

NATIONAL Assessment Centre Services

[wef 1 Jan 05] **M49W027V54**

| | | | |
|---------------------------------|--|-----------------------|---------------------|
| Date In: 2/3/20-15:07 | Job description | Date & Time Completed | Done by |
| Ref No: NQ/14/2005315/24 | SAS e-filing | | |
| Veh No: 605544X | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 24/2/20-14:00 | i-Motor Claim Form | M7/108471-00 | 2/3/20 15:19 |
| 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: **5342602A**

INC () / Non-INC ()

Tel:

Owner / Driver: (

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time Actions

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

| | | |
|---|---|--|
| <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref 1:</p> <p>Ref 2 / 3:</p> | <p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>QJ:</p> <p>*N5: Courtesy Car / Tpl Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile \$0</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p> | <p>Am't (\$)</p> <p>In Bill</p> <p>Am't (\$)</p> <p>Add Bill</p> |
|---|---|--|

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 | 02/03/2020 15:07 |
| Date Of Accident | 29/02/2020 14:00 |
| Exact Location Of Accident | BLK 3007 UBI RD 1 CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | GBJ544X |
| Insured/Policyholder | |
| Name Of Registered Owner | DYNASKILL PRECISION ENGRG PTE LTD |
| Co Reg No | 1XXXXX122W |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-69093516 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | NV200 DX 1.6 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 | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5114590783 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LIU WENLIANG |
| NRIC No | SXXXX909E |
| Date Of Birth | 31/05/1984 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/06/2016 |
| Driving Experience | 3 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81988976 |
| Fax Number | |
| Contact Number | OFFICE-81988976 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 17 LORONG 7 TOA PAYOH #14-212 |
| Postcode | 310017 |
| 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 | COLLISION - MAJOR/MINOR RD |
| 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) | 1 |

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? | YES |
| Remarks/ Reasons: | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SJY2602A |
| 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 | LIU WENLIANG |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | GBJ544X |
| 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:

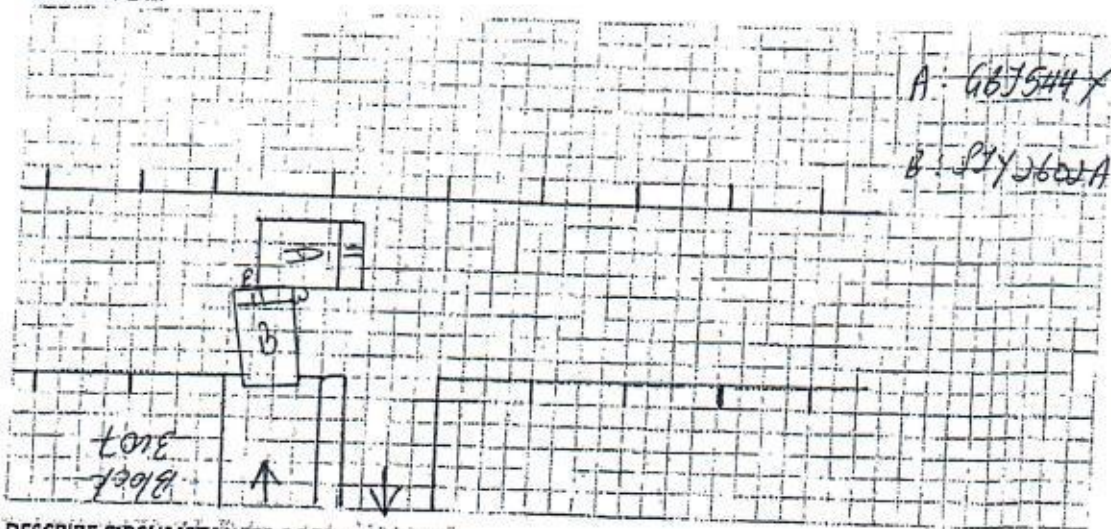
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight inside the carpark of block 3107 via road 1. As I pass by the building exit, vehicle (B) came out without checking and collided onto my vehicle side rear right portion.

