<b>y</b> =		5 . jun 18	1.79	
NATIONAL Assessment Centre	Sarvices had a langest M			
	Jeb description	Date & Time Completed	Done by	
Date In: 71~/20-16:41	SAS e-filing			
Ref No: HAT INCLOSSYNT 124				
Veh No: 5E 41638	i-Motor Claim Form	1	5/12/20 1	6: 45
D.O.A: 7m 2-11:55	i-Motor W/O (Within: OD 2hr	M1 11 DS27 -00	<u> </u>	0. 74
OD (TP) Reporting Only	i-Photo Uploaded	1		
V	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
	Ass t Report by Tax Mana		ax:	)
Preferred Wksp / INC Assign Wksp / QW: (	65004 INC (			
TP Particulars: Veh No: Ste	69M	Tel:	)	
Owner / Driver: (	iod: ( )	Cover Type: (	)	
Policy No: ( ) Peri	Date:	Time:	)	
Insured/Driver Liability: ( %) [N	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]	
	Varranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,00	00 ( )/\$2,000 ( )		THE WAY TO SERVE THE PARTY OF T	
General Remarks:				<u> </u>
( ) Walk-In Customer: Customer's infor	mation strictly Confidential & S	trictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insure		<u>, " : 3</u>		
Drive-In ( )/ Towed-In ( ); Invoice:		Towing Co: (		)
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done	У
	ourtesy Car ( )			-
2) QC Check / Post Repair Inspection	( )		-1	
3) Upload Resurvey Photo [Repair Cost > \$3	000] ( )			
Injury:				
				r Charles
Date/Time /Actions			20,200,000,000,000	
	1 2			
	3			
•			Anit (S)	Amt (\$)
1920/45	Invoice Pr	eparation Checklist	fst Bill	Add Bill
rest of the contract of the co	1) AR : Accide	ent Reporting (\$30); on Assessment (\$100); INC (	(\$80)	
Claimant's Particulars:-	3) TF : Towing	Fee . S	40/\$45	
Priver/Owner:	4) FT : Follow	-Through Survey -Through Survey (Resurvey)	\$120 \$30	
Contact No:	For claiming	g against INC Only (wef 10 Jan 20	\$75	
	6) TR : Re-ins 7) N1 : Idao D	A + SMRT Survey	\$160	
amaged Portion:		Hand Carvings		
Parmaged Portion:	8) NTUC Add	Illonal Scivices.		
	OD* *N5: Courte	csy Car / Tpt Allowance	\$5	
C Checked by (Engr-In-Charge):	OD*  *N5: Courte  *N6: Repai  *N7: Fost F	csy Car / Tpt Allowance r Co-ordination Repair Inspection	\$10 \$25	
QC Checked by (Engr-In-Charge):	OD*  *N5: Courte  *N6: Repair  *N7: Fost F  *N8: DV / 0	csy Car / Tpt Allowance r Co-ordination Repair Inspection Collect Excess Coordination	510	
Damaged Portion:  QC Checked by (Engr-In-Charge):  Auditors' Comments:-	OD*  *N5: Courte  *N6: Repair  *N7: Fost F  *N8: DV / 0  TP (N11):  9) N12: Idae 1	csy Car / Tpt Allowance r Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile	\$10 \$25 \$5 \$20 30	
QC Checked by (Engr-In-Charge): Auditors! Comments:-	OD*  *N5: Courte  *N6: Repair  *N7: Fost F  *N8: DV / O  TP (N11):	csy Car / Tpt Allowance r Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile	\$10 \$25 \$5 \$20 30	

SN0920C5000E / National Assessment Centre Services [408933] ENTRY DATE & TIME: 05/12/2020 16:41 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (05/12/2020 16:41 (SGT))



# **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 witholding of material facts may allow insurance companies to repudiate
- 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 Submission 05/12/2020 16:41 (SGT) Date of Accident 05/12/2020 11:55 (SGT) Exact Location of Accident Bartley Rd East, Singapore Additional Location Information BESIDE FLYOVER BEFORE TAMPINES AVE 1 Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Private use

No - Claiming third party

Vehicle Registration Number SJE4163S

#### INSURED/POLICYHOLDER

ls company? Name Of Registered Owner ABU OSMAN B M YASSIN @ABU OSMAN B BUJANG NRIC No. SXXXX317I Email Address abu9074abu@gmail.com Mobile Phone No (Phone) +65-97323602

Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer ..... Toyota Model Isis Variant .....

