

NATIONAL Assessment Centre Services. [part 1 of 003] MMA 120057044

Date In: 6/7/20 10:52	Job description	Date & Time Completed	Done by
Ref No: MA11MC20206996144	SAS e-filing		
Veh No: SMM 4305Y	E-mail (within 3hrs, AIC 2hrs)		
ICCA: 417/20 17:50	1-Motor Claim Form	MT/1096121 <sup>001</sup>	6/7/20 13:24
OH: <input checked="" type="radio"/> Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: 525 2847.T.	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 repolar.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	INC ( ) / Non-INC ( )	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

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

Date/Time	Action

<p>WA 2003565</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>Auditor's Comments:</p> <p>Call:</p> <p>3/3/3</p>	<p>Invoice Preparation Checklist:</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$50)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$20</p> <p>For claiming against INC Only (wef 10 Jan 2003)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + EMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>Q1:</p> <p>*N3: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (Nil): TP (Non INC) against INC \$20</p> <p>9) NI2: Idao Mobile \$0</p> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>
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## 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	06/07/2020 10:52
Date Of Accident	04/07/2020 17:50
Exact Location Of Accident	AMK AVE 3 JUNC WITH AMK AVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM4305Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN THONG KUANG ALLAN (CHEN TONGQUAN ALLAN)
NRIC No	SXXXX100Z
Email Address	ALLANTANTK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90013863
Alternative Phone No	OFFICE-90013863

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5110726732-01
Cover Note Number	

### Driver

Name of Driver	TAN THONG KUANG ALLAN (CHEN TONGQUAN ALLAN)
NRIC No	SXXXX100Z
Date Of Birth	03/01/1982
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2003
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90013863
Fax Number	
Contact Number	OFFICE-90013863
EMail Address	ALLANTANTK@GMAIL.COM

Address	BLK 325 UBI AVE 1 #04-711
Postcode	400325
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 CASSIA LINK , POSTCODE: 397618 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT & POLICE REPORT T/20200706/2027

#### 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	SLS2847T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEOW LEONG TECK
NRIC/Passport Number	SXXXX578Z

Contact Number 96871521  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name TAN THONG KUANG ALLAN (CHEN TONGQUAN ALLAN)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMM4305Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name GRAB PASSENGER  
Approximate Age  
Injuries Sustain MOUTH, LIP N TEETH  
Injured person in which vehicle? SMM4305Y  
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.

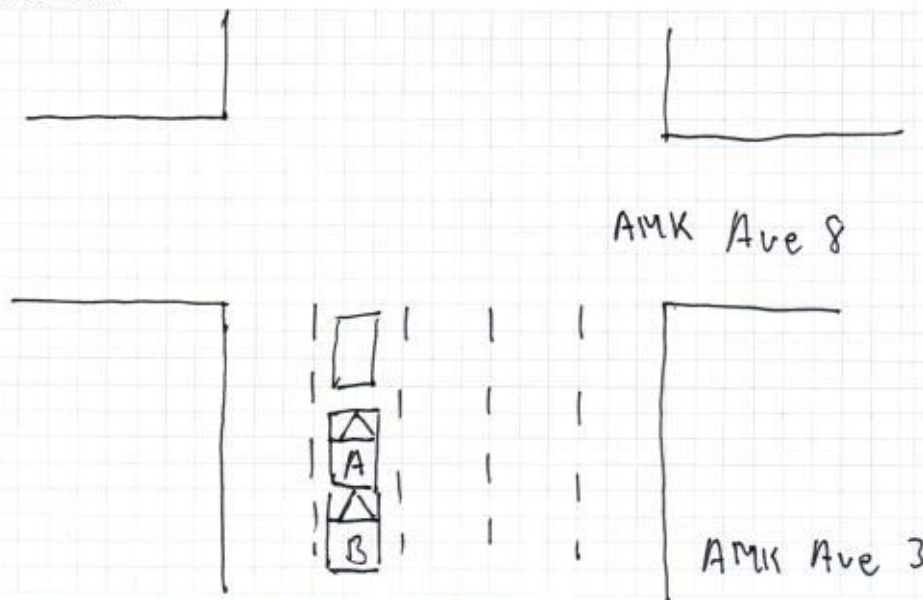
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



A = SMM4305Y

B = SLS 28477

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04 July 2020

I was driving with 2X passenger under grab private-hire car services from 7 pass ris link, Seastrand condominium to destination Ang mo kio AEV3 block 322.

