

NATIONAL Assessment Centre Services. [wef 1 Jan 09] **MNA120032523**

Date In: <b>12/20-12:05</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MNA120032523/24</b>	SAS e-filing		
Veh No: <b>50A7791D</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : <b>9/2/20-11:00</b>	i-Motor Claim Form	<b>M/1687602-09</b>	<b>12/20 12:16</b>
OD : <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **6629057** 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:-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Est. Bill	Add. Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments:-	5) FT : Follow-Through Survey (Resurvey) \$30			
Est. 1:	6) TR : Re-inspection \$75			
Est. 2/3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1* :			
	*N5: Courtesy Car / Tpl 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	10/03/2020 12:05
Date Of Accident	09/03/2020 21:00
Exact Location Of Accident	BLK 183 TOA PAYOH CENTRAL CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ5741D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEVIN FRANCIS ISERAL
NRIC No	SXXXX649G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81895741
Alternative Phone No	OFFICE-81895741

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109957525
Cover Note Number	

### Driver

Name of Driver	NEVIN FRANCIS ISERAL
NRIC No	SXXXX649G
Date Of Birth	07/10/1990
Occupation	INDOOR
Date Of Driving Pass	18/09/2012
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81895741
Fax Number	
Contact Number	OFFICE-81895741
E Mail Address	NOEMAIL

Address	BLK 183 TOA PAYOH CENTRAL #03-296
Postcode	310183
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 - 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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200310/7005.

#### 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	SLL2906T
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 NEVIN FRANCIS ISERAL

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJQ5741D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode





# 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: 09/03/2020 (DD/MM/YY) Time: 21:00 (HH:MM)
Exact location of accident	BLK 183 TOA PAYOH CENTRAL CARPARK (carpark lot 4)

## Details of vehicle

Vehicle registration number	SJG 574D		
Vehicle make and model	HYUNDAI AVANTE		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input 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 type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
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			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## Insured / Policy holder

Name	NEVIN FRANCIS ISRAEL		Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9037649G			
Contact	8187 5741			
Address	APT BLK 183 TOA PAYOH CENTRAL #03-296 531613			

## 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				
Date of birth	07-10-1970			
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>		
Driving date pass	18 Sep 2012			

**General information of the accident**

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" 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	_____
Gender	Male <input 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	
Vehicle make model	SLL 2906 T

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	NEVIN FRANCIS TSERAL
Injuries sustained	BODY
Which vehicle person in?	SJO 5741D
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"/>



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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/03/2020 11:38	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: NEVIN FRANCIS ISERAL		Address: APT BLK 183 TOA PAYOH CENTRAL #03-296 SINGAPORE 310183	
ID Type / ID No.: NRIC NO / S9037649G		Contact No.:	Mobile: 81895741
Nationality: SINGAPORE CITIZEN		Email: nevinfrancisiseral@gmail.com	
Sex: Male	Age: 29	Date of Birth: 07/10/1990	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: DRIVING INSTRUCTOR		Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/03/2020 21:00	Type of Location: Car Park
Location:  LORONG 6 TOA PAYOH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ5741D	Car	HYUNDAI	HD AVANTE 1.6 A	Grey		0
SLL2906T	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ5741D	NTUC Income Insurance Co-Operative Limited	5109957525	28/05/2019	27/05/2020



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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NEVIN FRANCIS ISERAL	ID No.	S9037649G
Related Vehicle	SJQ5741D (Car)	Contact No.	81895741
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

I was driving home in my vehicle ( SJQ5741D) at the point of time stated , I was travelling straight in the carpark , suddenly a vehicle bearing license plate SLL2906T abruptly came out from the left car park lot 4 without checking and hit on to the left side on my vehicle . I felt a huge impact . I sustained injuries and went to visit a doctor. I got 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20200310/7005

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

3 of 3

Report No. T/20200310/7005

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
10/03/2020 11:38

Classification Of Case:

