

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA117156635

Date In: 27/11/17-16:08	Job description	Date & Time Completed	Done by
Ref No: NA/14C1702574/24	SAS e-filing		
Veh No: 6U58GL	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/11/17-17:55	i-Motor Claim Form	M710971369	27/11/17 18:41
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: 5JL3875R	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

NA107324	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Int Bill	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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2 / 3:			

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 ability.
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 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 Report	27/11/2017 16:08
Date Of Accident	24/11/2017 17:55
Exact Location Of Accident	JUNC BAYFRONT AVE & MARINA BOULVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU5868L
Insured/Policyholder	
Name Of Registered Owner	J.T NETWORK PTE LTD
Co Reg No	199407288K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96388335
Alternative Phone No	OFFICE-96388335

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE D.
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5019739859-10
Cover Note Number	

Driver

Name of Driver	CHEW KEE SENG
NRIC No	S1486020G
Date Of Birth	21/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	05/03/2007
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97328808
Fax Number	
Contact Number	OFFICE-97328808
Email Address	NOEMAIL

Address	BLK 720 BEDOK RESERVOIR ROAD #04-4690
Postcode	470720
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171124/2140.

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	SJL3875R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	CHEW KEE SENG
Approximate Age	
Injuries Sustain	LEFT ARM & UPPER NECK
Injured person in which vehicle?	GU5868L
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

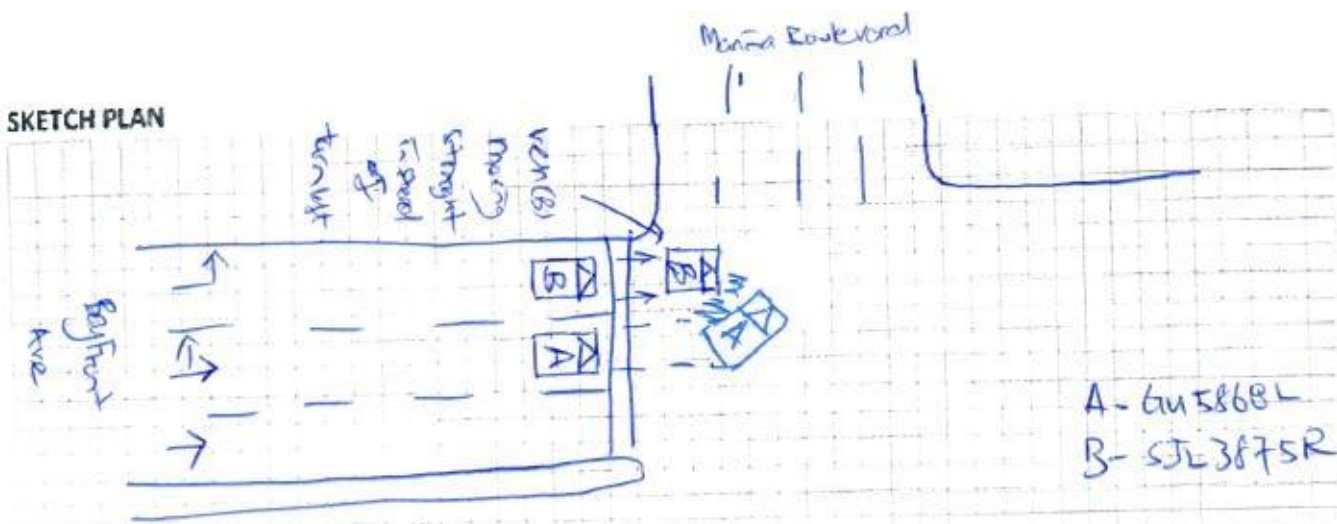


Policyholder's Signature
Date & Time:

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

As per police report NO. T/2017/1124/2140

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.:

