

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA 003323

Date In: 16/3/05 - 14:35	Job description	Date & Time Completed	Done by
Ref No: MNA/INC 2005 428624	SAS e-filing		
Veh No: JLC 6527	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/3/05 - 11:30	i-Motor Claim Form	MNA/088447-201	16/3/05 12:07
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:	Veh No: 428624	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

NANON 67	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (N'n INC) against INC \$20		
	9) N12: Idac Mobile 30		
Dat. 1:	Invoice dated	Fee Charged	
Dat. 2 / 3:	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	16/03/2020 19:55
Date Of Accident	15/03/2020 11:30
Exact Location Of Accident	PIE (CHANGI) BEFORE THOMSON RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC6520T
Insured/Policyholder	
Name Of Registered Owner	HJ CAR RENTAL PTE LTD
Co Reg No	2XXXXXX281R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86089649
Alternative Phone No	OFFICE-86089649

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (AMBIENTE)
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	5114557500
Cover Note Number	

Driver

Name of Driver	TAN KIM SOON (CHEN JINSHUN)
NRIC No	SXXXX046A
Date Of Birth	03/09/1973
Occupation	OUTDOOR
Date Of Driving Pass	07/01/2008
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85117288
Fax Number	
Contact Number	OFFICE-85117288
EEmail Address	NOEMAIL

Address	BLK 346 KANG CHING ROAD #09-117
Postcode	610346
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?	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200316/7007.

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	GW8112D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

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	TAN KIM SOON (CHEN JINSHUN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLC6520T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

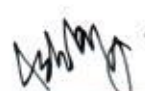
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

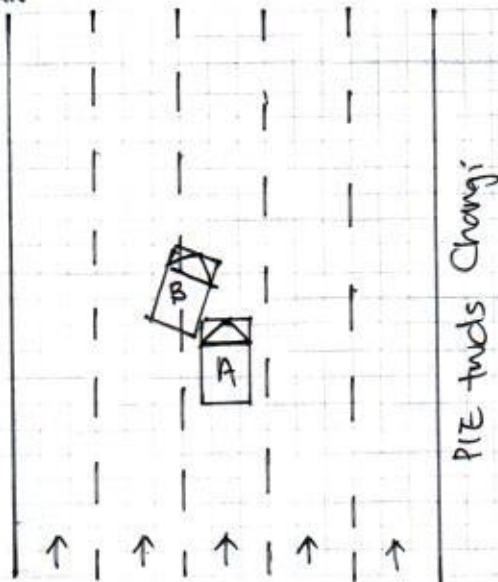


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



Veh A : SLC 6520T
Veh B : GW 8112D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report NO: T/20200316/7007

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

Vehicle No.	SLC6520T	Model / Make	Audi A3
Date of Accident	15/3/2020		
Time of Accident	1130	HRS	
Location of Accident	Along PIE twds Changi Before Thomson Road Exit		
Exact purpose use during accident	Work		
Name of Owner	HJ Car Rental Pte Ltd		
Telephone No.	H/P: 8608 9649	Home:	Office:
NRIC	201843281R		
Address	6001 Beach Road #08-06 S(199589)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above If No, Tan Kim Soon		
NRIC	S7332046A	Any Passengers: 2	
Date of birth	3/9/1973	(M) (F)	
Occupation	Outdoor /	Indoor	
Driving License Pass Date	7/1/2008		
Gender	Male / Female		
Contact No.	H/P: 85117288	Home:	Office:
Address	BLK 346 Kang Ching Road #09-117 SC610346		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee,	If no, state Hirer	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No, If Yes, Who?		
Name And Contact No.	Tan Kim Soon 85117288		
Name And Contact No.			
Police Report	No, If Yes, Where?	Bishan N.P.C	
Vehicle B No.	GW 8112 D	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	Front left portion		
Camera Recorder	Yes/ No		
Email Address	ashkimsoon@gmail.com		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



SINGAPORE POLICE FORCE



T/20200316/7007

1 of 3

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

Report No. T/20200316/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2020 13:32	Vide Report No.: T/20200315/2036	Station Diary No.:
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Informant's Particulars

Name of Informant: TAN KIM SOON			Address: APT BLK 346 KANG CHING ROAD #09-117 SINGAPORE 610346		
ID Type / ID No.: NRIC NO / S7332046A			Contact No.: Home/Office: Mobile: 85117288		
Nationality: SINGAPORE CITIZEN			Email: ashkimsoon@gmail.com		
Sex: Male	Age: 46	Date of Birth: 03/09/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/03/2020 11:30	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW8112D	Lorry					0
SLC6520T	Car	AUDI	A3	White	Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

Report No. T/20200316/7007

CONTINUATION OF REPORT

Passenger				
Name	MA THEIN YIN		ID No.	NIL
Related Vehicle	SLC6520T (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	TAN KIM SOON		ID No.	S7332046A
Related Vehicle	SLC6520T (Car)		Contact No.	85117288
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/03/2020		Date Discharge	16/03/2020
No. of Days granted Medical Leave	05		Degree of Injury	Slight

Brief Details.

