

**NATIONAL Assessment Centre Services** [wef 1 Jan 05] **MH0119145277**

|                               |  |                       |                |
|-------------------------------|--|-----------------------|----------------|
| Date In: 30/12/19-15:24       | Job description                          | Date & Time Completed | Done by        |
| Ref No: HA/12/19/183/24       | SAS e-filing                             |                       |                |
| Veh No: SW37435E              | E-mail (within Shrs, AIC 2hrs)           |                       |                |
| D.O.A: 29/12/19-18:50         | i-Motor Claim Form                       | M711069160-001        | 30/12/19 15:24 |
| OD / <b>TP</b> Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |                |
|                               | i-Photo Uploaded                         |                       |                |
| TP Insurer:                   | Assessment/Survey Report                 |                       |                |
|                               | Ass't Report by Fax / Hand to Owner/Wksp |                       |                |

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SW37435E** 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|  | Invoice Preparation Checklist                          | Amnt (\$)<br>for Bill | Amnt (\$)<br>Add-Bill |  |
|--|--|-----------------------|-----------------------|--|
| <b>Claimant's Particulars:-</b>        | 1) AR: Accident Reporting (\$30);                      |                       |                       |  |
|  | 2) DA: Damage Assessment (\$100); INC (\$80)           |                       |                       |  |
|  | 3) TF: Towing Fee \$40/\$45                            |                       |                       |  |
|  | 4) FT: Follow-Through Survey \$120                     |                       |                       |  |
|  | 5) FT: Follow-Through Survey (Resurvey) \$30           |                       |                       |  |
|  | <b>For claiming against INC Only (wef 10 Jan 2005)</b> |                       |                       |  |
|  | 6) TR: Re-inspection \$75                              |                       |                       |  |
|  | 7) NI: Idac DA + SMRT Survey \$160                     |                       |                       |  |
|  | 8) NTUC Additional Services:-                          |                       |                       |  |
| <b>QC Checked by (Engr-In-Charge):</b> | <b>OD:</b>   |                       |                       |  |
|  | *N5: Courtesy Car / Tpt Allowance                      | \$5                   |                       |  |
|  | *N6: Repair Co-ordination                              | \$10                  |                       |  |
|  | *N7: Post Repair Inspection                            | \$25                  |                       |  |
| <b>Auditors' Comments:-</b>            | *N8: DV / Collect Excess Coordination                  | \$5                   |                       |  |
|  | TP (N11): TP (Non INC) against INC                     | \$20                  |                       |  |
|  | 9) N12: Idac Mobile                                    | 30                    |                       |  |
| <b>Dat. 1:</b>                         | Invoice dated  | Fee Charged           |                       |  |
| <b>Dat. 2 / 3:</b>                     | 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             | 30/10/2019 15:24                |
| Date Of Accident           | 29/10/2019 08:50                |
| Exact Location Of Accident | CTE (AYE) BEFORE AMK AVE 5 EXIT |
| Country/State of Loss      | SINGAPORE                       |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLB7435E             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | ONG BEE ENG          |
| NRIC No                     | S7009982I            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96351056 |
| Alternative Phone No        | OFFICE-96351056      |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | HONDA              |
| Model  | MOBILIO SV 1.5 CVT |
| 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             | 5090112632-02                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LIM ENG LOCK          |
| NRIC No              | S6937684C             |
| Date Of Birth        | 28/10/1969            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 05/05/2004            |
| Driving Experience   | 15 YEARS AND 5 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-96351056  |
| Fax Number           |                       |
| Contact Number       | OFFICE-96351056       |
| EEmail Address       | NOEMAIL               |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 860 YISHUN AVENUE 4<br>#08-145 |
| Postcode  | 760860                             |
| Was driver an employee of the Insured's Company     | NO                                 |
| If No, Relationship of the Driver with the Insured  | SPOUSE                             |
| Vehicle Registration Number of Driver's Own Vehicle | -                                  |
| Insurance Company of Driver's Own Vehicle           | -                                  |

#### General Information of the Accident

|                    |                 |
|--------------------|-----------------|
| Type Of Accident   | CHAIN COLLISION |
| Weather Conditions | CLEAR           |
| Road Surface       | DRY             |

