

# NATIONAL Assessment Centre Services

Print 1 Jan 05 MNA12002678

Date In: 29/1/15-15:22	Job description	Date & Time Completed	Done by
Ref No: NA/INC 20003374/24	SAS e-filing		
Veh No: 5LFS088R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/1/15-15:30	i-Motor Claim Form	M7/1086354-01	29/1/15 15:43
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		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 5MM 4642K	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:	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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2 / 3:	<b>Invoice Preparation Checklist</b>		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		In Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: 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:-			
9) N12: Idac Mobile				
*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 (N11) against INC \$20 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	29/02/2020 15:22
Date Of Accident	29/02/2020 10:30
Exact Location Of Accident	TURF CITY CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF5088R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GUNONG DJATI TRADING PTE LTD
Co Reg No	1XXXXX380N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62822273

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0082749075-15
Cover Note Number	

### Driver

Name of Driver	LIAU JIUN JYE
NRIC No	SXXXX045I
Date Of Birth	14/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	15/11/2013
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97810867
Fax Number	
Contact Number	OFFICE-97810867
EMail Address	NOEMAIL

Address	BLK 328 HOUGANG AVENUE 5 #03-208
Postcode	530328
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200229/2060.

#### 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	SMM4647K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



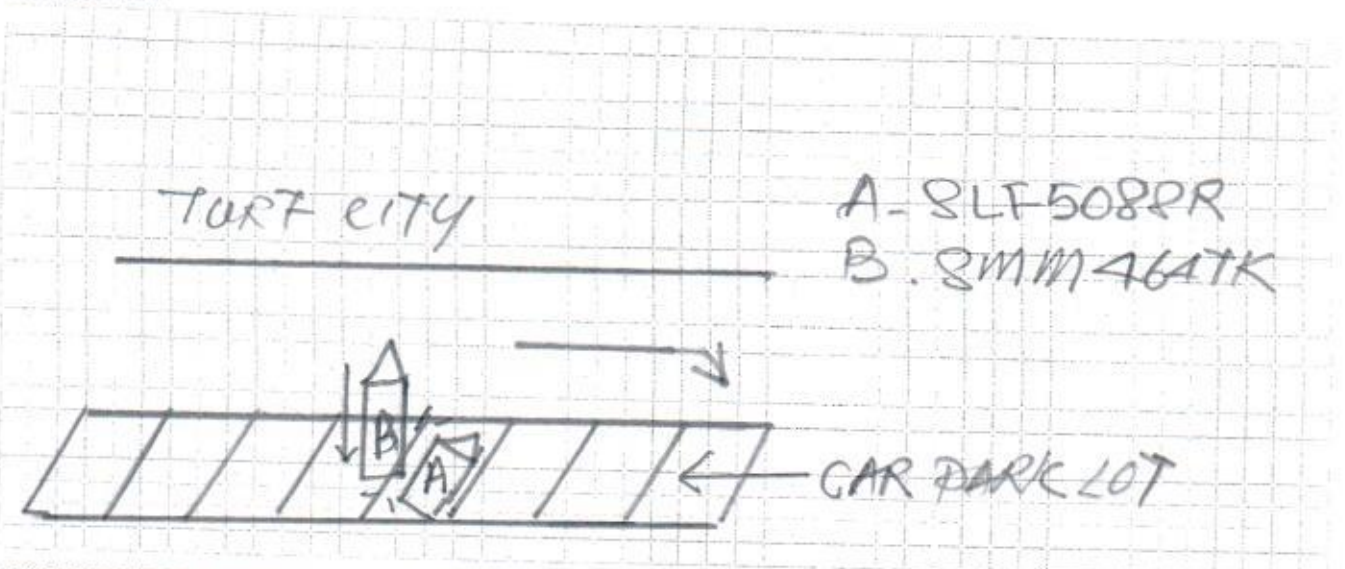
Policyholder's Signature  
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

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.:



ACCIDENT REPORT			
VEHICLE NO :	SL75088R MAKE/MODEL: M3		
DATE OF ACCIDENT	29 / 02 / 2019-2020		
TIME OF ACCIDENT	1030 AM/PM		
LOCATION OF ACCIDENT	TURF CITY		
EXACT PURPOSE USE DURING ACCIDENT	DRACSD		
NAME OF OWNER	MR/MRS/MDM/MS GUANONG DJATI TRADWY P/L		
CONTACT NO	198502380N		
NRIC	628222T3		
CLAIM TYPE:	OD <input checked="" type="checkbox"/> THIRD PART / REPORTING ONLY		
INSURANCE COMPANY	NTUC		
TYPE OF COVERAGE	<input checked="" type="checkbox"/> COMPREHNSIVE	<input type="checkbox"/> THIRD PARTY	<input type="checkbox"/> THIRD PARTY FIRE & THEFT
POLICY NO:			
NAME OF DRIVER	AS ABOVE / IF NOT: N/AU JIAU JYE		
ANY PASSENGERS	FEMALE / <input checked="" type="checkbox"/> MALE		
NRIC	S9JT10A5I		
DATE OF BIRTH	12 / 05 / 1992		
OCCUPATION	<input checked="" type="checkbox"/> OUTDOOR / <input type="checkbox"/> INDOOR		
DRIVING PASS DATE	15 NOV 2013		
GENDER	MALE / FEMALE		
CONTACT NO	OFFICE: 97810867	HOME:	
ADDRESS	210 TURF CLUB ROAD LOT B16		
DRIVER HAVE ANY OWN VEHICLE	NO / IF YES: VEHICLE REGISTRATION NO:		
RELATIONSHIP WITH VEHICLE OWNER	<input checked="" type="checkbox"/> EMPLOYEE / OTHERS :		
WEATHER CONDITION	<input checked="" type="checkbox"/> CLEAR / <input type="checkbox"/> RAINING / <input type="checkbox"/> OTHER:		
ROAD SURFACE	<input checked="" type="checkbox"/> DRY / <input type="checkbox"/> WET / <input type="checkbox"/> OTHER:		
ANY INJURIES	NO / IF YES: (WHO?)		
CONTACT NO:	97810867 IF YES: (WHO?)		
POLICE REPORTING	NO / IF YES: (WHERE?)		
VEHICLE B	SMM 4647K		
ANY PASSENGERS	FEMALE / MALE NO:		
NAME			
CONTACT NO			
VEHICLE C	ANY PASSENGERS: FEMALE / MALE NO:		
VEHICLE D	FEMALE / MALE NO:		
VEHICLE E	FEMALE / MALE NO:		
VEHICLE F	FEMALE / MALE NO:		
ANY WITNESS			
NAME			
WITNESS CONTACT			
Have you been approach by unknown person soliciting/offering accident claim assistance?			YES / NO
WORK SHOP PARTICULARS	HUP SOON BATTERIES AUTO & SERVICES		
CONTACT NO	65381368/6747 2755		
CONTACT PERSON	ALEX/JUN HAN/CONNIE		
FAX NO	6746 5922		
EMAIL ADDRESS	HUPSOON238@YAHOO.COM		



Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20200229/2060

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/02/2020 13:59		Vide Report No.:		Station Diary No.: 71	
<b>Informant's Particulars</b>					
Name of Informant: LIAU JIUN JYE			Address: APT BLK 328 HOUGANG AVENUE 5 #03-208 SINGAPORE 530328		
ID Type / ID No.: NRIC NO / S9271045I			Contact No.: Home/Office: Mobile: 97810867		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 27	Date of Birth: 14/05/1992	Type of Informant: company staff		
Race: Chinese			Language:		Institution / School Name:
Occupation: CAR DEALER			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/02/2020 10:30	Type of Location: open car parl
Location: Along Road 1 TURF CLUB ROAD  Grandstand located at 210 Turf Club Road S287995				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF5088R						0
SMM4647K						0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20200229/2060

CONTINUATION OF REPORT

Name	LIAU JIUN JYE	ID No.	S9271045I
Related Vehicle	SLF5088R	Contact No.	97810867
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I am working as a car dealer working for Gunong Djati Trading. We have some of our company car parked at the Grandstand located at 200 Turf Club Road S287994.

On 29/02/2020 at about 1030hrs, someone witnessed a car vehicle number SMM4647K hitting one of our company car vehicle number SLF5088R parked at the Grandstand located at 200 Turf Club Road S287994. The car's left rear passenger door was damaged.

The said car was seen reversing into the car park lot beside our company car and in a result colliding into it. The car then drove off from scene.

This witness then informed my friend, namely Lee Chun Xiang 87877555 about the matters and I was then informed me about the matter.

I am lodging this report on behalf for my company. I wished to inform that I do not have the witness details as of this moment.



Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999




Report No. T/20200229/2060

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 2 KOH PEI QI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/02/2020 13:59
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp NP168 	



## 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** : 0082749075-15

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle

: N/A

Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.

