

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005) **MA01909586**

Date In: <b>11/7/14 - 18:37</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/14/1902313/24</b>	SAS e-filing		
Veh No: <b>SUC 2218</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>11/7/14 - 14:05</b>	i-Motor Claim Form	<b>MT1053014-001</b>	<b>11/7/14 14:05</b>
OD: <b>TP</b> / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to</u> Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: **Y17724**

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

[Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: (

Warranty: YES (

)/ NO (

Excess: (\$

Loading: \$1,000 (

)/ \$2,000 (

## General Remarks:-

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:-

(INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time

Actions

**NA01909586**

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

(In Bill)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat 1:

Lat 2 / 3:

- |   |  |  |
|---|--|--|
| 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:-                   |  |  |
| 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                          |  |  |

Invoice dated

Fee Charged

Invoice dated

Fee Charged



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	11/07/2019 18:37
Date Of Accident	11/07/2019 14:05
Exact Location Of Accident	BLK 27 TOWNSHEND RD CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2021B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EHB LIMOUSINE PTE LTD
Co Reg No	201536531R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	YES
Policy Number	5075309111-03
Cover Note Number	

### Driver

Name of Driver	TEO KOK BOON
NRIC No	S1472257B
Date Of Birth	28/07/1961
Occupation	INDOOR
Date Of Driving Pass	22/02/1979
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84131313
Fax Number	
Contact Number	OFFICE-84131313
EMail Address	NOEMAIL

Address	25 ROBIN ROAD #06-06
Postcode	258203
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	2
Passenger 1	NAME: - GENDER: FEMALE

#### Details of Police Action

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

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN773H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	84366859
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 lodging 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:

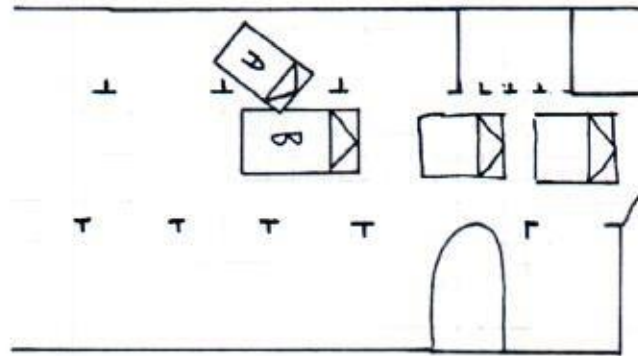
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 compliance 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.:

A- SLK2021B  
B- YN773H



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**



I was in the carpark of Jalan Berseh block 27 and was about to exit my parking lot to leave the carpark. There were a lot of vehicles queuing at the gantry waiting to exit the carpark, so I turned my vehicle alighty to the right waiting for the road to me clear before moving out. While my vehicle was stationary for about 5-6 seconds, vehicle B started reversing despite me honking at him to let him know that I am behind. But he did not stopped and collided onto the front portion of my vehicle. I have video footage to prove my statement.

prove my statement.

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



ing particulars are true in every respect.

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

Personnel's Signature



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

### ACCIDENT DETAILS

Date of accident	11 July 2019	(DD/MM/YY)
Time of accident	2:05PM	(HH:MM)
Exact location of accident	Townshend Road Blk 27 Carpark	

### DETAILS OF VEHICLE

Vehicle registration number	SLK 2021B			
Vehicle make and model	Toyota Altis			
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/>	Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>	
Purpose of using at said time				
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select:	
	Third part claim <input checked="" type="checkbox"/>		Reporting only <input type="checkbox"/>	

### INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

### INSURED / POLICY HOLDER

Name	EHB LIMOUSINE PTE LTD	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	201536531R		
Contact			
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570		

### DRIVER

### SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Teo Kok Boon	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1472257B		
Contact	<del>845131313</del> 84131313		
Address	29 Robin Road #06-06		
Email address			
Date of birth	28 July 1961		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	22 Feb 1979		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	2 (Inclusive of driver)

PASSENGER 1	
Name	TLO Kok Boon
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	



THIRD PARTY VEHICLE 1	
Vehicle registration number	YN773H
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	84366859

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 2		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 3		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 4		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 5		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 6		
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1472257B



Name  
TEO KOK BOON

张 国 文

Race  
CHINESE

Date of birth  
28-07-1961

Sex  
M

Country of birth  
SINGAPORE

S1472257B

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S1472257B

Name  
TEO KOK BOON

Birth Date 28 Jul 1961

Issue Date 08 Feb 2003

000186506G

4912520



NRIC No. S1472257B



Date of issue  
13-12-2012

25 ROBIN ROAD #06-06  
SINGAPORE 258203

NRIC No: S1472257B

Date: 22/08/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class	Description	PASS DATE
Class 2	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Feb 1979

