

# NATIONAL Assessment Centre Services

(wef 1 Jan'08) **MINA004357**

Date In: <b>24/1/12-17:22</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/IN 000586/24</b>	SAS e-filing		
Veh No: <b>4BF39452</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : <b>23/1/12-15:15</b>	i-Motor Claim Form	<b>27/1/09 15:56-001</b>	<b>24/1/12 17:44</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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>FB3343R</b>	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

<b>Claimant's Particulars :-</b>	<b>Invoice Preparation Checklist</b>	<b>Amf (\$)</b> Tot Bill	<b>Amf (\$)</b> 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		
	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## Auditors' Comments :-

Ref 1:

Ref 2 / 3:



## 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	24/04/2020 17:22
Date Of Accident	23/04/2020 15:15
Exact Location Of Accident	PIE (TUAS) BEFORE PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3945Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RICHLAND MARKETING ENTERPRISE
Co Reg No	5XXXX039D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92958861
Alternative Phone No	OFFICE-92958861

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111600853
Cover Note Number	

### Driver

Name of Driver	CHANG HAI KIN
NRIC No	SXXXX479C
Date Of Birth	30/01/1950
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1970
Driving Experience	49 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92958861
Fax Number	
Contact Number	OFFICE-92958861
Email Address	NOEMAIL

Address	BLK 273D JURONG WEST AVENUE 3 #03-53
Postcode	644273
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?	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)	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/20200423/7012.

#### 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	FBE3343R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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.

RICHLAND  
MARKETING  
ENTERPRISE

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.:

Vehicle A - GBF3945Z

Vehicle B - FBE3343R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving in my vehicle (GBF3945Z) along PIE towards  
tugs on lane 3. Suddenly I felt a great impact from the  
back of my vehicle. I then stopped at road shoulder and  
get down my vehicle and saw a motorcycle (FBE3343R)  
had collided into the back of my vehicle.

DECLARATION

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

**MARKETING  
ENTERPRISE**

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 : 23/04/20 Accident Time: 15 15 (24-HR-Format)  
Accident Place : PIE (Towards Tuas before Paya Lebar Exit)  
Vehicle Reg. No. (Car Plate No.) : G8F3945Z  
Vehicle Make/Model : Toyota  
Insurance Company : NTUC Policy No. \_\_\_\_\_  
Owner or Company Name /IC No. : Richland Marketing Enterprise  
Owner or Company Contact No. : 92958861 Owner's Hp 92958873 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : CHANL HAI KIN  
DRIVER'S Date Of Birth : 30/01/1950 DRIVER'S License Pass Date 15 Jul 1970  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
DRIVER'S Address : 273D Jurong West Avenue 3 #03-53  
DRIVER'S Contact No./ Alt No. : 1) 92958873 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : admin @ my car . sg  
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: FBE 3343R  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_

Vehicle Reg. No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_



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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/04/2020 17:28	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: CHANG HAI KIN		Address: APT BLK 273D JURONG WEST AVENUE 3 #03-53 SINGAPORE 644273	
ID Type / ID No.: NRIC NO / S0451479C		Contact No.: Home/Office: Mobile: 92958861	
Nationality: SINGAPORE CITIZEN		Email: john.pyj@hotmail.com	
Sex: Male	Age: 70	Date of Birth: 30/01/1950	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Driver		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: 23/04/2020 15:15	Type of Location: Straight Road
Location:  PIE TOWARDS TUAS BEFORE PAYA LEBAR RD EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE3343R	Motorcycle				Seriously Damaged	1
GBF3945Z	Lorry					0

**Details of Person Involved**

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





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

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHANG HAI KIN	ID No.	S0451479C
Related Vehicle	GBF3945Z (Lorry)	Contact No.	92958861
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Rider</b>			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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	Serious

**Brief Details.**

ON THE STATED DATE & TIME, I VEHICLE "A"(GBF3945Z) WAS TRAVELING ALONG PIE TOWARDS TUAS BEFORE PAYA LEBAR RD EXIT AT LANE 3. I (GBF3945Z) WAS TRAVELING AT 50KM-60KM/HR ON MY LANE. ALL OF A SUDDEN I FELT A GREAT IMPACT FROM THE BACK OF MY VEHICLE. I STOPPED AT ROAD SHOULDER AND GET DOWN MY VEHICLE AND SAW A MOTORCYCLE VEHICLE "B" (FBE3343R) HAD COLLIDED ONTO THE BACK OF MY VEHICLE. I CALLED 995 AS HE WAS INJURY, VEHICLE "B" RIDER WAS NOT FEELING WELL BEFORE THE