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

| | |
|----------------------------|---|
| Date and time of accident | Date: 29/2/2020 (DD/MM/YY) Time: 1420 (HH:MM) |
| Exact location of accident | Inside carpark of block 3007 Ubi Road 1 |

Details of vehicle

| | | | | |
|--|--|--|-------------------------------------|---|
| Vehicle registration number | GB3 544 X | | | |
| Vehicle make and model | Nissan NV200 | | | |
| Type of vehicle | Saloon <input type="checkbox"/> | MPV <input type="checkbox"/> | CRV <input type="checkbox"/> | Van <input checked="" type="checkbox"/> |
| | Lorry <input type="checkbox"/> | Bus <input type="checkbox"/> | Motorcycle <input type="checkbox"/> | Others: _____ |
| Vehicle category | Private <input type="checkbox"/> | Commercial <input checked="" type="checkbox"/> | Motorcycle <input type="checkbox"/> | |
| Purpose of using at said time | Working | | | |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | if no, please select: | |
| | Third part claim <input checked="" type="checkbox"/> | Reporting only <input type="checkbox"/> | | |

Insurance information

| | |
|-------------------|---|
| Insurance company | Agua NTUC |
| Policy number | |
| Type of policy | Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

Insured / Policy holder

| | |
|------------------------------|--|
| Name | DynasSkill Precision Engineering Pte Ltd Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | 198702122W |
| Contact | 69093356 |
| Address | 3007 Ubi Rd 1 #06-434 S(408701) |

Driver

Same as insured above ☐ (skip to D.O.B)

| | |
|------------------------------|--|
| Name | Lu Wen Hany Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S8463409E |
| Contact | 8198 8976 |
| Address | 17 Lor 7 Toa Payoh #14-212 S(310017) |
| Email address | |
| Date of birth | 31/5/1984 |
| Occupation | Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> |
| Driving date pass | 9/6/2016 |

General information of the accident

| | |
|--|--|
| Was driver an employee of the insured's company? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If no, relationship of the driver and insured: _____ | |
| Accident captured by camera? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> |
| No of passenger | 1 (Inclusive of driver) |

Passenger 1

| | |
|--------|--|
| Name | Lu Wen Liang |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

Passenger 2

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 3

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 4

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 5

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 6

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Other information

| | |
|----------------------------|---|
| Was anybody injured? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Details of police action

| | |
|---------------------|--|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name | |

Third party vehicle 1

| | |
|------------------------------|------------|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | SSY 2602 A |
| Vehicle make model | |

Third party vehicle 2

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 3

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 4

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 5

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 6

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Witness 1

| | |
|------|--|
| Name | |
|------|--|

Witness 2

| | |
|------|--|
| Name | |
|------|--|

Injured person 1

| | |
|--|---|
| Name | La Wan Liang |
| Injuries sustained | Body |
| Which vehicle person in? | 68 544x |
| Were seat belts worn? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Injured person 2

| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Injured person 3

| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Injured person 4

| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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"/> | 5114590783 | | DYNASKILL PRECISION ENGRG PTE LTD | 198702122W | GCV | Comprehensive | GBJ544X | GBJ544X | 18/12/2019 | 17/12/2020 |

▼ Policy Information

| | | | | | |
|-----------------------------|---------------------------------|-----------------------------|---------------------------|----------------------------------|------------------|
| Policy No. | 5114590783 | Policyholder Name | DYNASKILL PRECISION ENGRG | Policyholder NRIC | 198702122W |
| Certificate No. | | | | | |
| Address | 8 | | | | |
| Product Name | COMMERCIAL VEHICLE INSURAI Plan | Group Policy Flag | N | | |
| Policy issue Date | 03/12/2019 | Effective Date | 18/12/2019 00:00 | Expiry Date | 17/12/2020 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | | OS Premium | 0 | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | | Young/Inexperience Driver Excess | |
| Agent | AUTO WORLD PTE. LTD. | Agent Tel. | 68166868 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|----------------------------|
| Address 1 | BLK 3007 #06-434 | Address 2 | UBI ROAD 1 | Address 3 | KAMPONG UBI INDUSTRIAL EST |
| Address 4 | SINGAPORE 408701 | Address Type | Singapore address | Post Code | 408701 |
| Unit No. | 06-434 | Related Policy Number | 5114590783 | | |

► Insured Object: GBJ544X

▼ Endorsements

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

Claim Handling

Accident MT/1086471

| | | | | | |
|---------------------|---|---------------------|---|----------------------|----------------------|
| Policy No. | S114590783 | Vehicle No. | GBJ544X | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | DYNASKILL PRECISION ENGRG PTE LTD | Cover Type | Comprehensive | Policyholder NRIC | 198702122W |
| Product Code | COMMERCIAL VEHICLE INSURAI | Contact No.(Office) | 69093516 | Loading | 0 |
| Contact No.(Mobile) | 0 | Special Remark | | Contact No.(Home) | 0 |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | <input type="text"/> |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 10 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |

▼ Accident Details

| | | | | | |
|-------------------|---------------------------|-------------------------------|-------|---------------------|------------------------------|
| Report Date | 02/03/2020 15:15 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Major Minor Road |
| Date of Accident | 29/02/2020 | Time of Accident hh:mm | 14:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | BLK 3007 UBI RD 1 CARPARK | | | | |

▼ Total Excess Applicable

| | | | |
|----------------------------|--------------|----------------------------|--------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 |
| YIED OD Excess | 0.00 | YIED TP Excess | |
| Additional Excess | | | |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | |

Driver is Covered?

