

NATIONAL Assessment Centre Services: [wef 1 Jan'05] **MAHA043513-01**

Date In: 23/1/19-10:43	Job description	Date & Time Completed	Done by
Ref No: HA/INC 4013153/24	SAS e-filing		
Veh No: 4P6675H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/1/19-16:15	i-Motor Claim Form	MA/1055062-001	23/1/19 19:40
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: **5J4872SD**

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

Invoice Preparation Checklist

Am't (\$)
Inc Bill

Am't (\$)
Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 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) RT: 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 / 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
Invoice dated

Fee Charged
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	25/07/2019 16:43
Date Of Accident	24/07/2019 16:15
Exact Location Of Accident	PAYA LEBAR RD TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6675H
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Insured/Policyholder

Name Of Registered Owner	EXPO AV-INSYNC PTE LTD
Co Reg No	200609137R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67485245

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FK62FMZ1RDEB
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092545335-02
Cover Note Number	

Driver

Name of Driver	WONG KIN HOO
NRIC No	S7045340A
Date Of Birth	27/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	08/06/2017
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	+65-87493818
Fax Number	
Contact Number	OFFICE-87493818
Email Address	NOEMAIL

Address	BLK 132 RIVERVALE STREET #03-802
Postcode	540132
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	NO COLLISION
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?	NO
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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH8725D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

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:

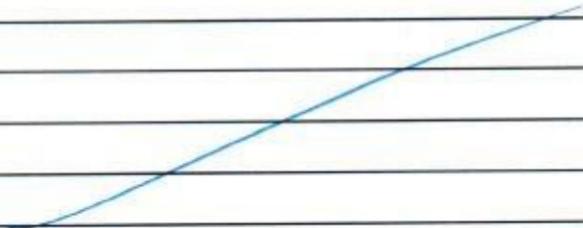


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

page before and then
pic (change)

A: 406673H
B: 504872D

Refer to Statement



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

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. VEHICLE B WAS TRAVELLING IN BETWEEN OF BOTH LANES. THE DRIVER OF VEHICLE B CLAIM THAT HIS LEFT SIDE MIRROR WAS DAMAGED. I ALIGHT FROM MY VEHICLE AND CHECKED THERE WAS NO DAMAGES ON MY VEHICLE. I WISH TO STATE THAT DURING THE TIME OF ACCIDENT WAS CONGESTED.

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 7 / 19) (DD/MM/YYYY). TIME: (16 : 15) (HH:MM)

LOCATION: Paya Lebar Rd towards PIE (Changi)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP667511
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5092545335-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO).
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Exp. Av. Insync Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: W06091372 CONTACT: 67485245
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wong Ian Ho (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7045342A CONTACT: 8749 3818
 c) ADDRESS: Blk 12 Rivervale Street 902-804 (5615V)

*d) DATE OF BIRTH: (22 / 12 / 1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5JH875D MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (Including driver)
 (1)

* No of passenger
 (Including driver)
 (2)

* No of passenger
 (Including driver)
 ()

Email =

fax =

VIDEO =

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of EXPO AV-INSYNC PTE. LTD. (200609137R)

Date: 31/05/2019

The Following Are The Brief Particulars of :

Registration No.	200609137R
Company Name	EXPO AV-INSYNC PTE. LTD.
Former Name if any	
Incorporation Date	22/06/2006
Company Type	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Status	Live Company
Status Date	22/06/2006

Principal Activities

Activities (I)	DRAMATIC ARTS, MUSIC AND OTHER ARTS PRODUCTION-RELATED ACTIVITIES N.E.C. (EG STAGE, LIGHTING AND SOUND SERVICES) (90009)
Description	
Activities (II)	RETAIL SALE OF AUDIO AND VIDEO EQUIPMENT (EG RADIO AND TELEVISION SETS, SOUND REPRODUCING AND RECORDING EQUIPMENT) (47420)
Description	

Capital

Issued Share Capital (AMOUNT)	Number of Shares *	Currency	Share Type
100000	100000	SINGAPORE, DOLLARS	ORDINARY

* Number of Shares includes number of Treasury Shares

Paid-Up Capital (AMOUNT)	Number of Shares	Currency	Share Type
100000		SINGAPORE, DOLLARS	ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares	Currency
------------------	----------

Authentication No. : J193674541

INFORMATION RESOURCES

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Business Profile (Company) of EXPO AV-INSYNC PTE. LTD. (200609137R)

Date: 31/05/2019

Registered Office Address

150 SIMS DRIVE
#01-00
SINGAPORE (387381)

Date of Address

26/10/2015

Date of Last AGM

31/12/2018

Date of Last AR

29/01/2019

FYE As At Date of Last AR

30/06/2018

Audit Firms

NAME

Charges

Charge No.	Date Registered	Currency	Amount Secured	Chargee(s)
------------	-----------------	----------	----------------	------------

Officers/Authorised Representative(s)

Name	ID	Nationality	Source of Address	Date of Appointment
Address		Position Held		
RODRIGUES GERARD ANTHONY	S7246780I	SINGAPORE CITIZEN	ACRA	22/06/2006
16A WOO MON CHEW ROAD SIGLAP PARK SINGAPORE (455070)		Director		
ZUZARTE DESMOND GERARD	S7045407F	SINGAPORE CITIZEN	OSCARS	22/06/2006
718 BEDOK RESERVOIR ROAD #05-4616 SINGAPORE (470718)		Director		
CHIDAMBARANATHAN SUBRAMANIAN CHETTIAR	S2606315I	SINGAPORE CITIZEN	ACRA	01/11/2016
586 PASIR RIS STREET 53 #02-61 SINGAPORE (510586)		Secretary		

Shareholder(s)