2. Name of Policyholder

: GUNONG DJATI TRADING PTE LTD

3. Effective Date of Insurance

: 23 May 2019

4. Expiry Date of Insurance

: 22 May 2020

5. Persons or Classes of Persons entitled to drive\*

Refer to List Attached

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 only for Motor Trade purposes.

**This Policy does not cover**

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.

\* 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.

POLICY TYPE	: MOTOR-TRADE INSURANCE
TYPE OF TRADE/BUSINESS	: CAR DEALERS
TOTAL NUMBER OF AUTHORISED DRIVER(S)	: 4
DETAILS OF AUTHORISED DRIVER(S)	: REFER TO LIST ATTACHED
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue : 09 May 2019 10:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

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"/>	0082749075-15		GUNONG DJATI TRADING PTE LTD	198502380N	GMT	Third Party		TAY SOO SUAN @ TAY PEN SOO/S0848484H_LEE SEN KHUAY/S0161328F_TAY YEOH YEE/S7348479J_LIAU JIUN JYE /S9271045I	23/05/2019	22/05/2020



## ▼ Policy Information

Policy No.	0082749075-15	Policyholder Name	GUNONG DJATI TRADING PTE L	Policyholder NRIC	198502380N
Certificate No.					
Address	522 UPPER SERANGOON ROAD SINGAPORE 534538				
Product Name	MOTOR TRADE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/05/2019	Effective Date	23/05/2019 00:00	Expiry Date	22/05/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	LQ INSURANCE AGENCY PTE LT	Agent Tel.	63340783	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	522 UPPER SERANGOON ROAD	Address 2	SINGAPORE 534538	Address 3	
Address 4		Address Type	Singapore address	Post Code	534538
Unit No.		Related Policy Number	0082749075-15		

▶ Insured Object: TAY SOO SUAN @ TAY PEN SOO/S0848484H\_LEE SEN KHUAY/S0161328F\_TAY YEOW YEE/S7348479J\_LIAU JIUN JYE /S9271045I

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

## Claim Handling

Accident MT/1066354

Policy No.	0082749075-15	Vehicle No.		GST Registration No.	M20071726X
Certificate No.					
Policyholder Name	GUNONG DJATI TRADING PTE LTD	Cover Type	Third Party	Policyholder NRIC	198502380N
Product Code	MOTOR TRADE INSURANCE	Motor Trade Driver Name	LIAU JIUN JYE	Loading	0
Motor Trade Plate No.	SLP5088R	Contact No.(Office)	62822273	Motor Trade Driver NRIC	SXXXX045J
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="No"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	29/02/2020 15:40	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	29/02/2020	Time of Accident (H:mm)	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TURF CITY CARPARK				

**Excess**

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

**Benefits**

**GST Registered Information**

GST Registered	Yes	GST Registration Date	01/03/2018
GST Registration No.	M20071726X	GST Status Verified	Yes
Modification History	29/02/2020 15:42:28 System changed GST Registration Date from 01/01/2015 to 01/03/2018 29/02/2020 15:42:28 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	522 UPPER SERANGOON ROAD	Address 2	SINGAPORE 534538	Address 3	
Address 4		Address Type	Singapore address	Post Code	534538
Unit No.		Related Policy Number	0082749075-15		

**DI Driver Info**

Driver Name	LIAU JIUN JYE	Driver Type	Named Driver	Driver DOB	14/05/1992
Unnamed driver Name		Driver NRIC	S9271045J	Driving Experience	8
Register Date of Driver License	15/11/2013	Driver Age	27	Contact No.(Home)	0
Contact No.(Mobile)	97810867	Contact No.(Office)	0	Address 3	SINGAPORE 530328
Address 1	BLK 328	Address 2	HOUGANG AVENUE 5	Post Code	530328
Address 4		Address Type	Singapore address		
Unit No.	03-208				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	GUNONG DJATI TRADING PTE L	Insured NRIC	198502380N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62821969
Email Address		DI Vehicle Number		TP Vehicle Number	SHM4647K
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	/ SHM4647K ON 29 Feb 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Request Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	29/02/2020 15:43	Claim Close Date		Date Received	29/02/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1066354	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/02/2020 15:44

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Attachment List**



Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 29 Feb 2020 15:44	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 29 Feb 2020 15:44	SAS		Normal	SAS 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 29 Feb 2020 15:43	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 29 Feb 2020 15:43	Photos		Normal	Photos 2020-2-29
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 29 Feb 2020 15:43	Photos		Normal	Photos 2020-2-29
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 29 Feb 2020 15:43	Photos		Normal	Photos 2020-2-29

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>				