#### Other Information

|   |                               |
|---|-------------------------------|
| Was any foreign vehicle involved in this accident?  | NO                            |
| Number of vehicles (including own vehicle) involved in the accident                         | 3                             |
| 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)   | 3                             |
| Passenger 1   | NAME: : -<br>GENDER: : MALE   |
| Passenger 2   | NAME: : -<br>GENDER: : FEMALE |

#### 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?   | YES                       |
| Remarks/ Reasons:                             | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded?                 | NO                        |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |               |
|-----------------------------|---------------|
| Vehicle Registration Number | SCW3174E      |
| Vehicle Make/Model/Colour   | MERC-BENZ     |
| Details Of Properties       |               |
| Vehicle Category            | PRIVATE CAR   |
| Name of Driver              | TAN YORK PENG |
| NRIC/Passport Number        | S0224728C     |
| Contact Number              | 96150518      |
| Address                     |               |

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

YN9574G

Vehicle Make/Model/Colour

ISUZU

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

KHO KAN

NRIC/Passport Number

G6821856Q

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 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:

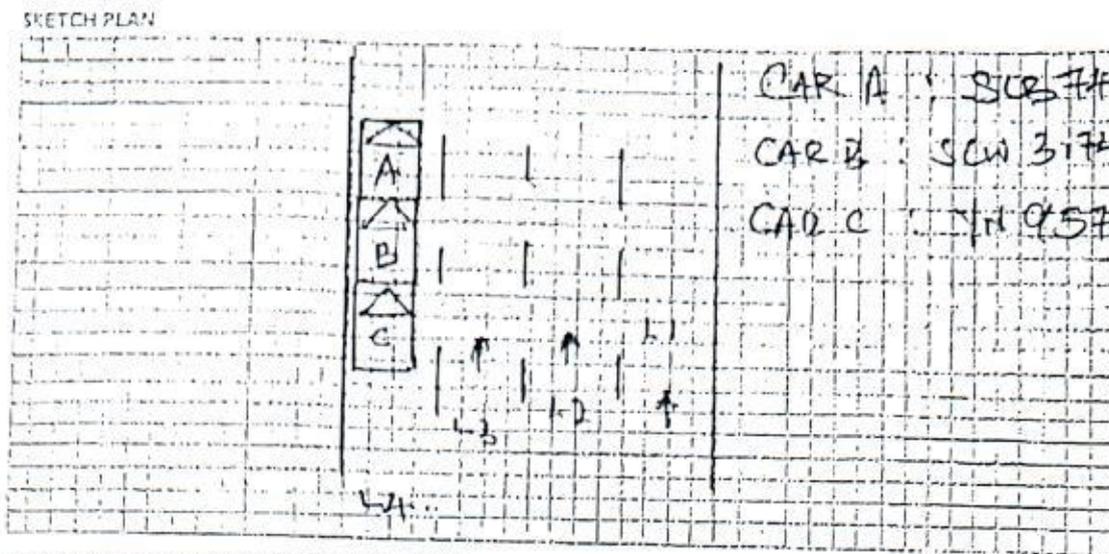
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.:

ALONG CTC TOWARD AYE  
BEFORE AN6 MO K10 AVE  
EXIT.



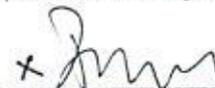
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON STATED TIME AND DATE.

I WAS TRAVELING ON MY CAR BEARING SLB 7435 R ON CTC TOWARDS AYE BEFORE AN6 MO K10 AVE 5 EXIT, SUDDENLY I FELT HUGE IMPACT FROM MY REAR FROM VEHICLE BEARING SCW 3174 R, I ALIGHTED FROM MY CAR I REALISE I WAS INVOLVED IN 3 CARS CHAIN COLLISION. LAST CAR BEARING TN 9574 G WE ALL DRIVERS EXCHANGE AND AGREED TO PROCEED FOR INSURANCE CLAIM.