**SINGAPORE  
POLICE FORCE**



T/20200423/7012

3 of 3

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

Report No. T/20200423/7012

**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 /  
MOHAMMED FEROZ BIN HUSSIEH  
Contact No.: 65476206

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:  
23/04/2020 17:28

Classification Of Case:



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5111600853

**Cover :** Comprehensive

- |   |                                 |
|---|---------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : GBF3945Z                      |
| Chassis Number  | : JTFAT35Y70K206858             |
| 2. Name of Policyholder   | : RICHLAND MARKETING ENTERPRISE |
| 3. Effective Date of Insurance  | : 30 Sep 2019                   |
| 4. Expiry Date of Insurance   | : 29 Sep 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 business or profession.   |                                 |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                                 |
- This Policy does not cover
- (a) Use for hire or reward.
  - (b) Use for racing, pace-making, reliability trial or speed-testing.
  - (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : NSK INSURANCE AGENCY (00000614616)  
Date of Issue : 05 Aug 2019 12:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111600853		RICHLAND MARKETING ENTERPRISE	S3002039D	GCV	Comprehensive	GBF3945Z	GBF3945Z	30/09/2019	29/09/2020



## Policy Information

Policy No.	5111600853	Policyholder Name	RICHLAND MARKETING ENTERP	Policyholder NRIC	53002039D
Certificate No.					
Address	BLK 273D #03-53 JURONG WEST AVENUE 3 SINGAPORE 644273				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	05/08/2019	Effective Date	30/09/2019 00:00	Expiry Date	29/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	NSK INSURANCE AGENCY	Agent Tel.	68720457	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 273D #03-53	Address 2	JURONG WEST AVENUE 3	Address 3	SINGAPORE 644273
Address 4		Address Type	Singapore address	Post Code	644273
Unit No.		Related Policy Number	5111600853		

Insured Object: GBF3945Z

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

## Claim Handling

Accident MT/1091856

Policy No.	511600853	Vehicle No.	GBF3945Z	GST Registration No.	
Certificate No.					
Policyholder Name	RICHLAND MARKETING ENTERPRISE	Cover Type	Comprehensive	Policyholder NRIC	53002039D
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)	0	Leasing	0
Contact No.(Mobile)	92958861	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

## Accident Details

Report Date	24/04/2020 17:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/04/2020	Time of Accident hh:mm	15:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (TUAS) BEFORE PAYA LEBAR RD EXIT				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable			

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	24/04/2020 17:44:02 System changed GST Status verified from No to Yes		

## Policyholder Mailing Address

Address 1	BLK 273D #03-53	Address 2	JURONG WEST AVENUE 3	Address 3	SINGAPORE 644273
Address 4		Address Type	Singapore address	Post Code	644273
Unit No.		Related Policy Number	511600853		

## OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/01/1950
Unnamed driver Name	CHANG HAI KIN	Driver NRIC	SXXXXA79C	Driving Experience	49
Register Date of Driver License	15/07/1970	Driver Age	70	Contact No.(Home)	0
Contact No.(Mobile)	92958861	Contact No.(Office)	0	Address 3	SINGAPORE 644273
Address 1	BLK 273D	Address 2	JURONG WEST AVENUE 3	Post Code	644273
Address 4		Address Type	Singapore address		
Unit No.	03-53				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	RICHLAND MARKETING ENTERP	Insured NRIC	53002039D
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		OT Vehicle Number	GBF3945Z	TP Vehicle Number	FBE3343R
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBF3945Z / FBE3343R ON 23 Apr 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	24/04/2020 17:44	Claim Close Date		Date Received	24/04/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1091856	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/04/2020 17:45

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



Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(1) NATIONAL ASSESSMENT CENTRE SERVICE on 24 Apr 2020 17:45	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-24
	NAC_PAYA_UBI_800601(1) NATIONAL ASSESSMENT CENTRE SERVICE on 24 Apr 2020 17:45	SAS		Normal	SAS 2020-4-24
	NAC_PAYA_UBI_800601(1) NATIONAL ASSESSMENT CENTRE SERVICE on 24 Apr 2020 17:45	Photos		Normal	Photos 2020-4-24
	NAC_PAYA_UBI_800601(1) NATIONAL ASSESSMENT CENTRE SERVICE on 24 Apr 2020 17:45	Photos		Normal	Photos 2020-4-24
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Uploaded By/Date	Folder Date	File Name		Source	Action
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### Scan and uploading