While clearing the trip my vehicle (SMM4305Y) come to completed stop at second lane from left just after yellow box of traffic cross junction of Ang mo kio AVE3 in way of AVE 8 for about 1 minute while waiting for Traffic light change to green.

I did not hear any tire screaming sound prior to received the great impact from back of my vehicle with a loud bang-bang.

It took me about 3 to 5 second to get out of shock and having sharp pain on my right shoulder and neck. I look at my watch ((1750hrs) as shown) and I start to ask my passenger if they are alright and check with them if they are injured.

The female passenger mentioned her mouth/lips and tooth in pain. Thereafter I get down from my vehicle to check on the back of my vehicle and the driver of car plate (SLS 28477) signal to me with his hand and tell

## DECLARATION

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

Policyholder's Signature

Date & Time: 6/7/2020

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

After pull over to roadside, I am only able to off my vehicle engine, after 5 minute of trying. During exchange of particular of driver. Driver (SLS2847T) Mr Leow leong tek is unable to provide his driving license when asked. As mentioned by him, he did not bring it along today.

as discuss with both passenger I will report this accident to Grab and their destination is about 200-300m away. and requested them to report to grab from this end to follow up for anything if required. and they debus from my vehicle. Some time I have given my contact number to them

## DECLARATION

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

Policyholder's Signature

Date & Time:

6/7/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
06/07/2020 11:46

Video Report No.:

Station Diary No.:  
33

**Informant's Particulars**

Name of Informant: TAN THONG KUANG ALLAN		Address: APT BLK 325 UBI AVENUE 1 #04-711 SINGAPORE 400325	
ID Type / ID No.: NRIC NO / S8200100Z		Contact No.: Home/Office: Mobile: 90013863	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 03/01/1982	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Port/Shipping operations supervisor		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/07/2020 17:50	Type of Location:
Location:  ANG MO KIO AVENUE 3 ANG MO KIO AVENUE 8 Cross Junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SLS2847T	Car			Black	Seriously Damaged	0
SMM4305Y	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR	Green	Seriously Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM4305Y	NTUC Income Insurance Co-Operative Limited	5110726732-01	27/06/2020	26/06/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Leow Leong Teck	ID No.	S0241578Z
Related Vehicle	SLS2847T (Car)	Contact No.	96871521
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
Driver			
Name	TAN THONG KUANG ALLAN	ID No.	S8200100Z
Related Vehicle	SMM4305Y (Car)	Contact No.	90013863
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/07/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 04/07/2020 around 1750hrs I was driving along Ang Mo Kio ave 3 with 2 grab passenger, I came to a completed stop at the second lane from the left just after the yellow box of the traffic cross junction of Ang Mo Kio ave 3 in way of ave 8 for about 1 minute while waiting for traffic light to change to green. I felt and heard a loud impact sound coming from the rear of my car. I alighted the vehicle to check my the rear and I saw it was damaged by (SLS2847T) behind my vehicle.

Both me the other drier (Leow Leong Teck) exchanged our numbers and particulars and waited for tow truck to arrive. I went to the A&E at Mount Alvernia hospital and got a 5 days MC for sharp pain on my right shoulder and neck. I went idac to report this accident, I am lodging this report for insurance claim



CONTINUATION OF REPORT

Sketch Plan

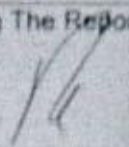
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

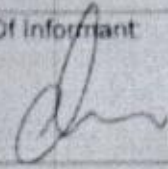
Signature Of Officer Recording The Report

G /

Sgt 1 Bryan Low Yan Hui



Signature Of Informant

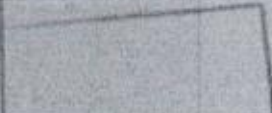


Signature Of Interpreter:  
Not applicable

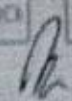
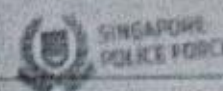
Date/Time:  
06/07/2020 11:46