On 15/03/2020 at about 1130hs, I was travelling on my vehicle (SLC 6520 T) along PIE twds Changi before Thomson Road exit. I wanted to keep left and hence I turned on my signal. While I am keeping to the left, vehicle B (GW 8112 D) from the left keep right without turning on his/her signal. As a result, my vehicle suffered a scratch at the vehicle's front left area nearing to the wheel.

I wish to stated that i horned the vehicle who knocked onto my vehicle several times but the driver ignored me and continued to drive away. There is a camera installed inside my vehicle which captured the whole incident and I have taken down the SD card.

I am lodging this report for traffic police follow up.



**SINGAPORE
POLICE FORCE**



T/20200316/7007

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

3 of 3

Report No. T/20200316/7007

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 / TPIB /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

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:
16/03/2020 13:32

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

Certificate Number: 5114557500-000027

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLC6520T
 Chassis Number : WAUZZZ8V7G1090380
2. Name of Policyholder : HJ CAR RENTAL PTE LTD
3. Effective Date of Insurance : 14 Jan 2020
4. Expiry Date of Insurance : 13 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 : 09 Jan 2020 09:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114557500	5114557500-000027	HJ CAR RENTAL PTE LTD	201843281R	GFM	drive CLASSIC	SLC6520T	SLC6520T	14/01/2020	13/01/2021

Policy Information

Policy No.	5114557500	Policyholder Name	HJ CAR RENTAL PTE LTD	Policyholder NRIC	201843281R
Certificate No.	5114557500-000027				
Address	6001 BEACH ROAD #08-06 GOLDEN MILE TOWER SINGAPORE 199589				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	09/01/2020	Effective Date	14/01/2020 00:00	Expiry Date	13/01/2021 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	40770.21		
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	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.	08-06	Related Policy Number	5108216963-01		

Insured Object: 5114557500-000027

Endorsements

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

Continue Cancel

Claim Handling

Accident MT/1088447

Policy No.	S114557500	Vehicle No.	SLC6520T	GST Registration No.	
Certificate No.	S114557500-000037				
Policyholder Name	HJ CAR RENTAL PTE LTD	Cover Type	drive CLASS3C	Policyholder NRIC	201843281R
Product Code	PLEET MASTER INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	86089649	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	h1
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	16/03/2020 20:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	15/03/2020	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PTE (CHANGI) BEFORE THOMSON RD EXIT				

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	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.	08-06	Related Policy Number	S108216963-01		

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/09/1973
Unnamed driver Name	TAN KIM SOON (CHEN JINSHUR)	Driver NRIC	SXXXX045A	Driving Experience	12
Register Date of Driver License	07/01/2008	Driver Age	46	Contact No.(Home)	0
Contact No.(Mobile)	85117288	Contact No.(Office)	0	Address 3	SINGAPORE 610346
Address 1	BLK 346	Address 2	KANG CHENG ROAD	Post Code	610346
Address 4		Address Type	Singapore address		
Unit No.	09-117				
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 *	DD-MK	Insured Name	HJ CAR RENTAL PTE LTD	Insured NRIC	201843281R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		Q1 Vehicle Number	SLC6520T	TP Vehicle Number	GW6112D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLC6520T / GW6112D ON 15 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	16/03/2020 20:07	Claim Close Date		Date Received	16/03/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit









Attachment

Accident No.	MT/1088447	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/03/2020 20:08

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

[Attachments](#)
☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Mar 2020 20:08	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Mar 2020 20:08	SAS	Normal	SAS 2020-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Mar 2020 20:08	Photos	Normal	Photos 2020-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Mar 2020 20:08	Photos	Normal	Photos 2020-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Mar 2020 20:08	Photos	Normal	Photos 2020-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Mar 2020 20:08	Photos	Normal	Photos 2020-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Mar 2020 20:08	Photos	Normal	Photos 2020-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Mar 2020 20:08	Photos	Normal	Photos 2020-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Mar 2020 20:08	Photos	Normal	Photos 2020-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Mar 2020 20:08	Photos	Normal	Photos 2020-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Mar 2020 20:08	Photos	Normal	Photos 2020-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Mar 2020 20:08	Photos	Normal	Photos 2020-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Mar 2020 20:08	Photos	Normal	Photos 2020-3-16	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Mar 2020 20:08	Photos	Normal	Photos 2020-3-16	

Video List

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