

NATIONAL Assessment Centre Services

[Part 1 Jan'02]

MNA 1200 69904

Date In: 17/18/20 16:05	Job description	Date & Time Completed	Done by
Ref No: NAI/INC 2000 8554/44	SAS e-filing		
Veh No: SMS 2958 U	E-mail (within 3hrs, ATC 2hrs)		
UPLA: 15/18/20 00:40	I-Motor Claim Form	MT/1100189-001	17/18/20 16:28
Old: (1) Reporting Only	I-Motor W/O (Within: OD 3hrs, 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: 56Y 6082J	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 repolrer.

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

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

Remarks: (INC 2000 8554/44)	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 2004199	Invoice Breakdown	Amount (\$)
1) AR: Accident Reporting (\$30)		30.00
2) DA: Damage Assessment (\$100)	INC (\$80)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claimants against INC Only (wef 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idas DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
QD:		
*NS: Courtesy Car / Tpt Allowance	\$5	
*NG: Repair Co-ordination	\$10	
*NF: Post Repair Inspection	\$25	
*NI: DV / Collect Excess Coordination	\$5	
TP (N11): TP (N-in INC) against INC	\$20	
9) NI: Idas 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	17/08/2020 16:05
Date Of Accident	15/08/2020 00:40
Exact Location Of Accident	ALONG 1 WILKIE TERRACE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMS2958U
Insured/Policyholder	
Name Of Registered Owner	J AUTO LEASING PTE LTD
Co Reg No	2XXXXX286N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88902285
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5115262377
Cover Note Number	
Driver	
Name of Driver	GOH XIAOPING
NRIC No	SXXXX795C
Date Of Birth	08/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	02/08/2018
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88902285
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 41 SIMS DR #08-273
Postcode	380041
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	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CAIRNHILL NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 GLOUCESTER ROAD , POSTCODE: 210009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2968999 - FAX NO: 63912398
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200816/2038

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	SGY6082J
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	GOH XIAOPING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMS2958U
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.
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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.

J AUTO LEASING PTE LTD
201939286N

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.:

A: SMS2958U
B: SGY6082J

Hock Mansion
IN 1 Wilkie Terrace

B: SGY6082J

↑ Hock mansion
IN 1 Wilkie terrace

REFER TO TRAFFIC POLICE REPORT NO:

T/20200816/2038

T/20200816/2038

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

Policyholder's Signature
Date & Time:

ry respect.

A handwritten signature in black ink, appearing to be "H.A." or similar, located at the bottom right of the page.



**SINGAPORE
POLICE FORCE**



T/20200816/2038

1 of 3

Report No. T/20200816/2038

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/08/2020 13:47	Vide Report No.: E/20200815/0008	Station Diary No.: 21
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Informant's Particulars

Name of Informant: GOH XIAOPING			Address: APT BLK 41 SIMS DRIVE #08-273 SINGAPORE 380041	
ID Type / ID No.: NRIC NO / S8507795C			Contact No.: Home/Office:	Mobile: 88902285
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 35	Date of Birth: 08/03/1985	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/08/2020 00:40	Type of Location: Straight Road
Location: WILKIE TERRACE				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Head to Side - Moving to Stationary				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGY6082J	Car	HONDA	CIVIC	Blue	Slightly Damaged	0
SMS2958U	Car	TOYOTA	SIENTA	Silver	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200816/2038

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

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Report No. T/20200816/2038

CONTINUATION OF REPORT

Driver			
Name	GOH XIAOPING	ID No.	S8507795C
Related Vehicle	SMS2958U (Car)	Contact No.	88902285
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	15/08/2020	Date Discharge	15/08/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 15/08/2020, at about 0040hrs, I was driving my vehicle (SMS 2958 U) along Wilkie Road, however, I made a wrong turn, as my intended destination was Niven Road. Thus, along the entrance of Hock Mansion, I made a three-point turn to drive out of Wilkie Terrace and proceed to Niven Road. As the space of the road is tight, thus, it was hard to maneuver.

At this point, a Honda Civic (SGY 6082 J) was exiting the Hock Mansion, the vehicle owner of SGY 6082 J scream in an aggressive way and ask me to move away. I replied to him that I could not shift or move my vehicle as the space is tight, and require an amount of time to get out of the position. The driver of SGY 6082 J later mentioned that "You believed that I use my car to bang you?", I ignored him, and replied to him "Up to you". The driver of SGY 6082 J then used his car to move forward and collided with my car. I felt the force of the impact from his vehicle into my vehicle, and I was shock, and subsequently called for Police assistance

Prior to Police arrival, the driver of SGY 6082 J alighted the vehicle, and started to take picture and videos of my and my vehicle, however, I ignored him, and wait for the Police arrival. I also make a check on my vehicle and discover that the vehicle SGY 6082 J is in contact with my vehicle's right passenger door. Also to mentioned that prior to the arrival of the Police I did not move my vehicle, however, the driver of SGY 6082 J moved his vehicle.

