

NATIONAL Assessment Centre Services

Wef 1 Jan 05 MNA119109168

Date In: 28/12-10.58	Job description	Date & Time Completed	Done by
Ref No: 4A/INC1901450722	SAS e-filing		
Veh No: 508236X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/12-13:30	i-Motor Claim Form	M/1058497-001	28/12 11:12
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: 423522	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

NA1906738	Invoice Preparation Checklist:	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idao Mobile 30		
Dat. 2/3:	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	20/08/2019 10:58
Date Of Accident	19/08/2019 13:30
Exact Location Of Accident	UBI AVE 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLD8236X
Insured/Policyholder	
Name Of Registered Owner	PLATINUM MOTORING
Co Reg No	53356190J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92389179
Alternative Phone No	OFFICE-92389179
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5088310646-02
Cover Note Number	
Driver	
Name of Driver	NG ENG HOE
NRIC No	S1771522D
Date Of Birth	06/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	30/11/1983
Driving Experience	35 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83791878
Fax Number	
Contact Number	OFFICE-83791878
EEmail Address	NOEMAIL

Address	BLK 665C PUNGGOL DRIVE #05-524
Postcode	823665
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	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?	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	YP2352R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	98061484
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NG ENG HOE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLD8236X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to revoke 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 situated 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:

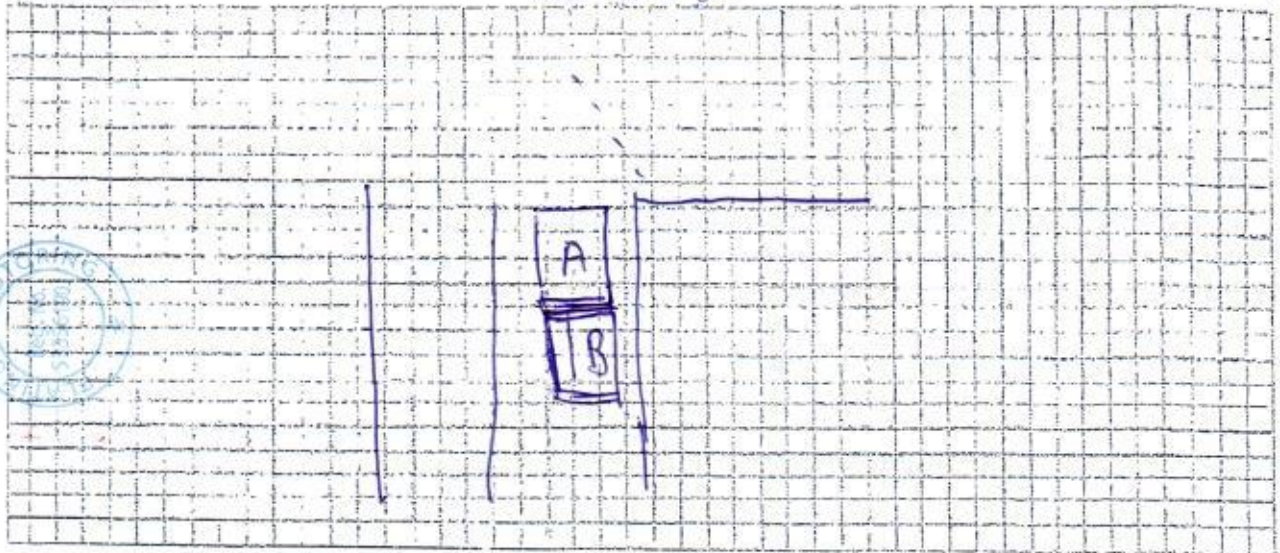
Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

VEH A: SLD8236X

VEH B: 2P2352R

SKETCH PLAN

UBI AVE 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I veh A was stationary ~~and~~ ~~at~~ as the traffic light was red. All of a sudden, I felt an impact from the back. I was hit by a lorry from the rear, veh B.

