

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	19/03/2020 13:27
Date Of Accident	13/03/2020 14:30
Exact Location Of Accident	JALAN BOON LAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR5188S
Insured/Policyholder	
Name Of Registered Owner	AUTO ALLIANCE LEASING PTE LTD
Co Reg No	2XXXXX807W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64661009

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 1.6L SDN LUX
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5110688602
Cover Note Number	

Driver

Name of Driver	CHING KAH WEI, JESMOND
NRIC No	SXXXX698J
Date Of Birth	28/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	24/10/2008
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84090874
Fax Number	
Contact Number	OFFICE-84090874
Email Address	NOEMAIL

Address	BLK 504 CHOA CHU KANG STREET 51 #13-175
Postcode	680504
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?	YES
Foreign Vehicle Registration Number	PDV1092 (COMMERCIAL VEHICLE)
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: : CHUNG MOOI HOK GENDER: : FEMALE
Passenger 2	NAME: : CHING LEE KIM 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/20200313/7035. VEHICLE HAS BEEN SCRAPPED.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PDV1092
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 CHING KAH WEI, JESMOND
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SDR5188S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHUNG MOOI HOK
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SDR5188S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name CHING LEE KIM
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SDR5188S
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.
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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.:



**SINGAPORE
POLICE FORCE**



T/20200313/7035

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

1 of 3

Report No. T/20200313/7035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2020 22:07	Vide Report No.: J/20200313/0085	Station Diary No.:
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Informant's Particulars			
Name of Informant: CHING KAH WEI, JESMOND		Address: 504 CHOA CHU KANG STREET 51 #13-175 SINGAPORE 680504	
ID Type / ID No.: NRIC NO / S8516698J		Contact No.: Home/Office:	Mobile: 84090874
Nationality: SINGAPORE CITIZEN		Email: jesmond88@gmail.com	
Sex: Male	Age: 34	Date of Birth: 28/05/1985	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Other computer operations clerks		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/03/2020 14:30	Type of Location: Straight Road
Location: Jalan Boon lay				
Lamp Post Number: 160				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
PDV1092	Lorry	VOLVO		Blue	Slightly Damaged	0
SDR5188S	Car	MAZDA	3	Grey	Totally Damaged	4

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



**SINGAPORE
POLICE FORCE**



T/20200313/7035

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

2 of 3

Report No. T/20200313/7035

CONTINUATION OF REPORT

Driver			
Name	CHING KAH WEI, JESMOND	ID No.	S8516698J
Related Vehicle	SDR5188S (Car)	Contact No.	84090874
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/03/2020	Date Discharge	13/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	CHUNG MOOI HOK	ID No.	S1388604J
Related Vehicle	SDR5188S (Car)	Contact No.	98423217
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/03/2020	Date Discharge	13/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	CHING LEE KIM	ID No.	S1749027C
Related Vehicle	SDR5188S (Car)	Contact No.	83157766
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/03/2020	Date Discharge	13/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

I was driving straight along Jalan Boon Lay. Out of a sudden a vehicle (PDV1092) collided onto the side of my vehicle. Me and my passenger felt pain and when to see a doctor. I was given 3 days MC. My passenger Ching Kim Lee and Chung Mooi Hok was given 3 days MC each too.



**SINGAPORE
POLICE FORCE**



T/20200313/7035

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

3 of 3

Report No. T/20200313/7035

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 /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

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:
13/03/2020 22:07

Classification Of Case:

Thank You!

You have successfully deregistered your vehicle.

Please send your deregistered vehicle to a LTA-appointed scrapyards or EPZ immediately, or upload your export/reregistration document by 18 Apr 2020.

