

**NATIONAL Assessment Centre Services**

(wef 1 Jan'05) **MANV 0029631**

Date In: <b>28/12-16:37</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC 2004622/24</b>	SAS e-filing		
Veh No: <b>5J2V52</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>27/12-21.5</b>	i-Motor Claim Form	<b>M 7/12 89922-001</b>	<b>28/12/16:53</b>
OD: <b>(TP)</b> Reporting Only	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

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

TP Particulars: Veh No: **6RSP3065M** 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:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury : \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	
	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);	
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF : Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120	
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
Dat. 1:	6) TR : Re-inspection \$75	
	7) N1 : Idac DA + SMRT Survey \$160	
Dat. 2 / 3:	8) NTUC Additional Services:-	
	Q1)*	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11) : TP (Non INC) against INC \$20	
	9) N12: Idac Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	28/03/2020 16:37
Date Of Accident	27/03/2020 20:05
Exact Location Of Accident	JUNC CHANCERY LANE & DUNEARN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ435Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BETTY HARI CHANDRA
NRIC No	SXXXX252Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93802737
Alternative Phone No	OFFICE-93802737

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS GS450H SUPER 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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5116521491
Cover Note Number	

### Driver

Name of Driver	BETTY HARI CHANDRA
NRIC No	SXXXX252Z
Date Of Birth	29/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1996
Driving Experience	23 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93802737
Fax Number	
Contact Number	OFFICE-93802737
Email Address	NOEMAIL

Address	33E CHANCERY LANE #01-10
Postcode	309555
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	WET

#### 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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200328/7011.

#### 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	GBF3065M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AYYADURAI RAJESH
NRIC/Passport Number	GXXXX710M
Contact Number	86472353
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

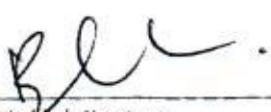
Name	BETTY HARI CHANDRA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJZ435Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

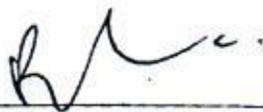
IMPORTANT NOTICE

- 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.

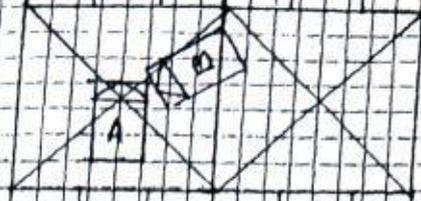
  
Policyholder's Signature  
Date & Time:

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

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

Vehicle A:  
SJZ435Z

Vehicle B:  
GBF3065M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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:

Date of Accident: 27/03/2020 Accident Time: 20:05 Hrs (24-HR-Format)

Accident Place: Junction of Chancery / Durson Rd towards Balnoral

Vehicle Reg. No. (Car Plate No.): SJZ 435 Z

Vehicle Make/Model: Toyota LEXUS GS 450

Insurance Company: Income Policy No. 5116521491

Owner or Company Name / IC No.: BETTY HARI CHANDRA / S7231252/Z

Owner or Company Contact No.: 93802737 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

DRIVER'S Name / IC No.: BETTY HARI CHANDRA

DRIVER'S Date Of Birth: 29/08/1972 DRIVER'S License Pass Date: 11/08/2003

Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: N.A. 18/1996

DRIVER'S Address: 33E CHANCERY LANE #01-10 S (309555)

DRIVER'S Contact No. / Alt No.: 1) 93802737 2) 9669-9496

DRIVER'S Occupation: INDOOR \ OUTDOOR (e.g. working inside or outside office) SALES

Email Address: chandrabetty@gmail.com

Weather & Road Surface: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type: Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES (NO)

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>G BF 3065 M</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>TOYOTA VAN -&gt; LALA MOVE</u>	Vehicle Make/Model: _____
Name Driver: <u>AYYADURAI RAJESH</u>	Name Driver: _____
IC No. Driver: <u>G2452710 M</u>	IC No. Driver: _____
Driver's Contact & Add: <u>8647-2353</u>	Driver's Contact & Add: _____



