

# NATIONAL Assessment Centre Services

Date In: 15/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/INC/21003387/13	SAS e-filing		
Veh No: SLX7056A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/03/21 0830	i-Motor Claim Form 15/03/21 1124483-001		
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: SLX3771M	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac 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 (Non INC) against INC \$20		
	9) N12: Idac 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	15/03/2021 18:53 (SGT)
Date of Accident	15/03/2021 08:30 (SGT)
Exact Location of Accident	Lower Delta Rd, Singapore
Additional Location Information	SLIP RD TO JLN BUKIT MERH
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX7056A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE SONG JOO
NRIC No	SXXXX785Z
Email Address	SONG_JOO_LEE@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-84884232
Alternative Phone No	+65-84884232

#### VEHICLE PARTICULARS

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

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5099600446-02
Cover Note Number	-

#### DRIVER

Name of Driver	LEE SONG JOO
NRIC No	SXXXX785Z
Date Of Birth	28/08/1970
Occupation	Outdoor



Date Of Driving Pass .....	06/07/1996
Driving experience .....	24 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84884232
Alt. Phone Number .....	+65-84884232
Email Address .....	SONG_JOO_LEE@YAHOO.COM.SG
Address .....	39 CARLISLE ROAD
Address complement .....	#04-01
Postcode .....	219604
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 .....	Collision - Head to Rear
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	YOSOI SATOSHI
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Kampong Java Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002959999
Alt. Police Station Phone No .....	(Fax) +65-63913442
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLIOCE REPORT:T/20210315/2018

#### 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 .....	SLK3771M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN CHANG YUH
NRIC No	SXXXX009H
Contact Number	(Phone) +65-91712633
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	LEE SONG JOO
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	SLX7056A
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

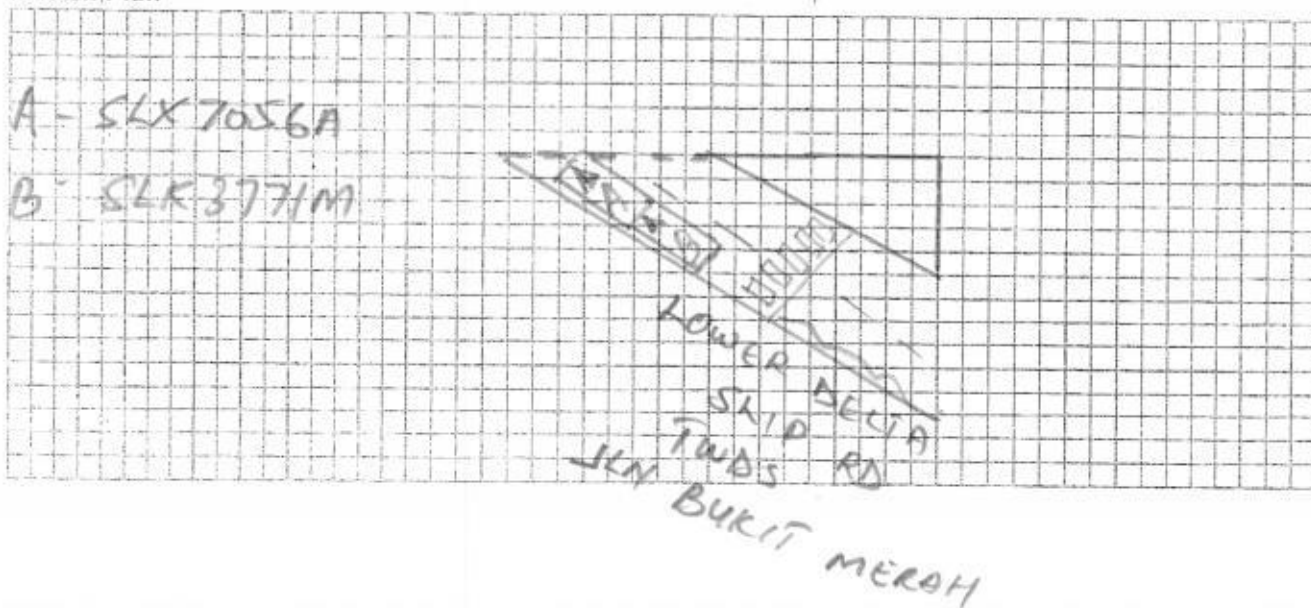
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 15/3/21  
Policyholder's Signature / Date & Time

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

 15/03/21  
Witnessed by Reporting Centre Personnel

#### Sketch Plan





**Describe Circumstances of the Accident**

Pls refer to the police report: T/20210315/2018

## Declaration

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

15/3/21

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

2/ym 15/03/21



**SINGAPORE  
POLICE FORCE**



T/20210315/2018

1 of 4

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

Report No. T/20210315/2018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/03/2021 10:24	Vide Report No.:	Station Diary No.: 29
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**Informant's Particulars**

Name of Informant: LEE SONG JOO			Address: 39 CARLISLE ROAD #04-01 SINGAPORE 219604	
ID Type / ID No.: NRIC NO / S7029785Z			Contact No.: Home/Office: Mobile: 84884232	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 50	Date of Birth: 28/08/1970	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 15/03/2021 08:30	Type of Location: T-Junction
Location:  JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK3771M	Car				Slightly Damaged	0
SLX7056A	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Blue	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLX7056A	NTUC Income Insurance Co-Operative Limited	5099600446-02	06/04/2020	05/04/2021