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Private hire

#### INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5098928267-02

Cover Note Number

#### DRIVER

Name of Driver ABU OSMAN B M YASSIN @ABU OSMAN B BUJANG NRIC No SXXXX317I

Date Of Birth 20/01/1955 Occupation Outdoor

Date Of Driving Pass	26/03/1979
Driving experience	41 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97323602
Alt. Phone Number	+
Email Address	abu9074abu@gmail.com
Address	BLK 741 PASIR RIS STREET 71
Address complement	#03-47
Postcode	510741
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
	•
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
	,
OTHER INFORMATION	
At the state of th	N.
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	SAHADATON BINTE MOHTAR
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
vias tilele ally addie received.	NO.
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vahiola Pagistration Number	SLQ7642U
Vehicle Registration Number	SLQ/042U
Vehicle Manufacturer	•
Vehicle Model	
Vehicle Variant	•
Vehicle Colour	I. a. a.
Vehicle Category	Private car
Name of Driver	E
Contact Number	

Address complement - Postcode - Insurance Company Name -
ncurance Company Name
insurance Company Name
Nature Of Damage -
Details of property damaged in accident
No. Of Passenger (Including Driver)

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMT1977R
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	
Address	- 5
Address complement	
Postcode	
Insurance Company Name	•
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SKD9026R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-
Total trade of the control of the co	

# DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SKD1333G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	•
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

### INJURED PERSONS DETAILS

# NJURED 1

Name of injured person	ABU OSMAN B M YASSIN @ABU OSMAN B BUJANG
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJE4163S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
NJURED 2	
Name of injured person	SAHADATON BINTE MOHTAR
Address	-
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	BODY
Injured person in which vehicle?	SJE4163S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.

00 410

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

Date & Time:

(If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No .:

VEHICLE NO: SSE 41635	MAKE & MODEL: Toward 65 AUTO / MANUAL
DATE OF ACCIDENT:	05/ 12 / 20 CC: 1.8
TIME OF ACCIDENT:	11 55 HRS
LOCATION OF ACCIDENT:	Bartley Road East beside flyouer before Tamp Ave 1/Tamp Ave 10 Junution
EXACT PURPOSE USED AT TIME OF ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER:	Abu Osman Bin M Yassin @ Abu Osman Bin Bujang
TEL NO:	H/P: 9732 3602 OFFICE: HOME:
NRIC:	52165317 I
ADDRESS:	BLK 741 Posit Ris St 71 \$103-47 S(510741)
	-
EMAIL:	
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY
FLEET POLICY:	YES (NO)
IN\$URANCE COMPANY:	NTUC
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO:	
NAME OF DRIVER:	AS ABOVE / IF NO:
NRIC:	ANY PASSENGER: ( Female Wife )
DATE OF BIRTH:	20/01/1955 LICENCE PASSED DATE: 26/03/1979
OCCUPATION:	OUTDOOR / INDOOR
GENDER:	MALP / FEMALE
CONTACT NO:	H/P: OFFICE: HOME:
ADDRESS:	
EMAIL :	
DOES DRIVER OWNED ANY VEHICLE:	NOY IF YES, REG NO:
RELATIONSI SHIP:	INSURER / OTHER :
WEATHER CONDITION N:	CLEAR / RAINING / OTHERS:
ROAD SURFACE:	DRY / WET / OTHER:
ANY INJURIES:	NO / IF (ES, WHO?
NAME & CONTACT:	Abu Osman Bin M Yassin @Abu Osman Bih Bujang, 97323602
NAME & CONTACT:	Sahadaton Binte Mohtar, 98357414.
POLICE REPORT:	NO/ IF YES, WHERE?
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO)/ IF YES, WHO?
VEHICLE B REG NO:	SLQ 1642 U ANY PASSENGERS:
NAME OF DRIVER:	CONTACT NO:
VEHICLE C REG NO:	SMT 1977 R ANY PASSENGERS:
VEHICLE D REG NO:	SKO 9026 R ANY PASSENGERS:
VEHICLE E REG NO:	SKD 1333 G ANY PASSENGERS:
VEHICLE F REG NO:	ANY PASSENGERS:
VEHICLE G REG NO:	ANY PASSENGERS:
	WITNESS CONTACT:
ANY WITNESS? IF YES, NAME: WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO RECORDED?	YES / NO
ACCIDENT SCENE PHOTOS TAKEN?	VES/ NO
ACCIDENT PORTION:	
WORKSHOP PARTICULAR:	Twincer Automotive the led
CONTACT NO:	68420051 / 67440510
CONTACT PERSON:	Im.
FAX NO:	67410510
WORKSHOP EMAIL:	sales@n51.com.sg



