NATIONAL Assessment Centre Services. Well Janos Milang 140 14-01 Date In: 00 019-15:33 Date & Time Completed Done by Jeb description Ref No: LIA/WC140/894/24 SAS e-filing Vch No: 53731090 E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form m/1068067-04 D.O.A : misig- 19:10 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : TP Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: ( Fax: TP Particulars: Veh No: SL WINOT INC ( )/Non-INC ( Owner / Driver: ( Tel: Policy No: ( Period: ( Cover Type: ( ) Time: Confirmed by: ( Date: Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Warranty: YES ( Year of Registration: ( )/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 ( ) / NO ( ); Invoice: YES ( ); Towing Co: ( Remarks: (INC hotline: 6788 6616) Date&Time Completed 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection ) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Amt (3) Anit (S) Invoice Preparation Checklist fit Bill Add Bill NA 1907973 1) AR : Accident Reporting (530); Claimant's Particulars:-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR: Re-inspection Damaged Portion: 7) N1 : Idac DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): \$5 \*NS: Courtesy Car / Tpt Allowance 510 \*N6: Repair Co-ordination \$25 \* N7: Fost Repair Inspection Auditors! Comments :-\*N8: DV / Collect Excess Coordination 55 TP (N11): TP (Non INC) against INC \$20 Cat. 1: 9) N12: Idna Mobile Invoice dated Fee Charged 2at. 2 / 3; Fee Charged Invoice dated

1 per 45 1 12

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**EMail Address** 

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	22/10/2019 15:30
Date Of Accident	21/10/2019 19:10
Exact Location Of Accident	NEW UPP CHANGI RD AFTER BUS STOP: 04049
Country/State of Loss	SINGAPORE
C. C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT3109C
Insured/Policyholder	
Name Of Registered Owner	LEE KUM HOONG
NRIC No	S0349344Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84067742
Alternative Phone No	OFFICE-84067742
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC SPORTS AT ABS D/AB
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	5112949484
Cover Note Number	
Driver	
Name of Driver	LEE KUM HOONG
NRIC No	S0349344Z
Date Of Birth	06/11/1949
Occupation	INDOOR
Date Of Driving Pass	28/02/1970
Driving Experience	49 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	+65-84067742
Fax Number	
Contact Number	OFFICE-84067742

NOEMAIL

BLK 296B COMPASSVALE CRESCENT Address #08-279 542296 Postcode 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 CHAIN COLLISION Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information NO Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle) 3 involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **Details of Police Action** NO Was the accident reported to the police? If Yes, Please state which Police Station NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident REFER TO STATEMENT. Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLJ5120J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1

NAME:

\$

GENDER:

Passenger 2

NAME:

12

GENDER:

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SME8383L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 Police for investigation.
- 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.
- 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:
  - 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 patkages); 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:
  - 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)

Lee kun Hoon

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

Venicle 1: SJT3109C	Ki Poad	
vehicle b: SLJ5120J	CHOMS	ΓΔΙΙ
venicu c: SME 83832	пррех	
	33	B

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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was	. (	Stati	ono	inj	a	tu	u	ctat	ed	vel	nue	d	ue	to	VEO	ling	nt.
Mow	un	tz	late	v,	ver	ille	Ъ́,	810	512	01,	Ni1	0	nto	m	Ч		
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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 Personne's Signature

Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 2) 1 10 1	2019 HOD/MM/TYYY	), TIME:( 19 : 10	HH:WM)
LOCATION: NEW UPP CHO	ingi road after	Busstop 040	149
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER:  b) INSURANCE COMPAN  c) POLICY NUMBER:  d) POLICY TYPE: (COMPAN	\$J73109C IY: NTUC 5112949484	1961 	
6)MAKE & MODEL: f)TYPE:(SALOON / COUP g)VEHICLE CATEGORY:(I	PRIVATE / COMMERCI	AL/MOTORCYCLE/O PYIVATE	
b)NRIC/FIN/PASSPORT:_	ER KUM HOONG	MALE / FEI	MALE) 67742
CONTINUE TO 3.d IF DR	S	542296)	
14 No of passing DRIVER	•9	MALE / FEA	AALE)
(1) b)NRIC/FIN/PASSPORT:		CONTACT:	
*d)DATE OF BIRTH: (	R / OUTDOOR)	D'S COMPANY? (YES	5 / NQ)
IF NO, RELATIONSHIP OF S. a) WEATHER CONDITION:	OF THE DRIVER WILL	INSURED.	ei
6. WAS ANYBODY INJURED 7. a) REPORTED TO POLICE ( IF YES, PLEASE STATE WH	(YES / NO) YES / NO)		
8. THIRD PARTY VEHICLE HID of passenger o) VEHICLE NUMBER:	9LJ5120J	_MODEL:	
maledinver () DRIVER'S NAME: maledinver () NRIC/FIN/PASSPORT:	200000000000000000000000000000000000000	_CONTACT:	e vegan
PUSSENGERS OF PRESSENGER OF DRIVER'S NAME:	SME8383L	_MODEL:	
(Including driver) to NRIC/FIN/PASSPORT:		_CONTACT:	
COT). TOTIMIO	150	70 1	

