

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MA/1412831**

| | | | |
|---------------------------------|---|-----------------------|-----------------------|
| Date In: 12/01/09-15:05 | Job description | Date & Time Completed | Done by |
| Ref No: NA/14090/8361/24 | SAS e-filing | | |
| Veh No: 68C 232P | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 16/01/09-17:35 | i-Motor Claim Form | M71105327-001 | 12/01/09 15:50 |
| 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 <u>Fax / Hand to Owner/Wksp</u> | | |

| | | | |
|--|--|-----------------------|------|
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | Fax: |
| TP Particulars: | Veh No: SUK 447E | 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/14090/8361/24 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3: | Invoice Preparation Checklist | | Am't (\$) Inc Bill | Am't (\$) Add Bill |
| | 1) AR: Accident Reporting (\$30); | | | |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| | 3) TP: 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:- | | | |
| QD* *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 | 17/10/2019 15:05 |
| Date Of Accident | 16/10/2019 17:35 |
| Exact Location Of Accident | BLK 2A JOO SENG GREEN CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | GBC2367P |
| Insured/Policyholder | |
| Name Of Registered Owner | NAILI PRINTING INDUSTRY |
| Co Reg No | 29388900K |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE MANUAL |
| 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 | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5083037562-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | KOO ENG CHEW |
| NRIC No | S7573409C |
| Date Of Birth | 28/01/1975 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/12/1998 |
| Driving Experience | 20 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97716815 |
| Fax Number | |
| Contact Number | OFFICE-97716815 |
| EEmail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 471B UPPER SERANGOON CRESCENT #11-362 |
| Postcode | 532471 |
| 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 - MAJOR/MINOR RD |
| 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? | |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|------------------------------|
| Vehicle Registration Number | SLK4476J |
| Vehicle Make/Model/Colour | MAZDA |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | RAJA SHAGARAN S/O MAHALINGAM |
| NRIC/Passport Number | S1612971B |
| Contact Number | 96610866 |
| 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:

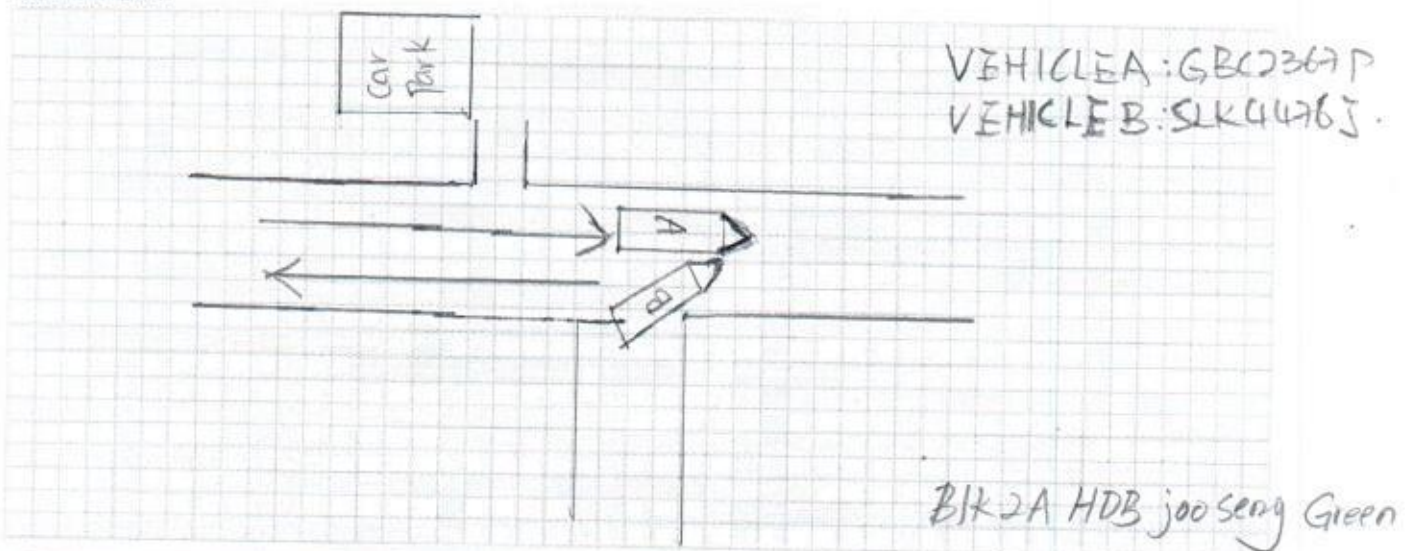
Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

INSURANCE CLAIM FORM V03

NAILI PRINTING INDUSTRY
No 10, 12, 14 Kampong Ampat,
Singapore 368318
Tel: 6282 2232
Fax: 6282 5535

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was Driving straight along Blk 2A Joo Seng Green Carpark. Suddenly Vehicle B SLK4476J coming out from the side road. without stopping on the stop line. hit onto my right front.

