

**NATIONAL Assessment Centre Services**

(wef 1 Jan'05) **MHA119142063**

Date In: <b>20/1/19-11:16</b>	Job description	Date & Time Completed	Done by
Ref No: <b>HA/INC19219020724</b>	SAS e-filing		
Veh No: <b>5J091496</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>21/1/19-11:45</b>	i-Motor Claim Form	<b>M7106622-001</b>	<b>26/1/19 11:30</b>
OD: <b>(P)</b> 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: Vch No: **P2940X** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

**General Remarks:-**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac 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	26/10/2019 11:16
Date Of Accident	25/10/2019 13:40
Exact Location Of Accident	JUNC CAIRNHILL CIRCLE & CAIRNHILL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ7199G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE TSE FOW
NRIC No	S0173157B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96560508
Alternative Phone No	OFFICE-96560508

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109525327
Cover Note Number	

### Driver

Name of Driver	LEE TSE FOW
NRIC No	S0173157B
Date Of Birth	14/08/1951
Occupation	OUTDOOR
Date Of Driving Pass	23/10/1972
Driving Experience	47 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96560508
Fax Number	
Contact Number	OFFICE-96560508
EEmail Address	NOEMAIL

Address	BLK 813B YISHUN RING ROAD #05-4427
Postcode	762813
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT - T/20191025/7024.

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA7940X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

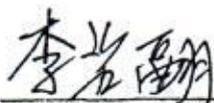
## SKETCH PLAN

### IMPORTANT NOTICE

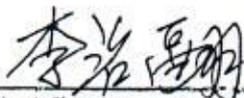
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind its 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:

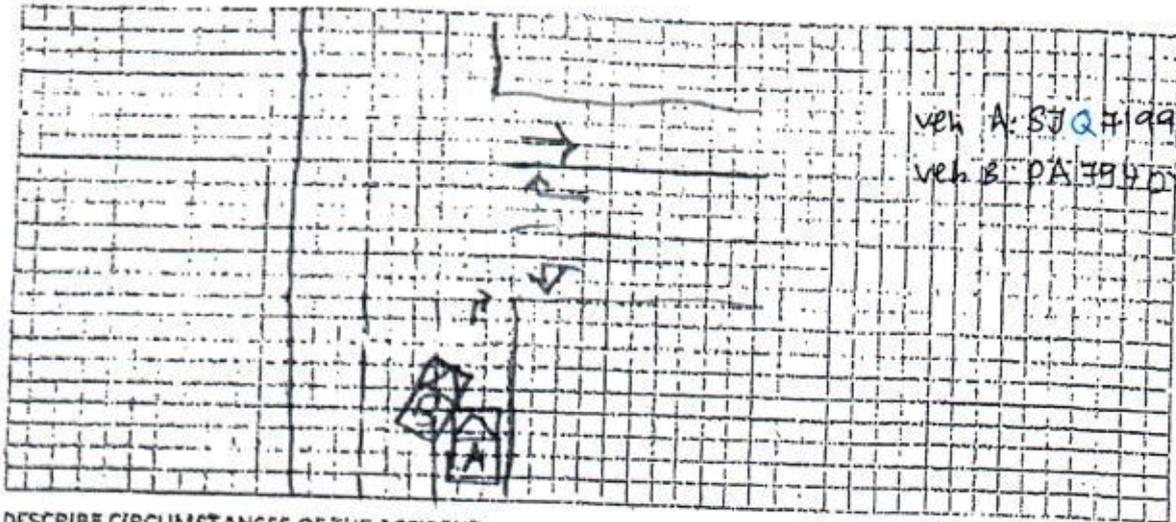


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN

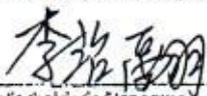


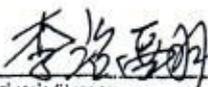
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report

DECLARATION

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

  
Policyholder's Signature  
Date & Time:

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

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

Date of Accident : 25 Oct 2019 Accident Time: 140pm (24-HR-Format)  
 Accident Place : Cairn Hill Circle T Cairn Hill Road  
 Vehicle Reg. No. (Car Plate No.) : SJG 7199G  
 Vehicle Make/Model : Auris  
 Insurance Company : NTUC Policy No. \_\_\_\_\_  
 Owner or Company Name / IC No. : Lee Tse Fow S0173157B  
 Owner or Company Contact No. : 96560508 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Lee Tse Fow S0173157B  
 DRIVER'S Date Of Birth : 14-08-1951 DRIVER'S License Pass Date 23-Oct 1972  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 813B Yishun Ring Road #05-4427  
 DRIVER'S Contact No./ Alt No. : 1) 96560508 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : Admin@Mycar.sg  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim \ Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 2 Female  
 Was there any video Captured by car camera: YES NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>PA 7940X</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



**SINGAPORE  
POLICE FORCE**



T/20191025/7024

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

1 of 3

Report No. T/20191025/7024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/10/2019 17:59		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LEE TSE FOW			Address: APT BLK 813B YISHUN RING ROAD #05-4427 SINGAPORE 762813		
ID Type / ID No.: NRIC NO / S0173157B			Contact No.:		Mobile: 96560508
Nationality: SINGAPORE CITIZEN			Email: Ltf3446@gmail.com		
Sex: Male	Age: 68	Date of Birth: 14/08/1951	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: self employed		Driving Licence Information: Class:		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/10/2019 13:40	Type of Location: T-Junction
Location:  CAIRNHILL CIRCLE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA7940X	Van			White		0
SJQ7199G	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ7199G	NTUC Income Insurance Co-Operative Limited	5109525327	16/05/2019	15/05/2020