email =

fax =



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM

Original Report N	o: MNA119140114	Vehicle Registration No: SJT3109C	
Name(as shownin NP	LEE KUM HOONG	NRIC/FIN/Passport No: S0349344Z	
(*Vehicle Driver/	Vehicle Owner) (*) Please delet	e as appropriate	
Address	BLK 296B COMPASSVAL	E CRESCENT #08-279 Singapore	(542296
Contact (Tel)	8	Mobile No. :_ 84067742	
Email Address			
Date of Accident	: 21/10/2019	Time of Accident : 19:10	
Place of Accident	: NEW UPP CHANGI RD A	FTER BUS STOP: 04049	
Insurance Compa	ny: NTUC Income Insurance	Co-operative Ltd	
ADDITIONALINE	ORMATION / AMENDMENTS:		
Amend sketch p	olan		
-			
a <del></del>			
2			
Policyholder / Dri Date:	ver's Signature	Reporting Centre Personnel's Signation Name: NRIC/FIN No.:	ure

<b>eBao</b> Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						Change	Language	• Chan	ge Password	· Log Out
My Desktop	Polic	y Query									
Notice of Loss	Policy N	lo.				Date o	f Accident	2	1/10/2019 1	9:10	
	Vehicle	No.(For Motor)	SJT310	OC.		Certific	ate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112949484		LEE KUM HOONG	S0349344Z	GPC	drivo CLASSIC	SJT3109C	SJT3109C	27/09/2019	30/09/2020
					C	Continue					

