

NATIONAL Assessment Centre Services [Ref: J21003]

Date In: 04/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC/51000062/12	SAS e-filing		
Veh No: Q8B37SP	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 02/01/20 1330	I-Motor Claim Form	05/01	MI/1116201-001
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: () Tel: () Fax: ()

TP Particulars: Veh No: SLJ4105C 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	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

Claimant's Particulars	Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
			In Bill	Add Bill
NA2101000	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100);	INC (\$80)		
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)			
Dat. 1:	6) TR: Re-inspection	\$75		
Dat. 2/3:	7) N1: Idao DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	ON:			
	*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 (N/A INC) against INC	\$20		
	9) N12: Idao 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 Submission	04/01/2021 15:31 (SGT)
Date of Accident	02/01/2021 13:30 (SGT)
Exact Location of Accident	South Buona Vista Rd, Singapore
Additional Location Information	X-JUNC OF SOUTH BUONA VISTA & LOWER KENT RIDGE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB275P
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MUGAN ELECTRICAL ENGINEERING
Company Reg No	4XXXX300E
Email Address	chiksiang@muganelectrical.com
Mobile Phone No	(Phone) +65-93204382
Alternative Phone No	+65-93204382

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5043891948-10
Cover Note Number	-

DRIVER

Name of Driver	AYYASAMY AYYAPPAN
Passport No/FIN	GXXXX830P
Date Of Birth	31/05/1982
Occupation	Outdoor

Date Of Driving Pass	11/05/2009
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93906268
Alt. Phone Number	-
Email Address	chiksiang@muganelectrical.com
Address	7 LORONG 27A GEYLANG
Address complement	#02-08 SIMS GREEN
Postcode	388133
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Cross Junction
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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	KALUVAN SATHISH
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Eunos Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004439999
Alt. Police Station Phone No	(Fax) +65-62444376
Police Station Address	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210102/2055

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	SLJ4125C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ACE POON YO CHYE
NRIC No	SXXXX033F
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

INJURED 1

Name of injured person	AYYASAMY AYYAPPAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	GBB275P
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.
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.

