

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MNA 12050061-01

Date In: 8/6/12-09:55	Job description	Date & Time Completed	Done by
Ref No: 10/INC1206205/24	SAS e-filing		
Veh No: JML3096L	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 5/6/12-09:30	i-Motor Claim Form	JML1093892-001	8/6/12 10:30
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: JCS4386H	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: ( )

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

<p>HA2007166</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>at 1:</p> <p>at 2 / 3:</p>	Invoice Preparation Checklist		Amf (\$)	Amf (\$)
	Inc Bill	Add Bill		
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	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:-				
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 (N'm INC) against INC \$20				
9) N12: Idac Mobile 30				
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 08/06/2020 09:55  
Date Of Accident 05/06/2020 09:30  
Exact Location Of Accident 157 MOULMEIN RD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SML3096L  
**Insured/Policyholder**  
Name Of Registered Owner MARK'S STUDIO!  
Co Reg No 5XXXX599X  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-82323713

### Vehicle Particulars

Manufacturer TOYOTA  
Model ALPHARD ELEGANCE MR (AUTO)  
Exact Purpose for which vehicle was being used at time of accident COMMERCIAL 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 HIRE

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 5115945853  
Cover Note Number

### Driver

Name of Driver LIM KHENG GUAN, THOMAS (LIN QINGYUAN)  
NRIC No SXXXX058D  
Date Of Birth 07/01/1978  
Occupation INDOOR  
Date Of Driving Pass 16/01/2012  
Driving Experience 8 YEARS AND 4 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-83237313  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address	BLK 334 HOUGANG AVENUE 5 07-258
Postcode	530334
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - 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/20200608/7001.

#### 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	SJS4086H
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 LIM KHENG GUAN, THOMAS (LIN QINGYUAN)

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SML3096L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



# Accident Sketch Plan

10:10 AM Mon 8 Jun

99%

2020\_06\_08\_09\_37\_59

PDF - 4 MB

## IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature  
Date / time:

Driver's signature  
(if driver is not policy holder)  
Date / time:

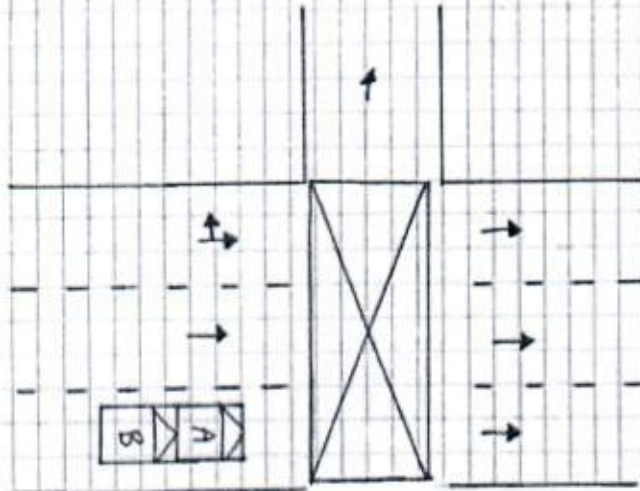
reporting centre personnel's Signature  
Date / time:



# Accident Sketch Plan

## SKETCH PLAN

A - SML 3096L  
B - SJS 4086H



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on the first lane of 157 Moulmein Road and was queuing to turn right into Sinaran Drive. While I was waiting, suddenly I felt an impact on the rear portion of my vehicle. When I got down, I realized vehicle B had collided onto the rear portion of my vehicle.

## DECLARATION

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



Policy holder's signature  
Date & time:

Driver's signature  
(if driver is not policy holder)

reporting centre personnel's Signature  
NRIC/FIN No.:





# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

*Jackson*

ACCIDENT DETAILS		
Date of accident	05/06/2020	(DD/MM/YY)
Time of accident	09:30 am	(HH:MM)
Exact location of accident	<del>159 Moulmein</del> 157 Moulmein Road	

DETAILS OF VEHICLE	
Vehicle registration number	SML 3096L
Vehicle make and model	Toyota Alphard
Type of vehicle	Saloon <input type="checkbox"/> MPV <input checked="" type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION	
Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER	
Name	Lim Kheng Guan Thomas <span style="float: right;">Male <input type="checkbox"/>    Female <input type="checkbox"/></span>
NRIC / Fin / Passport number	S7801058D
Contact	83237313
Address	Blk 334 Hougang Ave 5 #07-258

