

NATIONAL Assessment Centre Services

Page 1 of 1000

MMA 12000 6571

Date In: 15/11/20 10:16	Job description	Date & Time Completed	Done by
Ref No: MA/INC 20000 921/h4	SAS e-filing		
Map No: SLF 2038E	E-mail (within 2hrs, A/C 2hrs)		
IPD A: 12/11/20 07:30	I-Motor Claim Form	MT/1080174-001	15/11/20 11:53
Q1: <input checked="" type="radio"/> 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/Wksp		

Preferred Wksp / INC Assign Wksp / GW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SHD 1103P	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks: (INC No: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA 2000 621		Invoice Preparation Checklist	Am (\$)	Ref Adm (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:		3) TP: Towing Fee \$40/\$45		
Damaged Portion:		4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):		5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2003)		
		6) TR: Re-inspection \$75		
		7) N1: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:		
		Q1:		
		*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	15/01/2020 10:16
Date Of Accident	12/01/2020 03:30
Exact Location Of Accident	GEYLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF2038E
Insured/Policyholder	
Name Of Registered Owner	CARVELOUS PTE. LTD.
Co Reg No	2XXXXX377N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86115741

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111348312
Cover Note Number	

Driver

Name of Driver	THEAN LEE MING MARSHALL
NRIC No	SXXXX865C
Date Of Birth	07/02/1996
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86115741
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 63 SIMS PLACE #09-205
Postcode	380063
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	3
Passenger 1	NAME: : HO SHENGFA DARREN GENDER: : MALE
Passenger 2	NAME: : RACHEL FOONG PEI NING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200112/7001

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	SHD1103P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 THEAN LEE MING MARSHALL
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLF2038E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name HO SHENGFA DARREN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLF2038E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name RACHEL FOONG PEI NING
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLF2038E
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.



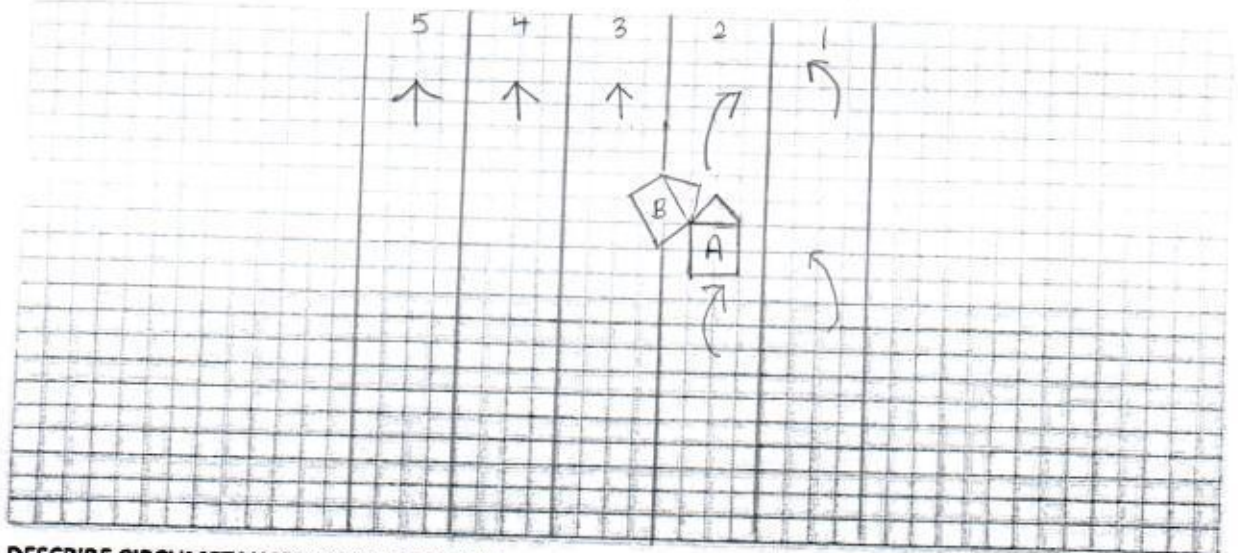
Policyholder's Signature
Date & Time:

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

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

A = SLF2038E
B = SHD1103P

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO T/20200112/7001

*****for company vehicle only*****

I _____ is the _____ of
company _____ and I am using the
vehicle _____ for work/private purpose

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.:

SLF2038E

MAKE & MODEL MITSUBISHI LANCER EX1.5A

DATE OF ACCIDENT	12 / 01 / 2020
TIME OF ACCIDENT	0330 HRS (AM) PM
LOCATION OF ACCIDENT	GEYLANG RD
Purpose use during accident	PRIVATE
NAME OF OWNER	CARVELOUS PTE. LTD.
PLP NO.	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
PRIVATE HIRE	YES / NO ?
INSURANCE CO.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	
NAME OF DRIVER	As above / If No: <u>THEAN LEE MING, MARSHALL</u>
NRIC	<u>59604865C</u> Any passengers: <u>2</u>
DATE OF BIRTH	<u>07</u> / <u>02</u> / <u>1996</u>
OCCUPATION	<u>Outdoor</u> / Indoor
DATE OF DRIVING PASS	<u>03</u> / <u>10</u> / <u>2016</u>
GENDER	<u>Male</u> / Female
CONTACT NO.	<u>8611 5741</u> Office: Home:
ADDRESS	<u>63 SIMS PLACE #09-205 (S) 380063</u>
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes: Reg No:
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	<u>Clear</u> / Raining / Other:
ROAD SURFACE	<u>Dry</u> / Wet / Other:
ANY INJURIES	No / If yes: Who? <u>DRIVER & PASSENGERS</u>
CONTACT NO.	
POLICE REPORT	No / If yes: Where? <u>ONLINE</u>
VEHICLE B NO.	<u>SHD1103P</u> Any Passenger: <u>1</u>
NAME	
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / during accident claims assistance?	YES / NO
ARTICULAR WORKSHOP	Sme Motor Pte Ltd <i>Email: rick60autoServices@gmail.com</i>
PLP NO.	1 Kaki bulkit ave 6 #02-15
CONTACT PERSON	Autobay @ kaki bulkit
TX NO.	Singapore 417883
	Telp: 67476106 (6 lines)
	Fax: 67417768