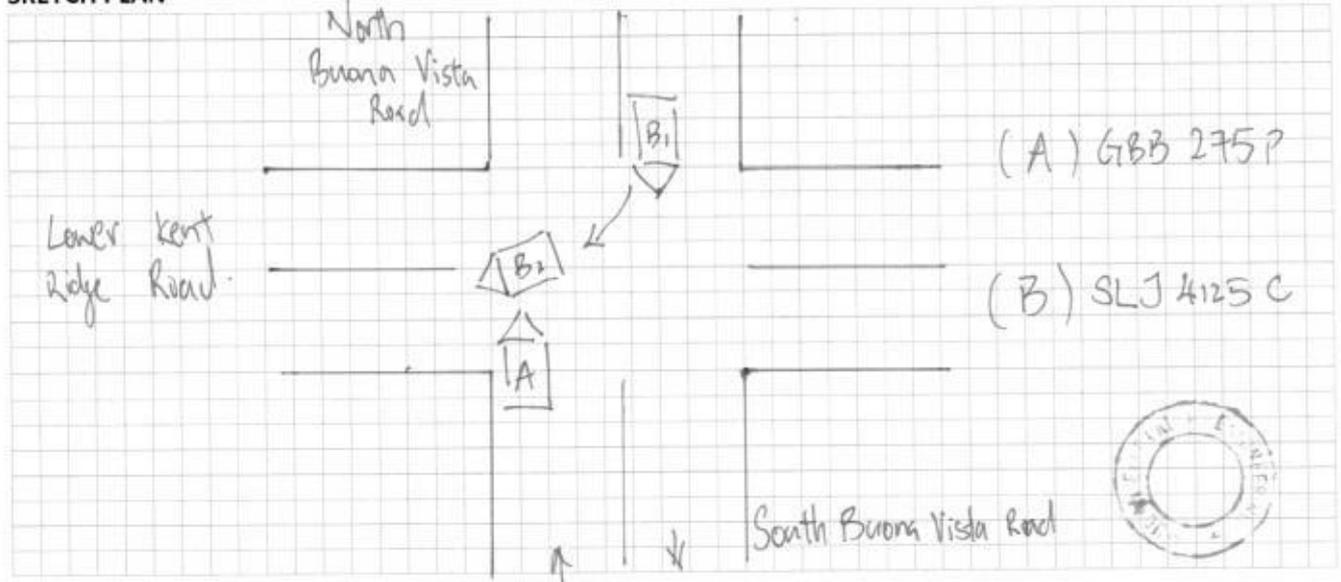


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report. D/20210102/0075

DECLARATION

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



[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 04/10/21

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



**SINGAPORE
POLICE FORCE**



T/20210102/2055

1 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20210102/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2021 15:49	Vide Report No.: D/20210102/0075	Station Diary No.: 19
--	-------------------------------------	--------------------------

Informant's Particulars			
Name of Informant: AYYASAMY AYYAPPAN		Address: APT BLK 7 LORONG 27A GEYLANG #02-08 SIMS GREEN SINGAPORE 388133	
ID Type / ID No.: FIN NO / G7658830P		Contact No.: Home/Office: Mobile: 9390 6268	
Nationality: INDIAN		Email:	
Sex: Male	Age: 38	Date of Birth: 31/05/1982	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: CONSTRUCTION WORKER AND 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: 02/01/2021 13:30	Type of Location: X-Junction
Location: SOUTH BUONA VISTA ROAD				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB275P	Lorry				Seriously Damaged	1
SLJ4125C	Car				Seriously Damaged	0

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



Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20210102/2055

CONTINUATION OF REPORT

Driver			
Name	AYYASAMY AYYAPPAN	ID No.	G7658830P
Related Vehicle	GBB275P (Lorry)	Contact No.	9390 6268
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ACE POON YO CHYE	ID No.	S9630033F
Related Vehicle	SLJ4125C (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

Brief Details.

On 02 January 2021 at around 1330hrs, I was driving my company's lorry (registration plate number: GBB275P) along South Buona Vista Road towards North Buona Road. As I was approaching the junction of South Buona Vista Road and Lower Kent Ridge Road, I saw that the traffic light was green which gave me the right of way to proceed straight. Suddenly, a white car (registration plate number: SLJ 4125C) coming from the opposite direction made an abrupt right turn towards Lower Kent Ridge Road. I could not brake in time and as a result, the front part of my lorry collided into the left side of said vehicle. The impact caused the car to lose control and hit onto the traffic light at Lower Kent Ridge Road. After the accident, the traffic lights at the said junction were no longer working and shortly after, traffic police arrived at scene.

I wish to add that I had one passenger with me, one Kaluvan Sathish (FIN: G2980299N, H/P: 8451 2854) and I wish to add that both of us were unharmed. The traffic police then handed over a case card to me reference: D/20210102/0075 and instructed me to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20210102/2055

3 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20210102/2055

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

G /
Sgt 3 AMIRUL HARITH BIN ABD MAJID

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476178

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

02/01/2021 15:49

Classification Of Case:

Date of Accident : 02-01-2021 Accident Time: 13:30hrs (24-HR-Format)
 Accident Place : X-Junction of South Buona Vista rd & Lower Kent Ridge Rd
 Vehicle No. (Car Plate No.) : 6BB275P Make/Model: Toyota Ayuda 150m
 Insurance Company : NTUC Policy No: 504389194810
 Owner or Company Name /IC No. : Muban Electrical Engineering (48150300E)
 Owner or Company Contact No. : _____ Owner's Hp 93204382 Company Tel _____
 DRIVER'S Name / IC No. : Ayyasamy Ayyappan (67658830P)
 DRIVER'S Date Of Birth : 31-05-1982 DRIVER'S License Pass Date 11-05-2009
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling Employee \ Others: _____
 DRIVER'S Address : 7, Luong 27A Geylang # 02-08 Sims Green
 DRIVER'S Contact No./ Alt No. : 1) 93906268 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : chiksiang@muganelectrical.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 2
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): Yes (Neck Back Pain)

