

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

429 MICOMY

Date In: 14/11-1826	Job description	Date & Time Completed	Done by
Ref No: NA/14C100083/24	SAS e-filing		
Veh No: 8667477x	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/11-18:50	i-Motor Claim Form	11/11/18-001	11/11/18
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: JKM7389X	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: 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

NA100436	Invoice Preparation Checklist	Amt (\$) Int Bill	Amt (\$) Add Bill
Claimant's Particulars:-	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		
	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:-		
	QD*		
	*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		
Auditors' Comments:-	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 18:46 (SGT)
Date of Accident	11/01/2021 18:50 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	twds sle before pie exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG3477X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHIVANATHAN S/O P MARTIN
NRIC No	SXXXX590I
Email Address	vinodthan@outlook.com
Mobile Phone No	(Phone) +65-91474286
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116337622
Cover Note Number	-

DRIVER

Name of Driver	VINODTHAN S/O SHIVANATHAN
NRIC No	SXXXX261C
Date Of Birth	03/01/1996
Occupation	Indoor

Date Of Driving Pass	27/10/2020
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91450304
Alt. Phone Number	-
Email Address	vinodthan@outlook.com
Address	BLK 315A YISHUN AVENUE 9
Address complement	#02-214
Postcode	761315
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	ASHWENEE PANDIAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210111/7041.

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	SKM9389X
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKH283C
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

INJURED 1

Name of injured person	VINODTHAN S/O SHIVANATHAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKG3477X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ASHWENEE PANDIAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKG3477X
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 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.

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

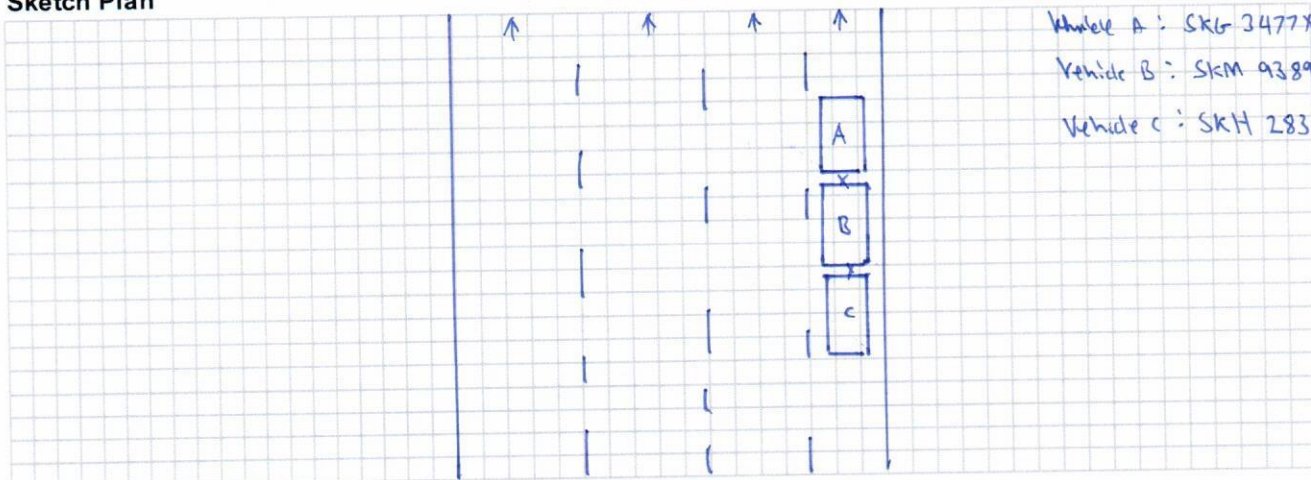
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Sina
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel

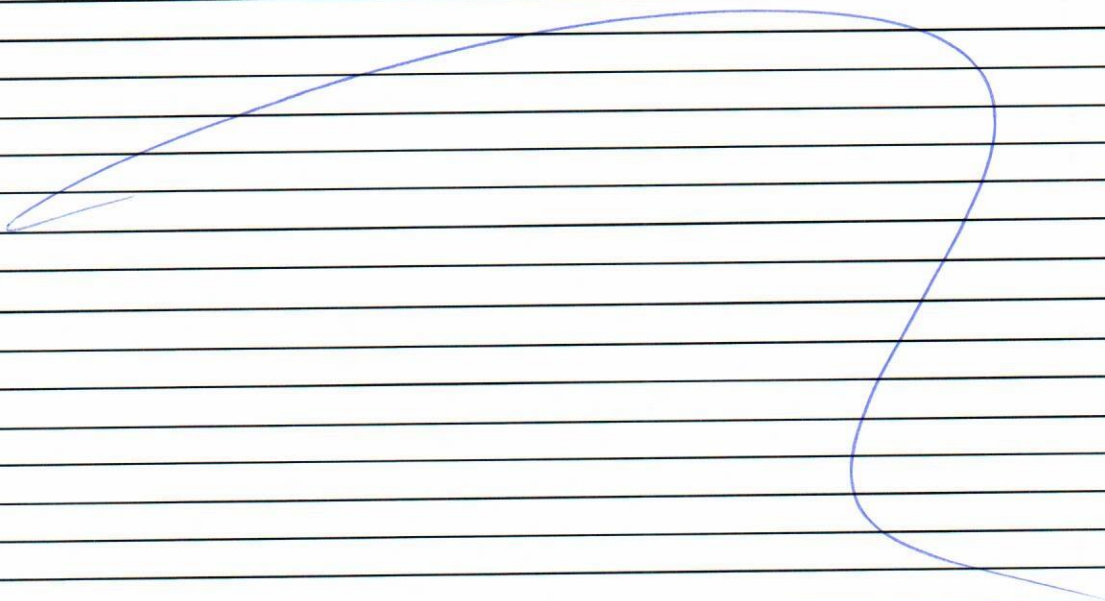
Sketch Plan



Describe Circumstances of the Accident

Refer

to police Report Attached



Declaration

We declare the foregoing particulars are true in every respect.

Sina
Policyholder's Signature / Date &
Time

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

[Signature]
Witnessed by Reporting Centre
Personnel

VEHICLE NO: SKG 3477X

MAKE & MODEL : HONDA STREAM

AUTO / MANUAL

DATE OF ACCIDENT	11 / 01 / 2021	*C.C.
TIME OF ACCIDENT	18 50	AM / PM
LOCATION OF ACCIDENT	CTE towards SIE Before PLE Exit	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	SHIVANATHAN S/O P Martin Email:	
TELP NO	Mobile: 91474 286	Office: Home:
NRIC	S9672261C	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	NTUC Income	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	S116337622	
NAME OF DRIVER	AS ABOVE / IF NO: VINODHAN S/O SHIVANATHAN	
NRIC	S9672261C	
DATE OF BIRTH	03 / 01 / 1996	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER	ASHWINEE PANDIAN	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	28 / 12 / 2017	
GENDER	Male / Female	
CONTACT NO.	Mobile: 9145 0304	Office: Home:
EMAIL:	Vinodhan@outlook.com	
ADDRESS	Blk 315A Yishan Ave 9 #02-214 S(761315)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No.	INSURER.
RELATIONSHIP	Employee / If No: Parents	
WEATHER CONDITION	Clear / Raining / Other :	
ROAD SURFACE	Dry / Wet / Other :	
ANY INJURIES	No / If yes: Who? DRIVER & PASSENGER	
CONTACT NO.		
POLICE REPORT	No / If yes: Where? ONLINE (TRAFFIC POLICE)	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	SKM 9389 X	Any Passenger :
NAME		
CONTACT NO.		
VEHICLE C NO.	SKH 283 C	Any Passenger :
VEHICLE D NO.		Any Passenger :
VEHICLE E NO.		Any Passenger :
VEHICLE F NO.		Any Passenger :
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

EMAIL:rico60autoservices@gmail.com



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210111/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2021 21:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: VINODTHAN S/O SHIVANATHAN			Address: 315A YISHUN AVENUE 9 #02-214 SINGAPORE 761315		
ID Type / ID No.: NRIC NO / S9672261C			Contact No.: Home/Office: Mobile: 91450304		
Nationality: SINGAPORE CITIZEN			Email: vinodthan@outlook.com		
Sex: Male	Age: 25	Date of Birth: 03/01/1996	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Certis			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/01/2021 18:50	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKG3477X	Car					0
SKH283C (Not Accurate)	Car			Black	Seriously Damaged	0
SKM9389X (Not Accurate)	Car			Silver	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210111/7041

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210111/7041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VINODTHAN S/O SHIVANATHAN	ID No.	S9672261C
Related Vehicle	SKG3477X (Car)	Contact No.	91450304
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/01/2021	Date	11/01/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, I was traveling along cte towards sle on the lane 1 with my girlfriend (ASHWENEE) suddenly I felt a huge impact on my rear portion of my vehicle and I came down and check is a chain collision involve with two other vehicle, 2nd vehicle SKM9389X and 3rd vehicle SKH 283C. After the accident I exchange particular and left the scene and went to intemedical 24 hour clinic and consult doctor cause I felt pain on my neck, back and right hand and given 3 days mc.