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 : 29/10/2019 Accident Time: 0950 (24-HR-Format)  
 Accident Place : CTE TOWARDS AYE BEFORE ANH MO KIO AVES  
 Vehicle Reg. No. (Car Plate No.) : SL6 7435 F . EXIT.  
 Vehicle Make/Model : HONDA MOBILIO  
 Insurance Company : HTUC Policy No. \_\_\_\_\_  
 Owner or Company Name / IC No. : ONG BEE ENG S70099821  
 Owner or Company Contact No. : 96351056 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : LIM ENG LOCK S6937684C  
 DRIVER'S Date Of Birth : 29/10/1969 DRIVER'S License Pass Date \_\_\_\_\_  
 Relationship of Owner & Driver :  Spouse \  Parents \  Children \  Sibling \  Employee \  Others : \_\_\_\_\_  
 DRIVER'S Address : B1K 960 YISHUN AVE 4 #08-145  
 DRIVER'S Contact No. / Alt No. : 1) 96351056 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): 03 (not injured) - 1 male, 1 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>SWL 3174 F</u>       | Vehicle Reg. No: <u>YN 9574 G.</u> |
| Vehicle Make/Model: <u>MERCE BENZ</u>    | Vehicle Make/Model: <u>ISUZU</u>   |
| Name Driver: <u>TAN YOCK PENG</u>        | Name Driver: <u>KHO KANL</u>       |
| IC No. Driver: <u>S022 4728 C</u>        | IC No. Driver: <u>G6921 856 Q.</u> |
| Driver's Contact & Add: <u>9615 0518</u> | Driver's Contact & Add: _____      |

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S6937684C



Name  
 LIM ENG LOCK  
 林永乐

Place  
 CHINESE  
 Date of Birth 28-10-1969 Sex M  
 Country of Birth SINGAPORE

1017770

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S6937684C  
 Name  
 LIM ENG LOCK

Birth Date 28 Oct 1969  
 Issue Date 05 May 2004

0012127318

1017770



NRIC No. S6937684C



Blood Group A+ Date of issue 11-08-1993

Address  
 ANTI BLK 660 YISHUN AVENUE 4 #06-145  
 SINGAPORE 760660

NRIC No. S6937684C Date: 11-10-1999 No. 3018554

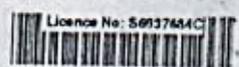
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
 05 May 2004

NP 428A

Licence No: S6937684C



For LKK/NAC Use Only

For LKK/NAC Use Only

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

Search

| Select                | Policy No.    | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5090112632-02 |                    | ONG BEE ENG       | S7009982I         | GPC     | drive CLASSIC | SLB7435E    | SLB7435E       | 22/04/2019    | 21/04/2020  |

Continue

▼ Policy Information

|                             |  |                             |                  |                                  |                  |
|-----------------------------|--|-----------------------------|------------------|----------------------------------|------------------|
| Policy No.                  | 5090112632-02                                    | Policyholder Name           | ONG BEE ENG      | Policyholder NRIC                | S70099821        |
| Certificate No.             |  |                             |                  |                                  |                  |
| Address                     | BLK 860 #08-145 YISHUN AVENUE 4 SINGAPORE 760860 |                             |                  |                                  |                  |
| Product Name                | PRIVATE CAR INSURANCE                            | Plan                        |                  |                                  |                  |
| Group Policy Flag           | N  |                             |                  |                                  |                  |
| Policy Issue Date           | 20/04/2019                                       | Effective Date              | 22/04/2019 00:00 | Expiry Date                      | 21/04/2020 23:59 |
| Excess Type                 | Per Accident                                     | All Claims Excess           |                  |                                  |                  |
| Third Party Excess          | 0  | Own damage Excess           | 600              | Windscreen Excess                | 100              |
| Additional Excess           | 0  | OS Premium                  | 0                |                                  |                  |
| Outside Singapore OD Excess | 600  | Outside Singapore TP Excess | 0                | Young/Inexperience Driver Excess |                  |
| Agent                       | CHING ING YUAN                                   | Agent Tel.                  | 94565168         | GST Flag                         | Y                |
| Co-insurance Flag           | No   |                             |                  |                                  |                  |
| Open Policy Info            |  |                             |                  |                                  |                  |
| Certificate Info            |  |                             |                  |                                  |                  |

▼ Policyholder Mailing Address

|           |                       |           |                   |           |                  |
|-----------|-----------------------|-----------|-------------------|-----------|------------------|
| Address 1 | BLK 860 #08-145       | Address 2 | YISHUN AVENUE 4   | Address 3 | SINGAPORE 760860 |
| Address 4 | Address Type          |           | Singapore address | Post Code | 760860           |
| Unit No.  | Related Policy Number |           | 5090112632-02     |           |                  |

