

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MUA 11911 0008

Date In: 21/10/19 15:17	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19014317/24	SAS e-filing		
Veh No: JK37085	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 16/8/19-17:00	i-Motor Claim Form	M71058833-001	21/10/19 18:30
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: 4BC7737P

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

NA 1906376

Invoice Preparation Checklist

Amt (\$)
In Bill

Amt (\$)
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	21/08/2019 15:57
Date Of Accident	16/08/2019 17:00
Exact Location Of Accident	TUAS RD ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB7008S
Insured/Policyholder	
Name Of Registered Owner	TYE FOT LIN
NRIC No	S7480797F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91112486
Alternative Phone No	OFFICE-91112486

Vehicle Particulars

Manufacturer	AUDI
Model	A6 1.8 TFSI ULTRA (PI)
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109848398
Cover Note Number	

Driver

Name of Driver	TYE FOT LIN
NRIC No	S7480797F
Date Of Birth	24/02/1974
Occupation	INDOOR
Date Of Driving Pass	30/11/2012
Driving Experience	6 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91112486
Fax Number	
Contact Number	OFFICE-91112486
Email Address	NOEMAIL

Address	BLK 112 BEDOK RESERVOIR ROAD #13-260
Postcode	470112
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 - ROUNDABOUT
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?	YES
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190818/2028.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC7757P
-----------------------------	----------

Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG POH CHENG
NRIC/Passport Number	S1644490A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	TYE FOT LIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKB7008S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


SKETCH PLAN

IMPORTANT NOTICE

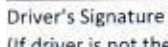
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **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:

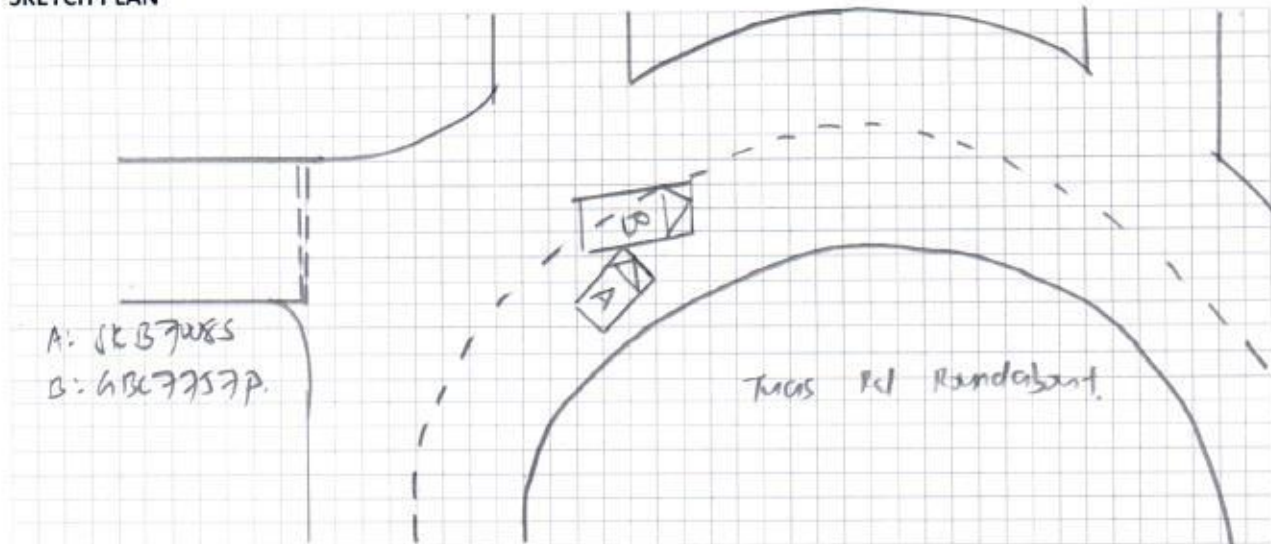


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20190818/2028.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 8 / 19) (DD/MM/YYYY), TIME: (17 : 00) (HH:MM)

LOCATION: Tuen Rd roundabout

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: J1037285
 b) INSURANCE COMPANY: NTC
 c) POLICY NUMBER: 5169848398
 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: private use
 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: Tye Fat Lin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2480762F CONTACT: 91112486
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

- * d) DATE OF BIRTH: (24 / 2 / 1971) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 33 / 11 / 2011

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Driver conveyed.

7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: ABC7757P MODEL:
 b) DRIVER'S NAME: Ong Bin Cheng
 c) NRIC/FIN/PASSPORT: S1644490A CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
 (4)
 1 male
 3 female

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

Email = ms panel

Pauline Lim-lie.hwe@gmail.com

fax =

VIDE.O = / (With TP)



SINGAPORE POLICE FORCE



T/20190818/2028

1 of 3

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

Report No. T/20190818/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2019 10:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TYE FOT LIN			Address: APT BLK 112 BEDOK RESERVOIR ROAD #13-260 EUNOS VISTA SINGAPORE 470112		
ID Type / ID No.: NRIC NO / S7480797F			Contact No.: Home/Office: Mobile: 91112486		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 45	Date of Birth: 24/02/1974	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/08/2019 17:00	Type of Location: Roundabout
Location: Along Road 1 TUAS ROAD				
BEFORE PIE EXIT (ROUNDAABOUT)				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC7757P	Lorry				No Damage	0
SKB7008S	Car	AUDI	A6 1.8 TFSI ULTRA (PI)	Black	Seriously Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKB7008S	NTUC Income Insurance Co-Operative Limited	5109848398	29/05/2019	28/05/2020