DECLARATION

(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.:

One Injury, driver

Date of Accident : 19/08/19 Accident Time: 1330~~PM~~ (24-HR-Format)
Accident Place : UBI AVE 2
Vehicle Reg. No. (Car Plate No.) : SLD 8236X
Vehicle Make/Model : HONDA VEZEL
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : PLATINUM MOTORING
Owner or Company Contact No. : _____ Owner's Hp 92389179 Company Tel _____
DRIVER'S Name / IC No. : NG ENG HOE
DRIVER'S Date Of Birth : 6/6/66 DRIVER'S License Pass Date 30/11/83
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Employee
DRIVER'S Address : BLK 665L PUNGBOL DRIVE # 05-524 ~~S823~~
DRIVER'S Contact No. / Alt No. : 1) 8379 1878 2) 5823665
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : PLATINUM WERKZ @ GMAIL.COM
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): 01
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 Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>YF2352R</u> <u>YF2352R</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: <u>98061484</u>	Driver's Contact & Add: _____

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 (Business) of PLATINUM MOTORING (53356190J)

Date: 20/03/2019

The Following Are The Brief Particulars of :

Name of Business	:	PLATINUM MOTORING
Former Name(s) if any	:	
Date of Change of Name	:	
Registration No.	:	53356190J
Registration Date	:	13/02/2017
Commencement Date	:	13/02/2017
Status of Business	:	Live
Status Date	:	26/01/2018
Renewal Date	:	26/01/2018
Expiry Date	:	13/02/2021
Renewal via GIRO	:	NO
Constitution of Business	:	Partnership
Principal Place of Business	:	53 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE (408934)
Date of Change of Address	:	20/03/2018

Principal Activities

Activities (I)	:	RETAIL SALE OF MOTOR VEHICLES EXCEPT MOTORCYCLES AND SCOOTERS (47311)
Description	:	
Activities (II)	:	OTHER CREDIT AGENCIES N.E.C. (EG MOTOR FINANCE) (64929)
Description	:	

Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
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Authentication No. : Y19184225F

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 (Business) of PLATINUM MOTORING (53356190J)

Date: 20/03/2019

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry
					Position
FREDERICK NG JUN MING	S9400462D	SINGAPORE CITIZEN	34 FLORA DRIVE #04-26 PALM ISLES SINGAPORE (506893)	OSCARS	13/02/2017 Owner
LINCOLN LIM JUN HONG	S9017537H	SINGAPORE CITIZEN	147 PASIR RIS STREET 13 #08-16 SINGAPORE (510147)	ACRA	13/02/2017 Owner

Withdrawn Partner(s)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry	Date of Withdrawal
					Position	

Abbreviation

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.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA190320139029

DATE : 20/03/2019

This is computer generated. Hence no signature required.



Authentication No. : Y19184225F

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1771522D




Name
NG ENG HOE


Race
CHINESE

Date of birth
06-06-1966


Sex
M

Country/Place of birth
SINGAPORE


For LKK/NAC Use Only

S1771522D

5514944



NRIC No. S1771522D



For LKK/NAC Use Only

Date of issue
20-08-2015

Address
APT BLK 665C PUNGGOL DRIVE
#05-524
SINGAPORE 823665

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1771522D

NAC No.

NG ENG HOE

For LKK/NAC Use Only

Birth Date: 06 Jun 1966

Issue Date: 03 Oct 2003

N00887894G



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 Nov 1983

For LKK/NAC Use Only

NP 428A

Licence No: S1771522D



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5088310646-02 **Cover** : Third Party

1. Index mark and Registration Number of Vehicle : **N/A**
Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.
2. Name of Policyholder : **PLATINUM MOTORING**
3. Effective Date of Insurance : **01 Mar 2019**
4. Expiry Date of Insurance : **29 Feb 2020**
5. Persons or Classes of Persons entitled to drive*
Refer to List Attached
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use*
(a) Use only for Motor Trade purposes.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third- Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

POLICY TYPE	:	MOTOR-TRADE INSURANCE
TYPE OF TRADE/BUSINESS	:	CAR DEALERS
TOTAL NUMBER OF AUTHORISED DRIVER(S)	:	5
DETAILS OF AUTHORISED DRIVER(S)	:	REFER TO LIST ATTACHED
EXCESS (SECTION I)	:	N/A
EXCESS (SECTION II)	:	N/A
SUM INSURED	:	N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE (SINGAPORE) PTE. LTD. (00000615327)
Date of Issue : 15 Feb 2019 17:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5088310646-02		PLATINUM MOTORING	533561903	GMT	Third Party		MAX OH QIN SHENG/S9331584G_FREDERICK NG JUN MING/S9400462D_WONG ZHEN ZHONG BENJAMIN/S9016498H_OH KHUAN HONG /S9223000G_NG ENG HOE/S1771522D	01/03/2019	29/02/2020

