NATIONAL Assessment Centre Services MNA120013676

	Job description	Date & Time Completed	Done by
Date In: 30/01/20			
Ref No. NA/INC2000/1623/13	SAS e-filing		
Veh No: SJN10974.	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 23/01/20 0115	i-Motor Claim Form	MT/1082287-001	
	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD / (TP) / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: JDQ1896 INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( ) Time: ( )

Confirmed by : (*Date:*

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 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 hotline: 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

NA2000949

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) In Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);	INC ($80)		
2) DA : Damage Assessment ($100);	$40/$45		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005)	$75		
6) TR : Re-inspection	$160		
7) N1 : Idao DA + SMRT Survey			
8) NTUC Additional Services:-			
OD*	$5		
*N5: Courtesy Car / Tpt Allowance	$10		
*N6: Repair Co-ordination	$25		
*N7: Post Repair Inspection	$5		
*N8: DV / Collect Excess Coordination	$20		
TP (N11) : TP (Non INC) against INC	30		
9) N12: Idao Mobile			[redacted]
Invoice dated	Fee Charged	[redacted]	
Invoice dated	Fee Charged		

MNA120013678 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 30/01/2020 17:10
SUBMITTED BY: Roslinda Binte Abdul Wahab

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 30/01/2020 17:26

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 witholding 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	30/01/2020 17:10
Date Of Accident	23/01/2020 01:15
Exact Location Of Accident	JLN DATO SULAIMAN TAMAN ABAD
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN1097Y
Insured/Policyholder	
Name Of Registered Owner	WHEELS EXPRESS RENTAL & LEASING PTE LTD
Co Reg No	2XXXXX594C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90603343
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	STATIONARY VEH
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	5108706042
Cover Note Number	
Driver	
Name of Driver	LOGESWARAN S/O SANMUGAM
NRIC No	SXXXX807D
Date Of Birth	19/10/1986
Occupation	OUTDOOR
Date Of Driving Pass	10/10/2012
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81619014
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BK 120C CANBERRA CRESCENT #10-391
Postcode	753120
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JDQ1896 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	SEMBANWANG NPC
Police Station Address	**ROAD**: 4 SEMBAWANG CRESCENT , **POSTCODE**: 757633 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:L/20200123/2058

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	JDQ1896
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	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:	24/01/2020 Driver's Signature (If driver is not the policyholder) Date & Time:	30/01/20 Reporting Centre Personnel's Signature Name: NRIC/FIN No.

SKETCH PLAN

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S refer to the police report: L/20200123/2058

DECLARATION

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

WHEELS EXPRESS RENTAL PTE LTD

Policyholder's Signature
Date & Time:

24/01/2020

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

30/01/20

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

Google Maps 334 Jalan Dato Sulaiman

Image capture: Jun 2018 © 2020 Google

Johor Bahru, Johor

Google

Street View

A - SJN1097Y

B - JDQ1896

C - UNKNOWN

SINGAPORE POLICE FORCE

L/20200123/2058

POLICE REPORT (NP299)

Report No. L/20200123/2058

Police Station Of Origin
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE 757633
Tel No: 1800-5549999

Date/Time Report Made	Vide Report No.	Station Diary No.
23/01/2020 15:38		42

Name Of Informant LOGESWARAN S/O SANMUGAM	Address APT BLK 120C CANBERRA CRESCENT #10-391 SINGAPORE 753120			
ID Type / ID No. NRIC NO / S8629807D	Contact No. Home/Office		Mobile 81619014	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation TECHNICIAN	Sex Male	Age 33	Date of Birth 19/10/1986	Race Indian
Institution/School Name	Language			
Date/Time Of Incident 23/01/2020 01:15	Location Of Incident Johor Bharu MALAYSIA			

Brief details.

On 23/01/2020 at about 0115hrs, my vehicle, SJN1097Y was in a car accessories shop at Jalan Dato Sulaiman, Johor Bharu. I was standing near my vehicle when there is one M'sian vehicle, JQ1896 drove passed by the side road at a fast speed and hit the front of my vehicle. I did not suffer any injury.

The damages on my vehicle were heavy dent on the vehicle front doors, the alignment of my front bumper came off and it was heavily dented in.

Signature Of Officer Recording The Report: L / Sgt 2 WAN FARAH DINA BINTE SAIFULLIZAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2020 15:38
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp KOH BOON TING Contact No.:	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

L/20200123/2058

POLICE REPORT (NP299) CONTINUATION OF REPORT Report No. L/20200123/2058

I've reported the matter to the M'sian Police.

