

NATIONAL Assessment Centre Services

(Part 1 of 2)

MMA 120063251

Date In: 27/7/20 16:30	Job description	Date & Time Completed	Done by
Ref No: MA/INC 20007719164	SAS e-filing		
Veh No: SLG 15085	E-mail (within 3hrs, A/C 2hrs)		
DDA: 23/7/20 20:30	I-Motor Claim Form	MT/1097819 ⁰⁰²	27/7/20 16:48
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMS 37922	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 repolier.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	DATE: ()	TIME: ()	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

MA 2003882	Invoice Preparation Checklist	Amount (RM)	Amount (RM)
Claimant's Particulars:	1) All: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engn-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claims status: INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idea 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: Idea Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	27/07/2020 16:30
Date Of Accident	23/07/2020 20:30
Exact Location Of Accident	SERANGOON GARDEN WAY TRAFFIC JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1508S
Insured/Policyholder	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	5XXXX846X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112801747
Cover Note Number	

Driver

Name of Driver	KOO LENG SOON
NRIC No	SXXXX690I
Date Of Birth	14/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	28/02/2000
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92974470
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 212C COMPASSVALE DR #06-109
Postcode	543212
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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
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/20200727/2034

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	SMS3792Z
Vehicle Make/Model/Colour	
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKB7496R
Vehicle Make/Model/Colour	
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	KOO LENG SOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLG1508S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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.

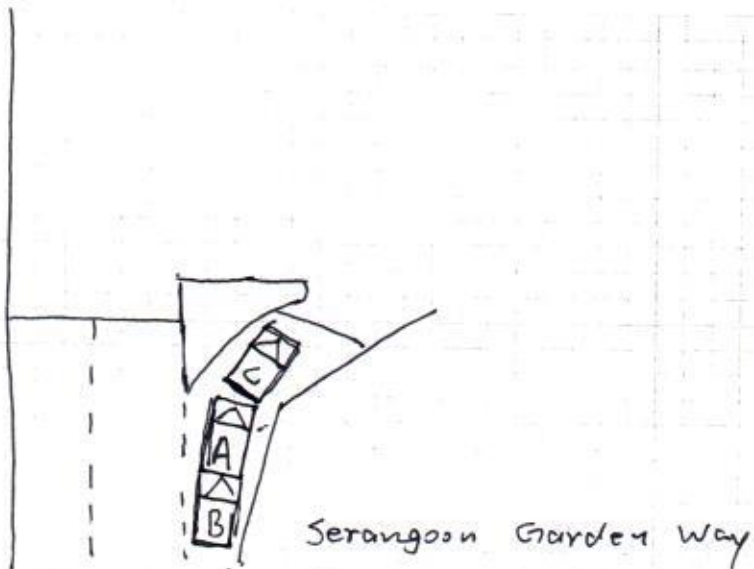


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A = SLG 1508 S
B = SMS 3792 Z
C = SKB 7496 R.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200727 /2034

DECLARATION

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



Policyholder's Signature
Date & Time:

Sm

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

HA

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



SINGAPORE POLICE FORCE



T/20200727/2034

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

1 of 4

Report No. T/20200727/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2020 12:04	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KOO LENG SOON			Address: APT BLK 212C COMPASSVALE DRIVE #06-109 COMPASSVALE PEARL SINGAPORE 543212		
ID Type / ID No.: NRIC NO / S7884690I			Contact No.: Home/Office: Mobile: 92974470		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 14/03/1978	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: OTHERS			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/07/2020 20:30	Type of Location:
Location: Along Road 1 SERANGOON GARDEN WAY NEAR TO ESSO PETROL KIOSK AT THE TRAFFIC LIGHT JUNCTION				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SKB7496R	Car				Slightly Damaged	1
SLG1508S					Slightly Damaged	0
SMS3792Z					Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200727/2034