**SINGAPORE  
POLICE FORCE**



T/20200328/7011

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

1 of 4

Report No. T/20200328/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/03/2020 13:30	Vide Report No.: T/20200327/2131	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: BETTY HARI CHANDRA		Address: 33E CHANCERY LANE #01-10 SINGAPORE 309555	
ID Type / ID No.: NRIC NO / S7231252Z		Contact No.: Home/Office: Mobile: 93802737	
Nationality: SINGAPORE CITIZEN		Email: chandrabetty@gmail.com	
Sex: Female	Age: 47	Date of Birth: 29/08/1972	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PROPERTY AGENT		Driving Licence Information: Class:	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/03/2020 20:05	Type of Location: Straight Road
Location: CHANCERY LANE				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF3065M	Van				Seriously Damaged	0
SJZ435Z	Car	TOYOTA	LEXUS GS450H SUPER LUX	Grey	Seriously Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJZ435Z	NTUC Income Insurance Co-Operative Limited	5116521491	03/03/2020	02/03/2021



**SINGAPORE  
POLICE FORCE**



T/20200328/7011

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

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Report No. T/20200328/7011

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	AYYACLURAI RAJESH	ID No.	G2452710M
Related Vehicle	GBF3065M (Van)	Contact No.	86472353
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
<b>Driver</b>			
Name	BETTY HARI CHANDRA	ID No.	S7231252Z
Related Vehicle	SJZ435Z (Car)	Contact No.	93802737
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/03/2020	Date Discharge	28/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

V1- SKZ435Z  
V2- GBF3065M

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, I WAS DRIVING V1 IN A 3 LANE ROAD ON CHANCERY LANE GOING TOWARDS BALMORAL ROAD. I WAS ON THE 2ND LANE AND WAS GOING TOWARDS BALMORAL ROAD AND IT WAS GREEN LIGHT AS SUCH I CONTINUED TO DRIVE IN A MODERATE SPEED GOING TOWARDS BALMORAL ROAD. V2 WHICH WAS FROM BALMORAL ROAD MAKE A TURN TO DUNEARN ROAD. V2 WAS ON 1ST LANE AND CAME IN A HIGH SPEED AND MAKE A TURN TOWARDS BALMORAL ROAD AND IT HIT MY RIGHT HEADLIGHT. I THEN WENT DOWN AND CONFRONT HIM AND THE DRIVER OF V2 ADMITTED THAT IT WAS HIS FAULT AND WE EXCHANGE PARTICULARS, V1 INFORMED THAT HE WAS FOLLOWING A VAN IN FRONT OF HIM AS DID ASSUME THAT THERE WAS NO TRAFFIC. TRAFFIC POLICE DID ATTENDED TO MY CAR ACCIDENT BUT THEY INFORM ME TO REPORT FOR INSURANCE CLAIM. THERE WAS NO IN CAR CAMERA INSTALLED IN MY CAR AND THERE WAS NO GOVERNMENT PROPERTY DAMAGE AND THERE WAS NO ONE CONVEYED TO HOSPITAL. V2 COUSIN CAME DOWN AND APOLOGIZED TO ME AND ALSO TOLD ME THAT IT WAS V2 FAULT.

ON 27/03/2020 AT ABOUT 2042HRS A PERSON NAMELY (JOHN, 92656065), CALLED ME AND INFORMED THAT HE WAS THE OWNER OF V2 AS HE RENTED OUT TO THE DRIVER OF V2 FOR 'LALAMOVE', HE ALSO DID APOLOGIZE TO ME. I THEN PASSED MY HANDPHONE TO MY HUSBAND AND MY HUSBAND TOLD ME THAT JOHN TOLD MY HUSBAND TO SETTLE WITHIN OUR OWNSELF FOR INSURANCE CLAIM, WHICH MY HUSBAND REFUSE AS WE WANTED TO HEAD OVER FOR LEXUS FOR THE INSURANCE CLAIM.



