

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 2005135

|                           |  |                       |                |
|---------------------------|--|-----------------------|----------------|
| Date In: 26/12-09-23      | Job description                          | Date & Time Completed | Done by        |
| Ref No: NM/INC2003182/624 | SAS e-filing                             |                       |                |
| Veh No: SJ2326R           | E-mail (within 8hrs, AIC 2hrs)           |                       |                |
| D.O.A: 25/12-10-22        | i-Motor Claim Form                       | M71085844-001         | 26/12/20 09:45 |
| OD: TP Reporting Only     | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |                |
|                           | i-Photo Uploaded                         |                       |                |
|                           | Assessment/Survey Report                 |                       |                |
| TP Insurer:               | Ass't Report by Fax / Hand to Owner/Wksp |                       |                |

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

|  |                  |                       |
|--|------------------|-----------------------|
| TP Particulars:  | Veh No: SMK90167 | 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 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA 200167 / NA 2001638

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

## Invoice Preparation Checklist

|   | Ant (\$)    | Ant (\$) |
|---|-------------|----------|
| 1st Bill  |             | Add Bill |
| 1) AR: Accident Reporting (\$30);               |             |          |
| 2) DA: Damage Assessment (\$100); INC (\$80)    |             |          |
| 3) TF: Towing Fee \$40/\$45                     |             |          |
| 4) FT: Follow-Through Survey \$120              |             |          |
| 5) FT: Follow-Through Survey (Resurvey) \$30    |             |          |
| For claiming against INC Only (wef 10 Jan 2005) |             |          |
| 6) TR: Re-inspection \$75                       |             |          |
| 7) N1: Idac DA + SMRT Survey \$160              |             |          |
| 8) NTUC Additional Services:-                   |             |          |
| OD:   |             |          |
| *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: Idac Mobile 30                          |             |          |
| 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             | 26/02/2020 09:23                      |
| Date Of Accident           | 25/02/2020 10:20                      |
| Exact Location Of Accident | AYE TWDS TUAS BEFORE MERCHANT RD EXIT |
| Country/State of Loss      | SINGAPORE                             |

### DETAILS OF OWN VEHICLE

|                             |                               |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SJZ3260R                      |
| <b>Insured/Policyholder</b> |                               |
| Name Of Registered Owner    | AUTO ALLIANCE LEASING PTE LTD |
| Co Reg No                   | 2XXXXX807W                    |
| Email Address               | NOEMAIL                       |
| Mobile Phone No             | (LOCAL) +65-83396986          |
| Alternative Phone No        | OFFICE-83396986               |

### Vehicle Particulars

|  |                               |
|--|-------------------------------|
| Manufacturer   | HONDA                         |
| Model  | HONDA CITY LX 1.5 I-VTEC AUTO |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING                       |
| 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   | COMMERCIAL VEHICLE            |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | THIRD PARTY                            |
| Fleet Policy              | YES                                    |
| Policy Number             | 5110688602                             |
| Cover Note Number         |  |

### Driver

|                      |                              |
|----------------------|------------------------------|
| Name of Driver       | LIM WEE KEONG (LIN WEIQIANG) |
| NRIC No              | SXXXX050Z                    |
| Date Of Birth        | 17/12/1975                   |
| Occupation           | OUTDOOR                      |
| Date Of Driving Pass | 12/06/1998                   |
| Driving Experience   | 21 YEARS AND 8 MONTHS        |
| Gender               | MALE                         |
| Mobile Number        | (LOCAL) +65-81235588         |
| Fax Number           |                              |
| Contact Number       | OFFICE-81235588              |
| EEmail Address       | NOEMAIL                      |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 170 YISHUN AVENUE 7<br>#14-869 |
| Postcode  | 760170                             |
| 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?  | NO                            |
| 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)   | 2                             |
| Passenger 1   | NAME: : -<br>GENDER: : FEMALE |

### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of Intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

### Circumstances of Accident

REFER TO STATEMENT.

### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SMK9016J    |
| 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 SGH3156P  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGK9902Y  
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 INJURED PERSON 1

Name LIM WEE KEONG (LIN WEIQIANG)  
Approximate Age  
Injuries Sustain NECK  
Injured person in which vehicle? SJZ3260R  
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)**

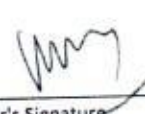
I understand, acknowledge, agree and consent that:

- (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.:

**SKETCH PLAN**

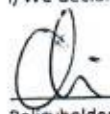
Refer to attach sketch plan.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to statement.

**DECLARATION**

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



Policyholder's Signature  
Date & Time:





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

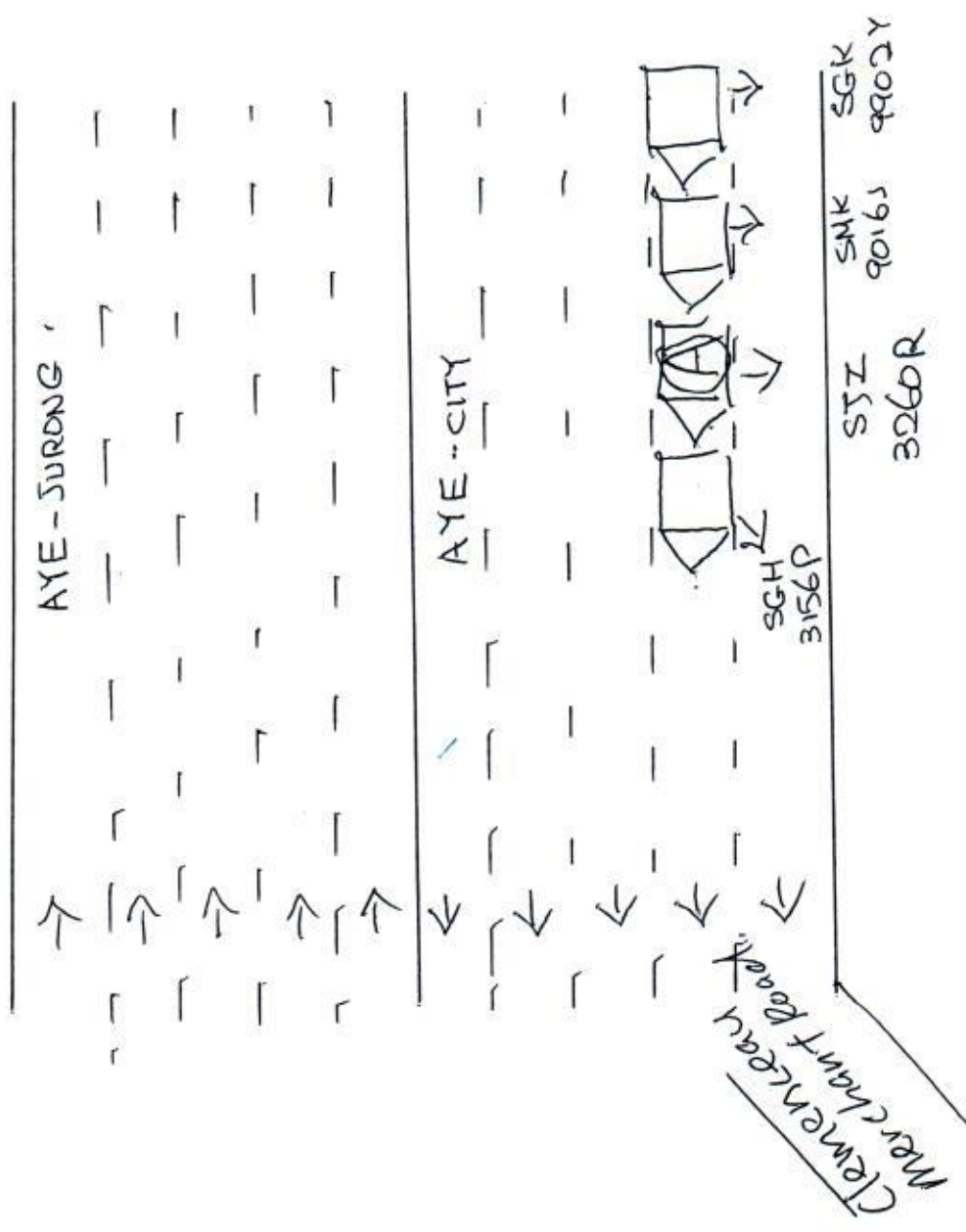


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



公司 HP 81235588  
 QJ. 租车 HP 88396986

25/2/2020  
 10.20 AM  
 SSZ 3260 R.



ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE BRAKE, I BRAKE MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. AFTER AN IMPACT, MY VEHICLE MOVED FORWARD AND HIT ONTO VEHICLE C REAR PORTION. THERE WERE 4 VEHICLES INVOLVED IN THIS ACCIDENT.



# ACCIDENT STATEMENT

ACCIDENT DATE: (25/2/20) (DD/MM/YYYY), TIME: (12:20) (HH:MM)

LOCATION: A/E tuds city before clemency.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ232602  
b) INSURANCE COMPANY: NTA  
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: Working  
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: Auto Alliance Leasing Pte Ltd. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 8339686  
c) ADDRESS:

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

## DRIVER

- a) NAME: Lim Wee Keng Chin Wengiang (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S75380502 CONTACT: 81235586  
c) ADDRESS:

\*d) DATE OF BIRTH: (12/12/1975) (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: Brother

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

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

6. WAS ANYBODY INJURED (YES / NO) No

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

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMIC 90163 MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SG431567 MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

Email =

fax =

video = X

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)  Certificate Number

| Select                | Policy No. | Certificate Number | Policyholder Name               | Policyholder NRIC | Product | Cover Type  | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|---------------------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5110688602 | 5110688602-000017  | AUTO ALLIANCE LEASING PTE. LTD. | 201903807W        | GFM     | Third Party | SJZ3260R    | SJZ3260R       | 27/07/2019    | 09/04/2020  |



