

NATIONAL Assessment Centre Services

Date In: 20/10/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20011356/13	SAS e-filing		
Veh No: 9M7253B	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 17/10/20 1630	I-Motor Claim Form	17/1107172-001	
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (TWINCAR	Tel:	Fax:
TP Particulars:	Veh No: SKV9375M	INC () / Non-INC ()
Owner / Driver: ()	Tel:	()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time: ()
Insured/Driver Liability: () %	(Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks: (INC hotline: 67886616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA 2005526	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl 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: Idao 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	20/10/2020 10:54
Date Of Accident	17/10/2020 16:30
Exact Location Of Accident	MANDAI RD JUNC OF MANDAI LAKE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM7253B
Insured/Policyholder	
Name Of Registered Owner	KHAISENG TRADING & FISH FARM P/L
Co Reg No	1XXXXX228M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92393819

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5113528381
Cover Note Number	

Driver

Name of Driver	PARAMASIVAM KANNAN
Passport No/FIN	GXXXX939P
Date Of Birth	06/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2015
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98646592
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	181 NEO TIEW ROAD
Postcode	719023
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	4
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

PLS REFER TO THE POLICE REPORT: T/20201019/2104

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	SKV9375M
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 SDM9498Y
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 3

Vehicle Registration Number GBH4748P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 PARAMASIVAM KANNAN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? YM7253B
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.



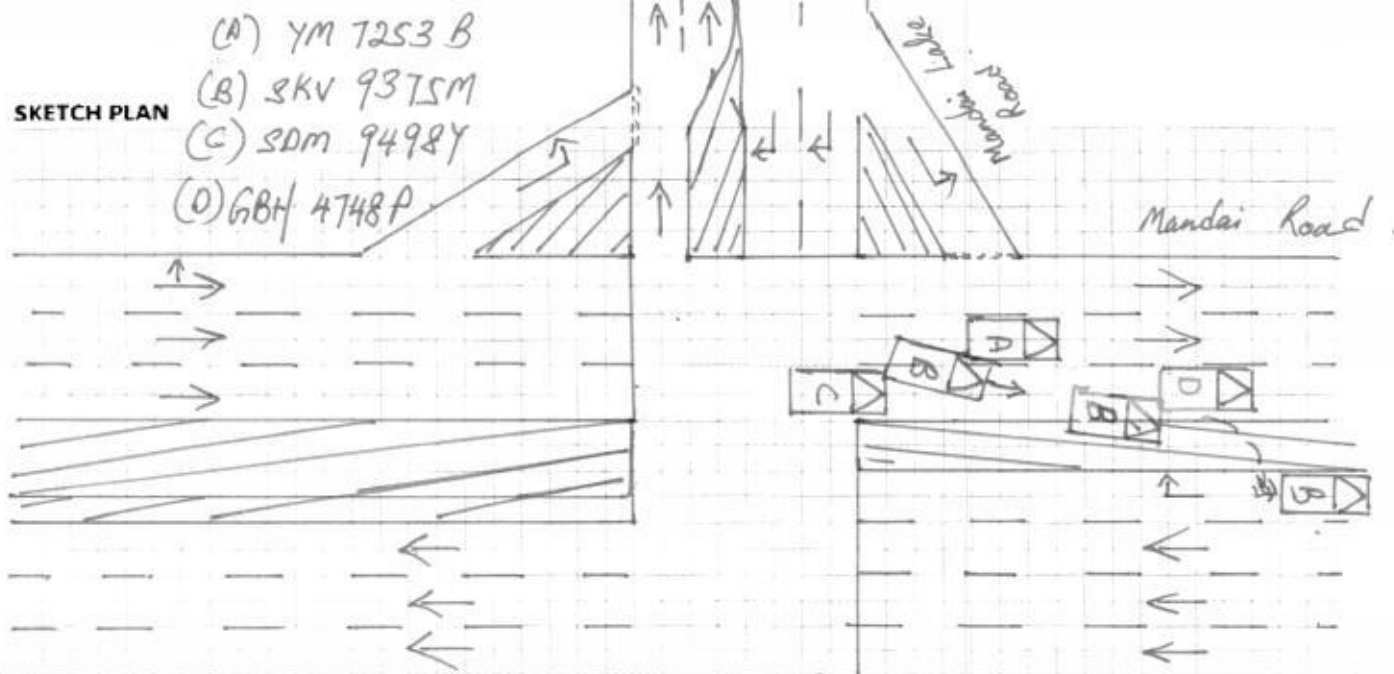
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

- (A) YM 7253 B
(B) SKV 9375M
(C) SDM 9498Y
(D) GBH 4748P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report

No: 7/20201019/2104.