Signature Of Officer Recording The Report: L / Sgt 2 WAN FARAH DINA BINTE SAIFULLIZAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2020 15:38
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp KOH BOON TING Contact No.:	Classification Of Case:

Authentication Stamp

POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai	: TRAFIK JOHOR BAHRU(S)	**Pegawai Penyiasat**	: G21809
Daerah	: J/BAHRU SELATAN		
Kontinjen	: JOHOR		
No. Repot	: TRAFIK JOHOR BAHRU(S)/002232/20		
Tarikh	: 23/01/2020		
Waktu	: 0248 AM		
Bahasa Diterima	: B. Malaysia		

Butir-butir Penerima Repot :

Nama	: R8198349 MUHAMMAD NOR BIN NURUDDIN	**No. Badan**	: R198349	**Pangkat**	: KONST/P

Butir-butir Jurubahasa (Jika Ada) :

Nama	: —	**No. K/P (Baru)**	: —	**No. Polis/Tentera**	: —
No. Pasport	: —	**Bahasa Asal**	: —		
Alamat	: —				

Butir-butir Pengadu :

Nama	: LOGESWARAN S/O SANMUGAM				
No. K/P (Baru)	: —	**No. Polis/Tentera**	: —	**No. Pasport**	: S8629807D
No. Sijil Beranak	: —	**Jantina**	: Lelaki	**Tarikh Lahir**	: 19/10/1986
Umur	: 33 Tahun 2 Bulan	**Keturunan**	: India	**Warganegara**	: SINGAPORE
Pekerjaan	: MEKANIK				
Alamat Tinggal	: BLK 120C #10-391, CANBERRA CREASANT, 753120 SINGAPORE				
Alamat IbuBapa	: —				
Alamat Pejabat	: —				
No. Tel (Rumah)	: —	**No. Tel (Pejabat)**	: —	**No. Tel (Bimbit)**	: 81619014
Emel	: —				

Pengadu Menyatakan :

PADA 23/01/2020 JAM LEBIH KURANG 0115HRS SEMASA SAYA SEDANG MELETAKKAN M/KAR NO SJN1097Y DI DALAM KEDAI EKSESORI KERETA JALAN DATO SULAIMAN TIBA-TIBA SEBUAH M/KAR NO JDQ1896 JENIS PROTON SATRIA MELANGGAR BAHAGIAN DEPAN M/KAR SAYA . SAYA TIDAK CEDERA. KEROSAKAN M/KAR SAYA BUMPER DEPAN, LAMPU DEPAN, BONET DEPAN, PINTU DEPAN KIRI DAN KANAN, DAN LAIN-LAIN KEROSAKAN TIDAK PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:	Tandatangan Jurubahasa(Jika ada):	Tandatangan Penerima Repot:
_____	_____	_____

ID Pencetak | Tarikh @ Masa Cetak : G21809 | 23/01/2020 03:27:05 AM

SALINAN YANG DI SAHKAN BENAR
(HANYA UNTUK TUNTUTAN SIVIL)

KETUA TRAFIK DAERAH J/BAHRU SELATAN
DEWAN POLIS DIRAJA UNTUK TUJUAN PERSIDANGAN

POL.316

POLIS DIRAJA MALAYSIA CAWANGAN TRAFIK IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN, JALAN TEBRAU, 80250 JOHOR BAHRU
07-2237977

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu	: LOGESWARAN S/O SANMUGAM
No Kad Pengenalan / Paspot	: S8629807D
No Repot Polis	: TRAFIK JOHOR BAHRU(S)/002232/20
Tarikh @ Masa Repot Polis	: 23/01/2020 @ 02:48
Pengesahan Penerimaan Repot	:

.....
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat	: (G21809) INSP MOHAMAD FARHAN SAUFI BIN MOHAMED
Tempat Tugas	: JOHOR , J/BAHRU SELATAN
No Telefon Pejabat	: **No Telefon Bimbit** : 018-3870442
Tarikh @ masa Perjumpaan	:
Pengesahan Penerimaan Repot	:

.....
Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : ..... **No Badan** : ..... **Pangkat** : .....

Tarikh @ Masa Gambar Diambil : .....

Pengesahan Gambar Diambil : .....
Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen : .....