**SINGAPORE
POLICE FORCE**



T/20210111/7041

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210111/7041

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
11/01/2021 21:11

Classification Of Case:

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: 5116337622

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKG3477X**
Chassis Number : **JHMRN6880AC200130**
2. Name of Policyholder : **SHIVANATHAN S/O P MARTIN**
3. Effective Date of Insurance : **21 Feb 2020**
4. Expiry Date of Insurance : **20 Feb 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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SHIVANATHAN S/O P MARTIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ABS AUTO HOLDING PTE. LTD.
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 : SONA INSURANCE AGENCIES PTE. LTD. (00000573866)
Date of Issue : 21 Feb 2020 12:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

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"/>	5116337622		SHIVANATHAN S/O P MARTIN	S2694590I	GPC	drivo CLASSIC	SKG3477X	SKG3477X	21/02/2020	20/02/2021

Policy Information

▼ Policy Information

Policy No.	5116337622	Policyholder Name	SHIVANATHAN S/O P MARTIN	Policyholder NRIC	S2694590I
Certificate No.					
Address	BLK 315A #02-214 YISHUN AVENUE 9 SINGAPORE 761315				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	21/02/2020	Effective Date	21/02/2020 00:00	Expiry Date	20/02/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	SONA INSURANCE AGENCIES P	Agent Tel.	81131335	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 315A #02-214	Address 2	YISHUN AVENUE 9	Address 3	SINGAPORE 761315
Address 4		Address Type	Singapore address	Post Code	761315
Unit No.	02-214	Related Policy Number	5116337622		

▶ Insured Object: SKG3477X

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>				

Claim Handling(accident reporting Claim Task)

Claim Handling

Accident MT/1117138

Policy No.	5116337622	Vehicle No.	SKG3477X	GST Registration No.	
Certificate No.				Policyholder NRIC	S26945901
Policyholder Name	SHIVANATHAN S/O P MARTIN	Cover Type	drivo CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	91474286	Special Remark		eCode	<input type="text"/>
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	Private Hire	No
NCD Protection	No			Accident Type	Chain Collision
Accident Details		Accident Report Within 24 hrs	Yes	Country of Accident	Singapore
Report Date	12/01/2021 18:48	Time of Accident hh:mm	18:50	ICM No.	
Date of Accident	11/01/2021	Orange Force			
Reporting Centre					
Accident Location	CTE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	2500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	3100.00	Total TP Excess Applicable			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 315A #02-214	Address 2	YISHUN AVENUE 9	Address 3	SINGAPORE 761315
Address 4		Address Type	Singapore address	Post Code	761315
Unit No.	02-214	Related Policy Number	5116337622		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/01/1996
Unnamed driver Name	VINODHAN S/O SHIVANATHAN	Driver NRIC	S9672261C	Driving Experience	0
Register Date of Driver License	27/10/2020	Driver Age	25	Contact No.(Home)	0
Contact No.(Mobile)	91450304	Contact No.(Office)	0	Address 3	YISHUN GREENWALK
Address 1	BLK 315A	Address 2	YISHUN AVENUE 9	Post Code	761315
Address 4	SINGAPORE 761315	Address Type	Singapore address		
Unit No.	02-214			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	SHIVANATHAN S/O P MARTIN	Insured NRIC	S26945901
Contact No.(Mobile)	91474286	Contact No.(Home)	66180443	Contact No.(Office)	68614733
Email Address		OI Vehicle Number	SKG3477X	TP Vehicle Number	SKM9389X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address	SKG3477X / SKM9389X ON 11 Jan 2021				
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 18:51	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/1117138	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/01/2021 18:52		
Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	

Message (1/1)

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 18:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 18:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 18:52	SAS		Normal	SAS 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 18:51	Photos		Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 18:51	Photos		Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 18:51	Photos		Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 18:51	Photos		Normal	Photos 2021-1-12	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 18:51	Photos		Normal	Photos 2021-1-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Jan 2021 18:51	Photos		Normal	Photos 2021-1-12	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>					