

NATIONAL Assessment Centre Services

[ver 1 Jan'05]

MMA 119165397

Date In: 16/12/19 16:14	Job description	Date & Time Completed	Done by
Ref No: MAI 1MC19022108164	SAS e-filing		
Veh No: SJR 7719B	E-mail (within 3hrs, AIC 2hrs)		
ICCA: 14/12/19 20:00	I-Motor Claim Form	MT/1075913-001	16/12/19 16:48
OD: <input checked="" type="radio"/> 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:

SLW 1301L

INC () / Non-INC ()

Tel:

Owner / Driver: (

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:	Date Claim 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

MMA 1909271

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2/3:

Invoice/Repairation Checklist		Am (\$)	Repair (\$)
1) AR: Accident Reporting (\$30);		30.00	
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TP: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) PT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-Inspection \$75			
7) N1: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:			
Q11:			
*N5: Courtesy Car / Tpt Allowance \$5			
*N6: Repair Co-ordination \$10			
*N7: Post Repair Inspection \$25			
*N8: DV / Collect Excess Coordination \$5			
TP (N11): TP (Non INC) against INC \$20			
9) N12: Idao 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	16/12/2019 16:14
Date Of Accident	14/12/2019 20:00
Exact Location Of Accident	CTE TWDS SLE (BUKIT MERAH FLYOVER 0.2KM)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR7719B
Insured/Policyholder	
Name Of Registered Owner	SELVARASU S/O MAGENDRAN
NRIC No	S8724996D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91005854
Alternative Phone No	OFFICE-91005854

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	5113179744
Cover Note Number	

Driver

Name of Driver	SELVARASU S/O MAGENDRAN
NRIC No	S8724996D
Date Of Birth	15/08/1987
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2008
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91005854
Fax Number	
Contact Number	OFFICE-91005854
Email Address	NOEMAIL

Address	BLK 561B JURONG WEST ST 42 #05-1167
Postcode	642561
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191215/2121

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW1301L
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SELVARASU S/O MAGENDRAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJR7719B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN


IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

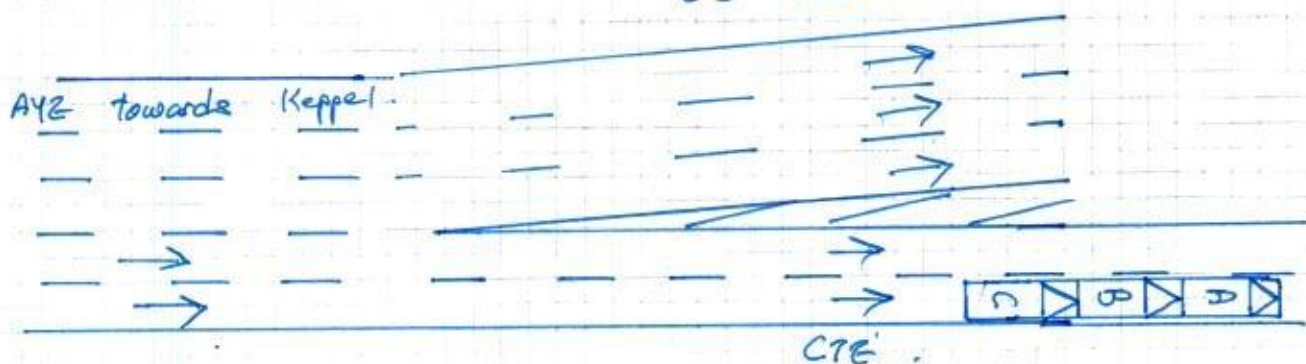

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

- (A) SJR 7719 B.
- (B) SLW 1301 L.
- (C) Unknown.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/R refer To Police Report
No : T/20191215/2121

