

# NATIONAL Assessment Centre Services

Date In: 09/09/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1905960/13	SAS e-filing		
Veh No: GY3893E	E-mail (within 8hrs: AIC 2hrs)		
D.O.A 13/08/19 1930	i-Motor Claim Form	MT/1057718-002	
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: 5CE642D	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%; F: 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

NA1906889	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (N-n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	09/09/2019 16:19
Date Of Accident	13/08/2019 19:30
Exact Location Of Accident	HOUANG AVE 3(OUTSIDE CHAO YING TEMPLE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY3893E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EUDORA CONCEPTS PTE. LTD.
Co Reg No	201420125H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87148000

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	CADDY
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5087134482-02
Cover Note Number	

### Driver

Name of Driver	LIM TECK SENG(LIN DELI)
NRIC No	S7221934A
Date Of Birth	19/06/1972
Occupation	INDOOR
Date Of Driving Pass	17/02/1990
Driving Experience	29 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87148000
Fax Number	
Contact Number	
Email Address	ALVINLIM@MAC.COM

Address	NO 2 LOR 7 REALTY PARK
Postcode	536761
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?	NO
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

PLS REFER TO THE ATTACHED 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	SLE642D
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIN JENG CHYUAN
NRIC/Passport Number	S8218180F
Contact Number	96518149
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 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.

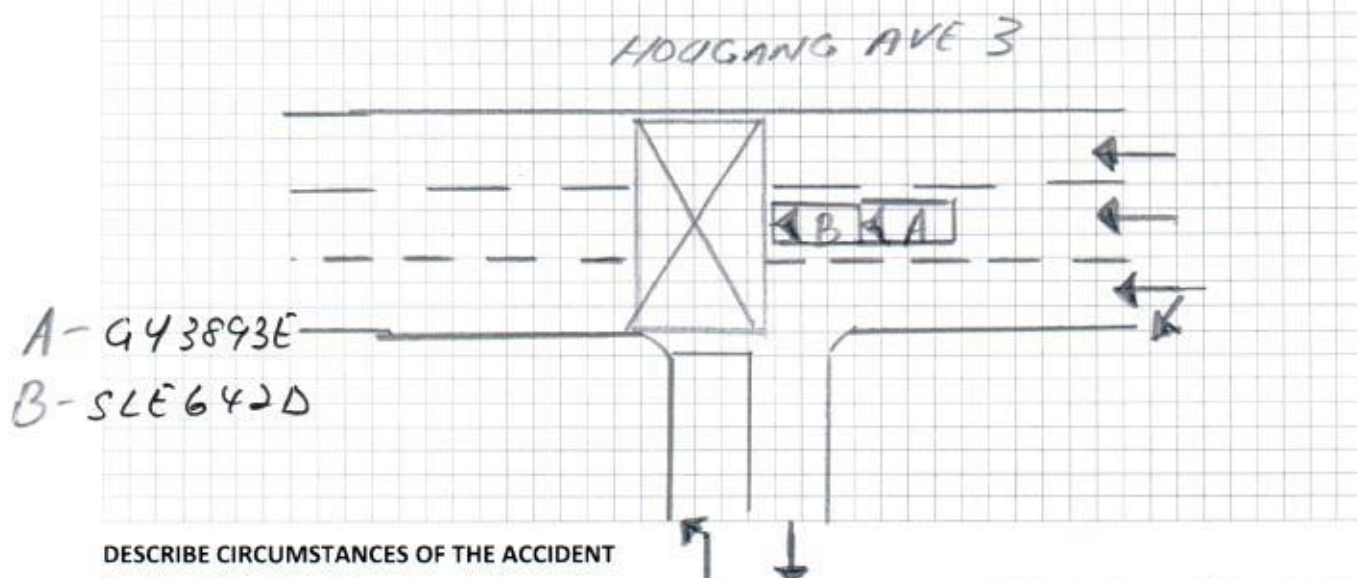
  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14/8/19

 09/09/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I looked ~~into~~ to the right of my vehicle for a moment and when I looked forward thinking that the ~~vehicle~~ vehicle B has moved off but it has not and I was not able to stop in time to prevent banging into the back of the vehicle B.

