

# NATIONAL Assessment Centre Services

part 1 JAR05J

MNA 120024334

Date In: 24/12/20 15:52	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAI/INC 20003082/h4	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SJU 3528X	I-Motor Claim Form	MT/1085595 <sup>901</sup>	24/12/20 16:16
IP: 22/12/20 08:20	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD - TP / Reporting Only	I-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Whsp		

Preferred Whsp / INC Assign Whsp / OW: ( )

Tel: ( )

Fax: ( )

IP Particulars:

Veh No: SML 8999Z

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 repater.

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

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

Remarks: (INC 6718 6616) Date & Time Completed: 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 2001589

Claimant's Particulars	Invoice Particulars	Amount (\$)	Amount (\$)
Driver/Owner:	1) AIR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wof 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + EMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (\$500 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	24/02/2020 15:52
Date Of Accident	22/02/2020 08:20
Exact Location Of Accident	TPE TWDS PIE AT 11.7KM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU3528X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CARWAY LEASING & RENTAL
Co Reg No	5XXXX813K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67440777

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5110752036
Cover Note Number	

### Driver

Name of Driver	YAP TIAN GEOK (YE TIANYU)
NRIC No	SXXXX893G
Date Of Birth	03/07/1972
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1992
Driving Experience	27 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91802817
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 196C PUNGGOL FIELD #16-485
Postcode	823196
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JTC5278 (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	4
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200222/2132

#### 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	SML8999Z
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 JTC5278

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 3

Vehicle Registration Number JTQ3959

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 INJURED PERSON 1

Name YAP TIAN GEOK (YE TIANYU)

Approximate Age

Injuries Sustain CHEST & BACK

Injured person in which vehicle? SJU3528X

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: 24/2/21 21

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

# SKETCH PLAN

Refer to Sketch

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200222/2132.

Add on, I wish to state, the two motorcycle (JTC 5278 & JTA 3959) and One Veh (SMH 8999Z) already involved in a accident before I collided onto SMH 8999Z.

## DECLARATION

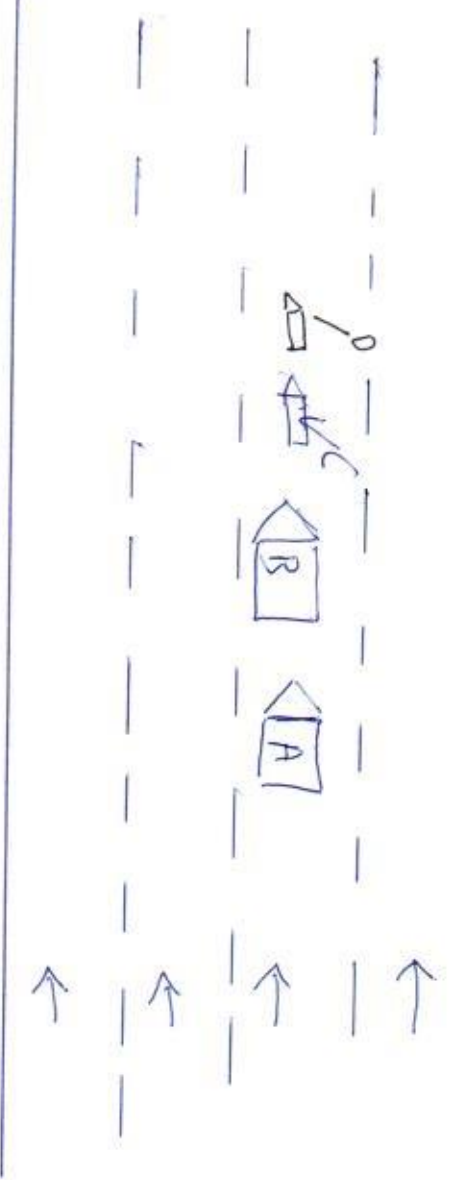
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 24/2/2020

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

TYPE to PIE (changi) Before Exit 10.



- A → SJU 3528 X
- B → SML 8999 Z
- C → JTC 5278.
- D → JTD 3959.



# ACCIDENT STATEMENT

22 08 20.  
ACCIDENT DATE: (22 / 2 / 20) (DD/MM/YYYY), TIME: (18 : 30) (HH:MM)

LOCATION: 336B Tampines Anchorvale Crescent Carpark Loading bay,  
Tampines turns PIE at the 11.7 km

1. DETAILS OF VEHICLE TPE
  - a) VEHICLE NUMBER: SJU 3528X
  - b) INSURANCE COMPANY: Inc
  - 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: commercial 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: Carway Leasing (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 6744 0777.  
c) ADDRESS:

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

## DRIVER

a) NAME: Yap Tian Geok. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 9180 2817.  
c) ADDRESS:

\*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: Hirer.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) driver.

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

IF YES, PLEASE STATE WHICH POLICE STATION: Punggol NPC.

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SML 8997Z. MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: JTC 5278 MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

3TQ 3959.

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

Veh take photo.

Email = carway.

fax =

VIDEO = No.