NP 428A

License No: S1472257B

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

• Change Language

• Change Password

• Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/07/2019 14:05"/>
Vehicle No. (For Motor)	<input type="text" value="SLK2021B"/>	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"/>	50753091111-03		EHB LIMOUSINE PTE LTD	201536531R	GFT	drive CLASSIC	SLK2021B	SLK2021B	01/11/2018	



## Policy Information

Policy No.	5075309111-03	Policyholder Name	EHB LIMOUSINE PTE LTD	Policyholder NRIC	201536531R
Certificate No.					
Address	70 UBI CRESCENT #01-12 SINGAPORE 408570				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	31/10/2018	Effective Date	01/11/2018 00:00	Expiry Date	31/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	3500.00	Own damage Excess	1000.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	36218.91		
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	3500.00		Young/Inexperience Driver Excess
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	63277687	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
Address 4		Address Type	Singapore address	Post Code	408570
Unit No.	01-12	Related Policy Number	5074680813-03		

## Insured Object: SLK2021B

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	12/11/2018 00:00	Basic Information Endorsement	000001286941953	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 12 Nov 2018, the Vehicle Number SKW4471X is amended as follows: VEHICLE REGISTRATION NUMBER: SLJ12X
2	12/03/2019 00:00	Basic Information Endorsement	000001287025042	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKJ1644C 22-02-2019 \$1,744.60 In view of this amendment, a refund of \$1,744.60 (inclusive of GST) will be adjusted against the outstanding premium.
3	04/06/2019 00:00	Basic Information Endorsement	000001287082596	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 08 Apr 2019, the Vehicle Number is amended as follows for Vehicle Number SLD6641Y: VEHICLE REGISTRATION NUMBER: SKT7X

Continue

Cancel

## Claim Handling

The premium on this policy has not been collected.

Exit

Accident HT/1053014

Policy No.	5075309111-03	Vehicle No.	SLK2021B	GST Registration No.	201536531R
Certificate No.					
Policyholder Name	EHB LIMOUSINE PTE LTD			Policyholder NRIC	201536531R
Product Code	PLEET INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NL
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	Yes

## Accident Details

Report Date	11/07/2019 19:11	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	11/07/2019	Time of Accident (H:mm)	14:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 27 TOWNSHEND RD CARPARK				

## Excess

Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	1,000.00		
Third Party Excess	3,500.00	Outside Singapore TP Excess	3,500.00		

## Benefits

## GST Registered Information

GST Registered	Yes	GST Registration Date	01/06/2017
GST Registration No.	201536531R	GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
Address 4		Address Type	Singapore address	Post Code	408570
Unit No.	01-12	Related Policy Number	5074680813-03		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TBO KOK BOON	Driver NRIC	S14722578	Driver DOB	28/07/1961
Register Date of Driver License	22/02/1979	Driver Age	57	Driving Experience	40
Contact No.(Mobile)	84131313	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	25 ROBIN ROAD	Address 2	ROBIN SUITES	Address 3	SINGAPORE 258203
Address 4		Address Type	Singapore address	Post Code	258203
Unit No.	06-06				
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	EHB LIMOUSINE PTE LTD	Insured NRIC	201536531R
Contact No.(Mobile)	86991313	Contact No.(Home)	NIL	Contact No.(Office)	+
Email Address	benjamin@ehblimousine.com.sg	OI Vehicle Number	SLK2021B	TP Vehicle Number	YN773H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLK2021B / YN773H ON 11 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	11/07/2019 19:13	Claim Close Date		Date Received	11/07/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.		HT/1053014		Claim No.		001		
Last Doc. Received		<input checked="" type="radio"/> Yes <input type="radio"/> No		Upload Date		11/07/2019 19:15		
Path *				Category *		Confidential	Urgency *	Description *
<div></div>		<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>		<div>NO</div>	<div>Normal</div>	<div></div>
<div></div>		<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>		<div>NO</div>	<div>Normal</div>	<div></div>
<div></div>		<div>Browse...</div>	<div>Clear</div>	<div>Please Select</div>		<div>NO</div>	<div>Normal</div>	<div></div>



<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 11 Jul 2019 19:15	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-7-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 11 Jul 2019 19:14	SAS	Normal	SAS 2019-7-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 11 Jul 2019 19:14	Photos	Normal	Photos 2019-7-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 11 Jul 2019 19:14	Photos	Normal	Photos 2019-7-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 11 Jul 2019 19:14	Photos	Normal	Photos 2019-7-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 11 Jul 2019 19:14	Photos	Normal	Photos 2019-7-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 11 Jul 2019 19:14	Photos	Normal	Photos 2019-7-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 11 Jul 2019 19:14	Photos	Normal	Photos 2019-7-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 11 Jul 2019 19:14	Photos	Normal	Photos 2019-7-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 11 Jul 2019 19:14	Photos	Normal	Photos 2019-7-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 11 Jul 2019 19:14	Photos	Normal	Photos 2019-7-11		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 11 Jul 2019 19:14	Photos	Normal	Photos 2019-7-11		<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"/>	