Upon the incident, I stepped out and apologized for the accident and proceed to ask to exchange our particulars. We had an amicable discussion and took photos and particulars of the location. He told me that it good that at least no one was injured. I walked around his vehicle to take picture, but it was dark and I was not able to see or nor was I advised that there was a passenger in vehicle B, till we drove off and about 5-8 mins later the driver called me and told me that the passenger in vehicle B claim that he has neckache (whiplash from the accident) the following day he sent me the medical certificate for himself and the passenger. And ~~also~~ also advise that because his MC is more than 3 days, so he had been advised by his workshop (which he told me is owned by his friend) that he has to make police report.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14/8/19

Reporting Centre Personnel's Signature  
Name: *sfym* 09/09/19  
NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification Number: S7221934A

Name: LIM TECK LEE (LIM DELI)

Birth Date: 19 Jun 1972

Issue Date: 01 Oct 2014

002351249B




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

	EFFECTIVE DATE
Class 2B Motorcycles $\leq$ 200 cc	29 Dec 1993
Class 2A Motorcycles between 201 cc and 400 cc	28 Apr 1995
Class 2 Motorcycles $>$ 400 cc	06 Aug 2000
Class 3 Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver, and other motor vehicles $\leq$ 2500kg	17 Feb 1990

NP 428A

Licence No: S7221934A







Immigration & Checkpoints Authority

ADVISORY ON LOSS OF IC

02 AUG 2019

IC COLLECTION SLIP



NRIC NO

(S7221934A)

(PINK IC)

FEES

\$300.00

NAME

LIM TECK LEE

COLLECTION COUNTER

Please visit <https://eservices.ica.gov.sg/ibook> or our mobile app, (eAPPT@ICA) to make an appointment

COLLECTION DATE

17/10/2019

DATE OF ISSUE

17/07/2019

REGISTRATION OFFICER

NUR ERINDA BTE RAZALI

SIGNATURE/OTP OF RECIPIENT

COLLECTION HOURS

8.00 am - 4.30 pm (Mon-Fri)  
8.00 am - 12.30 pm (Sat)

Your IC will be destroyed if you do not collect it within 3 months from the collection date and you will have to pay the fee for a new replacement IC. Do not wear Colored/Patterned contact lenses during collection. You may authorise a Singapore Citizen or Singapore Permanent Resident to collect the IC on your behalf. Please inform the proxy to produce his/her IC and the collection slip duly completed on the reverse side of the collection slip. Proxy collection is not allowed at SingPost and iCollect.

**Losing an IC is a serious matter. Please be extra careful with your IC.**

**I acknowledge that any request for refund of the IC replacement fee for IC recovered after grace period will not be acceded to. The recovered IC which has been rendered as invalid has to be returned to this office for cancellation.**

Signature of IC Holder

Date:

07 JUL 2019



EUDORA CONCEPTS PTE. LTD. 9.7.pdf

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA)
bizFILE

INFORMATION REQUIRED

WHILEST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED & 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 EUDORA CONCEPTS PTE. LTD. (201420129H)      Date: 09/07/2014

The Following Are The Brief Particulars of :

Registration No.	201420129H
Company Name	EUDORA CONCEPTS PTE. LTD.
Former Name (if any)	
Incorporation Date	09/07/2014
Company Type	LIMITED LIABILITY PRIVATE COMPANY
Status	Live Company
Status Date	09/07/2014

Principal Activities

Activities (1)	48311
Description	WHOLESALE OF COMPUTER HARDWARE AND PERIPHERAL EQUIPMENT
Activities (2)	48300
Description	GENERAL WHOLESALE TRADE

Capital

Issued Share Capital *	Number of shares	Currency	Share Type
(AMOUNT)			
5000.00	5000	SINGAPORE DOLLARS	ORDINARY

\* Number of Shares includes number of Treasury Shares

Paid-Up Capital	Number of shares	Currency	Share Type
(AMOUNT)			
5000.00		SINGAPORE DOLLARS	ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares	Currency

Registered Office Address      740 YISHUN STREET 72  
#07-128  
SINGAPORE (760748)

Date of Address      09/07/2014

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ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA)
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Immigration & Checkpoints Authority

**ADVISORY ON LOSS OF IC**

02 AUG 2019

NAME: \_\_\_\_\_ NRIC: S72219348

You have reported the loss of your identity card (IC) to IC Unit. If you recover your lost IC within the grace period, you are to bring it to this office by **02 AUG 2019** (Mondays to Fridays from 8.00 am to 4.30 pm) for the refund of your IC replacement fee.

Please come in person with the following documents:

- 1) ☒ Original IC which was recovered;
- 2) ☒ Original IC collection slip; and
- 3) ☒ Copy of Bank Statement with your particulars (Full Name and Account No.).