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No. 65476414

Classification Of Case:



Authentication Stamp  
NP168



SIGNATURE



Hello, NAC\_PAYA\_UBI\_800601

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

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="06/07/2020 09:41"/>
Vehicle No.(For Motor)	<input type="text" value="SMM4305Y"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110726732-01		TAN THONG KUANG ALLAN (CHEN TONGQUAN ALLAN)	S8200100Z	GPC	drive CLASSIC	SMM4305Y	SMM4305Y	27/06/2020	26/06/2021

# ACCIDENT STATEMENT

ACCIDENT DATE: (04 / 07 / 2020) (DD/MM/YYYY), TIME: (17:50) (HH:MM)

LOCATION: Ang mo kio Ave 3 X-Junction in way of Ave 8

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8mm 42054  
b) INSURANCE COMPANY: NTUC INCOME  
c) POLICY NUMBER: 5110726732  
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: Grabcar  
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: TAN THONG KUANG ALLAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S82001002 CONTACT: 90013863  
c) ADDRESS: 325 UBI AVE 1  
#09-711 400325

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

## DRIVER

- a) NAME: TAN THONG KUANG ALLAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S82001002 CONTACT: 90013863  
c) ADDRESS: Same as above

\*d) DATE OF BIRTH: (03 / 01 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16

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: Pending

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLS 2847 T MODEL: KIA  
b) DRIVER'S NAME: LEOW LEONG TECK  
c) NRIC/FIN/PASSPORT: S02415782 CONTACT: 96871521

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(including driver)  
(3)

11  
FM

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

\* No of passenger  
(including driver)  
( )

AK.

email = allantank@gmail.com

fax =

video = 140

\*

police Report



## Claim Handling

Accident MT/1096121

Policy No.	5110726732-01	Vehicle No.	SMM4305Y	GST Registrat
Certificate No.				
Policyholder Name	TAN THONG KUANG ALLAN (CHEN TONGQUAN ALLAN)			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90013863	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

## ▼ Accident Details

Report Date	06/07/2020 13:20	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/07/2020	Time of Accident hh:mm	17:50	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	AMK AVE 3 JUNC WITH AMK AVE 8			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 357B #11-148	Address 2	ADMIRALTY DRIVE	Address 3
Address 4	SINGAPORE 752357	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5110726732-01	

## ▼ OI Driver Info

Driver Name	TAN THONG KUANG ALLAN (CHEN TONGQUAN ALLAN)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8200100Z	Driver DOB
Register Date of Driver License	06/08/2003	Driver Age	38	Driving Exper
Contact No.(Mobile)	90013863	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 357B #11-148	Address 2	ADMIRALTY DRIVE	Address 3
Address 4	SINGAPORE 752357	Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	--

## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	TA
Contact No.(Mobile)	90013863	Contact No. (Home)	
Email Address	ALLANTANTK@GMAIL.COM	OI Vehicle Number	SM
Claim Description	SMM4305Y / SLS2847T ON 4 Jul 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	06/07/2020 13:22
			LIEW SHAN HUI

☐ Print AK letter

Save Submit

## Attachment



Accident No.	MT/1096121	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/07/2020 13:24

Path *	Category *	Confider
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	NO
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	NO
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	NO
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	NO
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	NO
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	NO
Choose File No file chosen	<input type="button" value="Clear"/> Please Select	NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jul 2020 13:24	SAS	Normal	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jul 2020 13:24	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jul 2020 13:24	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jul 2020 13:24	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jul 2020 13:24	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jul 2020 13:23	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jul 2020 13:23	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jul 2020 13:23	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jul 2020 13:23	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jul 2020 13:23	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jul 2020 13:22	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jul 2020 13:22	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jul 2020 13:22	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jul 2020 13:22	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jul 2020 13:22	Photos	Normal	PI
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Jul 2020 13:22	Photos	Normal	PI

## Video List

Uploaded By/Date	Folder Date	File Name
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