

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	25/11/2019 15:19
Date Of Accident	23/11/2019 19:30
Exact Location Of Accident	10 KITCHENER LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ1733K
Insured/Policyholder	
Name Of Registered Owner	EAM ENGINEERING P L
Co Reg No	201807544N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85797541

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5107123432
Cover Note Number	

Driver

Name of Driver	SOHIDUL ISLAM
NRIC No	G8276990R
Date Of Birth	02/03/1983
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85797541
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	245A LAVENDER ST
Postcode	338786
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 - 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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191124/2004

Attachment(s)

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

Details of Witness 1

Name EDDIE KOH
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GY3334C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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** on the details of the accident to speed up the claims process.
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- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

SKETCH PLAN

City Square
mall



A: GBJ1733K
B: GY3334C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. T/2019/1124/2004

DECLARATION

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



Policy holder's signature
Date & time:

Signature

Driver's signature
(if driver is not policy holder)
Date & time:

Signature

reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful 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 traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	23/11/2019	(DD/MM/YY)
Time of accident	7:30pm	(HH:MM)
Exact location of accident	10 Citchener Link	

DETAILS OF VEHICLE

Vehicle registration number	GBJ1733K		
Vehicle make and model	Toyota hiace		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input checked="" type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select:
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	EAM ENGINEERING PTE LTD	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	201807544N		
Contact			
Address			

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	SOHIDUL ISLAM	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	G8276990K		
Contact	8579 7541		
Address			
Email address			
Date of birth	02/03/1983		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	12/11/2019		

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	5 (Inclusive of driver)

PASSENGER 1

Name	BOSS
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	friend
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	friend
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	friend
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1

Name	EDDIE KOH
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WITNESS 2

Name	
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THIRD PARTY VEHICLE 1

Vehicle registration number	GY3334C
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 5

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 6

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



SINGAPORE POLICE FORCE



T/20191124/2004

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 4

Report No. T/20191124/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2019 00:16	Vide Report No.:	Station Diary No.: 6
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Informant's Particulars

Name of Informant: SOHIDUL ISLAM		Address: 245A LAVENDER STREET SINGAPORE	
ID Type / ID No.: FIN NO / G8276990R		Contact No.: Home/Office: Mobile: 85797541	
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 36	Date of Birth: 02/03/1983	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/11/2019 19:30	Type of Location:
Location: Along Road 1 KITCHENER LINK BESIDE CITY SQUARE MALL ENTRANCE/ EXIT.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ1733K	Van			White		4

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191124/2004

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20191124/2004

CONTINUATION OF REPORT

Driver			
Name	SOHIDUL ISLAM	ID No.	G8276990R
Related Vehicle	GBJ1733K (Van)	Contact No.	85797541
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
WITNESS			
Name	EDDIE KOH	ID No.	NIL
Related Vehicle	NIL	Contact No.	90605206
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 23/11/2019 at about 1930hrs, I was driving the company van with my supervisor seat at the front passenger seat. There are also 3 other workers seated at the rear of the van. I was travelling on Kitchener Link beside City Square Mall travelling towards the direction of Petain Road. The traffic in front of me was congested and my van was in stationary mode just after the entrance/ exit of City Square Mall. Suddenly, I felt an impact from the rear of the van. I then switched on the van hazard lights and wanted to go down to take a look and there was a white van than zoom pass me. I made a check and no one was injured and the company van's rear right taillight was damage, paint damaged and also dented on the rear right side bumper.

I was then approached by a vehicle owner that is coming out from the entrance/ exit of City Square Mall and he told me that he had an in car cam in his vehicle and the accident was recorded. He forwarded the video to my supervisor mobile phone. The said driver was unable to see the registration plate of the involved white van that had hit our van. From the video footage, it is also unable to see the registration plate of the said van. Neither me nor my supervisor managed to get the registration plate of the said van. From the video footage, the said van had stopped quite close behind our van in the yellow junction box and suddenly the van made a right steer and hit my van. After hitting my van, the van did a reverse and quickly drove off on the right.

That is all.



**SINGAPORE
POLICE FORCE**



T/20191124/2004

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20191124/2004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /
Sgt 3 LEOW CHONG WAI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL
Contact No.: 65476131

Signature Of Informant:

Date/Time:

24/11/2019 00:16

Classification Of Case:

Authentication Stamp
NP168



SN 085

Signature: _____



TRAFFIC POLICE - SINGAPORE
CLASS 3 DRIVING TEST REPORT

CANDIDATE ID NO : G8276990R
NAME OF CANDIDATE : SOHIDUL ISLAM
TEST CENTRE : SSDC
TEST DATE : 12/11/2019 03:40 PM
PASSING GRADE : Accumulation of less than 20 demerit points with no immediate failure mistake.

