

NATIONAL Assessment Centre Services

Part 1 Jan 2003

MMA 120034097

| Date In | Job description | Date & Time Completed | Done by |
|---|---|---------------------------|----------------|
| 18/13/20 15:39 | SAS e-filing | | |
| Ref No: MAI INC 2000 4197164 | E-mail (within 2hrs, AIC 2hrs) | | |
| Veh No: SLX 8989B | I-Motor Claim Form | MT/1088765 ⁰⁰¹ | 18/13/20 16:07 |
| DDA: 17/13/20 09:20 | I-Motor W/O (within: OD 2hrs, TP 4hrs) | | |
| AD: <input checked="" type="radio"/> Reporting Only | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wk312 | | |

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

TP Particulars: Veh No: SGJ 4177L 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 | 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: _____

Action: _____

| Account Particulars | Amount (\$) | Balance (\$) |
|---|-------------|--------------|
| Invoice for Insurance Claim | | |
| 1) All: Accident Reporting (-\$30) | | 30.00 |
| 2) DA: Damage Assessment (\$100) INC (\$50) | | |
| 3) TP: Towing Fee \$40/\$45 | | |
| 4) FT: Follow-Through Survey \$120 | | |
| 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| For claiming against INC Only (w/c 10 Jan 2003) | | |
| 6) TR: Re-Inspection \$75 | | |
| 7) NI: Idao DA + EMRT Survey \$160 | | |
| 8) NTUC Additional Services: | | |
| Q1: * | | |
| *NS: Courtesy Car / Tpt Allowance \$5 | | |
| *NG: Repair Co-ordination \$10 | | |
| *NF: Post Repair Inspection \$25 | | |
| *NB: DV / Collect Excess Coordination \$5 | | |
| *NA: DV / Collect Excess Coordination \$20 | | |
| *NI: (N11): TP (Inc) against INC \$0 | | |
| 9) N12: Idao Mobile \$0 | | |
| Invoice dated | Fee Charged | |
| Invoice dated | Fee Charged | |

Checked by (Engr-In-Charge): _____

MA 2002086

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 | 18/03/2020 15:39 |
| Date Of Accident | 17/03/2020 09:20 |
| Exact Location Of Accident | CTE TWDS CITY B4 BRADDELL EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLX8989B |
| Insured/Policyholder | |
| Name Of Registered Owner | HUANG QIAO ZHEN |
| NRIC No | SXXXX581Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96676948 |
| Alternative Phone No | OFFICE-96676948 |

Vehicle Particulars

| | |
|--|---|
| Manufacturer | KIA |
| Model | CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR |
| 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 | 5090804920-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | HUANG QIAO ZHEN |
| NRIC No | SXXXX581Z |
| Date Of Birth | 30/05/1989 |
| Occupation | INDOOR |
| Date Of Driving Pass | 21/07/2010 |
| Driving Experience | 9 YEARS AND 7 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96676948 |
| Fax Number | |
| Contact Number | OFFICE-96676948 |
| EMail Address | NOEMAIL |

| | |
|---|-----------------------|
| Address | 5 YISHUN ST 51 #10-10 |
| Postcode | 767998 |
| 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? | 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 | YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8522999 - FAX NO: 68522239 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT T/20200317/2158

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 | SGJ4177L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | BOEY WENG YEOW |
| NRIC/Passport Number | SXXXX067J |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|-----------------|
| Name | HUANG QIAO ZHEN |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SLX8989B |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