▶ Insured Object: SLB7435E

▼ Endorsements

| Sequence  | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|---|---------------------|------------------|--------------------|---------------------|
| <input type="button" value="Continue"/> <input type="button" value="Cancel"/> |                     |                  |                    |                     |

**Claim Handling**

[Task Transfer](#) [Exit](#)

**Accident MT/1069160**

[LOG](#) [M](#) [SUB](#)

|                     |   |                     |   |                      |           |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No.          | 5090112632-02   | Vehicle No.         | SLB7435E  | GST Registration No. |           |
| Certificate No.     |   |                     |   |                      |           |
| Policyholder Name   | ONG BEE ENG   |                     |   | Policyholder NRIC    | S7009982I |
| Product Code        | PRIVATE CAR INSURANCE   | Cover Type          | drive CLASSIC   | Loading              | 0         |
| Contact No.(Mobile) | 96351056  | Contact No.(Office) | 0   | Contact No.(Home)    | 0         |
| Email Address       |   | Special Remark      |   | eCode                |           |
| KPK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |           |
| NCD Protection      | Yes   | NCD Entitlement(%)  | 50  | Private Hire         | No        |

**Accident Details**

|                   |                                 |                               |       |                     |                 |
|-------------------|---------------------------------|-------------------------------|-------|---------------------|-----------------|
| Report Date       | 30/10/2019 15:40                | Accident Report Within 24 hrs | Yes   | Accident Type       | Chain Collision |
| Date of Accident  | 29/10/2019                      | Time of Accident (hh:mm)      | 08:50 | Country of Accident | Singapore       |
| Reporting Centre  | NATIONAL ASSESSMENT CENTRE      | Orange Force                  | No    | ICM No.             |                 |
| Accident Location | CTE (AYE) BEFORE ANK AVE S EXIT |                               |       |                     |                 |

**Total Excess Applicable**

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

**Benefits**

**GST Registered Information**

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

**Policyholder Mailing Address**

|           |                 |                       |                   |           |                  |
|-----------|-----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 860 #08-145 | Address 2             | YISHUN AVENUE 4   | Address 3 | SINGAPORE 760860 |
| Address 4 |                 | Address Type          | Singapore address | Post Code | 760860           |
| Unit No.  |                 | Related Policy Number | 5090112632-02     |           |                  |

**01 Driver Info**

|   |   |                     |                   |                        |                     |
|---|---|---------------------|-------------------|------------------------|---------------------|
| Driver Name                             | LIM ENG LOCK  | Driver Type         | Named Driver      | Driver DOB             | 28/10/1969          |
| Un/named driver Name                    |   | Driver NRIC         | S6937684C         | Driving Experience     | 15                  |
| Register Date of Driver License         | 05/05/2004  | Driver Age          | 50                | Contact No.(Home)      | 0                   |
| Contact No.(Mobile)                     | 96351056  | Contact No.(Office) | 0                 | Address 3              | KHATIB EVERGREEN II |
| Address 1                               | BLK 860   | Address 2           | YISHUN AVENUE 4   | Post Code              | 760860              |
| Address 4                               | SINGAPORE 760860  | Address Type        | Singapore address |                        |                     |
| Unit No.                                | 08-145  |                     |                   | Driver Insurer Company |                     |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                   |                        |                     |

**Declaration**

|                                     |  |             |   |
|-------------------------------------|--|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg   | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Modification History                | 30/10/2019 16:46 s991212 Modify OD Standard Excess(0.00-->600.00)<br>30/10/2019 16:46 s991212 Modify Total OD Excess Applicable(0.00-->600.00) |             |   |