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

Report No. T/20200727/2034

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SKB7496R (Car)	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	NIL
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SKB7496R (Car)	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	NIL
Driver			
Name	KOO LENG SOON	ID No.	S7884690I
Related Vehicle	SLG1508S	Contact No.	92974470
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	23/07/2020	Date Discharge	24/07/2020
No. of Days granted Medical Leave	08	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20200727/2034

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

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Report No. T/20200727/2034

CONTINUATION OF REPORT

Driver				
Name	LIENCHONG KAI RICHARD		ID No.	S9219374H
Related Vehicle	SMS3792Z		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	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION. I WAS STATIONARY IN MY CAR (SLG1508S) AT THE TRAFFIC LIGHT JUNCTION BEHIND THE CAR (SKB7496R). THE TRAFFIC LIGHT WAS RED WHEN A CAR(SMS3792Z) SUDDENLY HIT ONTO MY REAR WHICH IN TURNED CAUSED MY VEHICLE TO MOVE FORWARD AND HIT THE VEHICLE INFRONT OF ME. I THEN GOT OUT OF MY VEHICLE AS MY BACK WAS HURTING. I MANAGED TO TAKE A PHOTO OF THE DRIVER SMS3792Z NRIC BEFORE HE DROVE OFF BEFORE POLICE ARRIVAL. I WAS THEN CONVEYED TO SKGH AND GIVEN 8 DAYS MC. THERE WAS 3 VEHICLES INVOLVED IN TOTAL. THATS ALL.



SINGAPORE
POLICE FORCE



T/20200727/2034

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

4 of 4

Report No. T/20200727/2034

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:
TP /
MUHAMMAD DANIAL BIN KHAIRILAMRI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476201

Authentication Stamp
NP168

Signature Of Informant:

Sm

Date/Time:
27/07/2020 12:04

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: *[Signature]*

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5112801747-000021

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLG1508S**
Chassis Number : **MR053REH1045S8065**
2. Name of Policyholder : **VOULEZ CARS**
3. Effective Date of Insurance : **25 Sep 2019**
4. Expiry Date of Insurance : **24 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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\$1,500
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING (PRIVATE) LIMITED
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 : ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)
Date of Issue : 20 Sep 2019 10:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 7 / 20) (DD/MM/YYYY), TIME: (20:30) (HH:MM)

LOCATION: Serangoon Garden way traffic Junc

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 15085
b) INSURANCE COMPANY: IME
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Altis
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: Voulez Cars (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91449265
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Koo Leng Soon (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 92974470
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (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: Hirer.

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: traffic police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMS 3792 Z MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKB 7496 R MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = Mervin.

fax =

VIDEO = Yes. No.

Claim Handling

Accident MT/1097819

Policy No.	5112801747	Vehicle No.	SLG1508S	GST Registrati
Certificate No.	5112801747-000021			
Policyholder Name	VOULEZ CARS			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA	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(%)	0	Private Hire

▼ Accident Details

Report Date	24/07/2020 15:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/07/2020	Time of Accident hh:mm	20:40	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF SERANGOON GARDEN WAY AND LORONG CHUAN			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	1,500.00	TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess		Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	1500.00	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 102 #09-908	Address 2	SIMEI STREET 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-908	Related Policy Number	5112801747	

▼ OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Exper
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Hi
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign 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

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	VO
Contact No.(Mobile)	91449265	Contact No. (Home)	NI
Email Address		OI Vehicle Number	SL
Claim Description	SLG1508S / SMS3792Z ON 23 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			27/07/2020 16:47
			LIEW SHAN HUI

☐ Print AK letter

Save Submit

Attachment

Accident No.

MT/1097819

Claim No.

002

Last Doc. Received

☒ Yes ☐ No

Upload Date

27/07/2020 16:48

Path *

Category *

Confider

 No file chosen No file chosen No file chosen No file chosen No file chosen No file chosen

Please Select

NO

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NO

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NO

















Please Select

NO

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NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 16:48	SAS		Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 16:48	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 16:48	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 16:48	Photos		Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 16:48	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 16:48	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 16:48	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 16:47	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 16:47	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Jul 2020 16:47	Photos		Normal	Ph
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