Name	ID	Nationality/Place of incorporation/Origin	Source of Address	Address Changed
Address				

Authentication No. : J19367454I

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of EXPO AV-INSYNC PTE. LTD. (200609137R)

Date: 31/05/2019

Shareholder(s)

	Name	ID	Nationality/Place of Incorporation/Origin	Source of Address	Address Changed
	Address				
1	ZUZARTE DESMOND GERARD	S7045407F	SINGAPORE CITIZEN	OSCARS	02/07/2015
	718 BEDOK RESERVOIR ROAD #05-4616 SINGAPORE (470718)				
	Ordinary(Number)	Currency			
	25000	SINGAPORE, DOLLARS			
2	RODRIGUES GERARD ANTHONY	S7246780I	SINGAPORE CITIZEN	ACRA	07/03/2017
	16A WOO MON CHEW ROAD SIGLAP PARK SINGAPORE (455070)				
	Ordinary(Number)	Currency			
	75000	SINGAPORE, DOLLARS			

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

FS - Financial Statements

FYE - Financial Year End

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

Authentication No. : J19367454I

Page 3 of 4

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of EXPO AV-INSYNC PTE. LTD. (200609137R)

Date: 31/05/2019

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA190531169165

DATE : 31/05/2019

This is computer generated. Hence no signature required.



Authentication No. : J19367454I

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119097513 Vehicle Registration No: YP6675H
Name (as shown in NRIC) : EXPO AV-INSYNC PTE LTD NRIC/FIN/Passport No : 200609137R
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : 67485245 Mobile No. : _____
Email Address : _____
Date of Accident : 24/07/2019 Time of Accident : 16:15
Place of Accident : PAYA LEBAR RD TWDS PIE (CHANGI)
Insurance Company: NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add in scene photos.

Policyholder / Driver's Signature
Date:

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7045340A



Name
WONG KIN HOO
黄健豪

Race
CHINESE

Date of birth
27-12-1970

Country/Place of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7045340A**

Name
WONG KIN HOO

Birth Date: **27 Dec 1970**

Issue Date: **08 Dec 2003**




001041585B

5554485



NRIC No. **S7045340A**



Date of issue
08-01-2016

Address
**APT BLK 132 RIVERVALE STREET
#03-802
SINGAPORE 540132**

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

Class	Description	PASS DATE
Class 2	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	03 Sep 1999
Class 4	Heavy motor cars and motor tractors > 2500 kg	08 Jun 2017

S / No. 9000270444

S7045340A

NP 428A



Licence No: S7045340A

eBaoTech

GeneralClaim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092545335-02		EXPO AV-INSYNC PTE LTD	200609137R	GCV	Comprehensive	YP6675H	YP6675H	12/07/2019	11/07/2020

 Policy Information

Policy No.	5092545335-02	Policyholder Name	EXPO AV-INSYNC PTE LTD	Policyholder NRIC	200609137R
Certificate No.					
Address	150 SIMS DRIVE #01-00 SINGAPORE 387381				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy issue Date	09/07/2019	Effective Date	12/07/2019 00:00	Expiry Date	11/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	1500	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	150 SIMS DRIVE	Address 2	#01-00	Address 3	SINGAPORE 387381
Address 4		Address Type	Singapore address	Post Code	387381
Unit No.		Related Policy Number	5092545335-02		

 Insured Object: YP6675H

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Exit

Accident MT/1055062

Policy No.	5092545335-02	Vehicle No.	YP6675H	GST Registration No.	200609137R
Certificate No.					
Policyholder Name	EXPO AV-INSYNC PTE LTD			Policyholder NRIC	200609137R
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Leading	0
Contact No.(Mobile)	0	Contact No.(Office)	67485245	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPI	<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(%)	15	Private Hire	No
Accident Details					
Report Date	25/07/2019 19:38	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	24/07/2019	Time of Accident hh:mm	16:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PAYA LEBAR RD TWOS PIE (CHANGI)				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	1,500.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	1500.00	Total TP Excess Applicable			
Benefits					
Coverage		Sum Insured	9999999.99		
Third Party Working Risk					
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/09/2006		
GST Registration No.	200609137R	GST Status Verified	Yes		
Modification History	25/07/2019 19:39:25 System changed GST Registration Date from 01/01/2015 to 01/09/2006 25/07/2019 19:39:25 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	150 SIMS DRIVE	Address 2	#01-00	Address 3	SINGAPORE 387381
Address 4		Address Type	Singapore address	Post Code	387381
Unit No.		Related Policy Number	5092545335-02		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	WONG KIN HO	Driver NRIC	S7045340A	Driver DOB	27/12/1970
Register Date of Driver License	08/06/2017	Driver Age	46	Driving Experience	2
Contact No.(Mobile)	67493815	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 132	Address 2	RIVERVALE STREET	Address 3	SINGAPORE 540132
Address 4		Address Type	Singapore address	Post Code	540132
Unit No.	03-802				
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 *	CO-MX	Insured Name	EXPO AV-INSYNC PTE LTD	Insured NRIC	200609137R
Contact No.(Mobile)	96306682	Contact No.(Home)		Contact No.(Office)	67485245
Email Address	sales@eai.com.sg	O1 Vehicle Number	YP6675H	TP Vehicle Number	53H87250
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	YP6675H / 53H87250 ON 24 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	25/07/2019 19:40	Claim Close Date		Date Received	25/07/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1055062	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/07/2019 19:41

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:41	SAS	Normal	SAS 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:40	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:40	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:40	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:40	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:40	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:40	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:40	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:40	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:40	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:40	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:40	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:40	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:40	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:40	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:40	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:40	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:40	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:40	Photos	Normal	Photos 2019-7-25		Edit

Video List

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