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.:

NAIL PRINTING INDUSTRY
No 10, 12, 14 Kampong Ampat,
Singapore 368318
Tel: 6282 2232
Fax: 6282 5535

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 16/10/2019 Time 17:35 Hrs
 Exact Location Of Accident * BLK 2A HDB Joo Seng Green carpark

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * G8C 2367 P
 Insured / Policyholder
 Name of Registered Owner * NAIU PRINTING INDUSTRY
 NRIC/FIN/Passport Number * 29388900K

Vehicle Particulars
 Manufacturer TOYOTA
 Model HIACE MANUAL
 Exact Purpose for which vehicle was being used at time of accident
 * Private use ☐ Commercial use ☒ Hire & reward ☐
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?
 * Yes ☐ No ☒ Others
 If No, please state action to be taken
 * Third Party Claim ☒ Reporting Only ☐
 Vehicle Category
 * Private ☐ Commercial ☒ Motorcycle ☐

Insurance Company
 Name of Insurance Company * NTUC
 Type of Coverage
 Fleet Policy Yes ☐ No ☐
 Policy Number * 5003037562-03
 Cover Note Number

Driver
 Name of Driver * KOO ENG CHEW
 NRIC/FIN/Passport Number * S7573409C
 Date of Birth * 28/01/1975
 Occupation * Delivery Driver
 Date of Driving Pass * 28 Dec 1998
 Gender * Male ☒ Female ☐
 Mobile Number * 97716813
 Address * 471B Upper Serangoon Crescent 11-362 Singapore 532471
 Email Address

Was driver an employee of the Insured's Company?
 * Yes ☐ No ☒
 If no, Relationship of the Driver with the Insured * employee

| | | |
|---|--|--|
| Vehicle Registration Number of Driver's Own Vehicle (if applicable) | | |
| Insurance Company of Driver's Own Vehicle (if applicable) | | |
| General Information of the Accident | | |
| Type of Accident | * SIDE ROAD TO MAIN ROAD. | |
| Weather Conditions | * Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> | |
| Road Surface | * Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others <input type="checkbox"/> | |
| Other Information | | |
| Was any body injured in the Accident? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Was any other material or property damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Details of Injured Persons | | |
| Name | * | |
| Address | * | |
| Approximate Age | * | |
| Injuries Sustained | * | |
| If vehicle Occupants, state in which vehicle? | * | |
| Were seat belts worn? | * Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Was injured conveyed to hospital by ambulance? | * Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Details of Police Action | | |
| Was the Accident reported to the Police? | * Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If Yes, please state which Police Station | | |
| Was notice of intended Prosecution given? | * Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If Yes, against whom? | | |
| DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B) | | |
| Vehicle Registration Number | * SLK 4476 J | |
| Vehicle Make / Model / Colour | MAZDA | |
| Detail Of Properties | | |
| Name of Driver | * RAJA SHAGARAN SIO MAHALINGAM | |
| NRIC/Passport Number | 31612971B | |
| Contact Number | * 96610866 | |
| Email Address | | |
| Address | | |
| Insurance Company Name | | |
| Nature of Damage | | |
| Details of Witness | | |
| Name | | |
| Phone Number | | |
| Email Address | | |

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 : 5083037562-03

Cover : Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle

: GBC2367P

Chassis Number

: JTFHT02P400080253

2. Name of Policyholder

: NAILI PRINTING INDUSTRY

3. Effective Date of Insurance

: 27 Sep 2019

4. Expiry Date of Insurance

: 26 Sep 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) : S\$600

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : S\$100

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : N/A

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 : RVA INSURANCE AGENCY PTE. LTD. (00000572486)

Date of Issue : 26 Aug 2019 13:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

| | | | | | | | | | | |
|---|---------------------------------------|--------------------|---|-------------------|---------|-------------------------|-------------|----------------|---------------|-------------|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="16/10/2019 17:35"/> | | | | | | | |
| Vehicle No. (For Motor) | <input type="text" value="GBC2367P"/> | 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"/> | 5083037562-03 | | NAIL PRINTING INDUSTRY | 29388900K | GCV | Preferred Workshop Plan | GBC2367P | GBC2367P | 27/09/2019 | 26/09/2020 |
| <input type="button" value="Continue"/> | | | | | | | | | | |

▼ Policy Information

| | | | | | |
|-----------------------------|-----------------------------------|-----------------------------|-------------------------|----------------------------------|------------------|
| Policy No. | 5083037562-03 | Policyholder Name | NAILI PRINTING INDUSTRY | Policyholder NRIC | 29388900K |
| Certificate No. | | | | | |
| Address | 10 KAMPONG AMPAT SINGAPORE 368318 | | | | |
| Product Name | COMMERCIAL VEHICLE INSURANCE | Plan | | Group Policy Flag | N |
| Policy Issue Date | 26/08/2019 | Effective Date | 27/09/2019 00:00 | Expiry Date | 26/09/2020 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | | OS Premium | 0 | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | Young/Inexperience Driver Excess | |
| Agent | RVA INSURANCE AGENCY PTE. LTD. | Agent Tel. | 65722141 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|--------|
| Address 1 | 10 KAMPONG AMPAT | Address 2 | SINGAPORE 368318 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | 368318 |
| Unit No. | | Related Policy Number | 5083037562-03 | | |