SINGAPORE POLICE FORCE



T/20200112/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20200112/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2020 06:32		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: THEAN LEE MING, MARSHALL			Address: APT BLK 63 SIMS PLACE #09-205 SINGAPORE 380063		
ID Type / ID No.: NRIC NO / S9604865C			Contact No.: Home/Office: Mobile: 86115741		
Nationality: SINGAPORE CITIZEN			Email: marshallthean@yahoo.com		
Sex: Male	Age: 23	Date of Birth: 07/02/1996	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/01/2020 03:30	Type of Location: Straight Road
Location: GEYLANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD1103P	Car	KIA		Silver	Slightly Damaged	0
SLF2038E	Car	MITSUBISHI	LANCER EX 1.5A	White	Seriously Damaged	2

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20200112/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200112/7001

CONTINUATION OF REPORT

Driver			
Name	THEAN LEE MING, MARSHALL		ID No. S9604865C
Related Vehicle	SLF2038E (Car)		Contact No. 86115741
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	12/01/2020	Date Discharge	12/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	HO SHENGFA, DARREN		ID No. S9628318J
Related Vehicle	SLF2038E (Car)		Contact No. 98564699
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	12/01/2020	Date Discharge	12/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	RACHEL FOONG PEI NING		ID No. T0005316Z
Related Vehicle	SLF2038E (Car)		Contact No. 86115098
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	12/01/2020	Date Discharge	12/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON THE STATED DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SLF2038E WAS TRAVELLING STRAIGHT IN MY LANE. SUDDENLY, VEHICLE B, BEARING CAR PLATE SHD1103P CUT INTO MY LANE. I COULD NOT REACT IN TIME AND COLLIDED ONTO THE FRONT RIGHT PORTION OF HIS VEHICLE.

I LIKE TO STATE THAT MY PASSENGERS AND I, SUFFERED DIZZINESS AND INJURIES ON OUR NECK, SHOULDER AND BACK.

WE WENT TO MOUNT ALVERNIA HOSPITAL TO CONSULT A DOCTOR AND RECEIVED 5 DAYS OF MC.



**SINGAPORE
POLICE FORCE**



T/20200112/7001

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Report No. T/20200112/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200112/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20200112/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
12/01/2020 06:32

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: 5111348312-000004

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLF2038E
 Chassis Number : JMYSRCY2A8U008563
2. Name of Policyholder : CARVELOUS PTE. LTD.
3. Effective Date of Insurance : 24 Jul 2019
4. Expiry Date of Insurance : 23 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: N/A
NAMED DRIVER (1)	: N/A
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 : AUTOSHIELD PTE. LTD. (00000573469)
 Date of Issue : 22 Jul 2019 14:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Accident MT/1080174

Policy No.	S111348312	Vehicle No.	SLF2038E	GST Registration No.	
Certificate No.	S111348312-000004				
Policyholder Name	CARVELOUS PTE. LTD.			Policyholder NRIC	201720377N
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	86115741	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	15/01/2020 11:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross L
Date of Accident	12/01/2020	Time of Accident hh:mm	03:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GEYLANG RD				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
▼ Policyholder Mailing Address					
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#04-3B PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	02-02	Related Policy Number	S111348312		
▼ O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	THEAN LEE MING MARSHALL	Driver NRIC	SXXXX865C	Driver DOB	07/02/1996
Register Date of Driver License	03/10/2016	Driver Age	23	Driving Experience	3
Contact No.(Mobile)	86115741	Contact No.(Office)		Contact No.(Home)	
Address 1	86K 63 #09-205	Address 2	SIMS PLACE	Address 3	GREENTOPS @ SIMS PLACI
Address 4	SINGAPORE 380063	Address Type	Singapore address	Post Code	380063
Unit No.	09-205				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001	New
-----------	-----

Claim Type *		Insured Name		Insured NRIC	
Contact No.(Mobile)		Contact No. (office)		Contract No.	
Email Address		Vehicle Number		TP Number	
Claim Description		Name of Preferred Workshop			
Preferred Workshop	Insured Liability	Preferred Repair Option		GIA report	
Preferred Workshop, Name unknown	Not at Fault	Preferred Workshop, Name unknown		Received	
Date Registered	Report Taken By	Claim Close Date		Date Received	

Attachment

Accident No.		MT/1080174		Claim No.		001	
Last Doc. Received		<input checked="" type="radio"/> Yes <input type="radio"/> No		Upload Date		15/01/2020 11:53	

Path *		Category *		Confidential	Urgency *	Desci
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 ▼	
Choose File	No file chosen	Clear	Please Select ▼	NO ▼	Normal ▼	
Message Read		Clear	Please Select ▼	NO ▼	Normal ▼	

Attachment List

Display in New Window Scan and uploading