# SINGAPORE POLICE FORCE



T/20200222/2132

1 of 3

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20200222/2132

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/02/2020 19:44		Vide Report No.: F/20200222/0099		Station Diary No.: 80	
<b>Informant's Particulars</b>					
Name of Informant: YAP TIAN GEOK			Address: APT BLK 196C PUNGGOL FIELD #16-485 SINGAPORE 823196		
ID Type / ID No.: NRIC NO / S7224893G			Contact No.: Home/Office: Mobile: 91802817		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 47	Date of Birth: 03/07/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/02/2020 08:20	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY  towards PIE at the 11.7km mark				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTC5278	Motorcycle					0
JTQ3959	Motorcycle					0
SJU3528X	Car				Seriously Damaged	0
SML8999Z	Car				Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20200222/2132

2 of 3

Report No. T/20200222/2132

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YAP TIAN GEOK	ID No.	S7224893G
Related Vehicle	SJU3528X (Car)	Contact No.	91802817
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/02/2020	Date Discharge	22/02/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

On 22/02/2020 at about 0820hrs, I was driving my vehicle, SJU3528X along TPE towards PIE on the second lane. As I was driving, out of sudden I discovered vehicle, SML8999Z was stationary. Upon that time, the said vehicle does not have his hazard light turn on or any indication showing it is stationary. I could not stopped in time and collided into the rear of SML8999Z.

Due to the impact of the collision, SML8999Z surged forward and collided into driver of SML8999Z. I went out of my vehicle and assisted to call the ambulance. The said driver was conveyed to hospital and traffic police was also at scene.

On the same day at about 1500hrs, I went to the Sengkang General Hospital as I felt discomfort on my chest and back area. I was given 2 days medical certificate from 22/02/2020 to 23/02/2020.

I wish to state that I have an in-car camera installed in my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20200222/2132

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

3 of 3

Report No. T/20200222/2132

**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 /  
Sr Staff Sgt MUHAMMAD FARID BIN KAMIS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMMAD ABDILLAH BIN PALIL SN 085  
Contact No: 65476246

Authentication Stamp  
NP168

Singapore Police Force

Signature Of Informant:

Date/Time:  
22/02/2020 19:44

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:** 5110752036-000002

**Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SJU3528X**  
 Chassis Number : **ZNE100306252**
2. Name of Policyholder : **CARWAY LEASING & RENTAL**
3. Effective Date of Insurance : **04 Oct 2019**
4. Expiry Date of Insurance : **03 Oct 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)	: 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	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MARLENE VEHICLES TRADING
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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)

Date of Issue : 27 Jun 2019 15:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

## Accident MT/1085595

Policy No.	5110752036	Vehicle No.	SJU3528X	GST Registration No.	
Certificate No.	5110752036-000002				
Policyholder Name	CARWAY LEASING & RENTAL			Policyholder NRIC	53264813K
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	67440777	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## ▼ Accident Details

Report Date	24/02/2020 16:12	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	22/02/2020	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TWOS PIE AT 11.7KM				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
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			

## ▼ Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#03-01 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	03-01	Related Policy Number	5104890605-01		

## ▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YAP TIAN GEOK (YE TIANJU)	Driver NRIC	SXXXX893G	Driver DOB	03/07/1972
Register Date of Driver License	13/11/1992	Driver Age	47	Driving Experience	27
Contact No.(Mobile)	91802817	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 196C #16-485	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 823196
Address 4		Address Type	Singapore address	Post Code	823196
Unit No.	16-485				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 **New**

Claim Type *	OO-MX	Insured Name	CARWAY LEASING & RENTAL	Insured NRIC	53264813K	
Contact No.(Mobile)	98627777	Contact No.(Home)		Contact No.(Office)	657448	
Email Address		O1 Vehicle Number	SJU3528X	TP Vehicle Number	SML89	
Claim Description	SJU3528X / SML89992 ON 22 Feb 2020				Name of Preferred Workshop	
Preferred Workshop	<input type="radio"/> Insured Liability	Fully at Fault				
Preferred Workshop No.	Yes	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered		Claim Close Date	24/02/2020 16:15	Date Received	24/02/2020	
Report Taken By	LEW SHAN HUI					
















☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1085595	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/02/2020 16:16
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read		Urgency *	Normal

## ▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 16:16	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 16:16	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 16:16	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 16:16	SAS		Normal	SAS 2020-2-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 16:16	Photos		Normal	Photos 2020-2-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 16:16	Photos		Normal	Photos 2020-2-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 16:16	Photos		Normal	Photos 2020-2-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 16:16	Photos		Normal	Photos 2020-2-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 16:16	Photos		Normal	Photos 2020-2-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 16:16	Photos		Normal	Photos 2020-2-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 16:15	Photos		Normal	Photos 2020-2-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 16:15	Photos		Normal	Photos 2020-2-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 16:15	Photos		Normal	Photos 2020-2-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 16:15	Photos		Normal	Photos 2020-2-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 16:15	Photos		Normal	Photos 2020-2-24	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Feb 2020 16:15	Photos		Normal	Photos 2020-2-24	
Video List						
Uploaded By/Date		Folder Date	File Name		Source	
				<div>Display in New Window</div> <div>Scan and uploading</div>		