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.:



SINGAPORE POLICE FORCE



T/20201019/2104

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

1 of 3

Report No. T/20201019/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2020 17:37	Vide Report No.: L/20201017/0140	Station Diary No.: 14
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: PARAMASIVAM KANNAN			Address: 181 Neo Tiew Rd SINGAPORE 719023		
ID Type / ID No.: FIN NO / G7121939P			Contact No.: Home/Office: Mobile: 98646592		
Nationality: INDIAN			Email:		
Sex: Male	Age: 44	Date of Birth: 06/04/1976	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: DRIVER			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: 17/10/2020 16:30	Type of Location: Straight Road
Location: MANDAI ROAD				
Lamp Post Number: 133				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		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
SDM9498Y	Car	TOYOTA	WISH 1.8X A	Black	Slightly Damaged	1
SKV9375M	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	White	Slightly Damaged	0
YM7253B	Lorry	ISUZU	NHR85EU3E S	White	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20201019/2104

2 of 3

Report No. T/20201019/2104

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
YM7253B	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PARAMASIVAM KANNAN	ID No.	G7121939P
Related Vehicle	YM7253B (Lorry)	Contact No.	98646592
Hospital/Clinic	HEALTHSPRINGS MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	19/10/2020	Date Discharge	19/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I am working for Khaiseng Trading & Fish Farm Pte Ltd as a driver. On 17/10/2020 at about 1630hrs - 1700hrs, I was driving my company's lorry(YM7253B) along Mandai Rd towards Woodlands Rd. I was driving along the 2nd lane. While I was driving, there was one car which tried to cut into my lane as such I slowed down to give way to the vehicle to enter into the 2nd lane. However as I was doing that, a white Toyota(SKV9375M) hit the rear of my lorry. After hitting my lorry, the car did not stop and tried to escape by going to the 1st lane. As he abruptly change lane, the white Toyota was hit from the rear by another black Toyota(SDM9498Y). The impact was very strong that another van(GBH4748P) which was in front of the white Toyota was also hit. Traffic police came down to handle the scene. The damage on my lorry is at the rear right side of the lorry where it is dented inwards and the rear door is damaged.

There was one person injured who was from the black Toyota(SDM9498Y). No one else was seen with any visible injuries. I did not feel any pain at that point of time. However after I went home that night, I felt some pain at my neck. The next day it got worse. I went to the clinic on the 19/10/2020 and was given 3 days MC to rest. The doctor gave me some medications and told me to come back if I feel pain after the 3 days. That is all.



**SINGAPORE
POLICE FORCE**



T/20201019/2104

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

3 of 3

Report No. T/20201019/2104

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 MUHAMMAD RUSYDI BIN MOHD
YUSOFF

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/10/2020 17:37

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt CHONG GUAN FATT

Contact No.: 65476083

Classification Of Case:

Authentication Stamp

NP168



Vehicle No.	YM 7253 B	Model / Make	Suzuki
Date of Accident	17 / 10 / 2020		
Time of Accident	HRS		
Location of Accident	Mandai Road junction Mandai Lake Road		
Exact purpose use during accident	Commercial Used		
Name of Owner	Khai Seng Trading & Fish Farm Pte Ltd.		
Telephone No.	H/P: 9239 3819	Home:	Office:
NRIC	199705228M		
Address	181 Neo Tiew Road (S) 719023		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5113528381		
Name of Driver	As Above If No, Paramasivam Kannan		
NRIC	G 7121939P	Any Passengers:	N/A
Date of birth	06/04 / 1976		
Occupation	Outdoor / Indoor		
Driving License Pass Date	20 / 03 / 2015		
Gender	Male / Female		
Contact No.	H/P: 9864 6592	Home:	Office:
Address	181 Neo Tiew Road (S) 719023		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	Paramasivam Kannan (H/P: 9864 6592)		
Name And Contact No.			
Police Report	No, If Yes, Where? Cairnhill NPP		
Vehicle B No.	SKV 9375M	Any Passengers:	N/A
Name of Driver		Contact No.:	
Vehicle C No.	SOM 9498Y	Any Passengers:	1 (M)
Vehicle D No.	GBH 4748P	Any Passengers:	1 (F)
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N/A	Witness Contact:	N/A
Accident Portion	Rear Right Portion		
Camera Recorder	Yes / No		
Email Address	-		
PARTICULAR WORKSHOP	Twincar		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	JOSEPH TAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

