NATIONAL Assessment Centre Services. [wef 1 Jan'09] : MNA1200 34816

| | Job description | Date & Time Completed | Done by |
|---|---|---|---|
| Date In: 20/3/20 14:05 | SAS e-filling | | |
| Ref No: MA/IMC 2000 4289/64 | E-mail (within 3hrs, AIC 2hrs) | | |
| Veh No: GW 111 J | I-Motor Claim Form | MT/1088016-002 | 20/3/20 14:36 |
| DOA: 23/2/20 22:00 | I-Motor W/O (within: OD 2hrs, TP 4hrs) | | |
| OD / TP / Reporting Only | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

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

TP Particulars: Veh No: GBA 9535K 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: ( )

| Reminders / Action Collection | 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 | Action |
|---|---|
| | |
| | |
| | |
| | |

MA2002143

Liability Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Editors Comments

L.E:

C.R.C:

| Invoice Preparation Checklist | | Amt ($) Billed | Amt ($) Recd in Bin |
|---|---|---|---|
| 1) AR : Accident Reporting -(330); | | 30.00 | |
| 2) DA : Damage Assessment ($100); | INC ($80) | | |
| 3) TP : Towing Fee | $40/$45 | | |
| 4) FT : Follow-Through Survey | $120 | | |
| 5) FT : Follow-Through Survey (Resurvey) | $30 | | |
| For claiming against INC Only (wef 10 Jan 2009) | | | |
| 6) TR : Re-Inspection | $75 | | |
| 7) N1 : Idao DA + SMART Survey | $160 | | |
| 8) NTUC Additional Services:- | | | |
| OD* | | | |
| *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 (Non INC) against INC | $20 | | |
| 9) N12: Idao Mobile | 30 | | |
| *Invoice dated* | *Fee Charged* | | |
| *Invoice dated* | *Fee Charged* | | |

**Your NCD will be affected due to late reporting**
**Actual e-Filling Submission Date & Time: 20/03/2020 14:17**

# 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 witholding 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 | 20/03/2020 14:05 |
| Date Of Accident | 23/02/2020 22:00 |
| Exact Location Of Accident | WHAMPOA WEST |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | GW111J |
| **Insured/Policyholder** | |
| Name Of Registered Owner | HOCK MOTORS WORKSHOP |
| Co Reg No | 5XXXX012M |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-97845529 |
| **Vehicle Particulars** | |
| Manufacturer | TOYOTA |
| Model | DYNA |
| Exact Purpose for which vehicle was being used at time of accident | AFTER WORK |
| 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 | COMMERCIAL VEHICLE |
| **Insurance Company** | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5044868676-09 |
| Cover Note Number | |
| **Driver** | |
| Name of Driver | KHOO TONG SOON |
| NRIC No | SXXXX170E |
| Date Of Birth | 26/04/1960 |
| Occupation | INDOOR |
| Date Of Driving Pass | 11/08/1977 |
| Driving Experience | 42 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91128565 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 648 JLN TENAGA #09-137 |
| Postcode | 410648 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - BROTHER COMPANY |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

## General Information of the Accident

| | |
|---|---|
| Type Of Accident | NO COLLISION |
| 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 | 1 |
| 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: : UNKNOWN<br>GENDER: : MALE |

## 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 |
| 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/20200318/2086

## 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 | GBA9535K |
| 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)

# 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.

HOCK MOTORS WORKSHOP

| Policyholder's Signature<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |
|---|---|---|

**SKETCH PLAN**

Unable to Provide sketch

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to Police Report T/20200318/2086

**DECLARATION**

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

HOCK MOTORS WORKSHOP

| Policyholder's Signature<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |
|---|---|---|

# ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 2 / 20 ) (DD/MM/YYYY). TIME: (22 : 00 ) (HH:MM)

LOCATION: Whampoa west.

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: GW 111J
   b) INSURANCE COMPANY: IMC
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Toyota Dyna.
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: ~~working~~ After work
   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: Hock motors workshop (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT: 97845529.
   c) ADDRESS:

   * CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

* No of passenger (Including driver) (2) / M.

3. **DRIVER**
   a) NAME: (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT: 91128565.
   c) ADDRESS:

   *d) DATE OF BIRTH: ( / / ) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) YEARS OF DRIVING EXPRERIENCE:
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) brother company.
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
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: Traffic Police.
8. **THIRD PARTY VEHICLE**
   a) VEHICLE NUMBER: GBA 9535K. MODEL:
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (Including driver) ( )

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger (Including driver) ( )

* chop.

email =

fax =

VIDEO = No.