### **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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

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

Certificate Number: 5098928267-02 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SJE4163S
Chassis Number : ZNM100050548

2. Name of Policyhoider : ABU OSMAN B M YASSIN @ABU OSMAN B BUJANG

3. Effective Date of Insurance : 24 Apr 2020
4. Expiry Date of Insurance : 23 Apr 2021

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) : \$\$2,000

EXCESS (SECTION 2) : \$\$1,500

WINDSCREEN EXCESS : \$\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : YES (FREE)
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

: ABU OSMAN BIN M YASSIN @ ABU OSMAN BIN BUJANG

PRIMARY DRIVER

NAMED DRIVER (1)

NAMED DRIVER (2)

HIRE PURCHASE COMPANY

: ABO
: N/A
: N/A
: N/A

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 : INSUREMYCAR.COM.SG (00000615275)

Date of Issue : 20 Apr 2020 21:27 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

am.

**Chief Executive** 

<b>eBao</b> Tech	GeneralCla								alClaim	
Hello, NAC_PAYA_UBI_80	0601					· Change	Language	· Chan	ge Password	→ Log Out
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy No.				Date o	of Accident	0	5/12/2020	11:55	
	Vehicle No. (For Moto	SJE416	3S		Certifi	cate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5098928267		ABU OSMAN B M YASSIN @ABU OSMAN B BUJANG	S2165317I	GPC	drivo CLASSIC	SJE4163S	SJE4163S	24/04/2020	23/04/2021
	1				Continue					

<b>▽</b> Endorse	ements						
▶ Insured	Object: SJE4163S						
Jnit No.		Relate Numb	d Policy er	5098928267-02			
Address 4			ss Type	Singapore address		Post Code	510741
Address 1	BLK 741 #03-47	Addre		PASIR RIS STREET	71	Address 3	SINGAPORE 510741
Info Policyh	older Mailing Address						
Certificate							
Open Policy Info							
Co- insurance Flag	No						
Agent	INSUREMYCAR.COM.SG	Agent Tel.	83669933		GST Flag	Y	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Excess	1500	damage Excess	2000		Excess	100	
Third Party		Own			Windscreen		
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	20/04/2020	Effective Date	24/04/202	20 00:00	Expiry Date	23/04/2021 23	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 741 #03-47 PASIR RIS STF	REET 71 SING	APORE 5107	741			
Certificate No.							
Policy No.	5098928267-02	Policyholder Name	ABU OSM	AN B M YASSIN @ABU	Policyholder NRIC	S2165317I	

