

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **MHA 20029127**

Date In: <b>6/3/20-13:13</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC 20003681/24</b>	SAS e-filing		
Veh No: <b>SML 49675</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>5/3/20-20:15</b>	i-Motor Claim Form	<b>M7/1087189-001</b>	<b>6/3/20 14:41</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

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

TP Particulars: Veh No: **SM92257A** 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

	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)		
Auditors' Comments :-	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
Cat. 1:	8) NTUC Additional Services:-		
	Q1*		
Cat. 2 / 3:	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n 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	06/03/2020 13:53
Date Of Accident	05/03/2020 20:10
Exact Location Of Accident	TPE TWDS CTE/SLE JALAN KAYU EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4967S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHUN SIANG
NRIC No	SXXXX358Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96741974
Alternative Phone No	OFFICE-96741974

### Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	55111904427
Cover Note Number	

### Driver

Name of Driver	TAN CHUN SIANG (CHEN JUNXIANG)
NRIC No	SXXXX358Z
Date Of Birth	04/01/1974
Occupation	INDOOR
Date Of Driving Pass	02/02/1996
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96741974
Fax Number	
Contact Number	OFFICE-96741974
Email Address	NOEMAIL

Address	BLK 259 YISHUN STREET 22 #04-81
Postcode	760259
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	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	SMP2257A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALLAN TAN SONG YUAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

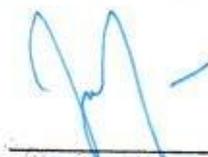
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

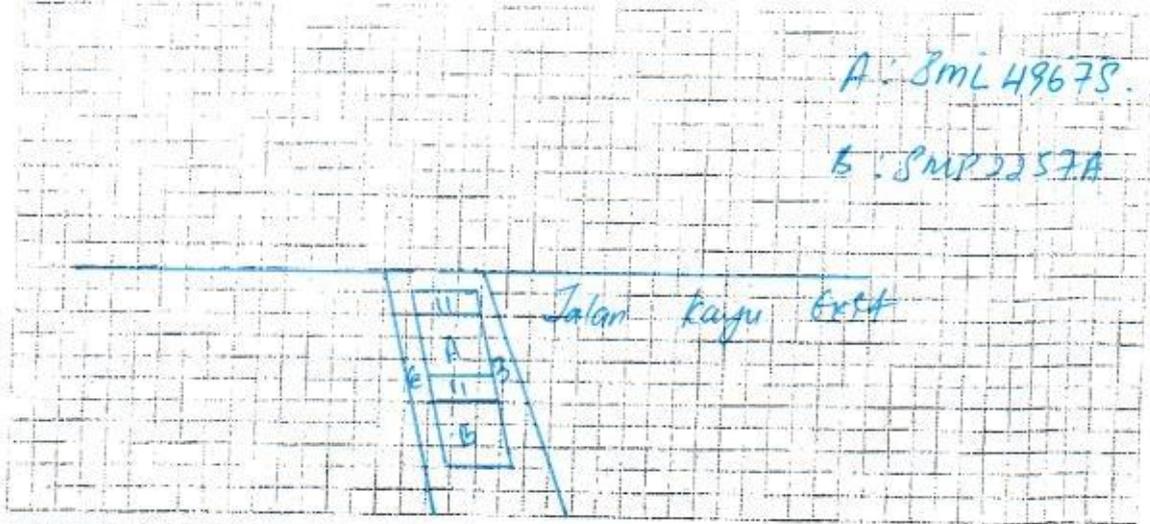
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

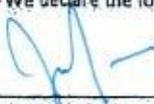


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight @ TPE towards CTE/PLE  
Jalan Kayu exit. I stop behind the stop line to  
wait for major road to be clear. Out of sudden,  
I felt an impact from my vehicle rear portion.  
When I got down, I saw vehicle (B) collided  
into me.

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: 05 Mar 2020 (DD/MM/YY) Time: 2010 (HH:MM)
Exact location of accident	TPE towards CRE/SLE Jalan Kayu exit.