Dear Sir/Madam

Congratulations! You have performed well in your driving test. However, we still urge you to improve on the mistakes listed below and we require you to observe all traffic rules and be a safe and courteous driver on the road. A qualified CLASS 3 driving licence will be issued to you and we would like to extend a warm welcome to you to the motoring society.

If you do not have an existing Singapore Qualified Driving Licence (QDL), please apply for your QDL online via <https://www.police.gov.sg>. Before you apply for your QDL online, please ensure that you have taken a digital photograph at the driving centre where you had passed your practical test.

If you have an existing valid Singapore Qualified Driving Licence (QDL) for another class of licence, please request for the driving tester to paste the endorsement sticker of all the valid class(es) of your driving licence at the back of your photo card driving licence.

Remarks from the tester

NIL

Mistakes made during the test

<u>Demerit Item Description</u>	<u>Location</u>	<u>Pts</u>	<u>Count</u>	<u>Free Count</u>	<u>Immediate Failure Count</u>	<u>Awarded Pts</u>
Turn steering whilst vehicle is stationary	In Circuit - Vertical Parking	2	1	0	0	2
Insufficient acceleration	SSDC - Circuit	2	2	1	0	2
Turn steering whilst vehicle is stationary	In Circuit - Parallel Parking	2	1	0	0	2
Insufficient acceleration	Exit (Gate)	2	1	0	0	2

Fail to slow down when
approaching road hazards

Woodlands Ind. Park
E4 x Woodlands Ave
9

6

1

0

0

6

Total number of Demerit Points : 14

Total number of Immediate Failures : 0

Result : **PASS**

Yours Sincerely,



HAMIR BIN BAKHTIAR

Name and signature of tester

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="23/11/2019 15:17"/>
Vehicle No.(For Motor)	<input type="text" value="GBJ1733K"/>	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"/>	5107123432		EAM ENGINEERING P L	201807544N	GCV	Preferred Workshop Plan	GBJ1733K	GBJ1733K	23/01/2019	22/01/2020

Claim Handling

Accident MT/1072814

Policy No.	5107123432	Vehicle No.	GBJ1733K	GST Registration No.	
Certificate No.					
Policyholder Name	EAM ENGINEERING P L			Policyholder NRIC	201807544N
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	85797541	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	Yes	TCA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	25/11/2019 15:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	23/11/2019	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	10 Kitchener Link				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	1000.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	1600.00	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	25/11/2019 15:37:25 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	2 YISHUN INDUSTRIAL STREET	Address 2	407-17 NORTH POINT BIZHUB	Address 3	SINGAPORE 768159
Address 4		Address Type	Singapore address	Post Code	768159
Unit No.	07-17	Related Policy Number	5107123432		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	02/03/1983
Unnamed driver Name	SOHEDUL ISLAM	Driver NRIC	G8276990R	Driving Experience	0
Register Date of Driver License	12/11/2019	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	85797541	Contact No.(Office)		Address 3	
Address 1	245 #A LAVENDER STREET	Address 2	SINGAPORE 338786	Post Code	338786
Address 4		Address Type	Singapore address		
Unit No.	A				
Does he own a Singapore registered car?	Yes	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	EAM ENGINEERING P L	Insured NRIC	201807544N
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	Nil
Email Address		Vehicle Number	GBJ1733K	TP Vehicle Number	G7333
Claim Description	G8276990R / GY3334G ON 23 Nov 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	25/11/2019 15:38
Report Taken By				Date Received	25/11/2019
					LIU SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No.	MT/1072814	Claim No.	001
Last Doc. Received	Yes No	Upload Date	25/11/2019 15:38
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	H:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 15:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 15:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 15:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 15:38	SAS		Normal	SAS 2019-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 15:38	Photos		Normal	Photos 2019-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 15:38	Photos		Normal	Photos 2019-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 15:38	Photos		Normal	Photos 2019-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 15:38	Photos		Normal	Photos 2019-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 15:38	Photos		Normal	Photos 2019-11-25	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 Nov 2019 15:38	Photos		Normal	Photos 2019-11-25	
 Video List						
Uploaded By/Date	Folder Date	File Name		Source		
<div>Display in New Window</div> <div>Scan and uploading</div>						