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Vehicle No.	SJR 7719 B		Model / Make	Hyundai Avante.
Date of Accident	14/12/19			
Time of Accident	2000 HRS			
Location of Accident	CTE towards SLE (Bukit Merah Flyover 0.2 km)			
Exact purpose use during accident	Private Used			
Name of Owner	Selvarasu s/o Megendran			
Telephone No.	H/P : 9100 5854	Home :	Office :	
NRIC	S 8724996D			
Address	B LK 561B Jurong West St 42 #05-1167 (S) 642561.			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	N7KC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5113179744			
Name of Driver	As Above If No,			
NRIC	Any Passengers : N.A.			
Date of birth	15/08/1987			
Occupation	Outdoor	Indoor		
Driving License Pass Date	07/08/2008			
Gender	Male	Female		
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state Owner.		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	Selvarasu s/o Megendran (H/P: 9100 5854)			
Name And Contact No.				
Police Report	No,	If Yes, Where?	Jurong West N.P.C.	
Vehicle B No.	SLW 1301 L		Any Passengers :	01 (F).
Name of Driver			Contact No. :	
Vehicle C No.	Unknown		Any Passengers :	Not sure
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name	N.A.		Witness Contact :	N.A.
Accident Portion	Rear Portion			
Camera Recorder	Yes / No			
Email Address				
PARTICULAR WORKSHOP	Twincar			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Feng			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			



**SINGAPORE
POLICE FORCE**



T/20191215/2121

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20191215/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2019 19:12	Vide Report No.:	Station Diary No.: 75
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Informant's Particulars

Name of Informant: SELVARASU S/O MAGENDRAN			Address: APT BLK 561B JURONG WEST STREET 42 #05-1167 SINGAPORE 642561	
ID Type / ID No.: NRIC NO / S8724996D			Contact No.: Home/Office: Mobile: 91005854	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 32	Date of Birth: 15/08/1987	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: OPERATION AND SECUIRTY			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/12/2019 20:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
CTE(SLE) TOWARDS SLE NEAR TO 0.2KM (BT MERAH FLYOVER)				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: BETWEEN MOVING VEHICLES - REAR TO REAR				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR7719B	Car	HYUNDAI	AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD	White	Slightly Damaged	0
SLW1301L	Car	HONDA	CIVIC 1.6L 5AT	Silver	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20191215/2121

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20191215/2121

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR7719B	NTUC Income Insurance Co-Operative Limited	5113179744	15/10/2019	14/10/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SELVARASU S/O MAGENDRAN	ID No.	S8724996D
Related Vehicle	SJR7719B (Car)	Contact No.	91005854
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	14/12/2019	Date Discharge	14/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	EROCKLEY SIM BING QUAN	ID No.	S9602871G
Related Vehicle	NIL	Contact No.	8666561
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 above said mentioned date, time and location, while I was driving my vehicle (SJR7719B), there is one vehicle (SLW1301L) travelling behind me had skidded and hit onto the rear side of my vehicle. After the accident, we have exchanged particulars and contact numbers.

I have seek medical checkup at Mount Alvernia Hospital and I was given with 5 days MCs (14/12/2019 to 19/12/2019).

This is the first time such accident happened. I am lodging the police report to claim insurance.



**SINGAPORE
POLICE FORCE**



T/20191215/2121

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20191215/2121

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:

J/

Sr Staff Sgt ONG BOON TIONG

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

15/12/2019 19:12

Officer In Charge Of Case:

TP/AEIT/

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

SA 126

Classification Of Case:

Authentication Stamp

NP468

Singapore Police Force

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: 5113179744

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJR7719B**
Chassis Number : KMHDU41BR9U800824
2. Name of Policyholder : SELVARASU S/O MAGENDRAN
3. Effective Date of Insurance : 15 Oct 2019
4. Expiry Date of Insurance : 14 Oct 2020
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: SELVARASU S/O MAGENDRAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING PTE LTD
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 : INSURE LINK PTE LTD (00000614836)
Date of Issue : 15 Oct 2019 12:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Insure Link Pte Ltd
240, 242, 244, 246, 248, 250, 252, 254, 256, 258, 260, 262, 264, 266, 268, 270, 272, 274, 276, 278, 280, 282, 284, 286, 288, 290, 292, 294, 296, 298, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 340, 342, 344, 346, 348, 350, 352, 354, 356, 358, 360, 362, 364, 366, 368, 370, 372, 374, 376, 378, 380, 382, 384, 386, 388, 390, 392, 394, 396, 398, 400, 402, 404, 406, 408, 410, 412, 414, 416, 418, 420, 422, 424, 426, 428, 430, 432, 434, 436, 438, 440, 442, 444, 446, 448, 450, 452, 454, 456, 458, 460, 462, 464, 466, 468, 470, 472, 474, 476, 478, 480, 482, 484, 486, 488, 490, 492, 494, 496, 498, 500, 502, 504, 506, 508, 510, 512, 514, 516, 518, 520, 522, 524, 526, 528, 530, 532, 534, 536, 538, 540, 542, 544, 546, 548, 550, 552, 554, 556, 558, 560, 562, 564, 566, 568, 570, 572, 574, 576, 578, 580, 582, 584, 586, 588, 590, 592, 594, 596, 598, 600, 602, 604, 606, 608, 610, 612, 614, 616, 618, 620, 622, 624, 626, 628, 630, 632, 634, 636, 638, 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Claim Handling

Accident MT/1075913

Policy No.	5113179744	Vehicle No.	SJR7719B	GST Registration No.	
Certificate No.					
Policyholder Name	SELVARASU S/O MAGENDRAN	Cover Type	drive CLASSIC	Policyholder NRIC	S8724996D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91005854	Special Remark		Contact No.(Home)	
Email Address				eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	16/12/2019 16:41	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	14/12/2019	Time of Accident hh:mm	20:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS SLE (BUKIT MERAH FLYOVER 0.2KM)				

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				
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 561B #05-1167	Address 2	JURONG WEST STREET 42	Address 3	SPRING HAVEN @ JURONG
Address 4	SINGAPORE 642561	Address Type	Singapore address	Post Code	642561
Unit No.	05-1167	Related Policy Number	5113179744		

OI Driver Info

Driver Name	SELVARASU S/O MAGENDRAN	Driver Type	Main Driver	Driver DOB	15/08/1987
Unnamed driver Name		Driver NRIC	S8724996D	Driving Experience	11
Register Date of Driver License	07/08/2008	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	91005854	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 561B #05-1167	Address 2	JURONG WEST STREET 42	Address 3	SPRING HAVEN @ JURONG
Address 4	SINGAPORE 642561	Address Type	Singapore address	Post Code	642561
Unit No.	05-1167				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No		
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	SELVARASU S/O MAGENDRAN	Insured NRIC	S8724996D
Contact No.(Mobile)	91005854	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	selvaboi@gmail.com	Q1 Vehicle Number	SJR7719B	TP Vehicle Number	SLW13
Claim Description	SJR7719B / SLW13011 ON 14 Dec 2019			Name of Preferred Workshop	0
Preferred Workshop Request No. Finalisation	0	Insured Liability	Not at fault	GIA report	Received
Date Registered	16/12/2019 16:47	Claim Close Date		Date Received	16/12/
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1075913	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	16/12/2019 16:48		
Path *		Category *	Confidential	Urgency *	Desc
Choose File No file chosen		Clear	Please Select	NO	Normal
Choose File No file chosen		Clear	Please Select	NO	Normal
Choose File No file chosen		Clear	Please Select	NO	Normal
Choose File No file chosen		Clear	Please Select	NO	Normal
Choose File No file chosen		Clear	Please Select	NO	Normal
Choose File No file chosen		Clear	Please Select	NO	Normal
Message Read		Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:48	SAS		Normal	SAS 2019-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:48	Photos		Normal	Photos 2019-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:47	Photos		Normal	Photos 2019-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:47	Photos		Normal	Photos 2019-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:47	Photos		Normal	Photos 2019-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:47	Photos		Normal	Photos 2019-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:47	Photos		Normal	Photos 2019-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:47	Photos		Normal	Photos 2019-12-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Dec 2019 16:47	Photos		Normal	Photos 2019-12-16
Video List					
Uploaded By/Date	Folder Date	File Name	?	Source	
<div>Display in New Window</div> <div>Scan and uploading</div>					