Certificate No.  Address BLX 296B #08-279 COMPASSVALE CRESCENT SINGAPORE \$42296  Product Name Policy Flag Policy Product Name No.  Own Own Own Own Own Down Own Own Own Down Own Own Down Down Own Down Own Down Own Down Own Down Down Own Down Own Down Down Own Down Down Own Down Down Down Down Down Down Down Do	♥ Poli								
Address BLK 296B #08-279 COMPASSVALE CRESCENT SINGAPORE 542296 Product Name Name Name Name Name No Name Name No Name Name No Na	Policy No.	5112949484		LEE KUM H	HOONG		S0349344Z		
PRIVATE CAR INSURANCE Plan   Group Policy Flag   N   Sure Date   27/09/2019   Effective Date   27/09/2019 00:00   Expiry Date   30/09/2020 23:59   Per Accident									
Name PRIVATE CAR INSURANCE Plan Policy Flag Nobley 27/09/2019 Det Effective Date 27/09/2019 Det Date 27/09/2019 Det Date Date Date Date Date Date Date	Address	BLK 296B #08-279 COMPA	SSVALE CRESCENT	SINGAPOR	E 542296				
Per Accident Date 27/09/2019 Date 27/09/2019 00:00 Expiry Date 30/09/2020 23:59  Per Accident All Claims Excess Page 600 Expiry Date 30/09/2020 23:59  Per Accident Date 27/09/2019 00:00 Expiry Date 30/09/2020 23:59  Per Accident Date 27/09/2019 00:00 Expiry Date 30/09/2020 23:59  Per Accident Date 27/09/2019 00:00 Excess 600 Excess 100  Date 27/09/2019 00:00 Premium 0  Dutiside Outside Singapore 600 Singapore 0 Typexess Agent COWELL INSURANCE (AGENCY) Agent Tel. 63392592 GST Flag V  Per Company of Policy Info Certerificate Info Outside Singapore 20 Policy Singapore 20 Pol		PRIVATE CAR INSURANCE	Plan				N		
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Singapore 600 Singapore TP Excess TP Excess Agent COWELL INSURANCE (AGENCY) Agent Tel. 63392592 GST Flag Y  Consisterance No. Flag Dopen Policy Info Certificate Info Policy Info Certificate Info No. 08-279 Address 2 COMPASSVALE CRESCENT Address 3 SINGAPORE 542296 Address 4 Address 799 Singapore address Post Code 542296 Address 4 Number S112949484  Insured Object: SJT3109C  Endorsements  Sequence Date of Endorsement Endorsement Type Endorsement Status Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PREIDLO OF Sep 2020 In vir. Age 2021 On 2019 August 1999 (SGT) is payable under your policy Please Ignore this premium payment request if you know a mamendament, an additional premium of \$10.29 (inclusive of GST) is payable under your policy Please Ignore this premium payment request if you know in the servers of the cheque, would appreciate it if you could make payment, please issue the cheque in favour of "NUC."  In additional premium payment request if you could make payment, please is of the cheque. Alternatively, you could also make payment at any of our branches be payment.	Excess	0	Premium	0					
OD Excess  TP Excess  CO- Insurance No. Flag  Doen  Policy Info  Certificate Info  Policy Info  Related Policy Number  Singapore address  Post Code  S42296  Unit No. 08-279  Related Policy Number  Play484  Insured Object: SJT3109C  Endorsements  Sequence  Date of Endorsement  Endorsement Type  Endorsement Status  Endorsement Content  Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 27 Sep 2019 TO 30 Sep 2020 In view of this amendment, an additional premium of \$10.29 (inclusive of GST) is payable under your policy Please ignore this premium  payment request if you could make payment. Otherwise, we would appreciate it if you could make payment. Otherwise, we would appreciate it if you could make payment, otherwise, we would appreciate it if you could name and policy number indicated on the reverse of the cheque. Alternatively, you could also men eard opolicy number indicated on the reverse of the cheque. Alternatively, you could also men eard approve our branches to the cheque in favour of "KTUC" income with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches to the cheque in favour of "KTUC" income with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches to the cheque in favour of "KTUC" income with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches to the cheque in favour of "KTUC" income with your could also make payment at any of our branches to the cheque in favour of "KTUC" income with yo	Singapore	600		0			You	ng/Inexperienc	e Driver Excess
Co-insurance No Figig  Dopen Policy Info  Certificate Info  ▼ Policyholder Mailing Address  Address 1 BLK 296B ≠08-279 Address 2 COMPASSVALE CRESCENT Address 3 SINGAPORE 542296  Address 4 Address Type Singapore address Post Code 542296  Unit No. 08-279 Related Policy Number 5112949484  Insured Object: SJT3109C  ▼ Endorsements  Sequence Date of Endorsement Endorsement Type Endorsement Status Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 275 ep 2019 TO 30 Sep 2020 In view of this amendment, an additional premium of \$10.29 (inclusive of GST) is payable under your policy please ignore this premium payment request if you could appreciate it if you could not policy number indicated on the reverse of the cheque in favour of "NTUC Income" with you rannee and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by							- 100 m		
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Insured Object: SJT3109C  ▼ Endorsements  Sequence Date of Endorsement Endorsement Type Endorsement Status Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 27 Sep 2019 TO 30 Sep 2020 In view of this amendment, an additional premium of \$10.29 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches be payment at any of our branches be	2002200000		Addre	ss 2	COMPASSVALE C	RESCENT	Address 3	SINGAPO	RE 542296
■ Insured Object: SJT3109C  ■ Endorsements  Sequence Date of Endorsement Endorsement Type Endorsement Status Endorsement Content  Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 27 Sep 2019 TO 30 Sep 2020 In view of this amendment, an additional premium of \$10.29 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have sinc made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque.  Alternatively, you could also make payment at any of our branches be appreciated by the cheque.	Address 1 Address 4						V 100 00 V 100 00		PRE 542296
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	Address 1 Address 4 Unit No. Insured Endors	BLK 296B #08-279 08-279 d Object: SJT3109C ements	Addre Relate Numb	ss Type d Policy er	Singapore address	S	Post Code	542296	