Vehicle to be deregistered

Vehicle number:	Make/Model:
SDR5188S	MAZDA/MAZDA3 1.6L SDN LUX
Engine Number:	Chassis Number:
Z6856918	JM6BL10Z1A0145284
First Registration Date:	Propellant:
13 Jul 2010	Petrol

Transaction Details

Business Transaction Ref. No.:	Business Transaction Date:
20200318125119847797	18 Mar 2020
Business Transaction Time:	
12:51:19	

Printed on 18 Mar 2020 12:51:26

Copyright © Land Transport Authority of Singapore 2018

Enquire Transaction History**Transaction History Details**

Log Date/Time:	18 Mar 2020 / 12:51:21
Receipt No.:	-
Asset Type:	Vehicle
Transaction Amount:	-
Asset ID:	SDR5188S
Channel:	Internet
Transaction Type:	06.12 Deregister Temp Transfer (AA) or PARF-Eligible Vehicle (Internet)
Business Transaction Reference No.:	20200318125119847797
CorpPass UID (Last 5 Characters):	8723J

Previous Vehicle No.:	SDR5188S
Current Vehicle No.:	SDR5188S
IU Label No.:	1123894601
Chassis No.:	JM6BL10Z1A01452B4
Engine No.:	Z6856918
Motor No.:	-
Vehicle Type:	Z10 - Private Hire (Chauffeur) Motor Car
Vehicle Scheme:	Normal
First Registration Date:	13 Jul 2010
Original Registration Date:	13 Jul 2010
Deregistration Reason:	Apply PARF
Deregistration Date:	18 Mar 2020
Storage Expiry Date:	-
Update Disposal Details Expiry Date:	18 Apr 2020
Chassis Disposal Date:	-
Chassis Disposal Type:	-
Engine Disposal Date:	-
Engine Disposal Type:	-
Motor Disposal Date:	-
Motor Disposal Type:	-
Total Refund Amount:	\$234.00
Licence Start Date:	13 Jan 2020
Licence End Date:	18 Mar 2020
PARF Rebate No./Amount:	2064821QP0000 / \$10,381.00
COE Rebate No./Amount:	2064821QC0000 / \$931.00
OPC-Plus Cash Rebate Refund Start Date:	-
OPC-Plus Cash Rebate Refund End Date:	-
OPC-Plus Cash Rebate Refund Amount:	-
Un-granted Period(s)/Amount(s):	-
Submitter ID Type:	-
Submitter Country/Region:	-
Submitter ID:	-
Submitter Name:	-
Submitter Contact:	-

Information displayed is correct as at the log date and time.

OK

YASEEN TRADERS SINGAPORE

BUSINESS REG NO: 53253938M

THIS LETTER IS TO STATE THAT THE VEHICLE NO: SDR5188S, CHASSIS NO:
JM6BL10Z1A0145284 , ENGINE NO: Z6856918 HAVE BEEN SCRAPPED BY YASEEN
TRADERS ON 17/03/2020 .



A handwritten signature in black ink, appearing to be a stylized name.

YASEEN TRADERS SINGAPORE
53253938M

AUTO ALLIANCE LEASING PTE LTD

210 TURF CLUB ROAD LOT C3 CARMART@ GRANDSTAND

S287995 TELEPHONE: 64661009 FAX: 64660109

BUSINESS REG NO. 201903807W

Leasing Agreement

1.) Add Driver : _____ NRIC / CRNo: _____
 By Agreement, I/We: CHING KAH WEI, JESMOND Date: 31/1/2020
 Address: BLK 504 CHOA CHU KANG NRIC / CRNo: S8516698J
STREET 51 #13-175 S680504 Bank Account : _____
 Email: _____
 Contact No: 84090874 DOB: 28/05/1985
 Vehicle's No: SDR51885 Licence Passed: 24/10/2008
 Make & Model: MAZDA 3 Veh Reg Date : _____

Rental Period :	
Vehicle Leasing Fee by : Week / Month / Year	\$300.00
Add Of Relief Fee / Documentation Fee:	\$0.00
Deposit : <u>Cash</u> / Nets / Cheque :	\$500.00
Insurance Excess Apply To Any claim Or Report Make: (TP-\$2000 / Own-\$2000).	\$0.00
Secure Contract Initial Deposit Subject to Condition Apply:	\$500.00
Total Cost Of Rental: Cash / Nets / Cheque :	\$300.00