**Losing an IC is a serious matter. Please be extra careful with your IC.**

**I acknowledge that any request for refund of the IC replacement fee for IC recovered after grace period will not be acceded to. The recovered IC which has been rendered as invalid has to be returned to this office for cancellation.**

Signature of IC Holder

Date: **07 JUL 2019**

# ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 08 / 2019) (DD/MM/YYYY), TIME: (19 : 32) (HH:MM)

LOCATION: Hougang Ave 3 (outside Chao Ying Temple)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GY 8893 E  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5087134482-02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: VW CADDY  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: ON THE WAY HOME  
 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: CHANGS INTERNATIONAL PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 87148000  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: LIM TECK LEE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7221934A CONTACT: 87148000  
 c) ADDRESS: No 2 Lorong 7 Realty Park S(586761)

\*d) DATE OF BIRTH: (19 / 06 / 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 17 Feb 1990

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: SLE 642D MODEL: HONDA VEZEL  
 b) DRIVER'S NAME: CHIN JENG HYUAN  
 c) NRIC/FIN/PASSPORT: S8218180F CONTACT: 96518149

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
 (01)

\* No of passenger  
 (including driver)  
 (02)

\* No of passenger  
 (including driver)  
 ( )

14/08/19

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 company stamp ✓

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Email = alvinlim@mac.com

fax =

VIDEO =

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## 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 :** 5087134482-02

**Cover :** Third Party, Fire & Theft

- |                                                                                                                                                                                                                                                                                                               |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1. Index mark and Registration Number of Vehicle                                                                                                                                                                                                                                                              | : GY3893E                   |
| Chassis Number                                                                                                                                                                                                                                                                                                | : WV1ZZZ2KZ5X027341         |
| 2. Name of Policyholder                                                                                                                                                                                                                                                                                       | : EUDORA CONCEPTS PTE. LTD. |
| 3. Effective Date of Insurance                                                                                                                                                                                                                                                                                | : 25 Mar 2019               |
| 4. Expiry Date of Insurance                                                                                                                                                                                                                                                                                   | : 20 Mar 2020               |
| 5. Persons or Classes of Persons entitled to drive#                                                                                                                                                                                                                                                           |                             |
| (a) The Policyholder.                                                                                                                                                                                                                                                                                         |                             |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.                                                                                                                                                                                                                   |                             |
| 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 for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.                                                                                                                                                                                           |                             |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.                                                                                                                                                                                                               |                             |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : ABWIN PTE LTD (00000614234)

Date of Issue : 25 Mar 2019 15:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1057718

Policy No.	5087134482-02	Vehicle No.	GY3893E	GST Registrat
Certificate No.				
Policyholder Name	EUDORA CONCEPTS PTE. LTD.			Policyholder f
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(f
Email Address		Special Remark		eCode
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(%)	15	Private Hire

▼ Accident Details

Report Date	15/08/2019 08:28	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/08/2019	Time of Accident hh:mm	19:30	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	HOUGANG AVE 3 (BESIDE ZI YUN KAI JI KONG TEMPLE)			

▼ Excess

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

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/
GST Registration No.	201420125H	GST Status Verified	Yes
Modification History	15/08/2019 08:29:08 System changed GST Registered from No to Yes 15/08/2019 08:29:08 System changed GST Registration No. from null to 201420125H 15/08/2019 08:29:08 System changed GST Registration Date from null to 01/10/2014		

▼ Policyholder Mailing Address

Address 1	2 LORONG 7 REALTY PARK	Address 2	PEOPLE'S GARDEN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	07-126	Related Policy Number	5087134482-02	

▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Exper
Contact No.(Mobile)		Contact No.(Office)		Contact No.(f
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

Modification History

Claim 002 OD-MX New

Claim Type \*

OD-MX

Insured Name

TM

Contact No.(Mobile)

Contact No. (Home)

Email Address

OI Vehicle Number

TC

Claim Description

GY3893E / SLE642D ON 13 Aug 2019

Preferred Workshop

Yes

Insured Liability

Fully at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

10/09/2019 11:49

Claim Close Date

Report Taken By

ROSINDA

Workshop Repairer

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1057718	Claim No.	002
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Last Doc. Received

Yes

No

Upload Date

10/09/2019 00:00

Path \*

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Category \*

Confid

Clear

Please Select

NO

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NO

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NO

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Please Select

NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2019 11:49	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2019 11:49	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2019 11:49	SAS		Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2019 11:49	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2019 11:49	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2019 11:48	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2019 11:48	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2019 11:48	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2019 11:48	Photos		Normal	P
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Sep 2019 11:48	Photos		Normal	P
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