

Date In	7/2/20 10:18	Job description	Date & Time Completed	Done by
Ref No	MA/INC 200021471h4.	SAS e-filing		
Web No	SGR 929T	E-mail (within 3hrs, AIC 2hrs)		
Date A	6/2/20 16:30.	I-Motor Claim Form	MT/1083365 ⁰⁰¹	7/2/20 10:45.
CD	<input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insured		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Whsp / INC Assign Whsp / QW: (Tel:	Fax:
IP Particulars:	Veh No: FBD 76584.	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: YBS () / 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 () / Non-INC ()	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	Action

MA 2001155	Invoice/Repairation Checklist	Am (S)	SAAR (S)
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 (Sign-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
And/or Comments:	For claiming against INC Only (wof 10 Jan 2021)		
	6) TR: Re-inspection \$75		
	7) NI: 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 07/02/2020 10:18
 Date Of Accident 06/02/2020 16:30
 Exact Location Of Accident PIE TWDS TUAS
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGR929T
Insured/Policyholder
 Name Of Registered Owner PAUL HOE ENTERPRISE PTE LTD
 Co Reg No 2XXXXX503C
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-67419686

Vehicle Particulars

Manufacturer TOYOTA
 Model AXIO
 Exact Purpose for which vehicle was being used at time of accident PRIVATE USE
 Are you claiming under your own insurance policy for repair to your vehicle? NO
 If No, Please state action to be taken THIRD PARTY
 Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage THIRD PARTY
 Fleet Policy NO
 Policy Number 5097695867-02
 Cover Note Number

Driver

Name of Driver LAI CHONG MENG
 NRIC No SXXXX621B
 Date Of Birth 03/12/1976
 Occupation OUTDOOR
 Date Of Driving Pass 05/08/1997
 Driving Experience 22 YEARS AND 6 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-90674099
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	BLK 453C FERNVALE RD #07-535
Postcode	793453
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?	NO
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?	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200206/2136 & T/20200207/2103.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

Details of Witness 1

Name	LAU
Phone Number	82333566
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD7658L
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	SLZ5822H
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.

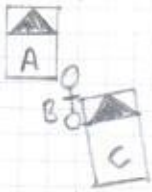


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A = SGR 929 T

B = FED 7658 L

C = SLZ 5822 H.

PIE twds Tuas

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200206 / 2136

[The remaining lines of the section are crossed out with a diagonal line.]

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.:



SINGAPORE POLICE FORCE



T/20200206/2136

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

1 of 3

Report No. T/20200206/2136

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2020 19:11		Vide Report No.: E/20200206/0086		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: LAI CHONG MENG			Address: APT BLK 453C FERNVALE ROAD #07-535 SINGAPORE 793453		
ID Type / ID No.: NRIC NO / S7670621B			Contact No.: Home/Office: Mobile: 90674099		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 03/12/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2020 16:30	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE (TUAS) at mark 8.5km Lamp Post Number: 901				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD7658L						0
SBR929T						1
SLZ5822H						0



**SINGAPORE
POLICE FORCE**



T/20200206/2136

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

Report No. T/20200206/21

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAI CHONG MENG	ID No.	S7670621B
Related Vehicle	SBR929T	Contact No.	90674099
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN GUO YUAN	ID No.	S8429304J
Related Vehicle	SLZ5822H	Contact No.	88766960
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06.02.2020 at around 1630hrs, I was driving my workshop vehicle SBR929T travelling along PIE towards TUAS on the middle lane. As I was driving, there was a vehicle SLZ5822H on my right which was quite close to my vehicle and suddenly I felt a collision from my rear portion. I then parked at extreme right lane and alighted from my vehicle. I saw there was a rider lying on the road. A while later, ambulance came and conveyed the rider. I was not injured at that time. Traffic police advised me to lodge an accident report. I do not have the particulars of the rider.



**SINGAPORE
POLICE FORCE**



T/20200206/2136

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

3 of 3

Report No. T/20200206/2136

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:
F /
Sgt 3 MUHAMMAD ASYRAF BIN ARIS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/02/2020 19:11

Officer In Charge Of Case:
TP / GIT /
Staff Sgt NUR ADELINA BINTE MOHAMMAD
FUAT
Contact No.: 65476066

Classification Of Case:

SN 154

Authentication Stamp
NP168



Singapore Police Force



SINGAPORE POLICE FORCE



T/20200207/2103

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20200207/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2020 17:10		Vide Report No.: T/20200206/2136	Station Diary No.: 24
Informant's Particulars			
Name of Informant: LAI CHONG MENG		Address: APT BLK 453C FERNVALE ROAD #07-535 SINGAPORE 793453	
ID Type / ID No.: NRIC NO / S7670621B		Contact No.: Home/Office: Mobile: 90674099	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 43	Date of Birth: 03/12/1976	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: TECHNICIAN		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2020 16:30	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY ALONG PIE(TUAS) AT MARK 8.5KM LAMP POST NUMBER: 901				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD7658L						0
SGR929T						0
SLZ5822H						0



**SINGAPORE
POLICE FORCE**



T/20200207/2103

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20200207/2103

CONTINUATION OF REPORT

Brief Details.