After Police arrival, I make a check on my damages, and discovered that there are dents and scratch on the right passenger (door) side of the vehicle. I was later advice by the Police officer to lodge a Police Report regarding this matter.

I wish to mentioned that I went to consult the doctor and Tan Tock Seng Hospital on 15/08/2020, at about 1600hrs, as I feel ache and strain on my neck and my back. I was later prescribed Two-Days Medical Leave by the doctor.



**SINGAPORE
POLICE FORCE**



T/20200816/2038

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

3 of 3

Report No. T/20200816/2038

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:
A /
Sgt 2 TAN ZHI KAI, BRANDAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/08/2020 13:47

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Classification Of Case:

Authentication Stamp
NP168

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.

Accident details

Date and time of accident	Date: ¹⁵ AUG 2020	(DD/MM/YY) Time: 00:40	(HH:MM)
Exact location of accident	ALONG WILKIE TERRACE (Hock Mansion)		

Details of vehicle

Vehicle registration number	SMS2958U		
Vehicle make and model	TOYOTA SIENTA		
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 type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	WORKING		
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	5115262377		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

Insured / Policy holder

Name	J AUTO LEASING PTE LTD		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	2XXXXX286N		
Contact			
Address			

Driver

Same as insured above ☐ (skip to D.O.B)

Name	GOH XIAO PING		Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	SXXXX795C		
Contact	88902285		
Address	BLOCK 41 SIMS DRIVE #08-273 SINGAPORE 380041		
Email address			
Date of birth	08 MAR 1985		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" 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"/>
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	1 (Inclusive of driver)

Passenger 1

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

Passenger 2

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

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	CAIRNHILL NPP

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SGY6082J
Vehicle make model	HONDA CIVIC

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	GOH XIAO PING
Injuries sustained	NECK AND BACK
Which vehicle person in?	SMS2958U
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"/>

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="15/08/2020 16:04"/>							
Vehicle No.(For Motor)	<input type="text" value="SMS2958U"/>	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"/>	5115262377	5115262377-000014	J AUTO LEASING PTE LTD	201939286N	GFM	drivo CLASSIC	SMS2958U	SMS2958U	20/02/2020	26/12/2020
<input type="button" value="Continue"/>										

Claim Handling

Accident MT/1100189

Policy No.	5115262377	Vehicle No.	SMS2958U	GST Registrati
Certificate No.	5115262377-000014			Policyholder NI
Policyholder Name	J AUTO LEASING PTE LTD	Cover Type	drive CLASSIC	Loading
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)		Contact No.(H
Contact No.(Mobile)	88902285	Special Remark		eCode
Email Address		TCA	No Yes	eCode Reason
KFK	No Yes	NCD Entitlement(%)	0	Private Hire
NCD Protection	No			

▼ Accident Details

Report Date	17/08/2020 16:22	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/08/2020	Time of Accident hh:mm	00:40	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG 1 WILKIE TERRACE			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Cover
YIED OD Excess	0.00	YIED TP Excess	0.00	
Additional Excess				
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	87 DEFU LANE 10	Address 2	#03-13	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-13	Related Policy Number	5115262377	

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	GOH XIADPING	Driver NRIC	S8507795C	Driving Experi
Register Date of Driver License	02/08/2018	Driver Age	35	Contact No.(H
Contact No.(Mobile)	88902285	Contact No.(Office)		Address 3
Address 1	BLK 41 #08-273	Address 2	SIMS DRIVE	Post Code
Address 4	SINGAPORE 380041	Address Type	Singapore address	
Unit No.	08-273			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer

Declaration

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

Modification History

Claim 001 New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Contact No.

Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX	Insured Name	J A
	Contact No.	
	(Home)	
	O1 Vehicle Number	SM

SMS2958U / SGY6082J ON 15 Aug 2020

Insured Liability	Not at Fault	GIA report	Received
Preferred Workshop, Name unknown			

17/08/2020 16:26	Claim Close Date	
LIEW SHAN HUI		

Attachment

Accident No. MT/1100189 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 17/08/2020 16:28

Path *

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

Category *

Confider

NO
 NO
 NO
 NO
 NO
 NO
 NO

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2020 16:28	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2020 16:28	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2020 16:28	SAS		Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2020 16:28	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2020 16:28	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2020 16:28	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2020 16:26	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2020 16:26	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2020 16:26	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2020 16:26	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2020 16:26	Photos		Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Aug 2020 16:26	Photos		Normal	Ph

Video List

Uploaded By/Date

Folder Date

File Name