Claim Handling								
Accident MT/1068063								
Policy No.	5112949484		Vehicle No.	S)T3109C			GST Registration No.	
Certificate No.								
Policyholder Name	LEE KUM HOONG						Policyholder NRIC	S0349344Z
Product Code	PRIVATE CAR INSURA	ANCE	Cover Type	drivo CLAS	ISIC		Loading	0
Contact No.(Mobile)	84067742		Contact No.(Office)	0			Contact No.(Home)	0
Email Address			Special Remark				eCode	No V
KFK	® No ○ Yes		TCA	® No ○Y	/ec		eCode Reason	
NCD Protection	No		NCD Entitlement(%)	20			Private Hire	4-5
♥ Accident Details	-		ACC CITICALINE (19)	***			Private rive	No
	2240/2040 47 77							
Report Date	22/10/2019 17:37		Accident Report Within 24 I	hrs Yes			Accident Type	Chain Collision
Date of Accident	21/10/2019		Time of Accident hhomm	19:10			Country of Accident	Singapore
Reporting Centre			Orange Force				ICM No.	
Accident Location	NEW UPP CHANGI RO	AFTER BUS STOP: 0	4049					
▼ 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		0.00		Driver is Covered?	Covered
Additional Excess		0						
Total OD Excess Applicable		600.00	Total TP Excess Applicable		0.00			
♥ Benefits		Courses.	присти		0.00			
♥ GST Registered Inform	ation							
GST Registered	No No			22	Decimarios Con-			
GST Registration No.	. 740				Registration Date Status Verified		Man	
Modification History				001	Status verifies		Yes	
went to the same of								
→ Policyholder Mailing Ad	idress							
- NO. L	BLK 2968 #08-279		0.692700147	Negoporoaco-e	CHORDUDOON I			
Address I	BLK 2968 #08-279		Address 2	COMPASSV	ALE CRESCENT		Address 3	SINGAPORE 542296
Address 4			Address Type	Singapore i	address		Post Code	542296
Unit No.	08-279		Related Policy Number	511294948				
OI Driver Info								
Driver Name	LEE KUM HOONG		Driver Type	Main Driver	6			
Jonamed driver Name			Driver NRIC	903493442	1		Driver DOB	06/11/1949
Register Date of Driver License	31/12/1968		Driver Age	69			Driving Expenence	30
Contact No.(Mobile)	84067742		Contact No.(Office)	0			Contact No.(Home)	0
Address 1	BLK 2968		Address 2	COMPASSV	ALE CRESCENT		Address 3	SINGAPORE 542296
Address 4			Address Type	Singapore a	eddress		Post Code	542296
Unit No.	08-279		3 man (1974)	33319434163	00.000		rusi cade	042270
Does he own a Singapore								
Registered car?	○ Yes ® No		Driver Vehicle No.				Driver Insurer Company	
Peclaration								
Sreathalyser or Blood Test teading?	0 mg		Any injury?	○ Yes ® N	ła .			
fodification History								
non-cook reactly								
Claim 001 New								
Daim Type *	OD-MX	V	Insured Name	LEE KUM H	DONG		Insured NRIC	S0349344Z
Contact No. (Mobile)	84057742		Contact No.(Home)	17/21/2	No. of the last	339	Contact No.(Office)	BANCON PROPERTY.
mail Address		1000	OI Venicle Number	S373109C	TO-17 (18)	0.5	TP Vehicle Number	SLJ51203
laimant Type Claimant Type *	Please Select	V	Type of Benefit *	Please Sele	ict V			
laimant Name *		22	Claimant NRIC *					
Sarment Address	U L T Property							
laim Description	SJT3109C / SLJ5120J	ON 21 Oct 2019				=	Name of Preferred Worksh	heo
referred Workshop Contact			tanona via esta a	The state of the s	100		The state of the s	
0			Insured Liability *	Not at Faul	-			W
equire Finalisation	Yes	V	Preferered Repair Option	Preferred V	Vorkshop, Name unknown	· 🗵	GIA report	Received
ace Registered	22/10/2019 17:39		Claim Close Date				Date Received	22/10/2019 00:00
eport Taken By	Jackson							
Print AK letter								
34								
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Attachment								
520								
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Accident No.	MT/1068063		Claim No.		100			
ast Doc. Received	® Yes ○ No		Upload Date		22/10/2019 17:40			
		Path *			Category *		Confidential U	rgency * Description *
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ttachment	0.00	oaded By/Date	Category	9	Urgency		Description	Hsg Sent? (CO)
	NAC_PAYA_UB1_800601( N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 22 Oct 2019 17:40	NRIC/ Driving License	٧	Normal	NRIC	/ Driving License 2019-10-22	(00)
EX Y	NAC_PAYA_UB1_800601( N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 22 Oct 2019 17:40	NRIC/ Driving License	Y	Normal	NR3C	/ Driving License 2019-10-22	
1	NAC_PAYA_UBI_BD0601( No CES) on	ATIONAL ASSESSMENT CENTRE SERVI 22 Oct 2019 17:39	SAS		Normal		SAS 2019-10-22	
	NAC_PAYA_UBI_800601( No CES) on	ATIONAL ASSESSMENT CENTRE SERVI 22 Oct 2019 17:39	Photos		Normal		Photos 2019-10-22	
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