

# NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MMA 119131554

|                            |  |                       |               |
|----------------------------|--|-----------------------|---------------|
| Date In: 4/10/19 15:04     | Job description                          | Date & Time Completed | Done by       |
| Ref No: MA/INC 19017515/14 | SAS e-filing                             |                       |               |
| Veh No: SJU 1241K          | E-mail (within 2hrs, AIC 2hrs)           |                       |               |
| DATA: 2/10/19 16:00        | I-Motor Claim Form                       | MT/1065421-001        | 4/10/19 15:43 |
| OD - TP / Reporting Only   | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |               |
| TP Insurer:                | I-Photo Uploaded                         |                       |               |
|                            | Assessment/Survey Report                 |                       |               |
|                            | Ass't Report by Fax / Hand to Owner/Wksp |                       |               |

|   |  |                 |
|---|--|-----------------|
| Prod and Wksp / INC Assign Wksp / QW: (   | Tel:   | Fax:            |
| TP Particulars:   | Veh No: SP power Gridbox 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 ( ) / Non-INC ( ) | 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 | Assigns |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |             |
|---------------------------------|---|-------------|-------------|
| MA1907422                       | Invoice Breakdown                               | Amount (\$) | Amount (\$) |
| Claimant's Particulars:         | 1) AR: Accident Reporting (\$30)                | 30.00       |             |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |             |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |             |             |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |             |             |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30    |             |             |
| Auditors Comments:              | For claiming against INC Only (wef 10 Jan 2005) |             |             |
| Tel:                            | 6) TR: Re-inspection \$75                       |             |             |
|                                 | 7) NI: Idao 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 (Nil) : TP (Non INC) against INC \$20        |             |             |
|                                 | 9) N12: Idao Mobile \$0                         |             |             |
|                                 | 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             | 04/10/2019 15:04                       |
| Date Of Accident           | 02/10/2019 16:00                       |
| Exact Location Of Accident | KPE(TPE) SLIP RD OF BUANGKOK E DR EXIT |
| Country/State of Loss      | SINGAPORE                              |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJU1241K             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | SHARING WELL PTE LTD |
| Co Reg No                   | 201617903C           |
| Email Address               | NOEMAIL              |
| Mobile Phone No             |                      |
| Alternative Phone No        | OFFICE-90016182      |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | TOYOTA         |
| Model  | AXIO           |
| 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                                       | REPORTING ONLY |
| Vehicle Category   | PRIVATE HIRE   |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5095483412-01                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | AZMAN BIN AMIR        |
| NRIC No              | S1398885D             |
| Date Of Birth        | 11/11/1959            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 19/04/1988            |
| Driving Experience   | 31 YEARS AND 5 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-90365273  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |

|   |                                |
|---|--------------------------------|
| Address   | BLK 811 TAMPINES AVE 4 #03-211 |
| Postcode  | 520811                         |
| Was driver an employee of the Insured's Company     | NO                             |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                  |
| Vehicle Registration Number of Driver's Own Vehicle | -                              |
|   | -                              |
|   | -                              |
| Insurance Company of Driver's Own Vehicle           | -                              |
|   | -                              |
|   | -                              |

#### General Information of the Accident

|                    |                        |
|--------------------|------------------------|
| Type Of Accident   | COLLIDED INTO PROPERTY |
| Weather Conditions | RAINING                |
| Road Surface       | WET                    |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 1   |
| Was any body injured in the Accident?   | NO  |
| Was any injured conveyed to hospital by ambulance?  |     |
| 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                       | TAMPINES N.P.C   |
| Police Station Address                    | ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: - FAX NO:  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191003/2021

#### 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 |                   |
| Vehicle Make/Model/Colour   | SP POWER GRID BOX |
| Details Of Properties       |                   |
| Vehicle Category            | GOVERNMENT        |
| Name of Driver              |                   |
| NRIC/Passport Number        |                   |
| Contact Number              |                   |
| 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:

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

# SKETCH PLAN

Sp power grid box

tree.