SINGAPORE POLICE FORCE



T/20190818/2028

2 of 3

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

Report No. T/20190818/2028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TYE FOT LIN	ID No.	S7480797F
Related Vehicle	SKB7008S (Car)	Contact No.	91112486
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/08/2019	Date Discharge	16/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON THE ABOVE MENTIONED DATE AND LOCATION, I WAS DRIVING MY CAR AROUND THE ROUNDABOUT WHEN A LORRY HIT THE FRONT LEFT BUMPER OF MY CAR. THE DRIVER OF THE LORRY STOPPED AND ASKED ME TO MOVE OUR VEHICLES TOWARDS THE SIDE OF THE ROAD. MY FRIEND IN THE CAR CALLED FOR POLICE. I EXCHANGED DETAILS WITH THE LORRY DRIVER AND GOT HIS NRIC NUMBER AND PHONE NUMBER. POLICE ARRIVED AND ASKED FOR THE FACTS. THEY ALSO CALLED FOR AMBULANCE. I WAS CONVEYED TO NG TENG FONG GENERAL HOSPITAL. MY VEHICLE WAS DAMAGED AND THE LORRY WAS DIDN'T LOOK DAMAGED. THE POLICE OFFICER TOOK THE SD CARD FROM MY CAR CAMERA.

IO JOFI : 65476960



**SINGAPORE
POLICE FORCE**



T/20190818/2028

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

3 of 3

Report No. T/20190818/2028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
MUHAMMAD DANIAL BIN KHAIRILAMRI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 HO JIEKANG, IVAN
Contact No.: 65476170

Authentication Stamp
NP168


Signature Of Informant:

Date/Time:
18/08/2019 10:54

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: 

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7480797F**

Name: **TYE FOT LIN**

Birth Date: **24 Feb 1974**

Issue Date: **30 Nov 2012**

002128227E

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7480797F**

Name: **TYE FOT LIN**

Race: **CHINESE**

Date of birth: **24-02-1974**

Sex: **F**

Country/Place of birth: **MALAYSIA**

6160255

For LKK/NAC Use Only

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

EFFECTIVE DATE: **30 Nov 2012**

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No. **S7480797F**

For LKK/NAC Use Only

6160255

NRIC No. **S7480797F**

Date of issue: **29-03-2019**

Address: **APT BLK 112 BEDOK RESERVOIR ROAD
#13-260
SINGAPORE 470112**

For LKK/NAC Use Only

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="16/08/2019 17:00"/>							
Vehicle No.(For Motor)	<input type="text" value="SKB7008S"/>	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"/>	5109848398		TYE FOT LIN	S7480797F	GPC	drive CLASSIC	SKB7008S	SKB7008S	29/05/2019	28/05/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5109848398	Policyholder Name	TYE FOT LIN	Policyholder NRIC	S7480797F
Certificate No.					
Address	BLK 112 # BEDOK RESERVOIR ROAD EUNOS VISTA SINGAPORE 470112				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	29/05/2019	Effective Date	29/05/2019 00:00	Expiry Date	28/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 112 #13-260	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS VISTA
Address 4	SINGAPORE 470112	Address Type	Singapore address	Post Code	470112
Unit No.	13-260	Related Policy Number	5109848398		

Insured Object: SKB7008S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	07/06/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 07 Jun 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: DBS BANK LTD CHASSIS NUMBER: WAUZZZ4G8GN038840 ENGINE NUMBER: CYG007646 VEHICLE REGISTRATION NUMBER: SKB7008S ORIGINAL REGISTRATION DATE: 30 Nov 2015

Continue

Cancel

Claim Handling

Exit

Accident MT/1058833

Policy No.	5109648396	Vehicle No.	SKB7008S	GST Registration No.	
Certificate No.					
Policyholder Name	TYE POT LIN			Policyholder NRIC	57480797F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91112486	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	21/08/2019 18:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	16/08/2019	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TUAS RD ROUNDABOUT				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	500.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	500.00	Total TP Excess Applicable	0.00		
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 112 #13-260	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS VISTA
Address 4	SINGAPORE 470112	Address Type	Singapore address	Post Code	470112
Unit No.	13-260	Related Policy Number	5109648396		
OS Driver Info					
Driver Name	TYE POT LIN	Driver Type	Main Driver	Driver DOB	24/02/1974
Unnamed driver Name		Driver NRIC	57480797F	Driving Experience	6
Register Date of Driver License	30/11/2012	Driver Age	45	Contact No.(Home)	0
Contact No.(Mobile)	91112486	Contact No.(Office)	0	Address 3	EUNOS VISTA
Address 1	BLK 112	Address 2	BEDOK RESERVOIR ROAD	Post Code	470112
Address 4	SINGAPORE 470112	Address Type	Singapore address		
Unit No.	13-260				
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		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	TYE POT LIN	Insured NRIC	57480797F
Contact No.(Mobile)		Contact No.(Home)	62538286	Contact No.(Office)	
Email Address		OS Vehicle Number	SKB7008S	TP Vehicle Number	GBC7757P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKB7008S / GBC7757P ON 16 Aug 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	21/08/2019 18:30	Claim Close Date		Date Received	21/08/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1058833	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/08/2019 18:31		
Path *		Category *	Confidential	Urgency *	Description *
Browse...		Clear	Please Select	Normal	

<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"/>
<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"/>

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 18:31	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 18:31	SAS	Normal	SAS 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 18:31	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 18:31	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 18:31	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 18:31	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 18:31	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 18:31	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 18:31	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 18:31	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 18:31	Photos	Normal	Photos 2019-8-21		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 21 Aug 2019 18:31	Photos	Normal	Photos 2019-8-21		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"/>				