**SINGAPORE  
POLICE FORCE**



T/20200328/7011

3 of 4

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

Report No. T/20200328/7011

**CONTINUATION OF REPORT**

I AM WRITING THIS TO CONTINUE TO MY STATEMENT,  
AND TO INCLUDE INJURIES I HAVE SUSTAINED AFTER I FILED THE REPORT AND THAT WE ARE  
TRYING TO REACH OUT TO 'LALAMOVE'  
I FELT STRAINS ON MY UPPER RIGHT ARM, RIGHT KNEE AND MY SHOULDER IN THE NEXT  
MORNING IN WHICH I CONSULTED A DOCTOR AND WAS GIVEN A INITIAL 5-DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20200328/7011

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

4 of 4

Report No. T/20200328/7011

**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 /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

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:  
28/03/2020 13:30

Classification Of Case:

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"/>	S116521491		BETTY HARI CHANDRA	S7231252Z	GPC	Third Party	SJZ435Z	SJZ435Z	03/03/2020	02/03/2021

▼ Policy Information

Policy No.	5116521491	Policyholder Name	BETTY HARI CHANDRA	Policyholder NRIC	S7231252Z
Certificate No.					
Address	33E CHANCERY LANE UNIT 10 THE CHANCERY RESIDENCE SINGAPORE 309555				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/03/2020	Effective Date	03/03/2020 00:00	Expiry Date	02/03/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0	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	33E CHANCERY LANE	Address 2	UNIT 10 THE CHANCERY RESIDI	Address 3	SINGAPORE 309555
Address 4		Address Type	Singapore address	Post Code	309555
Unit No.		Related Policy Number	5116521491		

▶ Insured Object: SJZ435Z

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

**Claim Handling**

Accident MT/1089922

Policy No.	S116521491	Vehicle No.	SJ2435Z	GST Registration No.	
Certificate No.					
Policyholder Name	BETTY HARI CHANDRA			Policyholder NRIC	S7231252Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	93802737	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	N
KFK	<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	No
<b>Accident Details</b>					
Report Date	28/03/2020 16:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	27/03/2020	Time of Accident hh:mm	20:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG CHANCERY LANE & DUNEARN RD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				

<b>Benefits</b>	
<b>GST Registered Information</b>	
GST Registered	No
GST Registration No.	
GST Registration Date	
GST Status Verified	Yes
Modification History	

<b>Policyholder Mailing Address</b>					
Address 1	33E CHANCERY LANE	Address 2	UNIT 10 THE CHANCERY RESIDI	Address 3	SINGAPORE 309555
Address 4		Address Type	Singapore address	Post Code	309555
Unit No.		Related Policy Number	S116521491		

<b>DI Driver Info</b>					
Driver Name	BETTY HARI CHANDRA	Driver Type	Main Driver	Driver DOB	29/08/1972
Unnamed Driver Name		Driver NRIC	S7231252Z	Driving Experience	23
Register Date of Driver License	01/08/1996	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	93802737	Contact No.(Office)	0	Address 3	SINGAPORE 309555
Address 1	33E CHANCERY LANE	Address 2	UNIT 10 THE CHANCERY RESIDI	Post Code	309555
Address 4		Address Type	Singapore address		
Unit No.	01-10				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

<b>Declaration</b>					
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 *	DD-MX	Insured Name	BETTY HARI CHANDRA	Insured NRIC	S7231252Z
Contact No.(Mobile)	96699496	Contact No.(Home)	NIL	Contact No.(Office)	93802737
Email Address	chandrabetty@gmail.com	DI Vehicle Number	SJ2435Z	TP Vehicle Number	GBF3065M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJ2435Z / GBF3065M ON 27 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	28/03/2020 16:53	Claim Close Date		Date Received	28/03/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<b>Save Submit</b>					

**Attachment**

Accident No.	MT/1089922	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/03/2020 16:54	
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	

Send Message

Attachments

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (C)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Mar 2020 16:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Mar 2020 16:54	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Mar 2020 16:54	SAS		Normal	SAS 2020-3-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Mar 2020 16:54	Photos		Normal	Photos 2020-3-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Mar 2020 16:53	Photos		Normal	Photos 2020-3-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Mar 2020 16:53	Photos		Normal	Photos 2020-3-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Mar 2020 16:53	Photos		Normal	Photos 2020-3-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Mar 2020 16:53	Photos		Normal	Photos 2020-3-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Mar 2020 16:53	Photos		Normal	Photos 2020-3-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 28 Mar 2020 16:53	Photos		Normal	Photos 2020-3-28	

Video List

Uploaded By/Date	Folder Data	File Name		Source	Action
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