**Investigation**

**Claim 001 OD-MX**

**New**

**Claim Case Officer Yap Chee Ling**

[LOG](#) [M](#) [SUB](#)

|   |   |                         |                                  |                            |                  |
|---|---|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type  | OD-MX   | Insured Name            | ONG BEE ENG                      | Insured NRIC               | S7009982I        |
| Contact No.(Mobile)                                 | 97597680  | Contact No.(Home)       | 62576680                         | Contact No.(Office)        |                  |
| Email Address                                       |   | 01 Vehicle Number       | SLB7435E                         | TP Vehicle Number          | SCW3174E         |
| Claimant Type                                       |   | Type of Benefit         |                                  |                            |                  |
| Claimant Name                                       |   | Claimant NRIC           |                                  |                            |                  |
| Claimant Address                                    |   |                         |                                  | Name of Preferred Workshop |                  |
| Claim Description                                   | SLB7435E / SCW3174E ON 29 Oct 2019                        |                         |                                  |                            |                  |
| Preferred Workshop Contact No.                      |   | Insured Liability       | Not at Fault                     |                            |                  |
| Require Finalisation                                | Yes   | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report                 | Received         |
| Date Registered                                     | 30/10/2019 15:43  | Claim Close Date        |                                  | Date Received              | 30/10/2019 00:00 |
| Report Taken By                                     | Jackson   | Workshop Repairer       |                                  | Total Loss but Repaired    |                  |
| <input checked="" type="checkbox"/> Print AK letter |   |                         |                                  |                            |                  |
| Modification History                                | 30/10/2019 16:46 s991212 Modify Claim Type(OD-MW-->OD-MX) |                         |                                  |                            |                  |

**Special Claim Creation Approval**

|          |        |
|----------|--------|
| Approval | Reason |
| Remarks  |        |

**Attachment**

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/1069160  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 30/10/2019 00:00 |

|  |                                      |  |  |  |
|--|--------------------------------------|--|--|--|
| Path *                                   | Category *                           | Confidential                                 | Urgency *                                    | Description *                                |
| <input type="text"/>                     | <input type="text"/>                 | <input type="text"/>                         | <input type="text"/>                         | <input type="text"/>                         |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="button" value="Please Select"/> | <input type="button" value="Please Select"/> | <input type="button" value="Please Select"/> |
| <input type="text"/>                     | <input type="text"/>                 | <input type="text"/>                         | <input type="text"/>                         | <input type="text"/>                         |
| <input type="button" value="Browse..."/> | <input type="button" value="Clear"/> | <input type="button" value="Please Select"/> | <input type="button" value="Please Select"/> | <input type="button" value="Please Select"/> |

|                      |           |       |               |   |   |        |   |                      |
|----------------------|-----------|-------|---------------|---|---|--------|---|----------------------|
| <input type="text"/> | Browse... | Clear | Please Select | ▼ | ▼ | Normal | ▼ | <input type="text"/> |
| <input type="text"/> | Browse... | Clear | Please Select | ▼ | ▼ | Normal | ▼ | <input type="text"/> |
| <input type="text"/> | Browse... | Clear | Please Select | ▼ | ▼ | Normal | ▼ | <input type="text"/> |
| <input type="text"/> | Browse... | Clear | Please Select | ▼ | ▼ | Normal | ▼ | <input type="text"/> |

Send Message

Attachment List

| Attachment  | Uploaded By/Date  | Category              | Urgency | Description                      | Msg Sent? (CD) | Action               |
|---|---|-----------------------|---------|----------------------------------|----------------|----------------------|
|  | NAC_PAYA_UBI_800601  NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Oct 2019 15:42 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2019-10-30 |                | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601  NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Oct 2019 15:42 | SAS                   | Normal  | SAS 2019-10-30                   |                | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601  NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Oct 2019 15:42 | Photos                | Normal  | Photos 2019-10-30                |                | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601  NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Oct 2019 15:42 | Photos                | Normal  | Photos 2019-10-30                |                | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601  NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Oct 2019 15:42 | Photos                | Normal  | Photos 2019-10-30                |                | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601  NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Oct 2019 15:42 | Photos                | Normal  | Photos 2019-10-30                |                | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601  NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Oct 2019 15:42 | Photos                | Normal  | Photos 2019-10-30                |                | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601  NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Oct 2019 15:42 | Photos                | Normal  | Photos 2019-10-30                |                | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601  NATIONAL ASSESSMENT CENTRE SE RVICES) on 30 Oct 2019 15:42 | Photos                | Normal  | Photos 2019-10-30                |                | <a href="#">Edit</a> |

Video List

| Uploaded By/Date | Folder Date | File Name  | Source  | Action |
|------------------|-------------|--|---|--------|
|                  |             | <input type="button" value="Display in New Window"/> | <input type="button" value="Scan and uploading"/> |        |