► Insured Object: GBC2367P

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|---------------------------------------|---------------------|------------------|--------------------|---------------------|
| <div>Continue</div> <div>Cancel</div> | | | | |

Claim Handling

Accident MT/1067323

| | | | | | |
|---------------------|---|---------------------|---|----------------------|----------------------|
| Policy No. | 5083037562-03 | Vehicle No. | GBC2367P | GST Registration No. | M880015451 |
| Certificate No. | | | | | |
| Policyholder Name | NAILI PRINTING INDUSTRY | | | Policyholder NRIC | 29388900K |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Preferred Workshop Plan | Loading | 0 |
| Contact No.(Mobile) | 0 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | <input type="text"/> |
| 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(%) | 10 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|-------------------------------|-------------------------------|-------|---------------------|------------------------------|
| Report Date | 17/10/2019 15:14 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Major/Minor Road |
| Date of Accident | 16/10/2019 | Time of Accident hh:mm | 17:35 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | BLK 2A 100 SENG GREEN CARPARK | | | | |

Total Excess Applicable

| | | | |
|----------------------------|--------------|----------------------------|--------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 |
| YIED OD Excess | 0.00 | YIED TP Excess | |
| Additional Excess | | | |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | |

Driver is Covered?

GST Registered Information

| | | | |
|----------------------|---|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 01/04/1994 |
| GST Registration No. | M880015451 | GST Status Verified | Yes |
| Modification History | 17/10/2019 15:15:52 System changed GST Status verified from No to Yes | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|--------|
| Address 1 | 10 KAMPONG AMPAT | Address 2 | SINGAPORE 368318 | Address 3 | |
| Address 4 | | Address Type | Singapore address | Post Code | 368318 |
| Unit No. | | Related Policy Number | 5083037562-03 | | |

OT Driver Info

| | | | | | |
|---|---|---------------------|--------------------------|------------------------|-----------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 28/01/1975 |
| Unnamed driver Name | KOO ENG CHEW | Driver NRIC | S7573409C | Driving Experience | 20 |
| Register Date of Driver License | 28/12/1998 | Driver Age | 44 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 97716815 | Contact No.(Office) | 0 | Address 3 | HOUANG PARKVIEW |
| Address 1 | BLK 4718 | Address 2 | UPPER SERANGOON CRESCENT | Post Code | 532471 |
| Address 4 | SINGAPORE 532471 | Address Type | Singapore address | | |
| Unit No. | 11-362 | | | | |
| 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 type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 **New**

| | | | | | |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | NAILI PRINTING INDUSTRY | Insured NRIC | 29388900K |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | 62822232 |
| Email Address | | OT Vehicle Number | GBC2367P | TP Vehicle Number | SLK4476J |
| Claimant Type Claimant * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | GBC2367P / SLK4476J ON 16 Oct 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 | 17/10/2019 15:50 | Claim Close Date | | Date Received | 17/10/2019 00:00 |
| Report Taken By | Jackson | | | | |

☒ Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1067323 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 17/10/2019 15:51 |

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

Message: 10554

Attachment List

| Attachment | Uploaded By/Date | Category | | Urgency | Description | Mig Sent? (CO) |
|------------|--|-----------------------|---|---------|----------------------------------|----------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:51 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2019-10-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:51 | SAS | | Normal | SAS 2019-10-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:51 | Photos | | Normal | Photos 2019-10-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:51 | Photos | | Normal | Photos 2019-10-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:51 | Photos | | Normal | Photos 2019-10-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:51 | Photos | | Normal | Photos 2019-10-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:51 | Photos | | Normal | Photos 2019-10-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:51 | Photos | | Normal | Photos 2019-10-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:51 | Photos | | Normal | Photos 2019-10-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:51 | Photos | | Normal | Photos 2019-10-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:51 | Photos | | Normal | Photos 2019-10-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:51 | Photos | | Normal | Photos 2019-10-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:50 | Photos | | Normal | Photos 2019-10-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:50 | Photos | | Normal | Photos 2019-10-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:50 | Photos | | Normal | Photos 2019-10-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:50 | Photos | | Normal | Photos 2019-10-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:50 | Photos | | Normal | Photos 2019-10-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:50 | Photos | | Normal | Photos 2019-10-17 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 17 Oct 2019 15:50 | Photos | | Normal | Photos 2019-10-17 | |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|------------------|-------------|-----------|--------|--------|
| | | | | |

Display in New Window Scan and uploading