Claim Handling						
Accident MT/1112523						
Policy No.	5098928267-02	Vehicle No.	SJE4163S	GST Registration No.		
Certificate No.						
Policyholder Name	ABU OSMAN B M YASSIN @ABU OSMAN B BI	UJANG		Policyholder NRIC	S2165317I	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0	
Contact No.(Mobile)	97323602	Contact No.(Office)	0	Contact No.(Home)	0	
mail Address		Special Remark		eCode	Nc 🗸	
FK	No ○ Yes	TCA	No ○Yes	eCode Reason		
CD Protection	Yes	NCD Entitlement(%)	50			
Accident Details	N	NGD Entitlement(19)	30	Private Hire	Yes	
eport Date	05/12/2020 15:12	18/00/04 100 - 20				
	05/12/2020 16:43	Accident Report Within 24 hr	s Yes	Accident Type	Chain Collision	
ate of Accident	05/12/2020	Time of Accident hh:mm	11:55	Country of Accident	Singapore	
eporting Centre		Orange Force		ICM No.	Maria de la compansión de	
ccident Location	5098928267-02					
Total Excess Applicable	•					
cess Type	Per Accident	Windscreen Excess	100.00			
D Standard Excess	2,000.00	TP Standard Excess	1,500.00			
ED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered	
dditional Excess	0					
tal OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00			
7 Benefits		The state of the s	1,500.00			
GST Registered Inform	aation					
T Registered	No No		CCT Pagist1' Date			
T Registration No.			GST Registration Date GST Status Verified	Yes		
dification History			GST Status Verified	Yes		
Policyholder Mailing Ad	idress					
ldress 1	BLK 741 #03-47	Address 2	PASIR RIS STREET 71			
dress 4				Address 3	SINGAPORE 510741	
it No.		Address Type	Singapore address	Post Code	510741	
		Related Policy Number	5098928267-02			
OI Driver Info						
iver Name	Abu Osman Bin M Yassin @ Abu Osman Bin Bujang	Driver Type	Main Driver			
named driver Name		Driver NRIC		<b>D</b> OWN DOWN	and the second s	
gister Date of Driver License	05/03/1070		S2165317I	Driver DOB	20/01/1955	
		Driver Age	65	Driving Experience	41	
ntact No.(Mobile)	97323602	Contact No.(Office)	0	Contact No.(Home)	0	
dress 1	BLK 741	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE 510741	
dress 4		Address Type	Singapore address	Post Code	510741	
it No.	03-47					
es he own a Singapore gistered car?	○ Yes   • No	Driver Vehicle No.		Driver Insurer Company		
					ALTERNATION OF THE PROPERTY OF	
claration						
eathalyser or Blood Test	0 mg	Any injury?	● Yes ○ No			
ading?		any injury?	e res O No			
dification History						
Claim 001 New						
HEN BOLL						
im Type *	OD-MX	Insured Name	ABU OSMAN B M YASSIN @ABU	Insured NRIC	COLUMN	
stact No.(Mobile)	97323602	Contact No.(Home)	65825857		S2165317I	
ail Address				Contact No.(Office)	65413494	
		OI Vehicle Number	SJE4163S	TP Vehicle Number	SLQ7642U	
	Please Select	Type of Benefit *	Please Select			
mant Name *	>>	Claimant NRIC *				
mant Address						
m Description	SJE4163S / SLQ7642U ON 5 Dec 2020			Name of Preferred Workshop		
erred Workshop Contact		Insured Liability *	Not at Fault			
uire Finalisation	Yes	Preferered Repair Option				
	05/12/2020 16:45		Preferred Workshop, Name unknown	GIA report	Received	
		Claim Close Date		Date Received	05/12/2020 00:00	
	Jackson					
Print AK letter						
Di			Save Submit			
ttachment						
dent No.	MT/1112523	Claim No.	001		and the second s	
Doc. Received	● Yes ○ No	Upload Date	05/12/2020 16:48			
	Path •		Category *	Confidential		
	. att	Browse.	Clear Please Select	Confidential Urger		
			I manage from	NO V Normal	<u> </u>	
		Browse.		NO V Normal	<u> </u>	
		Browse.	Clear Please Select	NO V Normal	V	
		Browse	Clear Please Select	NO V Normal		
		Browse	Clear   Please Select	∨ NO ∨ Normal		
		5.5#30.	- Select	- Inormal		

Plessage Re			Browse	Clear	Please Select	V NO V Normal V	
Attachme							Send Message
Attachment	Upl	oaded By/Date	Category	9	Urgency	D. C.	Msg Sent?
	NAC_PAYA_UBI_800601( N CES) on	ATIONAL ASSESSMENT CENTRE SERVI 05 Dec 2020 16:48	NRIC/ Driving License	· Y	Normal	Description  NRIC/ Driving License 2020-12-5	(CO)
100	NAC_PAYA_UBI_800601( N.	ATIONAL ASSESSMENT CENTRE SERVI	7200			TAKES Driving License 2020-12-5	
	CES) on	05 Dec 2020 16:48	SAS		Normal	SAS 2020-12-5	
7	NAC_PAYA_UBI_800601( N. CES) on	ATIONAL ASSESSMENT CENTRE SERVI 05 Dec 2020 16:47	Photos		Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601( NAC_PAYA_UBI_800601) NAC_PAYA_UBI_800601	ATIONAL ASSESSMENT CENTRE SERVI 05 Dec 2020 16:47	Photos		Normal	Photos 2020-12-5	
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	NAC_PAYA_UBI_800601( NA CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 05 Dec 2020 16:47	Photos		Normal	Photos 2020-12-5	
	NAC_PAYA_UBI_800601( NA CES) on C	TIONAL ASSESSMENT CENTRE SERVI 5 Dec 2020 16:46	Photos		Normal	Photos 2020-12-5	
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	NAC_PAYA_UBI_800601( NA CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 5 Dec 2020 16:46	Photos		Normal	Photos 2020-12-5	
3	NAC_PAYA_UBI_800601( NAT CES) on 0	FIONAL ASSESSMENT CENTRE SERVI 5 Dec 2020 16:46	Photos		Normal	Photos 2020-12-5	
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LIO	Uploaded By/Date	Folder Date	File	Name		Source	