**SINGAPORE POLICE FORCE**

T/20200318/2086



Report No. T/20200318/2086

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

**REPORT OF A TRAFFIC ACCIDENT**

| Date/Time Report Made: | Vide Report No.: | Station Diary No.: |
|---|---|---|
| 18/03/2020 15:55 | | |

**Informant's Particulars**

| | | | | |
|---|---|---|---|---|
| Name of Informant: KHOO TONG SOON | | | Address: APT BLK 648 JALAN TENAGA #09-137 SINGAPORE | |
| ID Type / ID No.: NRIC NO / S1421170E | | | Contact No.: Home/Office: | Mobile: 91128565 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 59 | Date of Birth: 26/04/1960 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: CAR DEALER | | | Driving Licence Information: Class: 3 | Date of Expiry: |

**General Information of the Accident**

| | | | | |
|---|---|---|---|---|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 23/02/2020 22:00 | Type of Location: |
| Location: Along Road 1 WHAMPOA WEST | | | | |
| Weather: | | Road Surface: | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: | | | | Anyone conveyed by ambulance: No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|---|---|---|---|---|---|---|
| GW111J | Lorry | | | | | 0 |

SINGAPORE
POLICE FORCE

T/20200318/2086



Report No. T/20200318/2086

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

**CONTINUATION OF REPORT**

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION.
I WAS DRIVING OUT OF THE OPEN SPACE CARPARK ALONG WHAMPOA WEST AT THAT POINT IN TIME THERE WASN'T ANY VEHICLES PARK BESIDE ME AND I DON'T RECALL BEING INVOLVED IN A ACCIDENT. ON THE 13 MARCH 2020 I RECEIVED A LETTER FROM TRAFFIC POLICE THAT I WAS INVOLVED IN ACCIDENT AND I WAS ADVISED TO LODGE A POLICE REPORT.

SINGAPORE
POLICE FORCE

T/20200318/2086



Report No. T/20200318/2086

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

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:<br>TP /<br>BERNARD KOH REN JUN | Signature Of Informant: |
| Signature Of Interpreter:<br>Not applicable | Date/Time:<br>18/03/2020 15:55 |
| Officer In Charge Of Case:<br>TP / HRT /<br>SI NOR AFFENDY BIN JAFFAR<br>Contact No.: 65476368 | Classification Of Case: |
| Authentication Stamp<br>NP168 | SINGAPORE POLICE FORCE<br>Signature: |

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language | Change Password | Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.

Vehicle No.(For Motor) GW111J

Date of Accident 23/02/2020 10:31

Certificate Number

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|---|---|---|---|---|---|---|---|---|---|---|
| ○ | 5044868676-09 | | HOCK MOTORS WORKSHOP | 53038012M | GCV | Third Party | GW111J | GW111J | 27/07/2019 | 26/07/2020 |

Continue

SINGAPORE
POLICE FORCE

Traffic Police
Singapore Police Force
10, Ubi Avenue 3
Singapore 408865
Tel : 6547 0000
Fax : 6547 6259

Date : 13 Mar 2020

Your Ref :
Our Ref : TP/IP/13875/2020

000018

HOCK MOTORS WORKSHOP
APT BLK 1 KAKI BUKIT AVENUE 6
#02-38
SINGAPORE 417883

Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT INVOLVING GW111J ALONG WHAMPOA WEST ON 23 FEB 2020 @ 10.00 PM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (http://www.police.gov.sg/epc).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer NOR AFFENDY BIN JAFFAR at his / her office number: 65476368 or the supervisor TAN CHIN YONG at 65476425 if you have any further queries.

5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (DSP)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.

income
made different

Our Ref: MT/CA/TP/001/1088016-001/NL/VU

12 Mar 2020

HOCK MOTORS WORKSHOP
1 KAKI BUKIT AVENUE 6
#02-38 AUTOBAY @ KAKI BUKIT
SINGAPORE 417883

Dear Policyholder

**CLAIM NUMBER: MT/1088016-001**
**ACCIDENT INVOLVING GW111J / GBA9535K on 23 Feb 2020**

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely

Goh Peng Hong
Manager
Motor Insurance

## Claim Handling

**Accident MT/1088016**

| | | | | | |
|---|---|---|---|---|---|
| Policy No. | 5044868676-09 | Vehicle No. | GW1113 | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | HOCK MOTORS WORKSHOP | | | Policyholder NRIC | 53038012M |
| Product Code | COMMERCIAL VEHICLE INSURAI | Cover Type | Third Party | Loading | 0 |
| Contact No.(Mobile) | NA | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KFK | No Yes | TCA | No Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 20 | Private Hire | No |

