

MMA 12000 2473

Date In	7/11/20 08:54	Job description	Date & Time Completed	Done by
Ref No	MA1INC 20000423/64.	SAS e-filing		
Web No	GBG 4075Y	E-mail (within 3hrs, A/C 2hrs)		
ICCA	611/20 06:30.	I-Motor Claim Form	MT/1078978-001	7/11/20 16:38
OD - TP / Reporting Only		I-Motor W/O (within: OD 2hrs, TP 4hrs)		
		I-Photo Uploaded		
		Assessment/Survey Report		
TP Insurer:		Ass't Report by Fax / Hand to Owner/Wk312		

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

TP Particulars:	Veh No: <u>FBJ 89302</u> . INC () / Non-INC ()
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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 repoker.

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

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

Channels:	ANC 1010 6788 66169	Date:	Columns:	Done by:
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1) Apply for Transport Allowance () / Courtesy Car ()		
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QC Check / Post Repair Inspection	()		
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1) Upload Resurvey Photo [Repair Cost > \$3000]	()		
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Indirizzo: _____

11

Item Name	Quantity	Unit Price	Total Price
1. Action	1	100.00	100.00
2. Action	1	100.00	100.00
3. Action	1	100.00	100.00
4. Action	1	100.00	100.00
5. Action	1	100.00	100.00
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80. Action	1	100.00	100.00
81. Action	1	100.00	100.00
82. Action	1	100.00	100.00
83. Action	1	100.00	100.00
84. Action	1	100.00	100.00
85. Action	1		

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Year	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100
1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	

1) All - Accident Reporting (\$300)	30.00
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2) DA : Domingo Abusamatil (\$100);	INC (\$50)
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4) IPT : Follow-Through Survey	\$120	
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5) IT : Follow-Through Survey (Re-audit)	25%		
For claiming against INC Only (wef 10 Jan 2003)			

6) TR: Re-Inspection	\$75	
	\$160	

b) NTUC Additional Services:		
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Checked by (Energ-In-Charge):	<div style="border: 1px solid black; padding: 2px;"> <div style="text-align: center;"> <div>201*</div> <div>MS-Courtesy Car / Tol Allowance</div> </div> <div style="text-align: right;">\$5</div> </div>
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	*NG: Repair Co-ordination	510
	Information	525

Editors' Comments:	*NH: DV / Collect Expense Coordination	33
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TP (N11): TP (N11) INE) against INE	30
2) N11: Idag Mobile	

Invoice dated	Fee Charged
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Invoice dated 7-24-2014

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	07/01/2020 08:54
Date Of Accident	06/01/2020 06:30
Exact Location Of Accident	KPE BEFORE TUNNEL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG4075Y
Insured/Policyholder	
Name Of Registered Owner	SIN SENG GUAN & CO
Co Reg No	0XXXX000B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62921728
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110763164
Cover Note Number	
Driver	
Name of Driver	SUPANDI BIN MOHAMMAD YUNUS
NRIC No	SXXXX885D
Date Of Birth	29/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	03/12/1997
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82238735
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 232 COMPASSVALE WALK #03-458
Postcode	540232
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	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	4
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)	1

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ8930L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	SKH1122C
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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 3

Vehicle Registration Number SMQ3977T

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.