Policy Information					
Policy No.	5088310646-02	Policyholder Name	PLATINUM MOTORING	Policyholder NRIC	53356190J
Certificate No.					
Address	53 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934				
Product Name	MOTOR TRADE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	15/02/2019	Effective Date	01/03/2019 00:00	Expiry Date	29/02/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Dr
Agent	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyholder Mailing Address					
Address 1	53 UBI AVENUE 1	Address 2	#01-25 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-24	Related Policy Number	5088310646-02		
Insured Object: MAX OH QIN SHENG/S9331584G_FREDERICK NG JUN MING/S9400462D_WONG ZHEN ZHONG BENJAMIN/S9016498H_OH KHUAN HONG /S9223000G_NG ENG H					
Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content	
1	25/06/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity. We confirm that from 25/06/2019 the following amendment(s) is/are policy: INCLUSION OF NAMED: ENG HOE DELETION OF NAME: PAN WEI BENJAMIN In view of an additional premium of \$26.7 GST) is payable under your policy will be debited to your credit card number 4265-88xx-xxxx-7053.</p> <p>Thank you for giving us the opportunity. We confirm that from 01/07/2019 the following amendment(s) is/are policy: INCLUSION OF NAMED: KHUAN HONG In view of this an additional premium of \$251.65 GST) is payable under your policy this premium payment request made payment. Otherwise, we if you could make payment to days from the date of this letter payment, please issue the check "NTUC Income" with your name number indicated on the reverse. Alternatively, you could also make any of our branches by cash, or NETS.</p>	
2	01/07/2019 00:00	Basic Information Endorsement	Entry Rejected		

Claim Handling

Exit

Accident MT/1058497

Policy No.	5085310646-02	Vehicle No.		GST Registration No.	
Certificate No.					
Policyholder Name	PLATINUM MOTORING			Policyholder NRIC	533561903
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Loading	0
Motor Trade Plate No.	SLD8236X	Motor Trade Driver Name	NG ENG HOE	Motor Trade Driver NRIC	S1771522D
Contact No.(Mobile)	92389179	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
ICFR	<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	20/08/2019 11:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/08/2019	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UBI AVE 2				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-25 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-24	Related Policy Number	5085310646-02		

OI Driver Info

Driver Name	NG ENG HOE	Driver Type	Named Driver	Driver DOB	06/06/1966
Unnamed driver Name		Driver NRIC	S1771522D	Driving Experience	35
Register Date of Driver License	30/11/1983	Driver Age	53	Contact No.(Home)	0
Contact No.(Mobile)	83791878	Contact No.(Office)	0	Address 3	WATERWAY WOODCRESS
Address 1	BLK 665C	Address 2	PUNGGOOL DRIVE	Post Code	823665
Address 4	SINGAPORE 823665	Address Type	Singapore address		
Unit No.	05-524				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MR	Insured Name	PLATINUM MOTORING	Insured NRIC	533561903
Contact No.(Mobile)	93668262	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number		TP Vehicle Number	YP2352R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	/ YP2352R ON 19 Aug 2019				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/08/2019 11:12	Claim Close Date		Date Received	20/08/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment










Accident No.	MT/1058497	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/08/2019 11:13

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Browse...	Clear	Please Select	Y/N	Normal	
Browse...	Clear	Please Select	Y/N	Normal	
Browse...	Clear	Please Select	Y/N	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 20 Aug 2019 11:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 20 Aug 2019 11:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 20 Aug 2019 11:12	SAS	Normal	SAS 2019-8-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 20 Aug 2019 11:12	Photos	Normal	Photos 2019-8-20		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 20 Aug 2019 11:12	Photos	Normal	Photos 2019-8-20		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 20 Aug 2019 11:12	Photos	Normal	Photos 2019-8-20		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"/>				