I am lodging this report due to amendment of my vehicle. Facts as followed:

On 6/2/2020 at around 1630hrs. I was driving my workshop vehicle SGR929T along PIE towards Tuas on the middle lane. As I was driving, there was a vehicle SLZ5822H on my right which was quite close to my vehicle and suddenly I felt a collision from my rear portion. I then parked at extreme right lane and alighted from my vehicle. I saw there was a rider lying on the road. A while later, ambulance came and conveyed the rider. I was not injured at that time. Traffic police advised me to lodge an accident report, I do not have the particulars of the rider.



**SINGAPORE
POLICE FORCE**



T/20200207/2103

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

3 of 3

Report No. T/20200207/2103

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:

G /

Sgt 1 TAN LI JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NUR ADELINA BINTE MOHAMMAD

FUAT

Contact No.: 65476066

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

07/02/2020 17:10

Classification Of Case:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA 120017038 Vehicle Registration No: SGR 9297
Name (as shown in NRIC) : Paul Hoe Enterprise ^{pec led} NRIC/FIN/Passport No : 2xxxxx503C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : 6741 9686 Mobile No.: _____
Email Address : _____
Date of Accident : 6/2/20 Time of Accident : 16:30.
Place of Accident : PIE twos Tuas
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Add In New Police Report T/20200207/2103.



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: 7/2/22

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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5097695867-02

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SGR929T**
 Chassis Number : **NZE1416008288**
2. Name of Policyholder : **PAUL HOE ENTERPRISE PTE LTD**
3. Effective Date of Insurance : **30 Jan 2020**
4. Expiry Date of Insurance : **29 Jan 2021**
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 the carriage of passengers for reward purposes.
- (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)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : JG MOTOR AGENCY (00000613374)
 Date of Issue : 10 Jan 2020 15:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1083365

Policy No.	5097695867-02	Vehicle No.	SGR929T	GST Registration No.	
Certificate No.					
Policyholder Name	PAUL HOE ENTERPRISE PTE LTD				
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Policyholder NRIC	201713503C
Contact No.(Mobile)	67419686	Contact No.(Office)		Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	No Yes	TCA	No Yes	eCode	No
NCD Protection	No	NCD Entitlement(%)	30	eCode Reason	
				Private Hire	No

Accident Details

Report Date	07/02/2020 10:41	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	06/02/2020	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDJS TUA5				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
DD Standard Excess	0.00	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	0.00	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	07/02/2020 10:43:37 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	1 KAKI BUKIT AVENUE 6	Address 2	#01-107 AUTOBAY @ KAKI BUK	Address 3	SINGAPORE 417883
Address 4		Address Type	Singapore address	Post Code	417883
Unit No.	11-07	Related Policy Number	5105448514-01		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/12/1976
Unnamed driver Name	LAI CHONG MENG	Driver NRIC	SXXXX621B	Driving Experience	22
Register Date of Driver License	05/08/1997	Driver Age	43	Contact No.(Home)	
Contact No.(Mobile)	90674099	Contact No.(Office)		Address 3	FERNVALE FLORA
Address 1	BLK 453C #07-535	Address 2	FERNVALE ROAD	Post Code	793453
Address 4	SINGAPORE 793453	Address Type	Singapore address		
Unit No.	07-535				
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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	PAUL HOE ENTERPRISE PTE LTD	Insured NRIC	201713503C
Contact No.(Mobile)		Contact No.		Contact No.(Office)	65155
Email Address		DI		TP	
Claim Description		Vehicle Number	SGR929T	Vehicle Number	FBD76
Preferred Workshop		SGR929T / FBD76SBL DN 6 Feb 2020		Name of Preferred Workshop	
Business No.		Insured Liability	Not at Fault		
Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered					
Report Taken By		Claim Close Date	07/02/2020 10:44	Date Received	07/02/2020
			LEW SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No.	MT/1083365	Claim No.	001
Last Doc. Received	Yes No	Upload Date	07/02/2020 10:45

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

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description	Hi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Feb 2020 10:45	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Feb 2020 10:45	SAS		Normal	SAS 2020-2-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Feb 2020 10:45	Photos		Normal	Photos 2020-2-7	
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Video List

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