DRIVER	SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B)
Name	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	07 Jan 1978
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>
Driving date pass	



GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>owner</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>2</u> (Inclusive of driver)

PASSENGER 1	
Name	<u>Lim Kheng Guan Thomas</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	<u>Passenger</u>
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	



THIRD PARTY VEHICLE 1	
Vehicle registration number	SJ34086H
Vehicle make model	Toyota Altis
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	Lim Kheng Guan Thomas
Injuries sustained	Neck & Back
Which vehicle person in?	SML3096L
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6274 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S64550020G / GST Reg. No.: M400017733

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120050061 Vehicle Registration No: SML3096L  
Name (as shown in NRIC) : MARK'S STUDIO! NRIC/FIN/Passport No : 5XXXX599X  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 82323713  
Email Address : \_\_\_\_\_  
Date of Accident : 05/06/202 Time of Accident : 09:30  
Place of Accident : 157 MOULMEIN RD  
Insurance Company : NTUC Income Insurance Co-operative Ltd

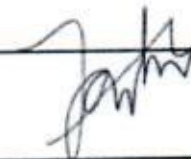
#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend accident date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

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

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66500205 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120050061 Vehicle Registration No: SML3096L  
Name (as shown in NRIC) : MARK'S STUDIO! NRIC/FIN/Passport No : 5XXXX599X  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 82323713  
Email Address : \_\_\_\_\_  
Date of Accident : 05/06/202 Time of Accident : 09:30  
Place of Accident : 157 MOULMEIN RD  
Insurance Company : NTUC Income Insurance Co-operative Ltd

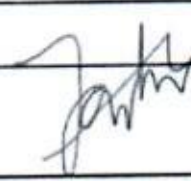
(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend third party plate number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

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



## Claim Handling

Accident MT/1093892

Policy No.	5115945853	Vehicle No.	SML3096L	GST Registration No.	
Certificate No.				Policyholder NRIC	S3118599X
Policyholder Name	MARK'S STUDIO1	Cover Type	Drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	82237313	Special Remark		eCode	A
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	0	Private Hire	Yes

## Accident Details

Report Date	08/06/2020 10:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/06/2020	Time of Accident hh:mm	09:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	107 MPV II MERIDIAN				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

## Benefits

Coverage	Sum Insured
Accessory	2500

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	08/06/2020 10:27:54 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	BLK 347 401-2124	Address 2	ANG MO KIO AVENUE 3	Address 3	TECK GHEE EVERGREEN
Address 4	SINGAPORE 580347	Address Type	Singapore address	Post Code	560347
Unit No.	01-2124	Related Policy Number	5115945853		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/01/1978
Unnamed driver Name	LIM KHENG GUAN, THOMAS (I)	Driver NRIC	SXXXX0580	Driving Experience	8
Register Date of Driver License	07/01/2012	Driver Age	42	Contact No.(Home)	0
Contact No.(Mobile)	83237313	Contact No.(Office)	0	Address 3	SINGAPORE 530334
Address 1	BLK 334	Address 2	HOUANG AVENUE 5	Post Code	530334
Address 4		Address Type	Singapore address		
Unit No.	407-258			Driver Insurer Company	
Does he own a Singapore Registered car?	No Yes	Driver Vehicle No.			

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
-------------------------------------	------	-------------	--------

## Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	MARK'S STUDIO1	Insured NRIC	S3118599X
Contact No.(Mobile)	82237313	Contact No. (Home)		Contact No. (Office)	
Email Address		Vehicle Number	SML3096L	Vehicle Number	S754086H
Claim Description	EMI 30061 / E304086H ON 10/06/2020				
Preferred Workshop	Yes	Insured Liability	Not at Fault	GIA report	Received
Date Registered	08/06/2020 10:30	Claim Close Date		Date Received	08/06/2020 08:18
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1093892	Claim No.	001
Last Doc. Received	Yes No	Upload Date	08/06/2020 10:33
Path *		Category *	
Confidential	Urgency *	Description *	