsement | Endorsement Type      | Endorsement Status         | Endorsement Content  |
|----------|---------------------|-----------------------|----------------------------|--|
| 1        | 28/12/2018 00:00    | POI Extension/Shorten | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 27 Dec 2018 TO 30 Dec 2019 In view of this amendment, an additional premium of \$24.80 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS. |

Continue Cancel

Claim Handling

Exit

Accident MT/1052330

|                     |   |                     |   |                      |           |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No.          | S10665100   | Vehicle No.         | SLS5003   | GST Registration No. |           |
| Certificate No.     |   |                     |   |                      |           |
| Policyholder Name   | LEE WEE JAY   | Cover Type          | drive CLASSIC   | Policyholder NRIC    | S8340812Z |
| Product Code        | PRIVATE CAR INSURANCE   | Contact No.(Office) | 0   | Loading              | 0         |
| Contact No.(Mobile) | 84845582  | Special Remark      |   | Contact No.(Home)    | 0         |
| Email Address       |   | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode                | 1         |
| XFK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%)  | 10  | eCode Reason         |           |
| NCD Protection      | No  |                     |   | Private Hire         | Yes       |

**Accident Details**

|                   |                  |                               |       |                     |                                 |
|-------------------|------------------|-------------------------------|-------|---------------------|---------------------------------|
| Report Date       | 06/07/2019 16:48 | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Change / Cross lane |
| Date of Accident  | 06/07/2019       | Time of Accident hh:mm        | 19:00 | Country of Accident | Singapore                       |
| Reporting Centre  |                  | Orange Force                  |       | ICM No.             |                                 |
| Accident Location | RIVER VALLEY RD  |                               |       |                     |                                 |

**Excess**

|                       |          |                             |          |                   |        |
|-----------------------|----------|-----------------------------|----------|-------------------|--------|
| Own damage Excess     | 2,000.00 | Additional Excess           | 0        | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 0.00     | Outside Singapore OD Excess | 2,000.00 |                   |        |
| Third Party Excess    | 1,500.00 | Outside Singapore TP Excess | 1,500.00 |                   |        |

**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 615 #11-513 | Address 2             | WOODLANDS AVENUE 4 | Address 3 | SINGAPORE 730615 |
| Address 4 |                 | Address Type          | Singapore address  | Post Code | 730615           |
| Unit No.  |                 | Related Policy Number | S10665100          |           |                  |

DI Driver Info

|                                 |             |                    |                   |                        |           |   |   |
|---------------------------------|-------------|--------------------|-------------------|------------------------|-----------|---|---|
| Driver Name                     | LEE WEE JAY | Driver Type        | Main Driver       | Driver NRIC            | S8340812Z | Driver DOB                              | 17/12/1983  |
| Unnamed Driver Name             |             | Driver Age         | 35                | Contact No.(Office)    | 0         | Driving Experience                      | 10  |
| Register Date of Driver License | 17/09/2008  | Contact No.(Home)  | 0                 | Address 1              | BLK 615   | Address 2                               | WOODLANDS AVENUE 4  |
| Contact No.(Mobile)             | 84845582    | Address 3          | SINGAPORE 730615  | Address 4              |           | Post Code                               | 730615  |
| Address 1                       | BLK 615     | Address Type       | Singapore address | Unit No.               | 11-513    | Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Address 4                       |             | Driver Vehicle No. |                   | Driver Insurer Company |           |   |   |

Declaration

|                                     |      |             |   |
|-------------------------------------|------|-------------|---|
| Breathalyzer 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-MX                            | Insured Name            | LEE WEE JAY                      | Insured NRIC               | S8340812Z        |
| Contact No (Mobile)            | 84845582                         | Contact No (Home)       | 66006268                         | Contact No (Office)        |                  |
| Email Address                  | weelee_realty@gmail.com          | DI Vehicle Number       | SLS5003                          | TP Vehicle Number          | GBD4971B         |
| Claimant Type Claimant Type *  | Please Select                    | Type of Benefit *       | Please Select                    | Claimant Name *            |                  |
| Claimant Address               |                                  |                         |                                  |                            |                  |
| Claim Description              | SLS5003 / GBD4971B ON 6 Jul 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                | 06/07/2019 16:49                 | Claim Close Date        |                                  | Date Received              | 06/07/2019 00:00 |
| Report Taken By                | Jackson                          |                         |                                  |                            |                  |

Print AK letter

Save Submit

Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/1052330  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 06/07/2019 16:51 |

| 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    
   Please Select

Send Message

Attachment List

| Attachment | Uploaded By/Date  | Category              | Urgency | Description                    | Msg Sent? (CD) | Action               |
|------------|---|-----------------------|---------|--------------------------------|----------------|----------------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:51 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2019-7-8 |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:51 | SAS                   | Normal  | SAS 2019-7-8                   |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:50 | Photos                | Normal  | Photos 2019-7-8                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:50 | Photos                | Normal  | Photos 2019-7-8                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:50 | Photos                | Normal  | Photos 2019-7-8                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:50 | Photos                | Normal  | Photos 2019-7-8                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:50 | Photos                | Normal  | Photos 2019-7-8                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:50 | Photos                | Normal  | Photos 2019-7-8                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:50 | Photos                | Normal  | Photos 2019-7-8                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:50 | Photos                | Normal  | Photos 2019-7-8                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:50 | Photos                | Normal  | Photos 2019-7-8                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:49 | Photos                | Normal  | Photos 2019-7-8                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:49 | Photos                | Normal  | Photos 2019-7-8                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:49 | Photos                | Normal  | Photos 2019-7-8                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:49 | Photos                | Normal  | Photos 2019-7-8                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:49 | Photos                | Normal  | Photos 2019-7-8                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Jul 2019 16:49 | Photos                | Normal  | Photos 2019-7-8                |                | <a href="#">Edit</a> |

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"/> |             |           |        |        |