## ▼ Policy Information

|                             |  |                             |                              |                                  |                  |
|-----------------------------|--|-----------------------------|------------------------------|----------------------------------|------------------|
| Policy No.                  | 5110688602                                       | Policyholder Name           | AUTO ALLIANCE LEASING PTE. I | Policyholder NRIC                | 201903807W       |
| Certificate No.             | 5110688602-000017                                |                             |                              |                                  |                  |
| Address                     | 55 YUK TONG AVENUE AIRVIEW PARK SINGAPORE 596356 |                             |                              |                                  |                  |
| Product Name                | FLEET MASTER INSURANCE                           | Plan                        |                              | Group Policy Flag                | N                |
| Policy issue Date           | 25/06/2019                                       | Effective Date              | 25/06/2019 00:00             | Expiry Date                      | 09/04/2020 23:59 |
| Excess Type                 | Per Accident                                     | All Claims Excess           |                              |                                  |                  |
| Third Party Excess          | 1500   | Own damage Excess           | 0                            | Windscreen Excess                | 0                |
| Additional Excess           |  | OS Premium                  | 0                            |                                  |                  |
| Outside Singapore OD Excess | 0  | Outside Singapore TP Excess | 1500                         | Young/Inexperience Driver Excess |                  |
| Agent                       | COWELL INSURANCE (AGENCY)                        | Agent Tel.                  | 63392592                     | GST Flag                         | Y                |
| Co-insurance Flag           | No   |                             |                              |                                  |                  |
| Open Policy Info            |  |                             |                              |                                  |                  |
| Certificate Info            |  |                             |                              |                                  |                  |

