

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 27/02/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20003285/13	SAS e-filing		
Veh No: SL24828Z	E-mail (within 8hrs, AIC 2hrs)		
DOA: 26/02/20 1800	i-Motor Claim Form	MT/1086082-001	
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (6 SPEED Tel: Fax:)

TP Particulars:	Veh No: SKN1398S	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%. 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

NA2001859	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR : Re-inspection \$75		
Cat 2 / 3:	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	27/02/2020 12:46
Date Of Accident	26/02/2020 18:00
Exact Location Of Accident	PIE CHANGI SLIP RD B4 KPE TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ4828Z
Insured/Policyholder	
Name Of Registered Owner	KC CAR RENTAL PTE LTD
Co Reg No	2XXXXX588M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90672582

Vehicle Particulars

Manufacturer	HONDA
Model	FREED
Exact Purpose for which vehicle was being used at time of accident	WORK
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	YES
Policy Number	5109056461
Cover Note Number	

Driver

Name of Driver	WILSON GOH CHIN KOK
NRIC No	SXXXX679Z
Date Of Birth	23/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	12/09/2006
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85882272
Fax Number	
Contact Number	
E-Mail Address	WILSON.GOHCK@GMAIL.COM

Address	BLK 408B FERVALE RD #20-22
Postcode	792408
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED POLICE REPORT:T/20200227/2004

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	MAIL TO OD SUPPORT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN1398S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JUNSTIN FOO GUANG EN
NRIC/Passport Number	SXXXX892J

Contact Number 91157568
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLH4487T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver ONG LENG KIM
NRIC/Passport Number SXXXX686H
Contact Number 93633636
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WILSON GOH CHIN KOK
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLZ4828Z
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.

X 
Policyholder's Signature
Date & Time:




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

 27/02/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIE chang. slip road before KPE Tunnel.

BT/A/D

A	SLZ 13985	SLZ 4828Z
B		SKN 13985
C		SLH 4487T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS Police Report
T/20200227/2008

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)

 27/02/20
Reporting Centre Personnel's Signature
Name:



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

Report No. T/20200227/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2020 01:01	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: WILSON GOH CHIN KOK		Address: APT BLK 408B FERVALE ROAD #20-22 CORAL VALE SINGAPORE 792408	
ID Type / ID No.: NRIC NO / S7329679Z		Contact No.:	Mobile: 85882272
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 23/08/1973	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/02/2020 18:00	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE(CHANGI), SLIP ROAD BEFORE KPE TUNNEL L/P 620S7/1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SKN1398S	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1622G5	Black		0
SLH4487T	Car	TOYOTA	COROLLA 1.6	Black		0
SLZ4828Z	Car	HONDA	FREED HYBRID 1.5G A	Red		1



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JUNSTIN FOO GUANG EN	ID No.	S9935892J
Related Vehicle	SKN1398S (Car)	Contact No.	91157568
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	ONG LENG KIM	ID No.	S7926686H
Related Vehicle	SLH4487T (Car)	Contact No.	93633636
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	WILSON GOH CHIN KOK	ID No.	S7329679Z
Related Vehicle	SLZ4828Z (Car)	Contact No.	85882272
Hospital/Clinic	FRONTIER MEDICAL ASSOCIATES	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/02/2020	Date Discharge	26/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

ON 27/02/2020 AT AROUND 1800 HRS, I WAS DRIVING MY CAR (SLZ4828Z) ALONG PIE(TOWARDS CHANGI) ON THE SLIP ROAD TOWARDS THE KPE TUNNEL. I WAS DRIVING ON THE LEFT LANE OF 2 LANES. THE VEHICLE IN FRONT OF ME SLOWED DOWN, AND I SLOWED DOWN AS WELL. SUDDENLY, I FELT IMPACT FROM BEHIND (SKN1398S). AS A RESULT, MY CAR ALSO JERKED FORWARD AND COLLIDED WITH THE CAR IN FRONT OF ME (SLH4487T). I WAS INJURED AND LATER SAUGHT TREATMENT AT FRONTIER MEDICAL ASSOCIATES. I WAS GIVEN 3 DAYS OF MC. NO PEDESTRIAN WAS INVOLVED. I HAVE VIDEO EVIDENCE OF THE ACCIDENT. THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20200227/2004

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

3 of 4

Report No. T/20200227/2004

CONTINUATION OF REPORT



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

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:
TP /
YAN XIAOZHI

Signature Of Informant:


Signature Of Interpreter:
Not applicable

Date/Time:
27/02/2020 01:01

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168

 SINGAPORE
POLICE FORCE

Signature: _____

VEHICLE NO: SLZ 4828Z MAKE & MODEL: Honda Freed

DATE OF ACCIDENT	26 / 02 / 2020	
TIME OF ACCIDENT	6.00 AM/PM	
LOCATION OF ACCIDENT	PIE (CHANGI) SLIP Rd before KPE Tunnel	
Exact Purpose use during accident	HIRED	
NAME OF OWNER	KC Car Rental P/L	
TELP NO	90672582	
NRIC		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	<u>YES</u> / NO ?	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	5109056461-000008	
NAME OF DRIVER	As above / If No: WILSON WILSON GOH CHIN KOK	
NRIC	573296792	Any passengers: one (M)
DATE OF BIRTH	23 / 08 / 1973	
OCCUPATION	Outdoor / Indoor HIRE PTE	
DATE OF DRIVING PASS	12 / 09 / 2005	
GENDER	<u>Male</u> / Female	
CONTAC NO.	85882272 Office:	Home:
ADDRESS	BIK 408B Fernvale Rd #20-22 (OTAL VALLE	
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No: (792408)	
RELATIONSHIP	Employee / If No: HIRE	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes Who? Wilson Goh Chin Kok	
CONTAC NO.	85882272	
POLICE REPORT	No / If yes Where? Ubi Police Station	
VEHICLE B NO.	SKN 13985	Any Passenger: WILSON
NAME	Justin Justin Foo Guang EN	
CONTAC NO.	91157568	
VEHICLE C NO.	ong Leng Kim	Any Passenger: SLH4487T
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd	6 Speed Autowerkz Pte Ltd
TELP NO	1 Kaki bukit ave 6 #02-15	88 Kaki Bukit Avenue 6
CONTACT PERSON	Autobay @ kaki bukit	#02-05 ARK @ KB, Singapore 417896
TELP NO	Singapore 417883	Tel: 6384 7037 Fax: 6384 7039
		Email: 6speedautowerkz@gmail.com

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: 5109056461-000008 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLZ4828Z**
Chassis Number : **GB71062672**
2. Name of Policyholder : **KC CAR RENTAL PTE LTD**
3. Effective Date of Insurance : **19 Apr 2019**
4. Expiry Date of Insurance : **18 Apr 2020**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: BENEFIT AUTO ENTERPRISE PTE LTD
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)

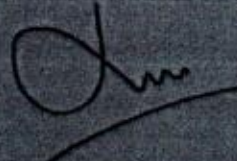
Agency : **BENEFIT AUTO INSURANCE AGENCY (00000573333)**
Date of Issue : **22 Apr 2019 17:37 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1086082

Policy No.	5109056461	Vehicle No.	SLZ4828Z	GST Registration No.	
Certificate No.	5109056461-000008				
Policyholder Name	KC CAR RENTAL PTE LTD			Policyholder NRJC	
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	90672582	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
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	

▼ Accident Details

Report Date	27/02/2020 17:35	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	26/02/2020	Time of Accident hh:mm	18:00	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE CHANGI SLIP RD B4 KPE TUNNEL				

▼ 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		Driver is Covered?	
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable			

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#05-04 AUTOMOBILE MEGAMAF	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	05-04	Related Policy Number	5109056461		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	WILSON GOH CHIN KOK	Driver NRJC	SXXXX679Z	Driving Experience	
Register Date of Driver License	12/09/2006	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	85882272	Contact No.(Office)	0	Address 3	
Address 1	BLK 408B	Address 2	FERNVALE ROAD	Post Code	
Address 4	SINGAPORE 792408	Address Type	Foreign address		
Unit No.	#20-22				
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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	KC CAR RENTAL PTE LTD	Insured NRJC	
Contact No.(Mobile)	90603343	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLZ4828Z	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRJC *			
Claimant Address					
Claim Description	SLZ4828Z / SKN139BS ON 26 Feb 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	27/02/2020 17:42	Claim Close Date		Date Received	
Report Taken By	RDSLJNDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					























Save Submit

Attachment

Accident No. MT/1086082 Claim No. 001
 Last Doc. Received Yes No Upload Date 27/02/2020 00:00

Path *	Category *	Confidential	Urgency
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:42		NRIC/ Driving License	Normal	NRIC/ Driving License 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:42		SAS	Normal	SAS 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:41		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:41		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:41		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:41		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:41		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:41		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:40		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:40		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:40		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:40		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:40		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:40		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:40		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:40		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:40		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:40		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:40		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:39		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:39		Photos	Normal	Photos 2020-2-27
 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:39		Photos	Normal	Photos 2020-2-27



CES) on 27 Feb 2020 17:39

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:39	Photos	Normal	Photos 2020-2-27
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:39	Photos	Normal	Photos 2020-2-27
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:39	Photos	Normal	Photos 2020-2-27
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2020 17:39	Photos	Normal	Photos 2020-2-27

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	