A = SJU 1241K

KPE (TPE) Slip Rd of Ruang Kok E Dr.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20191003/2021

## 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: ( 2 / 10 / 19 ) (DD/MM/YYYY), TIME: ( 16 : 00 ) (HH:MM)

LOCATION: KPE CTPE) Slip Rd of Buangkok E Dr. Exit

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJU 1241K.  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
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)

Wrehee.

6858 0019

## 2. INSURED / POLICY HOLDER

- A) NAME: Sharang well Pte Ltd. (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90016182.  
C) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: Azman Bin Amir. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer.

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: Tampines MPC.

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: Sp Power Grid box box. MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

\* VEH take photo. Email = Sharang welath Lhp @ gmail-com.  
fax =  
VIDEO = NO.





# SINGAPORE POLICE FORCE



T/20191003/2021

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20191003/2021

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                                     |  |                          |                            |
|--|------------|-------------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made:<br>03/10/2019 06:38 |            | Vide Report No.:<br>G/20191002/0159 |  | Station Diary No.:<br>25 |                            |
| <b>Informant's Particulars</b>             |            |                                     |  |                          |                            |
| Name of Informant:<br>AZMAN BIN AMIR       |            |                                     | Address:<br>APT BLK 811 TAMPINES AVENUE 4 #03-211 SINGAPORE 520811 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S1398885D   |            |                                     | Contact No.:<br>Home/Office: Mobile: 90365273                      |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                                     | Email:   |                          |                            |
| Sex:<br>Male                               | Age:<br>59 | Date of Birth:<br>11/11/1959        | Type of Informant:<br>Driver                                       |                          |                            |
| Race:<br>Malay                             |            |                                     | Language:  |                          | Institution / School Name: |
| Occupation:<br>Private security officer    |            |                                     | Driving Licence Information:<br>Class: 3 Date of Expiry:           |                          |                            |

**General Information of the Accident**

|   |                                   |                                    |  |                                     |
|---|-----------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:   | Non-Injury<br>Government Property | Drink Drive:<br>No                 | Date/Time of Accident:<br>02/10/2019 16:00 | Type of Location:<br>Straight Road  |
| Location:<br>Along Road 1 Traveling Toward Road 2<br>KRANJI EXPRESSWAY<br>TAMPINES EXPRESSWAY<br>slip road of Buangkok East Drive |                                   |                                    |  |                                     |
| Weather:<br>Raining   |                                   | Road Surface:<br>Wet               |  | Road Speed Limit:                   |
| Traffic Flow:<br>Dual Carriage Way  |                                   | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Moving Vehicle Against - Others   |                                   |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition        | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SJU1241K    | Car  |      |       |       | Slightly Damaged | 0               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





**SINGAPORE  
POLICE FORCE**



T/20191003/2021

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3

Report No. T/20191003/2021

**CONTINUATION OF REPORT**

| Driver                            |                |  |                                 |
|-----------------------------------|----------------|--|---------------------------------|
| Name                              | AZMAN BIN AMIR | ID No.                                 | S1398885D                       |
| Related Vehicle                   | SJU1241K (Car) | Contact No.                            | 90365273                        |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL            | Degree of Injury                       | NIL                             |

**Brief Details.**

On 02/10/2019 @ around 1600hrs, I was driving a rental car SJU1241K along KPE (TPE) at the slip road of Buangkok East Drive Exit when my rental car suddenly skidded due to the rain and my rental car hit the SP Power Grid Box. I was not injured.

I was advised to lodge a NP 168.