Other Party Driver's Particular (if any)

Vehicle No: SLJ 4125C (NTUC)	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

① Kaluran Sathish - male

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 : 5043891948-10

Cover : Comprehensive

- | | |
|--|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBB275P |
| Chassis Number | : JTFAT35Y903001780 |
| 2. Name of Policyholder | : MUGAN ELECTRICAL ENGINEERING |
| 3. Effective Date of Insurance | : 28 May 2020 |
| 4. Expiry Date of Insurance | : 27 May 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 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: 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 : ABWIN PTE LTD (00000614234)
Date of Issue : 20 May 2020 11:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	300E
Vehicle Details	
Vehicle No.:	GBB275P
Vehicle to be Exported:	Yes
Intended Deregistration Date:	31 Jan 2021
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 MANUAL
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	1KD1808065
Chassis No.:	JTFAT35Y903001780
Maximum Power Output:	-
Open Market Value:	\$24,243.00
Original Registration Date:	28 May 2008
First Registration Date:	28 May 2008
Transfer Count:	0
Actual ARF Paid:	\$1,213.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	27 May 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$17,865.00
COE Rebate Amount:	\$8,298.00
Total Rebate Amount:	\$8,298.00
Message	
Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.	

The information contained herein is correct as at 02 Jan 2021

OK

Claim Handling

Accident MT/1116201

Policy No.	5043891948-10	Vehicle No.	GBB275P	GST Registration No.	
Certificate No.					
Policyholder Name	MUGAN ELECTRICAL ENGINEERING			Policyholder NRIC	48150300E
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	93204382	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	05/01/2021 17:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Ju
Date of Accident	02/01/2021	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	X-JUNC OF SOUTH BUONA VISTA & LOWER KENT RIDGE RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	9008 TAMPINES ST 93	Address 2	#02-37	Address 3	SINGAPORE 5288
Address 4		Address Type	Singapore address	Post Code	528843
Unit No.		Related Policy Number	5043891948-10		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	AYYASAMY AYYAPAN	Driver NRIC	G7658830P	Driver DOB	31/05/1982
Register Date of Driver License	11/05/2009	Driver Age	38	Driving Experience	11
Contact No.(Mobile)	93906268	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	7 LORONG 27A GEYLANG	Address 2	SIMS GREEN	Address 3	SINGAPORE 3881
Address 4		Address Type	Singapore address	Post Code	388133
Unit No.	#02-08				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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	MUGAN ELECTRICAL ENGINEER	Insured NRIC	
Contact No.(Mobile)	93204382	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	GBB275P	TP Vehicle Number	
Claim Description	GBB275P / SLJ4125C ON 2 Jan 2021				
Preferred Workshop		Insured Liability	Not at Fault		
Preferred Workshop Finalisation	Yes	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	05/01/2021 17:36	Date Received	
Report Taken By		Workshop Repairer	ROSLINDA	Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1116201	Claim No.	001
--------------	------------	-----------	-----

Last Doc. Received

Yes No

Upload Date

05/01/2021 00:00

Path *

Category *

Confidential

Urgency *

- No file chosen
-

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:35	SAS		Normal	SAS 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:35	Photos		Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:35	Photos		Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:35	Photos		Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:34	Photos		Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:34	Photos		Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:34	Photos		Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:34	Photos		Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:34	Photos		Normal	Photos 2021-1-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jan 2021 17:34	Photos		Normal	Photos 2021-1-5

Video List

Uploaded By/Date	Folder Date	File Name		Source
------------------	-------------	-----------	--	--------