### Details of vehicle

Vehicle registration number	SML 4967S			
Vehicle make and model	Mitsubishi Xtral			
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input checked="" type="checkbox"/>	CRV <input type="checkbox"/>	Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	
Purpose of using at said time	Private			
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	NTUC		
Policy number	5111904457		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

### Insured / Policy holder

Name	Tan Chun Siang	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	3582		
Contact	9674 1974		
Address	Block 259 Yishun Street 22 #04-81 Singapore 760259		

### Driver

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

Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			
Email address	tanchunsiang@gmail.com		
Date of birth	04 Jan 1974		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	02 Feb 1996		

**General information of the accident**

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, relationship of the driver and insured: <u>Self</u>
Accident captured by camera?	Yes <input checked="" 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	<u>1</u>	(Inclusive of driver)

**Passenger 1**

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

**Passenger 2**

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

**Passenger 3**

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

**Passenger 4**

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

**Passenger 5**

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

**Passenger 6**

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

**Other information**

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" 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	Allan Tan Long Yuan
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SMP 2257A
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	
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 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"/>

## 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:** 5111904427 **Cover :** drivo CLASSIC

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SML4967S          |
| Chassis Number  | : JN1JANT32Z0001331 |
| 2. Name of Policyholder   | : TAN CHUN SIANG    |
| 3. Effective Date of Insurance  | : 16 Aug 2019       |
| 4. Expiry Date of Insurance   | : 15 Aug 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 business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.  
 (b) Use for racing, pace-making, reliability trial or speed-testing.  
 (c) Use for the carriage of goods (other than samples) in connection with any trade or business.  
 (d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: TAN CHUN SIANG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : S & M ALLIANCE PTE LTD (00000614373)  
 Date of Issue : 16 Aug 2019 12:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

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



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

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111904427		TAN CHUN SIANG	S7403358Z	GPC	drive CLASSIC	SML4967S	SML4967S	16/08/2019	15/08/2020

Continue

**Policy Information**

Policy No.	5111904427	Policyholder Name	TAN CHUN SIANG	Policyholder NRIC	S7403358Z
Certificate No.					
Address	BLK 259 #04-81 YISHUN ST 22 SINGAPORE 760259				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	16/08/2019	Effective Date	16/08/2019 00:00	Expiry Date	15/08/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	BLK 259 #04-81	Address 2	YISHUN ST 22	Address 3	SINGAPORE 760259
Address 4		Address Type	Singapore address	Post Code	760259
Unit No.		Related Policy Number	5111904427		

**Insured Object: SML4967S**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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[Continue](#) [Cancel](#)

**Claim Handling**

Accident MT/1087189

Policy No.	S111904427	Vehicle No.	SML49675	GST Registration No.	
Certificate No.					
Policyholder Name	TAN CHUN SIANG	Cover Type	drive CLASSIC	Policyholder NRIC	S74033582
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Leading	0
Contact No. (Mobile)	96741974	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	30	eCode Reason	
NCD Protection	No	Private Hire	No	Accident Type	Collision - Head to Rear
<b>Accident Details</b>					
Report Date	06/03/2020 14:38	Accident Report Within 24 hrs	Yes	Country of Accident	Singapore
Date of Accident	05/03/2020	Time of Accident hh:mm	20:10	TCM No.	
Reporting Centre		Orange Force			
Accident Location	TPE TWDS CTE/SLE JALAN KAYU EXIT				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				

**Benefits**

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 259 #04-B1	Address 2	YISHUN ST 22	Address 3	SINGAPORE 760259
Address 4		Address Type	Singapore address	Post Code	760259
Unit No.		Related Policy Number	S111904427		

**DI Driver Info**

Driver Name	TAN CHUN SIANG	Driver Type	Main Driver	Driver DOB	04/01/1974
Unnamed driver Name		Driver NRIC	S74033582	Driving Experience	24
Register Date of Driver License	02/02/1996	Driver Age	46	Contact No. (Home)	0
Contact No. (Mobile)	96741974	Contact No. (Office)	0	Address 3	SINGAPORE 760259
Address 1	BLK 259	Address 2	YISHUN ST 22	Post Code	760259
Address 4		Address Type	Singapore address		
Unit No.	04-B1	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

**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 *	DD-MX	Insured Name	TAN CHUN SIANG	Insured NRIC	S74033582
Contact No. (Mobile)	96741974	Contact No. (Home)	NIL	Contact No. (Office)	NIL
Email Address	TANCHUNSIANG@GMAIL.COM	OI Vehicle Number	SML49675	TP Vehicle Number	SMP2257A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	Name of Preferred Workshop	
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SML49675 / SMP2257A ON 5 Mar 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	06/03/2020 00:00
Date Registered	06/03/2020 14:41	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

**Save Submit**

**Attachment**

Accident No.	MT/1087189	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/03/2020 14:42

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"/>	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 14:42	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-3-6	
	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 14:42	SAS	Normal	SAS 2020-3-6	
	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 14:42	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 14:42	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 14:42	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 14:42	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 14:41	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 14:41	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 14:41	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 14:41	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 14:41	Photos	Normal	Photos 2020-3-6	
	NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Mar 2020 14:41	Photos	Normal	Photos 2020-3-6	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in new Window	Scan and uploading	