

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	18/09/2019 16:15
Date Of Accident	17/09/2019 19:05
Exact Location Of Accident	PIE (CHANGI) BEFORE EUNOS LINK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK8143E
Insured/Policyholder	
Name Of Registered Owner	HO HIM YAW
NRIC No	S7182560D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97234570
Alternative Phone No	OFFICE-97234570

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA5 2.0L SP 5EAT ABS D/AB 2WD 5DR SR
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	5080428703-03
Cover Note Number	

Driver

Name of Driver	HO HIM YAW
NRIC No	S7182560D
Date Of Birth	29/10/1971
Occupation	INDOOR
Date Of Driving Pass	10/03/2005
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97234570
Fax Number	
Contact Number	OFFICE-97234570
Email Address	NOEMAIL

Address	BLK 351 TAMPINES STREET 33 #05-466
Postcode	520351
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	CHAIN 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	4
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?	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/20190918/7016.

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	SMA6124C
Vehicle Make/Model/Colour	JAGUAR F-PACE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MANAV BATRA
NRIC/Passport Number	S7787851C
Contact Number	91805432
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGS7713Y
Vehicle Make/Model/Colour HONDA CIVIC
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MOHAMAD HAIKEL BIN MOHAMAD HAFIDZ
NRIC/Passport Number S8817196I
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLL9863L
Vehicle Make/Model/Colour TOYOTA VIOS
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TAN WEI CHIEH
NRIC/Passport Number S7673432A
Contact Number 84688413
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HO HIM YAW
Approximate Age
Injuries Sustain ARM, CHEST, NECK & BACK
Injured person in which vehicle? SKK8143E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

SKETCH PLAN



A-SKK9143E
B-SMA6124C
C-SGS7713Y
D-SLL9863L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT DETAILS

Date of accident	17 September 2019	(DD/MM/YY)
Time of accident	1905 hrs	(HH:MM)
Exact location of accident	Along PIE toward Changi before Eunor Exit	

DETAILS OF VEHICLE

Vehicle registration number	JKK8143E		
Vehicle make and model	MAZDA 5		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	PERSONAL USE		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number	5060428703-03		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Ho Him Yaw	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S71825600		
Contact	97234570		
Address	Blk 351 Tampines Street 33 #05-466 S(520351)		

DRIVER

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

Name			Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number				
Contact				
Address				
Email address				
Date of birth	29/10/1971			
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>		
Driving date pass	10 March 2005			

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Owner</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>1</u> (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

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

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

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

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

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

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

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

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SMA6124C
Vehicle make model	Jaguar F-Pace
Name	Manav Batra
NRIC / Fin / Passport number	S7787851C
Contact	91805432

THIRD PARTY VEHICLE 2	
Vehicle registration number	SGS7713Y
Vehicle make model	Honda Civic
Name	Mohamad Haikel Bin Mohamad Hafidz
NRIC / Fin / Passport number	S8817196I
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	SLL9863L
Vehicle make model	Toyota Vios
Name	Tai Wei Chieh
NRIC / Fin / Passport number	S7673432A
Contact	84688413

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

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

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

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

INJURED PERSON 1	
Name	Ho Him Yaw
Injuries sustained	arm , chest , neck , back
Which vehicle person in?	SKK 8143E
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

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



SINGAPORE POLICE FORCE



T/20190918/7016

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

1 of 4

Report No. T/20190918/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2019 14:22			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: HO HIM YAW			Address: APT BLK 351 TAMPINES STREET 33 #05-466 SINGAPORE 520351		
ID Type / ID No.: NRIC NO / S7182560D			Contact No.: Home/Office:		Mobile: 97234570
Nationality: MALAYSIAN			Email: yaw4570@gmail.com		
Sex: Male	Age: 47	Date of Birth: 29/10/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OPERATION MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/09/2019 19:05	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Chain collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGS7713Y	Car	HONDA	Civic	Blue	Slightly Damaged	0
SKK8143E	Car	MAZDA	MAZDA5 2.0L SP 5EAT ABS D/AB 2WD 5DR SR	Black		0
SLL9863L	Car	TOYOTA	Vios	Grey	Seriously Damaged	1
SMA6124C	Car	JAGUAR	Jaguar	Black	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190918/7016