Waktu Pejabat :
Ahad - Rabu : 08:00 Pagi - 01:00
Tengah Hari 02:00 Petang - 04:00
Petang Khamis : 08:00 Pagi - 01:00
Tengah Hari 02:00 Petang - 02:30
Petang Rehat - 1.00 T/Hari-2.00 Petang
Jumaat,Sabtu-Tutup Cuti

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis	☐
2. Gambar Kenderaan	☐
3. Rajah Kasar Kemalangan	☐
4. Keputusan Siasatan	☐
5. Lain-lain Dokumen	☐

3 days

Tarikh @ Masa Dokumen Diserah : .....

Pengesahan Kaunter Pembekalan Dokumen :

.....
Tandatangan Pegawai Kaunter Pembekalan Dokumen

ACCIDENT STATEMENT

ACCIDENT DATE: [23 / 01 / 2020] (DD/MM/YYYY), TIME: [01 : 15] (HH:MM)

LOCATION: ~~AYO~~ Jalan Dato Sulaiman, Taman Abad

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SSN 1097 Y
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5108706042
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: Mitsubishi / Lancer 1.6A
   f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Private use
   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: Wheels express rental & Leasing PTE LTD (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: 90603343
   c) ADDRESS: _____

* CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (0)

3. **DRIVER**
   a) NAME: Logeswaran (MALE / FEMALE) 816190H
   b) NRIC/FIN/PASSPORT: S8629807D CONTACT: ~~90603343~~
   c) ADDRESS: BIK 120C, Canberra Crescent, S'pore 753120

   *d) DATE OF BIRTH: [19 / 10 / 1986] (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) YEARS OF DRIVING EXPRERIENCE: 9
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer
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: Sembawang NPC
8. **THIRD PARTY VEHICLE**

* No of passenger (including driver) (__)

   a) VEHICLE NUMBER: SDQ1896 MODEL: Proton Satria
   b) DRIVER'S NAME: _____
   c) NRIC/FIN/PASSPORT: _____ CONTACT: _____
9. THIRD PARTY VEHICLE

* No of passenger (including driver) (__)

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

24/01/20
waiting for veh & company stamp.
30/01/20

email =
fax =
VIDEO =

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. 5108706042 Date of Accident 23/01/2020 01:15

Vehicle No.(For Motor) SJN1097Y Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5108706042	5108706042-000007	WHEELS EXPRESS RENTAL & LEASING PTE LTD	201810594C	GPM	drive) CLASSIC	SJN1097Y	SJN1097Y	22/05/2019	21/05/2020

Continue

Claim Handling

Accident MT/1082287

Policy No.	[illegible]	Vehicle No.	[illegible]	GST Registra
Certificate No.	[illegible]			
Policyholder Name	WHEELS EXPRESS RENTAL & LEASING PTE LTD			Policyholder I
Product Code	[illegible]	Cover Type	[illegible]	Loading
Contact No.(Mobile)	[illegible]	Contact No.(Office)	[illegible]	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	30/01/2020 19:07	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/01/2020	Time of Accident hh:mm	01:15	Country of Ac
Reporting Centre		Orange Force		IDR No.
Accident Location	[illegible]			

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 Cov
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	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	[illegible]	Address 2	[illegible]	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	[illegible]	Related Policy Number	[illegible]	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	[illegible]	Driver NRIC	[illegible]	Driver DOB
Register Date of Driver License	[illegible]	Driver Age	[illegible]	Driving Exper
Contact No.(Mobile)	[illegible]	Contact No.(Office)	[illegible]	Contact No.(I
Address 1	[illegible]	Address 2	[illegible]	Address 3
Address 4	[illegible]	Address Type	Singapore address	Post Code
Unit No.	[illegible]			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 OD-MX New

Claim Type *			OD-NX	Insured Name	V
Contact No.(Mobile)			90603343	Contact No. (Home)	
Email Address				OI Vehicle Number	S
Claim Description			SJN1097Y / JDQ1896 ON 23 Jan 2020		
Preferred Workshop		Insured Liability	Not at Fault		
Contact No.					
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered			30/01/2020 19:07	Claim Close Date	
Repor. Taken By			ROSLINDA	Workshop Repairer	

Print AK letter

Save | Submit

Attachment

Accident No.	[illegible]	Claim No.	[illegible]
Last Doc. Received	Yes No	Upload Date	30/01/2020 00:00

Path *		Category *	Confid
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2020 19:07	NRIC/ Driving License	Y	Normal	NRIC/ D
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2020 19:07	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2020 19:07	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2020 19:06	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2020 19:06	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2020 19:06	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2020 19:06	Photos		Normal	P
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