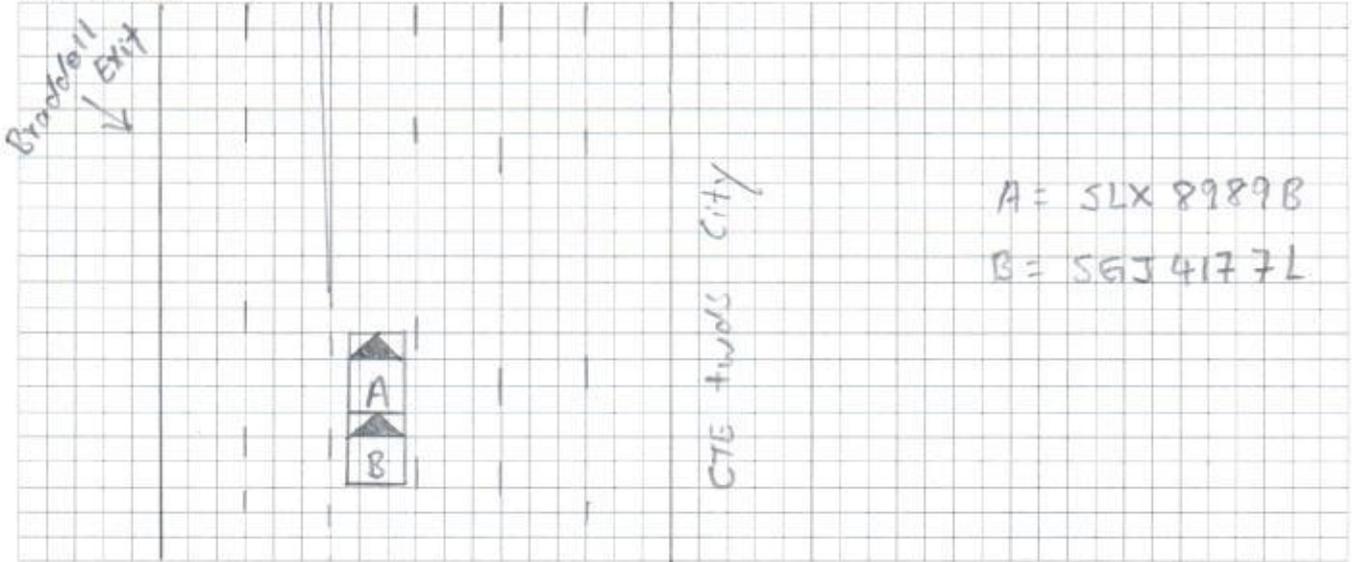
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along CTE twds City B4
Braddell Exit, My veh was stationary due to
traffic congested. All of a sudden, I felt an
impact from behind. After the incident, I realized
Veh B from behind collided onto my veh rear portion

DECLARATION

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



Policyholder's Signature
Date & Time:



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



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

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 3 / 20) (DD/MM/YYYY), TIME: (9 : 20) (HH:MM) Braddell Erit

LOCATION: CTE tuos city b4 116 (Changi)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLX 8989 B.
b) INSURANCE COMPANY: Ince
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Huang Qiao zhen. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 966 7694F.
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)

b) ROAD SURFACE: (DRY / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO) ?

7. a) REPORTED TO POLICE (YES / NO) ?

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGJ 4177L. MODEL: _____
b) DRIVER'S NAME: Boey weng Yew
c) NRIC/FIN/PASSPORT: 57324067J CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
(Including driver)
(1)

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

wanting got police Report email = zhenny@gmail.com

or not by tomorrow fax =

VIDEO = No.



**SINGAPORE
POLICE FORCE**



T/20200317/2158

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20200317/2158

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 17/03/2020 21:13 | Vide Report No.: | Station Diary No.: 142 |
|--|------------------|---------------------------|

| Informant's Particulars | | | |
|--|------------|--|------------------------------|
| Name of Informant: HUANG QIAOZHEN | | Address: 5 YISHUN STREET 51 #10-10 SINGAPORE 767998 | |
| ID Type / ID No.: NRIC NO / S8917581Z | | Contact No.: Home/Office: Mobile: 96676948 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Female | Age: 30 | Date of Birth: 30/05/1989 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: ACCOUNT MANAGER | | Driving Licence Information: Class: 3A | Date of Expiry: |

| General Information of the Accident | | | | |
|--|------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 17/03/2020 09:20 | Type of Location: Straight Road |
| Location: Along Road 1 CENTRAL EXPRESSWAY Towards City, before Braddell Road Exit | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|---|-------|------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SGJ4177L | Car | | | | Slightly Damaged | 1 |
| SLX8989B | Car | KIA | CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR | White | Slightly Damaged | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|-------------------|--------------|-----------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| | | | | |



Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|-------------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLX8989B | NTUC Income Insurance Co-Operative Limited | 5090804920-02 | 17/09/2019 | 16/09/2020 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------------------------|--|-----------------------------------|-----------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | HUANG QIAOZHEN | | ID No. | S8917581Z |
| Related Vehicle | SLX8989B (Car) | | Contact No. | 96676948 |
| Hospital/Clinic | PLATINUM MEDICAL CENTRE PTEL LTD | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL | |
| Date Treatment | 17/03/2020 | Date Discharge | 17/03/2020 | |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight | |
| Driver | | | | |
| Name | Boey Weng Yew | | ID No. | S7324067J |
| Related Vehicle | NIL | | Contact No. | 84983240 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL | |
| Date Treatment | NIL | Date Discharge | NIL | |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL | |

Brief Details.