Vehicle No.	EU 5868L	Model / Make	Dynal Lateral
Date of Accident	24/11/17		
Time of Accident	1755HRS	HRS	
Location of Accident	Bayfront Ave Junction of Marina Boulevard		
Exact purpose use during accident	Commercial use		
Name of Owner	J. T. Network Sdn Bhd		
Telephone No.	H/P: 96388335	Home: Boss (John)	Office:
NRIC	199407288K		
Address	178, Paya Lebar Rd, #03-08, S (409030)		
Claim type	OD (THIRD PARTY)	REPORTING ONLY	
Insurance Company	NTUC		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.	5019739859-10		
Name of Driver	As Above If No, Chen Kee Seng		
NRIC	S14860209	Any Passengers:	21
Date of birth	27/8/1961		
Occupation	(Outdoor) / Indoor		
Driving License Pass Date	6/5/2007		
Gender	(Male) / Female		
Contact No.	H/P: 97328808	Home:	Office:
Address	Blk 720, Serdot Reservoir Rd, #04-4699, S (470720)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	Chen Kee Seng		
Name And Contact No.	Teo Wei Teng		
Police Report	No, If Yes, Where?	Tong Bahru NPP	
Vehicle B No.	SIL 3875 R	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E No.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	Left Front		
Camera Recorder	Yes / (No)		
Email Address	-		
PARTICULAR WORKSHOP	Tanaka Automotive AC		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huzaifa		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n51.com.sg		



**SINGAPORE
POLICE FORCE**



T/20171124/2140

1 of 4

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No. T/20171124/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2017 19:21	Vide Report No.:	Station Diary No.: 51
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHEW KEE SENG			Address: APT BLK 720 BEDOK RESERVOIR ROAD #04-4690 SINGAPORE 470720		
ID Type / ID No.: NRIC NO / S1486020G			Contact No.: Home/Office: Mobile: 97328808		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 21/08/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 24/11/2017 17:55	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BAYFRONT AVENUE MARINA BOULEVARD TRAFFIC JUNCTION				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One 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
GU5868L	Van				Slightly Damaged	1
SJL3875R	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171124/2140

2 of 4

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No. T/20171124/2140

CONTINUATION OF REPORT

Passenger			
Name	TEO WAI TENG, PAMELA		ID No. S8845802H
Related Vehicle	GU5868L (Van)		Contact No. 91850667
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	CHEW KEE SENG		ID No. S1486020G
Related Vehicle	GU5868L (Van)		Contact No. 97328808
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	CHONG MO-UE ANNE		ID No. S7014415H
Related Vehicle	SJL3875R (Car)		Contact No. 96706292
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 the above-mentioned date, time and place, I was driving my company van, a white Toyota Liteace (VRN: GU5868L), along Bayfront Ave. I was in the second lane. I stopped my vehicle at the traffic junction between Bayfront Ave and Marina Boulevard. I wanted to turn left into Marina Boulevard. When the traffic light turned green, I started to move my van and proceeded to turn left.

While my van was turning left, a red Mitsubishi Colt (VRN: SJL3875R), which was on my left, headed straight and collided into the front left side of my van. My van was dragged a short distance due to the collision and there was damage to my front bumper as well as the left side of my van. No police or ambulance was called. We exchanged particulars and left the scene. I wish to state that the third lane of bayfront avenue (which the Mitsubishi Colt was on) is a left-turn only lane but she proceeded straight. I will be bringing my passenger, Teo Wai Teng Pamela, to seek treatment due to complaints of head, neck



**SINGAPORE
POLICE FORCE**



T/20171124/2140

3 of 4

Police Station Of Origin:

Tiong Bahru NPP

128 Kim Tian Road #01-123 SINGAPORE

160128

Tel No: 1800-2739999

Report No. T/20171124/2140

CONTINUATION OF REPORT

and back aches from this accident. I will also be seeking medical treatment due to a pain in my left arm and upper back. That's all.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1486020G**