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

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Report No. T/20190918/7016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKK8143E	NTUC Income Insurance Co-Operative Limited	5080428703-03	02/09/2019	01/09/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHAMAD HAIKEL BIN MOHAMAD HAFIDZ		ID No.	S8817196I
Related Vehicle	SGS7713Y (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	HO HIM YAW		ID No.	S7182560D
Related Vehicle	SKK8143E (Car)		Contact No.	97234570
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/09/2019		Date Discharge	17/09/2019
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	TAI WEI CHIEH		ID No.	S7673432A
Related Vehicle	SLL9863L (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20190918/7016

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

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Report No. T/20190918/7016

CONTINUATION OF REPORT

Driver			
Name	MANAV BATRA	ID No.	S7787851C
Related Vehicle	SMA6124C (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17 September 2019 at about 1905hrs I was driving my vehicle SKK8143E along Pie Changi before Eunus exit on lane 1. Suddenly a vehicle SLL9863L slow down and I follow suit. Suddenly I felt an impact coming from the rear of my vehicle. I go down my vehicle and realised that vehicle SMA6124C had collided onto the rear of my vehicle which cause my vehicle to push forward and result into a 4 car chain collision. The first car was SGS7713Y.

I sustained injuries from the above mentioned accident and was given a 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20190918/7016

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

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Report No. T/20190918/7016

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
18/09/2019 14:22

Classification Of Case:

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="17/09/2019 19:05"/>							
Vehicle No. (For Motor)	<input type="text" value="SKK8143E"/>	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"/>	5080428703-03		HO HIM YAW	57182560D	GPC	drive CLASSIC	SKK8143E	SKK8143E	02/09/2019	01/09/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1062962

Policy No.	5060428703-03	Vehicle No.	SKK8143E	GST Registration No.	
Certificate No.					
Policyholder Name	HO HIM YAW			Policyholder NRIC	S7182560D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
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	No	NCD Entitlement(%)	50	Private Hire	Yes

Accident Details

Report Date	18/09/2019 14:58	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	17/09/2019	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TOWARDS CHANGI				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0				
Total OD Excess Applicable	600.00	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 351 #05-466	Address 2	TAMPINES STREET 33	Address 3	SINGAPORE 520351
Address 4		Address Type	Singapore address	Post Code	520351
Unit No.	05-466	Related Policy Number	5060428703-03		

OI Driver Info

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

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	HO HIM YAW	Insured NRIC	S7182560D
Contact No.(Mobile)	97234570	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKK8143E	TP Vehicle Number	SMA6124C
Claimant Type Claimant Type *	Please Select	Type of Benef *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKK8143E / SMA6124C ON 17 Sept 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	18/09/2019 16:29	Claim Close Date		Date Received	18/09/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?

☐ Send Message

(CD)



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Sep 2019 16:31	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-9-18
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Sep 2019 16:30	SAS		Normal	SAS 2019-9-18
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Sep 2019 16:30	Photos		Normal	Photos 2019-9-18
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Sep 2019 16:30	Photos		Normal	Photos 2019-9-18
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Sep 2019 16:30	Photos		Normal	Photos 2019-9-18
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Sep 2019 16:30	Photos		Normal	Photos 2019-9-18
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Sep 2019 16:30	Photos		Normal	Photos 2019-9-18
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Sep 2019 16:30	Photos		Normal	Photos 2019-9-18
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Sep 2019 16:30	Photos		Normal	Photos 2019-9-18
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Sep 2019 16:30	Photos		Normal	Photos 2019-9-18
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Sep 2019 16:30	Photos		Normal	Photos 2019-9-18
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Sep 2019 16:30	Photos		Normal	Photos 2019-9-18
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Sep 2019 16:30	Photos		Normal	Photos 2019-9-18
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Sep 2019 16:30	Photos		Normal	Photos 2019-9-18
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 18 Sep 2019 16:30	Photos		Normal	Photos 2019-9-18

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	