**SINGAPORE  
POLICE FORCE**



T/20191025/7024

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

2 of 3

Report No. T/20191025/7024

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LEE TSE FOW	ID No.	S0173157B
Related Vehicle	SJQ7199G (Car)	Contact No.	96560508
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the stated date, i was travelling on Cairnhill circle towards Cairnhill road junction on the extreme right lane on vehicle bearing SJQ7199G. When the green arrow light up, i proceeded when suddenly a van bearing PA7940X swerve abruptly into my lane from my left. I stopped immediately and was stationary but the van still negotiate the swerve onto my vehicle and collided on my vehicle front left portion. I wish to state that the van is on a go straight only lane. After the collision, the van did not stop or alight from the vehicle and drove off that is why i could not have any particulars of the driver.



**SINGAPORE  
POLICE FORCE**



T/20191025/7024

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

3 of 3

Report No. T/20191025/7024

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAN JEOK LENG  
Contact No.: 65476144

Authentication Stamp

NP168

Signature Of Informant:

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

Date/Time:  
25/10/2019 17:59

Classification Of Case:

### 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:** S109525327

**Cover :** drive CLASSIC

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJQ7199G          |
| Chassis Number  | : MR053ZEE106146174 |
| 2. Name of Policyholder   | : LEE TSE FOW       |
| 3. Effective Date of Insurance  | : 16 May 2019       |
| 4. Expiry Date of Insurance   | : 15 May 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 or Hirer's business.  |                     |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEE TSE FOW
NAMED DRIVER (1)	: TAN BOON HUA
NAMED DRIVER (2)	: N/A
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)

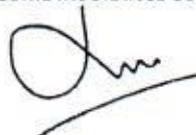
Agency : SIK WAN LING (00000602590)  
Date of Issue : 15 May 2019 12:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)  
[Notice of Loss](#)

**Policy Query**

Policy No.  Date of Accident   
Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109525327		LEE TSE FOW	S0173157B	GPC	drive CLASSIC	SJQ7199G	SJQ7199G	16/05/2019	15/05/2020

Policy Information

Policy No.	5109525327	Policyholder Name	LEE TSE FOW	Policyholder NRIC	S0173157B
Certificate No.					
Address	BLK 813B #05-4427 YISHUN RING ROAD KHATIB COURT SINGAPORE 762813				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/05/2019	Effective Date	16/05/2019 00:00	Expiry Date	15/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	<b>Young/Inexperience Driver Excess</b>	
Agent	SIK WAN LING	Agent Tel.	83995842	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	BLK 813B #05-4427	Address 2	YISHUN RING ROAD	Address 3	KHATIB COURT
Address 4	SINGAPORE 762813	Address Type	Singapore address	Post Code	762813
Unit No.		Related Policy Number	5109525327		

Insured Object: SJQ7199G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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**Claim Handling**

Accident MT/1068672

Policy No.	S109525327	Vehicle No.	SJQ7199G	GST Registration No.	
Certificate No.					
Policyholder Name	LEE TSE FOW	Policyholder NRIC	S0173157B		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96560508	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(%)	0	Private Hire	Yes

**Accident Details**

Report Date	25/10/2019 11:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	25/10/2019	Time of Accident hh:mm	13:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC CAIRNHILL CIRCLE & CAIRNHILL RD				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 813B #05-4427	Address 2	YISHUN RING ROAD	Address 3	KHATIB COURT
Address 4	SINGAPORE 762813	Address Type	Singapore address	Post Code	762813
Unit No.		Related Policy Number	S109525327		

**DI Driver Info**

Driver Name	Lee Tse Fow	Driver Type	Main Driver	Driver DOB	14/08/1951
Unnamed driver Name		Driver NRIC	S0173157B	Driving Experience	47
Register Date of Driver License	23/10/1972	Driver Age	68	Contact No.(Home)	0
Contact No.(Mobile)	96560508	Contact No.(Office)	0	Address 3	KHATIB COURT
Address 1	BLK 813B	Address 2	YISHUN RING ROAD	Post Code	762813
Address 4	SINGAPORE 762813	Address Type	Singapore address		
Unit No.	05-4427				
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
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**Modification History**

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LEE TSE FOW	Insured NRIC	S0173157B	
Contact No.(Mobile)	96560508	Contact No.(Home)	NIL	Contact No.(Office)		
Email Address		OI Vehicle Number	SJQ7199G	TP Vehicle Number	PA7940X	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SJQ7199G / PA7940X ON 25 Oct 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	26/10/2019 00:00	
Date Registered	26/10/2019 11:30	Claim Close Date				
Report Taken By	Jackson					

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1068672	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/10/2019 11:31

Path *	Category *	Confidential	Urgency *	Description *
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Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Oct 2019 11:31	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Oct 2019 11:30	SAS	Normal	SAS 2019-10-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Oct 2019 11:30	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Oct 2019 11:30	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Oct 2019 11:30	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Oct 2019 11:30	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Oct 2019 11:30	Photos	Normal	Photos 2019-10-26	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Oct 2019 11:30	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Oct 2019 11:30	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Oct 2019 11:30	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Oct 2019 11:30	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Oct 2019 11:30	Photos	Normal	Photos 2019-10-26	

Video List

Uploaded By/Date	Folder Date	File Name	Source	ACD01
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