Name: **CHEW KEE SENG**

Birth Date: **21 Aug 1961**

Issue Date: **05 Mar 2007**

001482714B



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1486020G**

Name: **CHEW KEE SENG**

周 季 生

Race: **CHINESE**

Date of birth: **21-08-1961**

Sex: **M**

Country of birth: **SINGAPORE**

S1486020G




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

PASS DATE: **05 Mar 2007**

NP 428A

Licence No: **S1486020G**

4197692

NRIC No: **S1486020G**

Date of issue: **01-04-2008**

Address: **APT BLK 720 BEDOK RESERVOIR ROAD
#04-4690
SINGAPORE 470720**




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

Certificate Number : 5019739859-10

Cover : Third Party, Fire & Theft

- | | |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : GU5868L |
| Chassis Number | : CR420018629 |
| 2. Name of Policyholder | : J.T NETWORK PTE LTD |
| 3. Effective Date of Insurance | : 09 Apr 2017 |
| 4. Expiry Date of Insurance | : 08 Apr 2018 |
| 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)	: N/A
EXCESS (SECTION 2)	: N/A
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 : INSPRO INSURANCE BROKERS PTE LTD (00000690313)
Date of Issue : 27 Mar 2017 12:09 hrs
Reprint : 27 Mar 2017 12:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

General Claim

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5019739859-10	J.T NETWORK PTE LTD	199407288K	GCV	Third Party, Fire & Theft	GU5868L	GU5868L	09/04/2017	08/04/2018

▼ Policy Information

Policy No.	5019739859-10	Policyholder Name	J.T NETWORK PTE LTD	Policyholder NRIC	199407288K
Address	178 PAYA LEBAR ROAD #03-08 SINGAPORE 409030				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/03/2017	Effective Date	09/04/2017 00:00	Expiry Date	08/04/2018 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	INSPRO INSURANCE BROKERS	Agent Tel.	65383883	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	178 PAYA LEBAR ROAD	Address 2	#03-08	Address 3	SINGAPORE 409030
Address 4		Address Type	Singapore address	Post Code	409030
Unit No.		Related Policy Number	5019739859-10		

▶ Insured Object: GU5868L

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	09/04/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	com shd be 20%
2	09/04/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	com shd be 20%
3	09/04/2017 00:00	Changing Commission Rate	Endorsement Take Effective	The commission rate (MOTOR ACT) has been changed from 0.05 to 0.2 on 09/04/2017.

Continue

Cancel

Claim Handling

Accident MT/0971369

Policy No.	5019739859-10	Vehicle No.	GUS868L	GST Registration No.	
Policyholder Name	J.T NETWORK PTE LTD			Policyholder NRJC	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	96388335	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
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(%)	15		

Accident Details

Report Date	27/11/2017 18:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross
Date of Accident	24/11/2017	Time of Accident hh:mm	17:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC BAYFRONT AVE & MARINA BOULVD				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

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

Policyholder Mailing Address

Address 1	178 PAYA LEBAR ROAD	Address 2	#03-08	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5019739859-10		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	CHEW KEE SENG	Driver NRJC	S1486020G	Driving Experience	
Register Date of Driver License	05/03/2007	Driver Age	56	Contact No.(Home)	
Contact No.(Mobile)	97328808	Contact No.(Office)	0	Address 3	
Address 1	BLK 720	Address 2	BEDOK RESERVOIR ROAD	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	04-4690	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> 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	J.T NETWORK PTE LTD	Insured NRJC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GUS868L	TP Vehicle Number	
Claim Description	GUS868L / SJL3875R ON 24 Nov 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	27/11/2017 18:41	Claim Close Date		Date Received	
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0971369	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/11/2017 18:43
Path *	<input type="text"/> Browse... Clear		
Category *	Please Select <input type="text"/> NO Normal		

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:43	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:43	SAS	Normal	SAS ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 18:41	Photos	Normal	Photos

Video List

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