

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MMA # 4191 68465

Date In: 23/12/19 14:55	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19022475/64	SAS e-filing		
Veh No: FDP 6638M	E-mail (Upload sheet, AIC sheet)		
DOA: 12/12/19 00:40	I-Motor Claims Form	MT/1076923-001	23/12/19 18:58
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMG 2433.E	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Remarks

MA1909583	Invoice Details	
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Ideo DA + SMRT Survey	\$160
	8) NIUC Additional Services:	
	ON:	
	• NS: Courtesy Car / Tpt Allowance	\$3
	• NG: Repair Co-ordination	\$25
	• NV: Post Repair Inspection	\$3
	• ND: DV / Collect Excess Coordination	\$20
	TP (NI): TP (Non INC) against INC	\$0
	9) NI2: Ideo Mobile	
	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	23/12/2019 14:55
Date Of Accident	12/12/2019 00:40
Exact Location Of Accident	BLK 431 JURONG WEST AVE 1 OPEN CARPARK LOT 98
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP6638M
Insured/Policyholder	
Name Of Registered Owner	CHUA SOON LYE
NRIC No	SXXXX540A
Email Address	DESMONDCHUA0108@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96281801
Alternative Phone No	OFFICE-96281801

Vehicle Particulars

Manufacturer	YAMAHA
Model	CZD300A / XMAX300-292CC
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5109822090
Cover Note Number	

Driver

Name of Driver	CHUA SOON LYE
NRIC No	SXXXX540A
Date Of Birth	01/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1990
Driving Experience	29 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96281801
Fax Number	
Contact Number	OFFICE-96281801
Email Address	DESMONDCHUA0108@GMAIL.COM

Address	BLK 431 JURONG WEST AVE 1 #02-298
Postcode	640431
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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/20191213/2007

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	SMG2433E
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)

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.



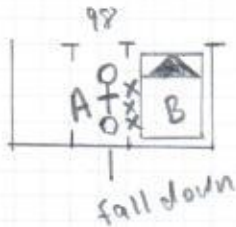
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



A = FBP 6638 M

B = SMG 2433E

BLK 431 Jurong West Ave 1 Open carpark.

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

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 12 / 19) (DD/MM/YYYY), TIME: (00 : 40) (HH:MM)

LOCATION: B1K 431 Jurong West Ave 2 open carpark

Lot no
98

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP 6638M
b) INSURANCE COMPANY: IMC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Parked
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Chun Soon Lye (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96281801
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Jurong West Npc.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMG 2433E MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

(0)
NUMBER OF
PASSENGER
INCLUDING DRIVER

()
NUMBER OF
PASSENGER
INCLUDING DRIVER
()
NUMBER OF
PASSENGER
INCLUDING DRIVER

1) EMAIL : desmondchua0108@gmail.com
2) VIDEO : No.



SINGAPORE POLICE FORCE



T/20191213/2007

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

1 of 3

Report No. T/20191213/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2019 01:56	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars				
Name of Informant: CHUA SOON LYE			Address: APT BLK 431 JURONG WEST AVENUE 1 #02-298 SINGAPORE 640431	
ID Type / ID No.: NRIC NO / S1622540A			Contact No.: Home/Office: Mobile: 96281801	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 01/08/1963	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SAF OFFICER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/12/2019 00:40	Type of Location: Car Park
Location: Along Road 1 JURONG WEST AVENUE 1				
Open carpark of Blk 431 Jurong West Ave 1 lot number 98				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: BETWEEN PARKED VEHICLES			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP6638M	Motorcycle	YAMAHA	CZD300A / XMAX300	Black	Slightly Damaged	0
SMG2433E	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP6638M	NTUC Income Insurance Co-Operative Limited	5109822090	24/05/2019	23/05/2020



**SINGAPORE
POLICE FORCE**



T/20191213/2007

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

2 of 3

Report No. T/20191213/2007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHUA SOON LYE	ID No.	S1622540A
Related Vehicle	NIL	Contact No.	96281801
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/12/2019 at about 4pm, I have parked my one motorcycle (FBP6638M) at the open car park of Blk 431 Jurong West Ave 1 lot number 98. After that, on 08/12/2019 at about 6am plus, I have left Singapore to Bangkok for family trip. There is no one had used my said motorcycle after I went for holiday with my family.

On 12/12/2019 at about 9.30pm, I have returned back home from Bangkok together with family. On 12/12/2019 at about 3pm, my father informed me that my said motorcycle had fallen down on the ground of the said carpark and hit onto one blue car (SMG2433E) which was parked beside my said motorcycle. On 12/12/2019 at about 8pm, my brother had WhatsApp to me with a photograph of the location of my said motorcycle and the said motor car.