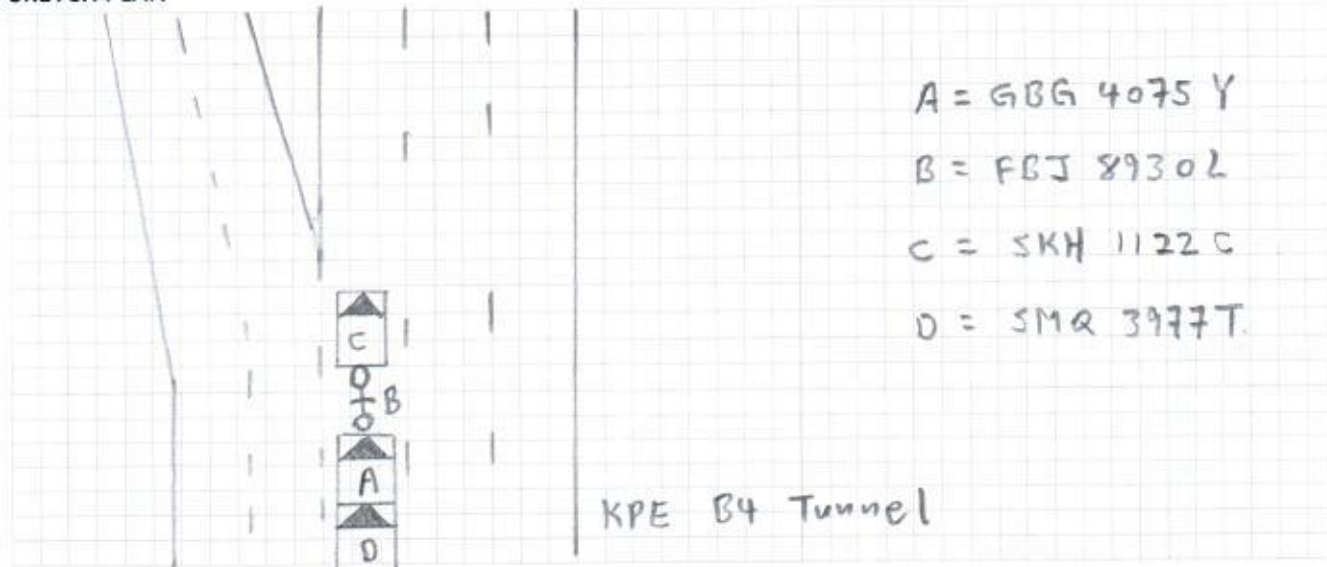


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

DECLARATION

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



Policyholder's Signature
 Date & Time:

[Signature]

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

[Signature]

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

I WAS TRAVELLING ALONG KPE BEFORE TUNNEL ON THE THIRD LANE,
SUDDENLY THE BIKE INFRONT OF ME BRAKE, I MANAGE TO BRAKE BUT
CANNOT STOP IN TIME, AS THE REUSLT, MY VEH HIT ONTO THE BIKE AND
THE BIKE HIT ONTO ANOTHER VEH C WHICH WAS INFRONT OF HIM.
AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND RELIAZED
ANOTHER VEH D HAD HIT ONTO MY VEH REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 6 / 1 / 20 (DD/MM/YYYY), TIME: 06:30 (HH:MM)

LOCATION: KPE B4 Tunnel

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8G 4075Y
 b) INSURANCE COMPANY: NTUC
 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: work: going to work
 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: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 62921728
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Supandi Bin Mohammad Yunus
 b) NRIC/FIN/PASSPORT: _____ (MALE / FEMALE)
 c) ADDRESS: _____ CONTACT: 8223 8735

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBJ 8930L MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKH 1122C MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

SMQ 39777.

email = jeremyyap@sinsengguan.com

fax = 62921786

HP: 97964090

VIDEO = No.

Jeremy Yap

No of passengers
 (including driver)
(1)

No of passengers
 (including driver)
()

No of passengers
 (including driver)
()

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 : 5110763164

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : GBG4075Y
Chassis Number : FEA01BA20486
2. Name of Policyholder : SIN SENG GUAN & COMPANY
3. Effective Date of Insurance : 31 Jul 2019
4. Expiry Date of Insurance : 30 Jul 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.
 - (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
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 : SAFE HARBOUR ENSURANCE (00000573456)

Date of Issue : 28 Jun 2019 15:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1078978

Policy No.	5110763164	Vehicle No.	GBG4075Y	GST Registration No.	
Certificate No.					
Policyholder Name	SIN SENG GUAN & CO	Cover Type	Comprehensive	Policyholder NRIC	018330008
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	62921728	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	No
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	07/01/2020 16:33	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	06/01/2020	Time of Accident hh:mm	06:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE BEFORE TUNNEL				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	Yes	GST Registration Date	01/04/1994		
GST Registration No.	M880000870	GST Status Verified	Yes		
Modification History	07/01/2020 16:36:34 System changed GST Registered from No to Yes 07/01/2020 16:36:34 System changed GST Registration No. from null to M880000870 07/01/2020 16:36:34 System changed GST Registration Date from null to 01/04/1994				
▼ Policyholder Mailing Address					
Address 1	BLK 7 #01-118	Address 2	KING GEORGE'S AVENUE	Address 3	SINGAPORE 201007
Address 4		Address Type	Singapore address	Post Code	201007
Unit No.		Related Policy Number	5110763164		
▼ OJ Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/12/1967
Unnamed driver Name	SUPANDI BIN MOHAMMAD YUNI	Driver NRIC	SXXXX885D	Driving Experience	22
Register Date of Driver License	03/12/1997	Driver Age	52	Contact No.(Home)	
Contact No.(Mobile)	82238735	Contact No.(Office)		Address 3	SINGAPORE 540232
Address 1	BLK 232 #03-456	Address 2	COMPASSVALE WALK	Post Code	540232
Address 4		Address Type	Singapore address		
Unit No.	03-458				
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breakalyzer or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Modification History

Claim 001 **NEW**

Claim Type *	OD-MIX	Insured Name	SIN SENG GUAN & CO	Insured NRIC	01833
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	62921
Email Address		OJ Vehicle Number	GBG4075Y	TP Vehicle Number	FB3893
Claim Description	GBG4075Y / FB389301 CN 6 Jan 2020			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Partially at Fault		
Preferred Workshop No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	07/01/2020 16:37
Report Taken By				Date Received	07/01/
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1078978	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/01/2020 16:38
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Category *	Confidential	Urgency *	Desc
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