▼ Benefits

▼ GST Registered Information

| | | | |
|----------------------|---|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 22/02/2019 |
| GST Registration No. | 198702122W | GST Status Verified | Yes |
| Modification History | 02/03/2020 15:16:38 System changed GST Registered from No to Yes 02/03/2020 15:16:38 System changed GST Registration No. from null to 198702122W 02/03/2020 15:16:38 System changed GST Registration Date from null to 22/02/2019 | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|----------------------------|
| Address 1 | BLK 3007 #06-434 | Address 2 | UBI ROAD 1 | Address 3 | KAMPONG UBI INDUSTRIAL EST |
| Address 4 | SINGAPORE 408701 | Address Type | Singapore address | Post Code | 408701 |
| Unit No. | 06-434 | Related Policy Number | S114590783 | | |

▼ OI Driver Info

| | | | | | |
|---|---|---------------------|---------------------|------------------------|---------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 31/05/1984 |
| Unnamed driver Name | LIU WENLIANG | Driver NRIC | SXXXX909E | Driving Experience | 3 |
| Register Date of Driver License | 09/05/2016 | Driver Age | 35 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 81988976 | Contact No.(Office) | 0 | Address 3 | KIM KEAT PALM |
| Address 1 | BLK 17 | Address 2 | LORDONG 7 TOA PAYOH | Post Code | 310017 |
| Address 4 | SINGAPORE 310017 | Address Type | Singapore address | | |
| Unit No. | 14-212 | | | | |
| 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 |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 **New**

| | | | | | |
|--------------------------------|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-HX | Insured Name | DYNASKILL PRECISION ENGRG | Insured NRIC | 198702122W |
| Contact No.(Mobile) | | Contact No.(Home) | NIL | Contact No.(Office) | |
| Email Address | | OI Vehicle Number | GBJ544X | TP Vehicle Number | SJY2602A |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | GBJ544X / SJY2602A ON 29 Feb 2020 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 02/03/2020 15:19 | Claim Close Date | | Date Received | 02/03/2020 00:00 |
| Report Taken By | Jackson | | | | |

☒ Print AK letter

Save Submit

Attachment



▼

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1086471 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 02/03/2020 15:20 |

| Path * | Category * | Confidential | Urgency * | Description * |
|-----------------|---------------|--|-----------|---------------|
| Browse... Clear | Please Select | <input type="checkbox"/> NO <input type="checkbox"/> YES | Normal | |
| Browse... Clear | Please Select | <input type="checkbox"/> NO <input type="checkbox"/> YES | Normal | |
| Browse... Clear | Please Select | <input type="checkbox"/> NO <input type="checkbox"/> YES | Normal | |
| Browse... Clear | Please Select | <input type="checkbox"/> NO <input type="checkbox"/> YES | Normal | |
| Browse... Clear | Please Select | <input type="checkbox"/> NO <input type="checkbox"/> YES | Normal | |
| Browse... Clear | Please Select | <input type="checkbox"/> NO <input type="checkbox"/> YES | Normal | |

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Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CD) |
|---|---|-----------------------|---------|--------------------------------|----------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Mar 2020 15:20 | NRIC/ Driving License | Y | NRIC/ Driving License 2020-3-2 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Mar 2020 15:19 | SAS | | SAS 2020-3-2 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Mar 2020 15:19 | Photos | | Photos 2020-3-2 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Mar 2020 15:19 | Photos | | Photos 2020-3-2 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Mar 2020 15:19 | Photos | | Photos 2020-3-2 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Mar 2020 15:19 | Photos | | Photos 2020-3-2 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Mar 2020 15:19 | Photos | | Photos 2020-3-2 | |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Mar 2020 15:19 | Photos | | Photos 2020-3-2 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Mar 2020 15:19 | Photos | | Photos 2020-3-2 | |

Video List

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