

NATIONAL Assessment Centre Services

[wef 1 JAN05] MNA12003574

Date In: 11/3/20-13:47	Job description	Date & Time Completed	Done by
Ref No: NA/1142200035867/24	SAS e-filing		
Veh No: 56P8297J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/3/20-08:05	i-Motor Claim Form	M7/1087800-001	11/3/20 14:10
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: JMM3595H INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	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	Amt (\$)	Amt (\$)
		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		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*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		
	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	11/03/2020 13:47
Date Of Accident	11/03/2020 08:05
Exact Location Of Accident	ENG NEO AVE TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8297J
Insured/Policyholder	
Name Of Registered Owner	WJ CAR RENTAL PTE LTD
Co Reg No	2XXXXX284H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88380101
Alternative Phone No	OFFICE-88380101

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5114559335
Cover Note Number	

Driver

Name of Driver	TAN CHIN WEIVERN
NRIC No	SXXXX928A
Date Of Birth	29/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	27/08/2013
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91475429
Fax Number	
Contact Number	OFFICE-91475429
Email Address	NOEMAIL

Address	BLK 625 JURONG WEST STREET 61 #05-155
Postcode	640625
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - E/20200311/7012.

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	SMM3595H
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.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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



X

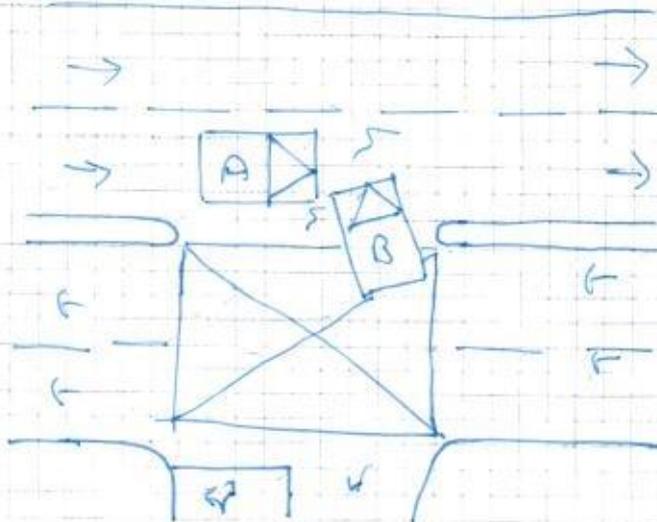
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Vehicle A - SLF 8297J
 Vehicle B - SMM 3595H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Eng Neo Ave, towards PIE direction, I was on the right lane.

While driving straight ahead, somewhere in-between lamp post (9 and 10), at the intersection of (Eng Neo Ave / Eng Neo Ave) suddenly a vehicle made a abrupt "u" turn, which resulting causing collision onto the right front portion of my vehicle.

Alighted from my vehicle and realized a vehicle (SMM3595H) collided to the right front portion of my vehicle, and didn't stop his vehicle after collision and drive off straight away.

The whole accident footage was captured by my in-car camera.

Vehicle A - SLF 8297J
 Vehicle B - SMM 3595H.

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.:

Vehicle No.	SLF 8297J	Model / Make	HONDA VEZEL
Date of Accident	11/03/2020		
Time of Accident	0805	HRS	
Location of Accident	Eng Neo Ave, towards PIE direction.		
Exact purpose use during accident	Working Hour.		
Name of Owner	WJ CAR RENTAL PTE LTD		
Telephone No.	H/P: 8838 0101	Home:	Office:
NRIC	2016079702		
Address	6001 Beach Road, #05-06 Golden Mile Tower S(199599)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5114559335 - 000037		
Name of Driver	As Above If <input checked="" type="checkbox"/> No, TAN CHIN WEIVERN		
NRIC	S 8485928A	Any Passengers: 1 (Female)	
Date of birth	29/03/1984		
Occupation	Outdoor	/ Indoor	
Driving License Pass Date	27 AUG 2013		
Gender	Male	/ Female	
Contact No.	H/P: 9147 5429	Home:	Office:
Address	BLK 625 JURONG WEST ST 61 #05-135 S(640625)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state RENTAL / LEASING	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who? Monitoring.	
Name And Contact No.	Tan Chin Weivern, 9147 5429.		
Name And Contact No.			
Police Report	No,	If Yes, Where? Tanglin Division HQ	
Vehicle B No.	SMM 3595 H	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	RIGHT SIDE OF VEHICLE.		
Camera Recorder	<input checked="" type="checkbox"/> Yes / No		
Email Address	weivern_tan@hotmail.com		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



POLICE REPORT (NP299)

Report No. E/20200311/7012

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 11/03/2020 11:35	Vide Report No.	Station Diary No.
Name Of Informant TAN CHIN WEIVERN	Address APT BLK 625 JURONG WEST STREET 61 #05-155 SINGAPORE 640625	
ID Type / ID No. NRIC NO / S8485928A	Contact No. Home/Office:	Mobile: 91475429
Nationality MALAYSIAN	Email Address weivern_tan@hotmail.com	
Occupation GRAB DRIVER	Sex Male	Age 35
Institution/School Name	Date of Birth 29/03/1984	Race Chinese
Date/Time Of Incident 11/03/2020 08:05 - 11/03/2020 09:05	Location Of Incident ENG NEO AVENUE	

Brief details.