**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:** 5109957525

**Cover :** drivo CLASSIC

- |   |                        |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJQ5741D             |
| Chassis Number  | : KMHDU41BR9U762445    |
| 2. Name of Policyholder   | : NEVIN FRANCIS ISERAL |
| 3. Effective Date of Insurance  | : 28 May 2019          |
| 4. Expiry Date of Insurance   | : 27 May 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	: S\$1,500
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	: NEVIN FRANCIS ISERAL
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: WSJ CREDIT 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 : ASSURE PTE. LTD. (00000572842)  
Date of Issue : 28 May 2019 14:48 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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109957525		NEVIN FRANCIS ISERAL	S9037649G	GPC	drive CLASSIC	SJQ5741D	SJQ5741D	28/05/2019	27/05/2020

▼ Policy Information

Policy No.	5109957525	Policyholder Name	NEVIN FRANCIS ISERAL	Policyholder NRIC	S9037649G
Certificate No.					
Address	BLK 183 #03-296 TOA PAYOH CENTRAL SINGAPORE 310183				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	28/05/2019	Effective Date	28/05/2019 00:00	Expiry Date	27/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 183 #03-296	Address 2	TOA PAYOH CENTRAL	Address 3	SINGAPORE 310183
Address 4		Address Type	Singapore address	Post Code	310183
Unit No.		Related Policy Number	5109957525		

▶ Insured Object: SJQ5741D

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

**Claim Handling**

Accident MT/1087602

Policy No.	S109957525	Vehicle No.	SIQ5741D	GST Registration No.	
Certificate No.					
Policyholder Name	NEVIN FRANCIS ISERAL	Policyholder NRIC	S9037649G		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81895741	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	7
KFX	<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	No
<b>▼ Accident Details</b>					
Report Date	10/03/2020 12:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	09/03/2020	Time of Accident hh:mm	21:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 183 TOA PAYOH CENTRAL CARPARK				
<b>▼ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	1500	Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	3500.00				

**▼ 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 183 #03-296	Address 2	TOA PAYOH CENTRAL	Address 3	SINGAPORE 310183
Address 4		Address Type	Singapore address	Post Code	310183
Unit No.		Related Policy Number	S109957525		

**▼ OI Driver Info**

Driver Name	NEVIN FRANCIS ISERAL	Driver Type	Main Driver	Driver DOB	07/10/1990
Unnamed driver name		Driver NRIC	S9037649G	Driving Experience	7
Register Date of Driver License	18/09/2012	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	81895741	Contact No.(Office)	0	Address 3	SINGAPORE 310183
Address 1	BLK 183	Address 2	TOA PAYOH CENTRAL	Post Code	310183
Address 4		Address Type	Singapore address		
Unit No.	03-296				
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 **New**

Claim Type *	OD-MX	Insured Name	NEVIN FRANCIS ISERAL	Insured NRIC	S9037649G
Contact No.(Mobile)	81895741	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	NEVINFRANCISISERAL@HOTMAIL	OI Vehicle Number	SIQ5741D	TP Vehicle Number	SLL2906T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIQ5741D / SLL2906T ON 9 Mar 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	10/03/2020 12:16	Claim Close Date		Date Received	10/03/2020 00:00
Report Taken By	Jackson				

Print AK letter

**Save** **Submit**

**Attachment**

Accident No.	MT/1087602	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/03/2020 12:17

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

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Mar 2020 12:17	NR3C/ Driving License	Normal	NR3C/ Driving License 2020-3-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Mar 2020 12:17	SAS	Normal	SAS 2020-3-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Mar 2020 12:17	Photos	Normal	Photos 2020-3-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Mar 2020 12:17	Photos	Normal	Photos 2020-3-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Mar 2020 12:17	Photos	Normal	Photos 2020-3-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Mar 2020 12:17	Photos	Normal	Photos 2020-3-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Mar 2020 12:17	Photos	Normal	Photos 2020-3-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Mar 2020 12:16	Photos	Normal	Photos 2020-3-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Mar 2020 12:16	Photos	Normal	Photos 2020-3-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Mar 2020 12:16	Photos	Normal	Photos 2020-3-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Mar 2020 12:16	Photos	Normal	Photos 2020-3-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Mar 2020 12:16	Photos	Normal	Photos 2020-3-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Mar 2020 12:16	Photos	Normal	Photos 2020-3-10	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 10 Mar 2020 12:16	Photos	Normal	Photos 2020-3-10	

Video List

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