

# NATIONAL Assessment Centre Services

[wef 1 Jan'09]

MHA 26053246

Date In: 21/6/22-14:57	Job description	Date & Time Completed	Done by
Ref No: 12/INC 2020 6516/24	SAS e-filing		
Veh No: Jmp928K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/6/22-08:25	i-Motor Claim Form	27/10/2022-001	21/6/22 15:14
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: JH58333D	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

HA2003293 Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Dat. 1: Dat. 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1st 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:-				
QJ*				
*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'n 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	22/06/2020 14:57
Date Of Accident	19/06/2020 08:25
Exact Location Of Accident	CTE TWDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP928K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WESTERN RING INTERNATIONAL
Co Reg No	5XXXX867A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88086123
Alternative Phone No	OFFICE-88086123

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112305302
Cover Note Number	

### Driver

Name of Driver	CHOON YIN MENG (QIN YIMIN)
NRIC No	SXXXX029I
Date Of Birth	01/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	18/07/1983
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88086123
Fax Number	
Contact Number	OFFICE-88086123
Email Address	NOEMAIL



Address	BLK 654 WOODLANDS RING ROAD #10-370
Postcode	730654
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - 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/20200621/7009.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGS8333D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH CHEW WAH (GAO SHUHUA)
NRIC/Passport Number	SXXXX446D



Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### DETAILS OF INJURED PERSON 1

Name CHOON YIN MENG (QIN YIMIN)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMP928K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

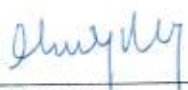
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.



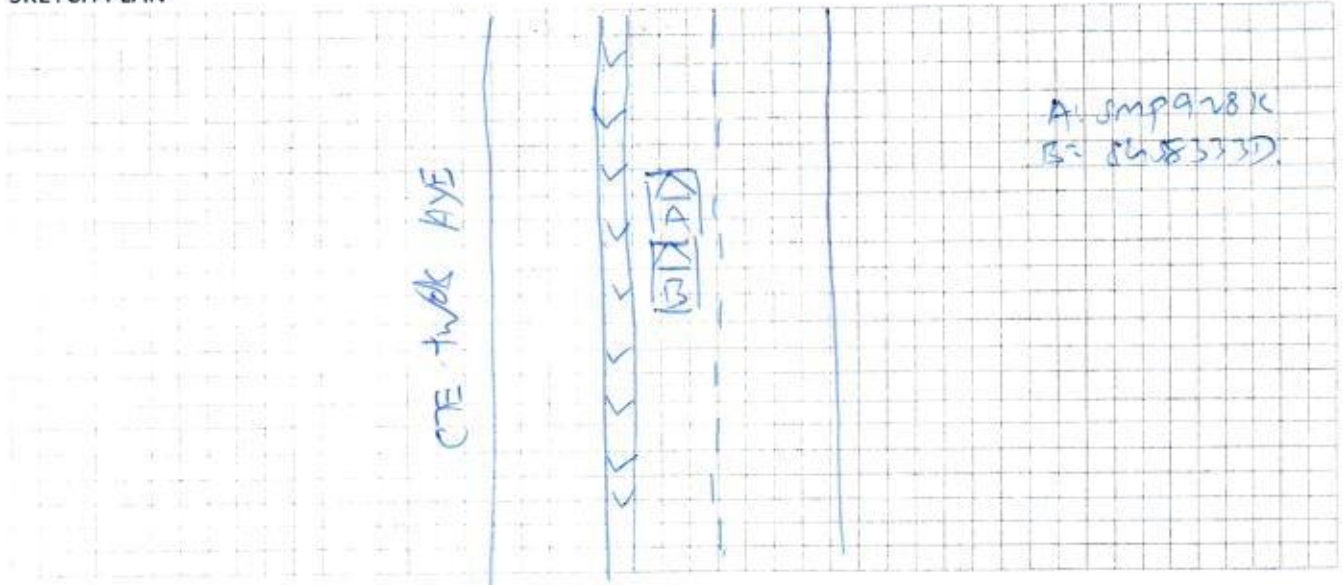
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

## DECLARATION

I/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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 19 / 6 / 2020 (DD/MM/YYYY), TIME: (08 : 25) (HH:MM)

LOCATION: CTE toward AYE at Jalan Bt Merah exit

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMP 9281K  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5112305302  
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA VEZEL  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: 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: Western Ring International (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 88086123  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Choon Yih Meng (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S16660291 CONTACT: 88086123  
 c) ADDRESS: 654 Woodlands Ring Rd #10-370

\* d) DATE OF BIRTH: (01 / 11 / 1964) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

## 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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 545833D MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Koh Chiew Wuh (446 Shihua)  
 c) NRIC/FIN/PASSPORT: S7457446D CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
 (including driver)  
(2)

- Female

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
( )

- chsp

- police report

Email = anthonychoon@gmail.com

fax = blackbodyworkz@gmail.com

video = ✓





# SINGAPORE POLICE FORCE



T/20200621/7009

1 of 3

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

Report No. T/20200621/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/06/2020 16:33		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHOON YIH MENG		Address: APT BLK 654 WOODLANDS RING ROAD #10-370 SINGAPORE 730654			
ID Type / ID No.: NRIC NO / S1666029I		Contact No.: Home/Office:		Mobile: 88086123	
Nationality: SINGAPORE CITIZEN		Email: anthonychoon@gmail.com			
Sex: Male	Age: 55	Date of Birth: 01/11/1964	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2020 08:25	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGS8333D	Car	MERCEDES BENZ	CLA180	White	Seriously Damaged	0
SMP928K	Car	HONDA	Vezel	Brown	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP928K	NTUC Income Insurance Co-Operative Limited	5112305302	02/09/2019	01/09/2020