**SINGAPORE  
POLICE FORCE**



T/20191003/2021

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No. T/20191003/2021

**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:

G /

Sr Staff Sgt MOHAMMAD ABDULGHANI BIN  
MOHD ADNAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Signature Of Informant:

Date/Time:

03/10/2019 06:38

Classification Of Case:



POLICE FORCE

SIGNATURE

Authentication Stamp

NP168



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="02/10/2019 14:22"/> |
| Vehicle No.(For Motor)                | <input type="text" value="SJU1241K"/> | 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"/> | 5095483412-01 |                    | SHARING WELL PTE LTD | 201617903C        | GPC     | drivo CLASSIC | SJU1241K    | SJU1241K       | 18/11/2018    | 17/11/2019  |

## Claim Handling

Accident MT/1065421

|   |   |                               |   |                        |                        |
|---|---|-------------------------------|---|------------------------|------------------------|
| Policy No.                              | 5095483412-01   | Vehicle No.                   | SJU1241K  | GST Registration No.   |                        |
| Certificate No.                         |   |                               |   |                        |                        |
| Policyholder Name                       | SHARING WELL PTE LTD  |                               |   | Policyholder NRIC      | 201617903C             |
| Product Code                            | PRIVATE CAR INSURANCE   | Cover Type                    | drive CLASSIC   | Loading                | 0                      |
| Contact No.(Mobile)                     | 90016182  | Contact No.(Office)           |   | Contact No.(Home)      |                        |
| Email Address                           |   | Special Remark                |   | eCode                  | No                     |
| 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(%)            | 20  | Private Hire           | Yes                    |
| <b>Accident Details</b>                 |   |                               |   |                        |                        |
| Report Date                             | 04/10/2019 15:38  | Accident Report Within 24 hrs | Yes   | Accident Type          | Collided into Property |
| Date of Accident                        | 02/10/2019  | Time of Accident hh:mm        | 16:00   | Country of Accident    | Singapore              |
| Reporting Centre                        |   | Orange Force                  |   | ICM No.                |                        |
| Accident Location                       | KPE(TPE) SLIP RD OF BUANGKOK E OR EXIT                        |                               |   |                        |                        |
| <b>Excess</b>                           |   |                               |   |                        |                        |
| Own damage Excess                       | 2,000.00  | Additional Excess             | 0   | Windscreen Excess      | 100.00                 |
| Unnamed Driver Excess                   |   | Outside Singapore OD Excess   | 2,000.00  |                        |                        |
| Third Party Excess                      | 1,500.00  | Outside Singapore TP Excess   | 1,500.00  |                        |                        |
| <b>Benefits</b>                         |   |                               |   |                        |                        |
| <b>GST Registered Information</b>       |   |                               |   |                        |                        |
| GST Registered                          | No  | GST Registration Date         |   |                        |                        |
| GST Registration No.                    |   | GST Status Verified           | Yes   |                        |                        |
| Modification History                    |   |                               |   |                        |                        |
| <b>Policyholder Mailing Address</b>     |   |                               |   |                        |                        |
| Address 1                               | 25 KAKI BUKIT ROAD 4  | Address 2                     | #06-30 SYNERGY @ KB   | Address 3              | SINGAPORE 417800       |
| Address 4                               |   | Address Type                  | Singapore address   | Post Code              | 417800                 |
| Unit No.                                | 06-30   | Related Policy Number         | 5104076025-01   |                        |                        |
| <b>01 Driver Info</b>                   |   |                               |   |                        |                        |
| Driver Name                             | Unnamed Driver  | Driver Type                   | Unnamed Driver  | Driver DOB             | 11/11/1959             |
| Unnamed driver Name                     | AZMAN BIN AMIR  | Driver NRIC                   | S139888SD   | Driving Experience     | 31                     |
| Register Date of Driver License         | 19/04/1988  | Driver Age                    | 59  | Contact No.(Home)      |                        |
| Contact No.(Mobile)                     | 90365273  | Contact No.(Office)           |   | Address 3              | TAMPINES POLYVIEW      |
| Address 1                               | BLK 811 #03-211   | Address 2                     | TAMPINES AVENUE 4   | Post Code              | 520811                 |
| Address 4                               | SINGAPORE 520811  | Address Type                  | Singapore address   |                        |                        |
| Unit No.                                | 03-211  |                               |   |                        |                        |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.            |   | Driver Insurer Company |                        |
| <b>Declaration</b>                      |   |                               |   |                        |                        |
| 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                     | SHARING WELL PTE LTD | Insured NRIC               | 201617903C       |
| Contact No.(Mobile)                                 |  | Contact No. (Home)               |                      | Contact No. (Office)       | 674161           |
| Email Address                                       |  | GI Vehicle Number                | SJU1241K             | TP Vehicle Number          | SP POW           |
| Claim Description                                   | SJU1241K / SP POWER GRID BOX ON 2 Oct 2019 |                                  |                      |                            |                  |
| Preferred Workshop                                  | 0  | Insured Liability                | Fully at Fault       | Name of Preferred Workshop | 0                |
| Preferred Repair Option                             | Yes  | Preferred Workshop, Name unknown | GIA report           | Received                   |                  |
| Date Registered                                     |  |                                  |                      | Claim Close Date           | 04/10/2019 15:41 |
| Report Taken By                                     |  |                                  |                      |                            | LIEW SHAN HUI    |
| <input checked="" type="checkbox"/> Print AK letter |  |                                  |                      |                            |                  |