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="17/10/2020 16:30"/>							
Vehicle No.(For Motor)	<input type="text" value="YM7253B"/>	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"/>	5113528381		KHAISENG TRADING & FISH FARM P/L	199705228M	GCV	Third Party, Fire & Theft	YM7253B	YM7253B	22/10/2019	24/10/2020
<input type="button" value="Continue"/>										

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 : 5113528381

Cover : Third Party, Fire & Theft

- | | |
|---|------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : YM7253B |
| Chassis Number | : JAANHR85E77100256 |
| 2. Name of Policyholder | : KHAISENG TRADING & FISH FARM P/L |
| 3. Effective Date of Insurance | : 22 Oct 2019 |
| 4. Expiry Date of Insurance | : 21 Oct 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 business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

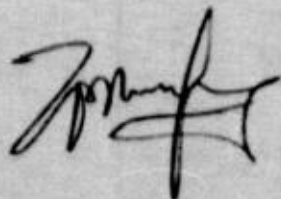
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
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 : TAI THONG LEE TRADING PTE LTD (00000612744)
Date of Issue : 22 Oct 2019 12:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1107172

Policy No.	5113528381	Vehicle No.	YM72538	GST Registration No.	199705228M
Certificate No.					
Policyholder Name	KHAISENG TRADING & FISH FARM P/L	Cover Type	Third Party, Fire & Theft	Policyholder NRJC	199705228M
Product Code	COMMERCIAL VEHICLE INSURA	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	92393819	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	20/10/2020 11:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	17/10/2020	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MANDAI RD JUNC OF MANDAI LAKE RD				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
▼ Benefits					
▼ GST Registered Information					
GST Registered	Yes	GST Registration Date	01/11/1999		
GST Registration No.	199705228M	GST Status Verified	Yes		
Modification History	20/10/2020 11:43:32 System changed GST Registration Date from 01/01/2015 to 01/11/1999 20/10/2020 11:43:32 System changed GST Status Verified from No to Yes				
▼ Policyholder Mailing Address					
Address 1	181 NEO TIEW ROAD	Address 2	SINGAPORE 719023	Address 3	
Address 4		Address Type	Singapore address	Post Code	719023
Unit No.		Related Policy Number	5113528381-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/04/1976
Unnamed driver Name	PARAMASIVAM KANNAN	Driver NRJC	G7121939P	Driving Experience	5
Register Date of Driver License	20/03/2015	Driver Age	44	Contact No.(Home)	0
Contact No.(Mobile)	98646592	Contact No.(Office)	0	Address 3	
Address 1	181 NEO TIEW ROAD	Address 2	SINGAPORE 719023	Post Code	719023
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	KHAISENG TRADING & FISH FA	Insured NRJC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		Vehicle Number	YM72538	TP
Claim Description	YM72538 / SKV9375M ON 17 Oct 2020			Name of Preferred Workshop
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	GIA report
Date Registered		Preferred Repair Option	Preferred Workshop, Name unknown	Received
Report Taken By		Claim Close Date	20/10/2020 11:46	Date Received
		Workshop Repairer	ROSLINDA	Total Lost but Repaired
<input checked="" type="checkbox"/> Print AK letter				
Save Submit				

Attachment

Accident No. MT/1107172

Claim No. 001

Last Doc. Received

☒ Yes ☐ No

Upload Date

20/10/2020 00:00

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear Please Select NO Normal

Clear Please Select NO Normal










Clear Please Select NO Normal

Clear Please Select NO Normal

Clear Please Select NO Normal

Clear Please Select NO Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Oct 2020 11:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-10-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Oct 2020 11:46	SAS		Normal	SAS 2020-10-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Oct 2020 11:46	Photos		Normal	Photos 2020-10-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Oct 2020 11:45	Photos		Normal	Photos 2020-10-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Oct 2020 11:45	Photos		Normal	Photos 2020-10-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Oct 2020 11:45	Photos		Normal	Photos 2020-10-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Oct 2020 11:45	Photos		Normal	Photos 2020-10-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Oct 2020 11:45	Photos		Normal	Photos 2020-10-20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Oct 2020 11:45	Photos		Normal	Photos 2020-10-20

Video List

Uploaded By/Date	Folder Date	File Name		Source
		Display in New Window	Scan and uploading	