On 12/12/2019 at about the same time, when I reached home, I received a call from Police Officer namely Jerry and I was advised to lodge a police report at the Police Centre.

The windscreen of my said motorcycle had dropped out and the handle lock of my said motorcycle was spoilt

This is the first time such incident happened to my motorcycle. I did not know how my said motorcycle had fallen down onto the ground and hit the left side the said motor car. I did not have any suspect in mind.



**SINGAPORE
POLICE FORCE**



T/20191213/2007

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

3 of 3

Report No. T/20191213/2007

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

Officer In Charge Of Case:
TP / HRT /
Insp GOH GEOK LYE
Contact No.: 65476148

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
13/12/2019 01:56

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 : 5109822090

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBP6638M

Chassis Number

: MH3SM0842KK006920

2. Name of Policyholder

: CHUA SOON LYE

3. Effective Date of Insurance

: 24 May 2019

4. Expiry Date of Insurance

: 23 May 2020

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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)

: N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: CHUA SOON LYE

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 : ASSURE PTE. LTD. (00000572842)


Date of Issue : 23 May 2019 15:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



**SINGAPORE
POLICE FORCE**

Traffic Police
Singapore Police Force
10, Ubi Avenue 3
Singapore 408865
Tel : 6547 0000
Fax : 6547 6259

Date : 13 Dec 2019

Your Ref :
Our Ref : TP/IP/76981/2019

CHUA SOON LYE
APT BLK 431 JURONG WEST AVENUE 1
#02-298
SINGAPORE 640431

000054



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT INVOLVING FBP6638M ALONG JURONG WEST AVENUE 1 ON 12
DEC 2019 @ 7.56 AM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer YEO CHUN JIAN at his / her office number: 65476213 or the supervisor NEO CHIN LOONG at 65476197 if you have any further queries.

5 Thank you.

Yours faithfully,

TAN CHEE SING (ASP)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.

Claim Handling

Accident MT/1076923

Exit

Policy No.	5109822090	Vehicle No.	FBP6638H	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA SOON LYE			Policyholder NRIC	S1622540A
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	96281801	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	23/12/2019 18:55	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	12/12/2019	Time of Accident hh:mm	00:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 431 JURONG WEST AVE 1 OPEN CARPARK LOT 98				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		Driver is Covered?	Not Covered
OD Standard Excess	0.00	TP Standard Excess	0.00		
YED OD Excess	0.00	YED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefit

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 431 #02-298	Address 2	JURONG WEST AVENUE 1	Address 3	SINGAPORE 640431
Address 4		Address Type	Singapore address	Post Code	640431
Unit No.	02-298	Related Policy Number	5109822090		

OT Driver Info

Driver Name	CHUA SOON LYE	Driver Type	Main Driver	Driver DOB	01/08/1963
Unnamed driver Name		Driver NRIC	S1622540A	Driving Experience	29
Register Date of Driver License	27/07/1990	Driver Age	56	Contact No.(Home)	
Contact No.(Mobile)	96281801	Contact No.(Office)		Address 3	SINGAPORE 640431
Address 1	BLK 431 #02-298	Address 2	JURONG WEST AVENUE 1	Post Code	640431
Address 4		Address Type	Singapore address		
Unit No.	02-298				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser 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	CHUA SOON LYE	Insured NRIC	S1622540A
Contact No.(Mobile)	96281801	Contact No.(Office)	65678156	Contact No.(Home)	
Email Address	DESMONDCHUA108@GMAIL.COM	Vehicle Number	FBP6638H	TP Vehicle Number	SMG2433E
Claim Description	FBP6638H / SMG2433E ON 12 Dec 2019				
Preferred Workshop	Yes	Insured Liability	Not at Fault	GIA report	Received
Date Registered	23/12/2019 18:57	Claim Close Date		Date Received	23/12/2019 00:00
Report Taken By	SHAN HUI				

Print Ack letter











Save Submit

Attachment

Accident No.	MT/1076923	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	23/12/2019 18:58
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
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	Ying Sent? (CC)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:58	NRIC/ Driving License	Y	NRIC/ Driving License 2019-12-23		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:58	SAS	Normal	SAS 2019-12-23		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:58	Photos	Normal	Photos 2019-12-23		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:58	Photos	Normal	Photos 2019-12-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:58	Photos	Normal	Photos 2019-12-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:58	Photos	Normal	Photos 2019-12-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:58	Photos	Normal	Photos 2019-12-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:57	Photos	Normal	Photos 2019-12-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:57	Photos	Normal	Photos 2019-12-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:57	Photos	Normal	Photos 2019-12-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:57	Photos	Normal	Photos 2019-12-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:57	Photos	Normal	Photos 2019-12-23	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 23 Dec 2019 18:57	Photos	Normal	Photos 2019-12-23	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in new Window Scan and uploading		