Save Submit

## Attachment

|  |   |                       |                  |                                 |    |
|--|---|-----------------------|------------------|---------------------------------|----|
| Accident No.   | MT/1065421  | Claim No.             | 001              |                                 |    |
| Last Doc. Received   | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date           | 04/10/2019 15:43 |                                 |    |
| Path *   |   |                       |                  |                                 |    |
| Choose File  | No file chosen  | Clear                 | Please Select    |                                 |    |
| Choose File  | No file chosen  | Clear                 | Please Select    |                                 |    |
| Choose File  | No file chosen  | Clear                 | Please Select    |                                 |    |
| Choose File  | No file chosen  | Clear                 | Please Select    |                                 |    |
| Choose File  | No file chosen  | Clear                 | Please Select    |                                 |    |
| Choose File  | No file chosen  | Clear                 | Please Select    |                                 |    |
| Choose File  | No file chosen  | Clear                 | Please Select    |                                 |    |
| Message Read   |   |                       |                  |                                 |    |
| <b>Attachment List</b>                                       |   |                       |                  |                                 |    |
| Attachment   | Uploaded By/Date  | Category              | Urgency          | Description                     | Mt |
| NAC_PAYA_UBI_8006001( NATIONAL ASSESSMENT CENTRE SERVICES) a | 04 Oct 2019 15:43   | NRIC/ Driving License | Y                | NRIC/ Driving License 2019-10-4 |    |





Video List

|  |        |        |                  |
|--|--------|--------|------------------|
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:43 | SAS    | Normal | SAS 2019-10-4    |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:43 | Photos | Normal | Photos 2019-10-4 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:43 | Photos | Normal | Photos 2019-10-4 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:43 | Photos | Normal | Photos 2019-10-4 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:43 | Photos | Normal | Photos 2019-10-4 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:43 | Photos | Normal | Photos 2019-10-4 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:43 | Photos | Normal | Photos 2019-10-4 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:43 | Photos | Normal | Photos 2019-10-4 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:42 | Photos | Normal | Photos 2019-10-4 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:42 | Photos | Normal | Photos 2019-10-4 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:42 | Photos | Normal | Photos 2019-10-4 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:42 | Photos | Normal | Photos 2019-10-4 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:42 | Photos | Normal | Photos 2019-10-4 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:42 | Photos | Normal | Photos 2019-10-4 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:41 | Photos | Normal | Photos 2019-10-4 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:41 | Photos | Normal | Photos 2019-10-4 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:41 | Photos | Normal | Photos 2019-10-4 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:41 | Photos | Normal | Photos 2019-10-4 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:41 | Photos | Normal | Photos 2019-10-4 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>04 Oct 2019 15:41 | Photos | Normal | Photos 2019-10-4 |

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