AUTOALLIANCE LEASING PTE LTD (Bank Account : DBS 072-007473-4)

* Battery recovery 9385 6995 KOH (SOS BATTERY RECOVERY)

*24/7 TOWING NUMBER 9759 0088/8868 9922/8686 8998(UNI AUTOMOTIVE TOWING & TYRE CHANGE)

CHECK LIST

Remark: PERSONAL USE , Rebate 1 day 31/1/20

Vehicle Start Date: 31/01/2020 Time : 12PM Mileage : _____ KM
 Vehicle End Date: 30/07/2020 Time : 12PM Mileage : _____ KM
 Vehicle Return Date : 13/02/2020 Time : 6pm
 Weekly Rental: M/T/W/T/F/S/S

Car accident

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: 5110688602-000001

Cover : Third Party

- | | |
|---|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SDR5188S |
| Chassis Number | : JM6BL10Z1A0145284 |
| 2. Name of Policyholder | : AUTO ALLIANCE LEASING PTE. LTD. |
| 3. Effective Date of Insurance | : 25 Jun 2019 |
| 4. Expiry Date of Insurance | : 24 Jun 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue : 25 Jun 2019 08:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110688602	5110688602-000001	AUTO ALLIANCE LEASING PTE. LTD.	201903807W	GFM	Third Party	SDR5188S	SDR5188S	25/06/2019	09/04/2020

Continue

Policy Information

Policy No.	5110688602	Policyholder Name	AUTO ALLIANCE LEASING PTE. I	Policyholder NRIC	201903807W
Certificate No.	5110688602-000001				
Address	55 YUK TONG AVENUE AIRVIEW PARK SINGAPORE 596356				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	25/06/2019	Effective Date	25/06/2019 00:00	Expiry Date	09/04/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	55 YUK TONG AVENUE	Address 2	AIRVIEW PARK	Address 3	SINGAPORE 596356
Address 4		Address Type	Singapore address	Post Code	596356
Unit No.		Related Policy Number	5110688602		

Insured Object: 5110688602-000001

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	27/08/2019 00:00	Basic Information Endorsement	null	Entry Rejected	

Certificate Endorsements

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

Claim Handling

Accident MT/108860

Policy No.	5110688602	Vehicle No.	SDRS188S	GST Registration No.	
Certificate No.	5110688602-000001				
Policyholder Name	AUTO ALLIANCE LEASING PTE. LTD.			Policyholder NRIC	201903807W
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64661009	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<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	19/03/2020 13:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	13/03/2020	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN BOON LAY				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable			

GST Registered Information

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

Policyholder Mailing Address

Address 1	55 YUK TONG AVENUE	Address 2	AIRVIEW PARK	Address 3	SINGAPORE 596356
Address 4		Address Type	Singapore address	Post Code	596356
Unit No.		Related Policy Number	5110688602		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/05/1985
Unnamed driver Name	CHING KAH WEI, JESMOND	Driver NRIC	SXXXX698	Driving Experience	11
Register Date of Driver License	24/10/2008	Driver Age	34	Contact No.(Home)	0
Contact No.(Mobile)	84090874	Contact No.(Office)	0	Address 3	SINGAPORE 680504
Address 1	BLK 504	Address 2	CHDA CHU KANG STREET 51	Post Code	680504
Address 4		Address Type	Singapore address		
Unit No.	13-175				
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 *	OO-MK	Insured Name	AUTO ALLIANCE LEASING PTE. (Insured NRIC	201903807W
Contact No.(Mobile)	97552383	Contact No.(Home)		Contact No.(Office)	+
Email Address		DI Vehicle Number	SDRS188S	TP Vehicle Number	POV1092
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SDRS188S / POV1092 ON 13 Mar 2020		Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/03/2020 13:47	Claim Close Date		Date Received	19/03/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/108860	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/03/2020 13:47

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Attachments

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Mar 2020 13:47	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Mar 2020 13:47	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 19 Mar 2020 13:47	SAS		Normal	SAS 2020-3-19	

Video List

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