## ▼ Policyholder Mailing Address

|           |                    |                       |                   |           |                  |
|-----------|--------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | 55 YUK TONG AVENUE | Address 2             | AIRVIEW PARK      | Address 3 | SINGAPORE 596356 |
| Address 4 |                    | Address Type          | Singapore address | Post Code | 596356           |
| Unit No.  |                    | Related Policy Number | 5110688602        |           |                  |

▶ Insured Object: 5110688602-000017

## ▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type              | Endorsement Number | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|--------------------|--------------------|---------------------|
| 1        | 27/08/2019 00:00    | Basic Information Endorsement | null               | Entry Rejected     |                     |

## ▼ Certificate Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Number | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|--------------------|---------------------|

Continue

Cancel

## Claim Handling

Accident MT/1085844

|                     |   |                               |   |                      |                 |
|---------------------|---|-------------------------------|---|----------------------|-----------------|
| Policy No.          | 511068602   | Vehicle No.                   | SJ23260R  | GST Registration No. |                 |
| Certificate No.     | 511068602-000017  |                               |   | Policyholder NRIC    | 201903807W      |
| Policyholder Name   | AUTO ALLIANCE LEASING PTE. LTD.                               | Cover Type                    | Third Party   | Loading              | 0               |
| Product Code        | FLEET MASTER INSURANCE  | Contact No.(Office)           | 0   | Contact No.(Home)    | 0               |
| Contact No.(Mobile) | 83395986  | Special Remark                |   | eCode                | NC              |
| Email Address       |   | TCA                           | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |                 |
| KPIC                | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%)            | 0   | Private Hire         | No              |
| NCD Protection      | No  |                               |   | Accident Type        | Chain Collision |
| Report Date         | 26/02/2020 09:43  | Accident Report Within 24 hrs | Yes   | Country of Accident  | Singapore       |
| Date of Accident    | 25/02/2020  | Time of Accident hh:mm        | 10:20   | ICM No.              |                 |
| Reporting Centre    |   | Grange Force                  |   |                      |                 |
| Accident Location   | AYE TWDS TUAS BEFORE MERCHANT RD EXIT                         |                               |   |                      |                 |

## Total Excess Applicable

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

## Benefits

## GST Registered Information

|                      |    |                       |     |
|----------------------|----|-----------------------|-----|
| GST Registered       | No | GST Registration Date |     |
| GST Registration No. |    | GST Status Verified   | Yes |
| Modification History |    |                       |     |

## Policyholder Mailing Address

|           |                    |                       |                   |           |                  |
|-----------|--------------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | 55 YUK TONG AVENUE | Address 2             | AIRVIEW PARK      | Address 3 | SINGAPORE 596356 |
| Address 4 |                    | Address Type          | Singapore address | Post Code | 596356           |
| Unit No.  |                    | Related Policy Number | 511068602         |           |                  |

## OT Driver Info

|   |   |                     |                   |                        |                  |
|---|---|---------------------|-------------------|------------------------|------------------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver    | Driver DOB             | 17/12/1975       |
| Unnamed driver Name                     | LIM WEE KEONG (LIN WEIQIAN)                                   | Driver NRIC         | SXXXX050Z         | Driving Experience     | 21               |
| Register Date of Driver License         | 12/06/1998  | Driver Age          | 44                | Contact No.(Home)      | 0                |
| Contact No.(Mobile)                     | 81235588  | Contact No.(Office) | 0                 | Address 3              | SINGAPORE 760170 |
| Address 1                               | BLK 170   | Address 2           | YISHUN AVENUE 7   | Post Code              | 760170           |
| Address 4                               |   | Address Type        | Singapore address |                        |                  |
| Unit No.                                | 14-869  |                     |                   | Driver Insurer Company |                  |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                   |                        |                  |