On 17/03/2020 at about 0920hrs, I was driving on the 4th lane from the right at Central Expressway, the road was congested and my car was stationary at the point of time. My car was then hit from the rear by the other car, the impact caused my car to move, I then got out of my car and went to talk to the other driver. We then exchanged particulars and continued our journey. Around 1600hrs, I was at work and I felt back pains and decided to go for a check up at the said clinic and was given 3 days of MC. I was then advised to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20200317/2158

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20200317/2158

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| | |
|---|---|
| Signature Of Officer Recording The Report: L / SC2 MUHAMMAD SYAFI'IE BIN JUPRI <i>[Signature]</i> | Signature Of Informant: <i>[Signature]</i> |
| Signature Of Interpreter: Not applicable | Date/Time: 17/03/2020 21:13 |
| Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414 | Classification Of Case: 01/035 |
| Authentication Stamp NP168 | |

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

| | | | |
|------------------------|---------------------------------------|--------------------|---|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="17/03/2020 17:04"/> |
| Vehicle No.(For Motor) | <input type="text" value="SLX8989B"/> | Certificate Number | <input type="text"/> |

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5090804920-02 | | HUANG QIAO ZHEN | S8917581Z | GPC | drivo CLASSIC | SLX8989B | SLX8989B | 17/09/2019 | 16/09/2020 |

Continue

Claim Handling

Accident MT/1088765

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No. | 5090804920-02 | Vehicle No. | SLX8989B | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | HUANG QIAO ZHEN | Cover Type | drive CLASSIC | Policyholder NRIC | S8917581Z |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | 96676948 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | No |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 20 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|--------------------------------|-------------------------------|-------|---------------------|--------------------------|
| Report Date | 18/03/2020 16:03 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 17/03/2020 | Time of Accident hh:mm | 09:20 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | CTE TWDS CITY 84 BRADDELL EXIT | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|---------|
| 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 OD Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 | | |

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 761 #10-177 | Address 2 | CHOA CHU KANG NORTH 5 | Address 3 | SINGAPORE 680761 |
| Address 4 | | Address Type | Singapore address | Post Code | 680761 |
| Unit No. | A32 | Related Policy Number | 5090804920-02 | | |

OI Driver Info

| | | | | | |
|---|---|---------------------|-----------------------|------------------------|------------------|
| Driver Name | HUANG QIAO ZHEN | Driver Type | Main Driver | Driver DOB | 30/05/1989 |
| Unnamed driver Name | | Driver NRIC | S8917581Z | Driving Experience | 9 |
| Register Date of Driver License | 21/07/2010 | Driver Age | 30 | Contact No.(Home) | |
| Contact No.(Mobile) | 96676948 | Contact No.(Office) | | Address 1 | SINGAPORE 680761 |
| Address 1 | BLK 761 #10-177 | Address 2 | CHOA CHU KANG NORTH 5 | Address 3 | SINGAPORE 680761 |
| Address 4 | | Address Type | Singapore address | Post Code | 680761 |
| Unit No. | A32 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 New

| | | | | | | |
|---------------------------------|------------------------------------|-------------------|-----------------|---------------------|----------------------------|---|
| Claim Type * | OD-MX | Insured Name | HUANG QIAO ZHEN | Insured NRIC | S8917581Z | |
| Contact No.(Mobile) | 96676948 | Contact No.(Home) | | Contact No.(Office) | 64655 | |
| Email Address | ZHENNX@GMAIL.COM | Vehicle Number | SLX8989B | TP Vehicle Number | SGJ41 | |
| Claim Description | SLX8989B / SGJ4177L ON 17 Mar 2020 | | | | Name of Preferred Workshop | 6 |
| Preferred Workshop Finalisation | 0 | Insured Liability | Not at Fault | GIA report | Received | |
| Date Registered | 18/03/2020 16:05 | Claim Close Date | | Date Received | 18/03/2020 | |
| Report Taken By | LIEW SHAN HUI | | | | | |

Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1088765 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 18/03/2020 16:07 |
| Path * | | | |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Message Read | | Clear | Please Select |

Attachment List