**SINGAPORE  
POLICE FORCE**



T/20210315/2018

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

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Report No. T/20210315/2018

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAN CHANG YUH	ID No.	S8073009H
Related Vehicle	SLK3771M (Car)	Contact No.	91712633
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
<b>Driver</b>			
Name	LEE SONG JOO	ID No.	S7029785Z
Related Vehicle	SLX7056A (Car)	Contact No.	84884232
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
<b>Passenger</b>			
Name	YOSOI SATOSHI	ID No.	S6969346F
Related Vehicle	SLX7056A (Car)	Contact No.	98230908
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 15/03/2021 at about 08.06am in the morning, I picked up my passenger from Seventy Street to head to Inno Centre. While I was on my way there, I was driving along Lower Delta Road Junction of Jalan Bukit Merah wanting to turn left. While I was at the stop Line waiting for the road to be clear to make a left turn, a car hit onto my rear bumper causing a dent on my rear bumper and my rear door was unable to close fully. There were no one injured, no government property damaged and no foreign vehicle involved. I also have enquired with my passenger if he is injured however he informed that he is fine. I am lodging this report as my Grab policy informed that we required to lodge a police report as there is a passenger involved.





**SINGAPORE  
POLICE FORCE**



T/20210315/2018

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

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Report No. T/20210315/2018

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20210315/2018

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

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Report No. T/20210315/2018

**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:  
E /  
Sgt 2 NURASHIKIN BINTE MOHAMAD IDIL  
FAUZE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
15/03/2021 10:24

Classification Of Case:

SN 72

SINGAPORE  
POLICE FORCE  
SIGNATURE

## ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 03 / 21) (DD/MM/YYYY), TIME: (08 : 30) (HH:MM)

LOCATION: JLN BUKIT MERAH

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLX7056A  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE HIRE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (28 / 08 / 1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 06 / 07 / 1996

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) BACK NECK

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLK3771M MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = song-joo-lee@yahoo.com.sg

fax =

video = NO

## 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:** 5099600446-02

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLX7056A**  
Chassis Number : GP71207132
2. Name of Policyholder : LEE SONG JOO
3. Effective Date of Insurance : 06 Apr 2020
4. Expiry Date of Insurance : 05 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: LEE SONG JOO
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : S & M ALLIANCE PTE LTD (00000614373)  
Date of Issue : 12 Mar 2020 15:00 hrs  
Reprint : 12 Mar 2020 15:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

## Claim Handling

Accident MT/1124483

Policy No.	5099600446-02	Vehicle No.	SLX7056A	GST Registration No.	
Certificate No.					
Policyholder Name	LEE SONG JOO			Policyholder NRIC	S7029785Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	84884232	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFX	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes

## ▼ Accident Details

Report Date	15/03/2021 19:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/03/2021	Time of Accident hh:mm	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOWER DELTA RD SLIP RD TO JLN BUKIT MERAH				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

## ▼ Benefits

## ▼ GST Registered Information

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

## ▼ Policyholder Mailing Address

Address 1	39 CARLISLE ROAD	Address 2	#04-01 CARLYX RESIDENCE	Address 3	SINGAPORE 219604
Address 4		Address Type	Singapore address	Post Code	219604
Unit No.	01-02	Related Policy Number	5099600446-03		

## ▼ OI Driver Info

Driver Name	LEE SONG JOO	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7029785Z	Driver DOB	28/08/1970
Register Date of Driver License	01/01/1996	Driver Age	50	Driving Experience	25
Contact No.(Mobile)	84884232	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	39 CARLISLE ROAD	Address 2	CARLYX RESIDENCE	Address 3	SINGAPORE 219604
Address 4		Address Type	Singapore address	Post Code	219604
Unit No.	#04-01				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LEE SONG JOO	Insured NRIC	S7029785Z
Contact No.(Mobile)	84884232	Contact No.(Home)	64527276	Contact No.(Office)	
Email Address		OI Vehicle Number	SLX7056A	TP Vehicle Number	SLK3771M
Claim Description	SLX7056A / SLK3771M ON 15 Mar 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	15/03/2021 19:39	Claim Close Date		Date Received	15/03/2021 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☐ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1124483	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/03/2021 00:00

Path \*

Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen



















Message Board

## ▼ Attachment List

Category *	Confidential	Urgency *	Description
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	

☐ Send Mes



Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 15 Mar 2021 19:39	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 15 Mar 2021 19:39	SAS		Normal	SAS 2021-3-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 15 Mar 2021 19:39	Photos		Normal	Photos 2021-3-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 15 Mar 2021 19:39	Photos		Normal	Photos 2021-3-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 15 Mar 2021 19:39	Photos		Normal	Photos 2021-3-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 15 Mar 2021 19:39	Photos		Normal	Photos 2021-3-15
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 15 Mar 2021 19:39	Photos		Normal	Photos 2021-3-15
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 15 Mar 2021 19:38	Photos		Normal	Photos 2021-3-15
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV CES) on 15 Mar 2021 19:38	Photos		Normal	Photos 2021-3-15
Video List					
Uploaded By/Date	Folder Date	File Name		Source	
<div>Display in New Window</div> <div>Scan and uploading</div>					