## Declaration

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

## Modification History

Claim 001 New

|   |                                    |                         |                                  |                     |                  |
|---|------------------------------------|-------------------------|----------------------------------|---------------------|------------------|
| Claim Type *  | OD-Mx                              | Insured Name            | AUTO ALLIANCE LEASING PTE. L     | Insured NRIC        | 201903807W       |
| Contact No.(Mobile)                                 | 97552383                           | Contact No.(Home)       |                                  | Contact No.(Office) | +                |
| Email Address                                       |                                    | OT Vehicle Number       | SJ23260R                         | TP Vehicle Number   | SMK90163         |
| Claimant Type Claimant Type *                       | Please Select                      | Type of Benefit *       | Please Select                    |                     |                  |
| Claimant Name *                                     |                                    | Claimant NRIC *         |                                  |                     |                  |
| Claimant Address                                    | 5123260R / SMK90163 ON 25 Feb 2020 |                         |                                  |                     |                  |
| Claim Description                                   | Name of Preferred Workshop         |                         |                                  |                     |                  |
| Preferred Workshop Contact No.                      |                                    | Insured Liability *     | Not at Fault                     | GSA report          | Received         |
| Require Finalisation                                | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received       | 26/02/2020 00:00 |
| Date Registered                                     | 26/02/2020 09:45                   | Claim Close Date        |                                  |                     |                  |
| Report Taken By                                     | Jackson                            |                         |                                  |                     |                  |
| <input checked="" type="checkbox"/> Print AK letter |                                    |                         |                                  |                     |                  |

Save Submit

## Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/1085844  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 26/02/2020 09:49 |

| Path *          | Category *    | Confidential | Urgency * | Description * |
|-----------------|---------------|--------------|-----------|---------------|
| Browse... Clear | Please Select | NO           | Normal    |               |
| Browse... Clear | Please Select | NO           | Normal    |               |
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| Browse... Clear | Please Select | NO           | Normal    |               |



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Attachment List

| Attachment  | Uploaded By/Date  | Category              | Urgency | Description | Msg Sent? (CO)                  |
|---|---|-----------------------|---------|-------------|---------------------------------|
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:49 | NRIC/ Driving License | Y       | Normal      | NRIC/ Driving License 2020-2-26 |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:49 | NRIC/ Driving License | Y       | Normal      | NRIC/ Driving License 2020-2-26 |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:48 | SAS                   |         | Normal      | SAS 2020-2-26                   |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:48 | Photos                |         | Normal      | Photos 2020-2-26                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:48 | Photos                |         | Normal      | Photos 2020-2-26                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:48 | Photos                |         | Normal      | Photos 2020-2-26                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:48 | Photos                |         | Normal      | Photos 2020-2-26                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:48 | Photos                |         | Normal      | Photos 2020-2-26                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:48 | Photos                |         | Normal      | Photos 2020-2-26                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:48 | Photos                |         | Normal      | Photos 2020-2-26                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:48 | Photos                |         | Normal      | Photos 2020-2-26                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:48 | Photos                |         | Normal      | Photos 2020-2-26                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:47 | Photos                |         | Normal      | Photos 2020-2-26                |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:47 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:47 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:47 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:47 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:47 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:47 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:47 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:47 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:47 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:47 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:46 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:46 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:46 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:46 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:46 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:45 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:45 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:45 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:45 | Photos                |         | Normal      | Photos 2020-2-26                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV<br>CES) on 26 Feb 2020 09:45 | Photos                |         | Normal      | Photos 2020-2-26                |

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERV  
CES) on 26 Feb 2020 09:45

Photos

Normal

Photos 2020-2-26

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERV  
CES) on 26 Feb 2020 09:45

Photos

Normal

Photos 2020-2-26

Video List

| Uploaded By/Date | Folder Date | File Name             | Source             | Action |
|------------------|-------------|-----------------------|--------------------|--------|
|                  |             | Display in New Window | Scan and uploading |        |