

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **IN09VIC0005**

| | | | |
|---------------------------------|--|-----------------------|--------------------|
| Date In: 11/11-10:20 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC1000496/24 | SAS e-filing | | |
| Veh No: CRK4277E | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A : 31/11/20-09:30 | i-Motor Claim Form | 11/11/2009-001 | 11/11 10:20 |
| 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: XE1106L | 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 repairer.

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

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

| | | |
|---|-----------------------|---------|
| Remarks:- (INC hotline: 6788 6616) | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|--|---|-------------|----------|----------|
| Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- At 1: At 2 / 3: | Invoice Preparation Checklist | | Ant (\$) | Ant (\$) |
| | | | 1st Bill | Add Bill |
| | 1) AR : Accident Reporting (\$30); | | | |
| | 2) DA : Damage Assessment (\$100); INC (\$80) | | | |
| | 3) TF : Towing Fee \$40/\$45 | | | |
| | 4) FT : Follow-Through Survey \$120 | | | |
| | 5) FT : Follow-Through Survey (Resurvey) \$30 | | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR : Re-inspection \$75 | | | |
| | 7) N1 : Idac 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: Idac 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 Submission 12/01/2021 10:20 (SGT)
Date of Accident 31/12/2020 09:30 (SGT)
Exact Location of Accident Changi South Ave 3, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK4377E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SIN HUA CIVIL ENGINEERING & CONSTRUCTION PTE LTD
Company Reg No 2XXXXX193R
Email Address sinhua38@gmail.com
Mobile Phone No (Phone) +65-89999999
Alternative Phone No +--

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 5118184174
Cover Note Number -

DRIVER

Name of Driver RAMANATHAN ELAVARASAN
Passport No/FIN GXXXX911W
Date Of Birth 05/05/1980
Occupation Outdoor

| | |
|--|------------------------|
| Date Of Driving Pass | 15/11/2019 |
| Driving experience | 1 YEAR AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-86525921 |
| Alt. Phone Number | - |
| Email Address | sinhua38@gmail.com |
| Address | 1 BUKIT BATOK CRESCENT |
| Address complement | #04-53 WCEGA PLAZA |
| Postcode | 658064 |
| 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 | Side Swipe |
| Weather Conditions | Clear |
| Road Surface | Dry |

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) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

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 |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|--------------------|
| Vehicle Registration Number | XE1106L |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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

INJURED 1

| | |
|---|-----------------------|
| Name of injured person | RAMANATHAN ELAVARASAN |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | GBK4377E |
| 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 willful 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.

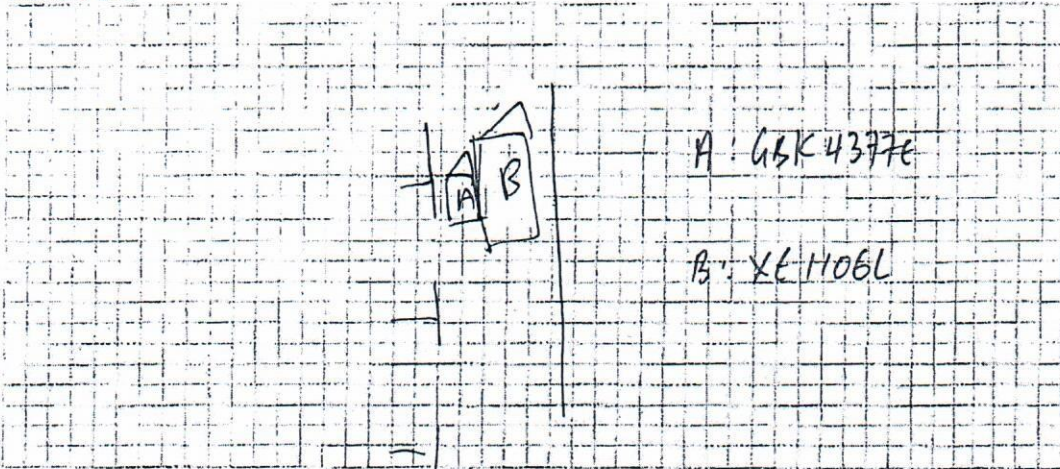


Policyholder's Signature
Date & Time:

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

my vehicle was stationary waiting for vehicle B to overtake before I park into the lot. Suddenly, I felt a huge impact from the right. Vehicle B trailer rear knock onto my front right portion as he misjudge

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 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: 31/12/2010 (DD/MM/YY) Time: 0930 (HH:MM) |
| Exact location of accident | Changi South Ave 3 |

Details of vehicle

| | |
|--|--|
| Vehicle registration number | GBK 4377E |
| Vehicle make and model | Toyota Proace |
| Type of vehicle | Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input checked="" 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 | |
| Type of policy | Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

Insured / Policy holder

| | | |
|------------------------------|---|--|
| Name | Sin Hua Civil Engineering & Construction. Pte Ltd | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |
| NRIC / Fin / Passport number | 201704193R | |
| Contact | | |
| Address | | |

Driver

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

| | | |
|------------------------------|---|--|
| Name | Ram anathan Elavarasan | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | G8350611 | |
| Contact | 86525421 | |
| Address | 1 Bukit Batok Crescent #04-53 WCEGA PLAZA Singapore 658064 | |
| Email address | sinhua38@gmail.com | |
| Date of birth | 5/5/1980 | |
| Occupation | Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> | |
| Driving date pass | 15/11/19 | |

General information of the accident

| | |
|--|--|
| Was driver an employee of the insured's company? | Yes <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> |

Passenger 2

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

Passenger 3

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

Passenger 4

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

Passenger 5

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

Passenger 6

| | |
|--------|--|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name | |

Third party vehicle 1

| | |
|------------------------------|---------|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | XE 1062 |
| Vehicle make model | |

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 | Driver |
| Injuries sustained | Ramonaathan Elavarasan |
| Which vehicle person in? | body |
| Were seat belts worn? | ABK4377E |
| Was injured conveyed to hospital by ambulance? | Yes <input checked="" type="checkbox"/> No <input 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"/> |

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|--|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5118184174 | | SIN HUA CIVIL ENGINEERING & CONSTRUCTION PTE LTD | 201704193R | GCV | Comprehensive | GBK4377E | GBK4377E | 21/07/2020 | 20/07/2021 |

Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|----------------------------------|-------------------|------------------|
| Policy No. | 5118184174 | Policyholder Name | SIN HUA CIVIL ENGINEERING & | Policyholder NRIC | 201704193R |
| Certificate No. | | | | | |
| Address | 1 BUKIT BATOK CRESCENT #03-52 WCEGA PLAZA SINGAPORE 658064 | | | | |
| Product Name | COMMERCIAL VEHICLE INSURAI Plan | Group Policy Flag | N | | |
| Policy issue Date | 20/07/2020 | Effective Date | 21/07/2020 00:00 | Expiry Date | 20/07/2021 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | | OS Premium | 0 | | |
| Outside Singapore OD Excess | | Outside Singapore TP Excess | Young/Inexperience Driver Excess | | |
| Agent | TONG HIN INSURANCE AGENCY | Agent Tel. | 65155333 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------------|-----------------------|--------------------|-----------|------------------|
| Address 1 | 1 BUKIT BATOK CRESCENT | Address 2 | #03-52 WCEGA PLAZA | Address 3 | SINGAPORE 658064 |
| Address 4 | | Address Type | Singapore address | Post Code | 658064 |
| Unit No. | 03-52 | Related Policy Number | 5118184174 | | |

Insured Object: GBK4377E

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|----------------------------|--|
| 1 | 21/07/2020 00:00 | Basic Information Endorsement | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 21 Jul 2020, the following policy details are amended as follows: HIRE PURCHASE COMPANY: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD CHASSIS NUMBER: JTFAT35Y10K215247 ENGINE NUMBER: 1KDB039438 VEHICLE REGISTRATION NUMBER: GBK4377E ORIGINAL REGISTRATION DATE: 21 Jul 2020 |
| 2 | 21/07/2020 00:00 | POI Move | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 21 Jul 2020 TO 20 Jul 2021 |

Continue

Cancel

Claim Handling(accident reporting Claim Task)