ON MENTION DATE 11/03/2020 AROUND THE TIME OF 08:05 HOURS, I WAS DRIVING MY VEHICLE (SLF 8297 J), ALONG ENG NEO AVE, TOWARDING PIE DIRECTION, I WAS ON THE RIGHT LANE.

WHILE DRIVING STRAIGHT AHEAD, SOMEWHERE IN-BETWEEN LAMP POST (9 AND 10) AT THE INTERSECTION OF (ENG NEO AVE / ENG NEO AVE) SUDDENLY A VEHICLE MADE A ABRUPT U TURN, WHICH RESULTING CAUSING COLLISION ONTO THE RIGHT FRONT PORTION OF MY VEHICLE.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2020 11:35
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200311/7012

ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE (SMM 3595 H) COLLIDED TO THE RIGHT FRONT PORTION OF MY VEHICLE, AND DIDN'T STOP HIS VEHICLE AFTER COLLIDED ONTO MY VEHICLE AND DROVE OFF STRAIGHT AWAY.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SLF 8297 J

VEHICLE B - SMM 3595 H

Subjects Involved			
Victim			
Person Name	TAN CHIN WEIVERN		
ID Type	NRIC NO	ID No	S8485928A
Gender	Male	Age	35
Race	Chinese	Language	English
Occupation	GRAB DRIVER	Address Type	
Address	APT BLK 625 JURONG WEST STREET 61 #05-155 SINGAPORE 640625	Mobile No	91475429
Is Informant A Victim?	Yes		
Person Name	TAN CHIN WEIVERN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2020 11:35
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5114559335-000037

Cover : drivo CLASSIC

- | | |
|--|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLF8297J |
| Chassis Number | : RU11117579 |
| 2. Name of Policyholder | : WJ CAR RENTAL PTE. LTD. |
| 3. Effective Date of Insurance | : 22 Jan 2020 |
| 4. Expiry Date of Insurance | : 21 Jan 2021 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

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

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

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : HAMILTON AUTOHUB PTE. LTD. (00000573281)
 Date of Issue : 10 Jan 2020 16:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text" value="5114559335"/>	Date of Accident	<input type="text" value="11/03/2020 08:05"/>
Vehicle No.(For Motor)	<input type="text" value="SLF8297J"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114559335	5114559335-000037	WJ CAR RENTAL PTE. LTD.	201843284H	GFM	drive CLASSIC	SLF8297J	SLF8297J	22/01/2020	21/01/2021

▼ Policy Information

Policy No.	5114559335	Policyholder Name	WJ CAR RENTAL PTE. LTD.	Policyholder NRIC	201843284H
Certificate No.	5114559335-000037				
Address	6001 BEACH ROAD #13-06 GOLDEN MILE TOWER SINGAPORE 199589				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	10/01/2020	Effective Date	22/01/2020 00:00	Expiry Date	21/01/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	32789.36		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	HAMILTON AUTOHUB PTE. LTD.	Agent Tel.	64751946	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	6001 BEACH ROAD	Address 2	#13-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.	13-06	Related Policy Number	5114559335		

▶ Insured Object: 5114559335-000037

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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▼ Certificate Endorsements

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

Claim Handling

Accident MT/1087800

Policy No.	5114559335	Vehicle No.	SLF82973	GST Registration No.	
Certificate No.	5114559335-000037				
Policyholder Name	W1 CAR RENTAL PTE. LTD.			Policyholder NRIC	201843284H
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	88380101	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	IN
KPI	<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	Yes

Accident Details

Report Date	11/03/2020 14:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	11/03/2020	Time of Accident hh:mm	08:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ENG NEO AVE TWDS PIE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	6001 BEACH ROAD	Address 2	#13-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.	13-06	Related Policy Number	5114559335		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/03/1984
Unnamed driver Name	TAN CHIN WEIVERN	Driver NRIC	SXXXX26A	Driving Experience	6
Register Date of Driver License	27/08/2013	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	91475429	Contact No.(Office)	0	Address 3	SINGAPORE 640625
Address 1	BLK 625	Address 2	JURONG WEST STREET 61	Post Code	640625
Address 4		Address Type	Singapore address		
Unit No.	05-155			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle 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 *	OD-MX	Insured name	W1 CAR RENTAL PTE. LTD.	Insured NRIC	201843284H	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+	
Email Address		DI Vehicle Number	SLF82973	TP Vehicle Number	SMM3595H	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SLF82973 / SMM3595H ON 11 Mar 2020				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GI4 report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	11/03/2020 00:00	
Date Registered	11/03/2020 14:10	Claim Close Date				
Report Taken By	Jackson					

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1087800	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/03/2020 14:18

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

Send Message

remgylv3d

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Mar 2020 14:18	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-11	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Mar 2020 14:18	SAS		Normal	SAS 2020-3-11	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Mar 2020 14:11	Photos		Normal	Photos 2020-3-11	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Mar 2020 14:11	Photos		Normal	Photos 2020-3-11	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Mar 2020 14:11	Photos		Normal	Photos 2020-3-11	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Mar 2020 14:11	Photos		Normal	Photos 2020-3-11	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Mar 2020 14:11	Photos		Normal	Photos 2020-3-11	
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Mar 2020 14:11	Photos		Normal	Photos 2020-3-11	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
<div style="display: flex; justify-content: center; gap: 10px;"> Display in New Window Scan and uploading </div>					