**SINGAPORE  
POLICE FORCE**



T/20200621/7009

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

2 of 3

Report No. T/20200621/7009

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH CHEW WAH	ID No.	S7407446D
Related Vehicle	SGS8333D (Car)	Contact No.	98223581
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
Driver			
Name	CHOON YIH MENG	ID No.	S1666029I
Related Vehicle	SMP928K (Car)	Contact No.	88086123
Hospital/Clinic	DRS KOO & NEOH MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	19/06/2020	Date Discharge	19/06/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 19 June 2020 around 8:25am, I was driving along Central Expressway (CTE) toward Ayer Rajah Expressway (AYE). I filtered to lane 2 towards Exit 1A (to Jalan Bukit Merah). There was a bottleneck of vehicle forming at Exit 1A, hence I stopped my vehicle (SMP928K) behind the last vehicle along CTE. Two seconds later, the vehicle behind (SGS8333D) failed to stop and hit my vehicle from the rear which resulted in an accident.

Both drivers alighted and exchanged personal particulars. The driver who caused the accident is Koh Chew Wah (Gao ShuHua), driving license no: S7407446D.

At the time of the accident, I have 1 female passenger on my vehicle.

Shortly after, I felt pain along my back which is likely due to the whiplash I experienced during the accident. Hence, I went to consult a doctor at 3:00pm and I was prescribed with pain killer and issued with 5 days MC.





**SINGAPORE  
POLICE FORCE**



T/20200621/7009

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

3 of 3

Report No. T/20200621/7009

**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 /  
ONG YONG HOCK  
Contact No.: 65476436

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:  
21/06/2020 16:33

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"/>	5112305302		WESTERN RING INTERNATIONAL	52959867A	GPC	drive CLASSIC	SMP928K	SMP928K	02/09/2019	01/09/2020



## ▼ Policy Information

Policy No.	5112305302	Policyholder Name	WESTERN RING INTERNATIONAL	Policyholder NRIC	52959867A
Certificate No.					
Address	BLK 654 #10-370 WOODLANDS RING ROAD SINGAPORE 730654				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/08/2019	Effective Date	02/09/2019 00:00	Expiry Date	01/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	VV INSURANCE AGENCY PTE. LT	Agent Tel.	67913808	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 654 #10-370	Address 2	WOODLANDS RING ROAD	Address 3	SINGAPORE 730654
Address 4		Address Type	Singapore address	Post Code	730654
Unit No.		Related Policy Number	5112305302		

## ► Insured Object: SMP928K

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	02/09/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 02 Sep 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: SWEE SENG CREDIT PTE LTD CHASSIS NUMBER: RU31324188 ENGINE NUMBER: LEB6744199 VEHICLE REGISTRATION NUMBER: SMP928K ORIGINAL REGISTRATION DATE: 02 Sep 2019

Continue

Cancel



## Claim Handling

Accident MT/1094949

Policy No.	5112305302	Vehicle No.	SMP928K	GST Registration No.	
Certificate No.					
Policyholder Name	WESTERN RING INTERNATIONAL	Cover Type	drive CLASSIC	Policyholder NRIC	52959867A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	88086123	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	N
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
<b>Accident Details</b>					
Report Date	22/06/2020 15:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/06/2020	Time of Accident hh:mm	08:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS AYE				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YED OD Excess	0.00	YED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	22/06/2020 15:08:59 System changed GST Status Verified from No to Yes				

<b>Policyholder Mailing Address</b>					
Address 1	BLK 554 #10-370	Address 2	WOODLANDS RING ROAD	Address 3	SINGAPORE 730654
Address 4		Address Type	Singapore address	Post Code	730654
Unit No.		Related Policy Number	5112305302		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/11/1964
Unnamed driver Name	CHOON YIN MENG (QIN YIMIN)	Driver NRIC	SXXX0291	Driving Experience	36
Register Date of Driver License	18/07/1983	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	88086123	Contact No.(Office)	0	Address 3	SINGAPORE 730654
Address 1	BLK 554	Address 2	WOODLANDS RING ROAD	Post Code	730654
Address 4		Address Type	Singapore address		
Unit No.	10-370				
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 *	OD-MX	Insured Name	WESTERN RING INTERNATIONAL	Insured NRIC	52959867A
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SMP928K	TP Vehicle Number	SGS8333D
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					Name of Preferred Workshop
Claim Description	SMP928K / SGS8333D ON 19 Jun 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	22/06/2020 00:00
Date Registered	22/06/2020 15:14	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print A/L letter					

Save Submit

## Attachment

Accident No.	MT/1094949	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/06/2020 15:16
Path *		Category *	
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO



☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Jun 2020 15:16	NRIC/ Driving License	Y	NRIC/ Driving License 2020-6-22	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Jun 2020 15:16	SAS	Normal	SAS 2020-6-22	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Jun 2020 15:16	Photos	Normal	Photos 2020-6-22	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Jun 2020 15:16	Photos	Normal	Photos 2020-6-22	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Jun 2020 15:16	Photos	Normal	Photos 2020-6-22	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Jun 2020 15:15	Photos	Normal	Photos 2020-6-22	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Jun 2020 15:15	Photos	Normal	Photos 2020-6-22	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 22 Jun 2020 15:15	Photos	Normal	Photos 2020-6-22	
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Video List

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		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	