Claim Handling

Accident MT/1116994

| | | | | | |
|----------------------------------|---|-------------------------------|---|----------------------|---------------------------------|
| Policy No. | 5118184174 | Vehicle No. | GBK4377E | GST Registration No. | |
| Certificate No. | | | | Policyholder NRIC | 201704193R |
| Policyholder Name | SIN HUA CIVIL ENGINEERING & CONSTRUCTION PTE LTD | | | Loading | 0 |
| Product Code | COMMERCIAL VEHICLE INSURAI | Cover Type | Comprehensive | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 0 | Contact No.(Office) | 0 | eCode | <input type="text" value="No"/> |
| Email Address | | Special Remark | | eCode Reason | |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | Private Hire | No |
| NCD Protection | No | NCD Entitlement(%) | 0 | Accident Type | Side Swipe |
| ▼ Accident Details | | | | Country of Accident | Singapore |
| Report Date | 12/01/2021 10:23 | Accident Report Within 24 hrs | Yes | ICM No. | |
| Date of Accident | 31/12/2020 | Time of Accident hh:mm | 09:30 | | |
| Reporting Centre | | Orange Force | | | |
| Accident Location | Changi South Ave 3 | | | | |
| ▼ Total Excess Applicable | | | | | |
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | 1000.00 | YIED TP Excess | | Driver is Covered? | |
| Additional Excess | | | | | |
| Total OD Excess Applicable | 1600.00 | Total TP Excess Applicable | | | |

Benefits

▼ GST Registered Information

| | | | |
|----------------------|---|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 28/08/2017 |
| GST Registration No. | 201704193R | GST Status Verified | Yes |
| Modification History | 12/01/2021 10:25:02 System changed GST Registered from No to Yes 12/01/2021 10:25:02 System changed GST Registration No. from null to 201704193R 12/01/2021 10:25:02 System changed GST Registration Date from null to 28/08/2017 | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|------------------------|-----------------------|--------------------|-----------|------------------|
| Address 1 | 1 BUKIT BATOK CRESCENT | Address 2 | #03-52 WCEGA PLAZA | Address 3 | SINGAPORE 658064 |
| Address 4 | | Address Type | Singapore address | Post Code | 658064 |
| Unit No. | 03-52 | Related Policy Number | 5118184174 | | |

▼ OI Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 05/05/1980 |
| Unnamed driver Name | RAMANATHAN ELAVARASAN | Driver NRIC | G8330911W | Driving Experience | 1 |
| Register Date of Driver License | 15/11/2019 | Driver Age | 40 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 86525921 | Contact No.(Office) | 0 | Address 3 | SINGAPORE 658064 |
| Address 1 | 1 BUKIT BATOK CRESCENT | Address 2 | WCEGA PLAZA | Post Code | 658064 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 04-53 | | | 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 **New**

| | | | | | |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | SIN HUA CIVIL ENGINEERING & | Insured NRIC | 201704193R |
| Contact No.(Mobile) | 94248658 | Contact No.(Home) | NIL | Contact No.(Office) | NIL |
| Email Address | | OI Vehicle Number | GBK4377E | TP Vehicle Number | XE1106L |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | >> | | | | |
| Claimant Address | | | | | |
| Claim Description | GBK4377E / XE1106L ON 31 Dec 2020 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 12/01/2021 10:25 | Claim Close Date | | Date Received | 12/01/2021 00:00 |
| Report Taken By | Jackson | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |
| Save Submit | | | | | |

Attachment

| | | | |
|--------------------|---|---------------|------------------|
| Accident No. | MT/1116994 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 12/01/2021 10:27 |
| Path * | | Category * | Confidential |
| | | Urgency * | Description * |
| Browse... | Clear | Please Select | NO |
| Browse... | Clear | Please Select | NO |
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Message Read

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Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) |
|---|---|-----------------------|---------|---------------------------------|----------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jan 2021 10:27 | NRIC/ Driving License | Y | NRIC/ Driving License 2021-1-12 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jan 2021 10:26 | SAS | | SAS 2021-1-12 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jan 2021 10:26 | Photos | | Photos 2021-1-12 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jan 2021 10:26 | Photos | | Photos 2021-1-12 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jan 2021 10:26 | Photos | | Photos 2021-1-12 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jan 2021 10:26 | Photos | | Photos 2021-1-12 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jan 2021 10:26 | Photos | | Photos 2021-1-12 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Jan 2021 10:26 | Photos | | Photos 2021-1-12 | |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
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