**Accident Details**

| | | | | | |
|---|---|---|---|---|---|
| Report Date | 12/03/2020 22:17 | Accident Report Within 24 hrs | Yes | Accident Type | Damaged whilst parked |
| Date of Accident | 23/02/2020 | Time of Accident hh:mm | 22:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | 34 WHOMPOA WEST OPEN CAR PARK | | | | |

**Total Excess Applicable**

| | | | | | |
|---|---|---|---|---|---|
| Excess Type | Per Accident | Windscreen Excess | 0.00 | | |
| OD Standard Excess | 0.00 | TP Standard Excess | 0.00 | Driver is Covered? | Not Applicable |
| YIED OD Excess | | YIED TP Excess | | | |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 0.00 | 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 | 12/03/2020 22:18:54 System changed GST Status Verified from No to Yes | | |

**Policyholder Mailing Address**

| | | | | | |
|---|---|---|---|---|---|
| Address 1 | 1 KAKI BUKIT AVENUE 6 | Address 2 | #02-38 AUTOBAY @ KAKI BUKIT | Address 3 | SINGAPORE 417883 |
| Address 4 | | Address Type | Singapore address | Post Code | 417883 |
| Unit No. | | Related Policy Number | 5044868676-09 | | |

**OI Driver Info**

| | | | | | |
|---|---|---|---|---|---|
| Driver Name | | Driver Type | | | |
| Unnamed driver Name | | Driver NRIC | | Driver DOB | |
| Register Date of Driver License | | Driver Age | | Driving Experience | |
| Contact No.(Mobile) | | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | | Address 2 | | Address 3 | |
| Address 4 | | Address Type | Foreign address | Post Code | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | | Driver Insurer Company | |

Modification History

**Claim 002** **New**

| | | | | | |
|---|---|---|---|---|---|
| Claim Type * | OD-HX | Insured Name | HOCK MOTORS WORKSHOP | Insured NRIC | 53038 |
| Contact No.(Mobile) | 97845529 | Contact No. (Home) | | Contact No. (Office) | 68469 |
| Email Address | | OI Vehicle Number | GW1113 | TP Vehicle Number | GBA95 |
| Claim Description | GW1113 / GBA9535K ON 23 Feb 2020 | | | Name of Preferred Workshop | 0 |
| Preferred Workshop | 0 | Insured Liability | Not at Fault | | |
| Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 20/03/2020 14:35 | Claim Close Date | | Date Received | 20/03/ |
| Report Taken By | LIEW SHAN HUI | | | | |

Print AX letter

Save Submit

**Attachment**

| | | | |
|---|---|---|---|
| Accident No. | MT/1088016 | Claim No. | 002 |
| Last Doc. Received | Yes No | Upload Date | 20/03/2020 14:36 |

| Path * | | Category * | Confidential | Urgency * | Desc |
|---|---|---|---|---|---|
| Choose File No file chosen | Clear | Please Select | NO | Normal | |
| Choose File No file chosen | Clear | Please Select | NO | Normal | |
| Choose File No file chosen | Clear | Please Select | NO | Normal | |
| Choose File No file chosen | Clear | Please Select | NO | Normal | |
| Choose File No file chosen | Clear | Please Select | NO | Normal | |
| Choose File No file chosen | Clear | Please Select | NO | Normal | |

Message Read

**Attachment List**

| Attachment | Uploaded By/Date | Category | | Urgency | Description |
|---|---|---|---|---|---|
| | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Mar 2020 14:36 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2020-3-20 |

| | | | | |
|---|---|---|---|---|
| | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 20 Mar 2020 14:36 | SAS | Normal | SAS 2020-3-20 |
| | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 20 Mar 2020 14:36 | Photos | Normal | Photos 2020-3-20 |
| | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 20 Mar 2020 14:36 | Photos | Normal | Photos 2020-3-20 |
| | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 20 Mar 2020 14:36 | Photos | Normal | Photos 2020-3-20 |
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| | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 20 Mar 2020 14:35 | Photos | Normal | Photos 2020-3-20 |
| | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 20 Mar 2020 14:35 | Photos | Normal | Photos 2020-3-20 |
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