

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA/18015491

Date In: 31/1/18-16:49	Job description	Date & Time Completed	Done by
Ref No: NA/INCIP001915/24	SAS e-filing		
Veh No: SLV1251C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 29/1/18-18:45	i-Motor Claim Form	MT/0980354	21/1/18 17:29
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: Bicyclist

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

NA180684

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

Invoice Preparation Checklist

Amt (\$)

In Bill

Amt (\$)

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) RT: 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 / 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 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 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 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	31/01/2018 16:49
Date Of Accident	29/01/2018 18:45
Exact Location Of Accident	SLIP RD AMK AVE 8 TWDS AMK AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1251C
Insured/Policyholder	
Name Of Registered Owner	SJ MOTOR ENTERPRISE
Co Reg No	52838801X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96611118
Alternative Phone No	OFFICE-96611118

Vehicle Particulars

Manufacturer	HONDA
Model	-
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5075301428-02
Cover Note Number	-

Driver

Name of Driver	JOSEPH JOB HO
NRIC No	S7325723I
Date Of Birth	19/07/1973
Occupation	OUTDOOR
Date Of Driving Pass	21/10/2005
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98484886
Fax Number	
Contact Number	OFFICE-98484886
EMail Address	NOEMAIL

Address	BLK 292 BISHAN STREET 22 #15-71
Postcode	570292
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLIDED INTO BICYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180129/2163.

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	BICYCLIST
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ANG MEI GEE

Approximate Age

Injuries Sustain

RIGHT ELBOW

Injured person in which vehicle?

BICYCLIST

Were seat belts worn?

Was this 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.



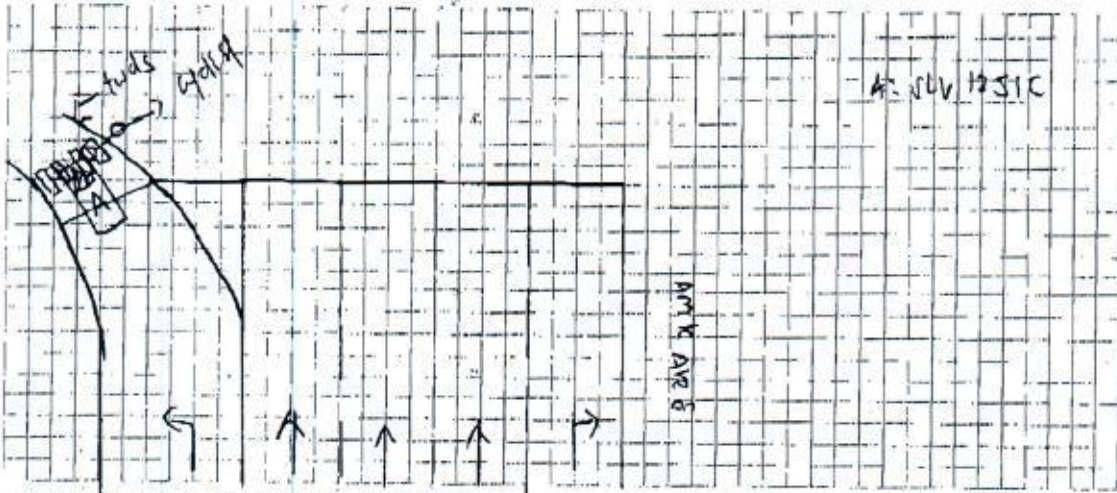
Policyholder's Signature
Date & Time:

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

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

GIA/MTC SketchPlanForm_v1.1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180129/2163.

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC Sketch/Plumform V4

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 1 / 18) (DD/MM/YYYY), TIME: (18 : 45) (HH:MM)

LOCATION: Slip Rd Amk Ave & Twins Amk Ave 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ 743 SLVD51C
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5075301428-02
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Commercial
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Commercial
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: SJ Motor Enterprise (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 52838801x CONTACT: 96611118 (John)
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Joseph Job Ho (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 573257231 CONTACT: 98484886
c) ADDRESS: B11c 292 Bishan Street 22 #15-71 (370292)

*d) DATE OF BIRTH: (19 / 7 / 1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21/10/2005 (class 3)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hired

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) - Right (Ang Mrs Lee) + right elbow

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

IF YES, PLEASE STATE WHICH POLICE STATION: Bedok South NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Cyclist MODEL: _____ *No of passengers (including driver) (1)
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____ *No of passengers (including driver) (1)
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = giantbb11@gmail.com

fax = sjmotor@singnet.com.sg



**SINGAPORE
POLICE FORCE**



T/20180129/2163

1 of 4

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20180129/2163

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2018 20:51	Vide Report No.:	Station Diary No.: 42
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Informant's Particulars			
Name of Informant: JOSEPH JOB HO		Address: APT BLK 292 BISHAN STREET 22 #15-71 SINGAPORE 570292	
ID Type / ID No.: NRIC NO / S7325723I		Contact No.: Home/Office: Mobile: 98484886	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 19/07/1973	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 29/01/2018 18:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ANG MO KIO AVENUE 8 ANG MO KIO AVENUE 1 Zebra crossing at the filter lane at Ang mo kio ave-8 going towards Ang mo kio ave 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV1251C	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Silver	No Damage	2

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



**SINGAPORE
POLICE FORCE**



T/20180129/2163

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Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20180129/2163

CONTINUATION OF REPORT

Driver				
Name	JOSEPH JOB HO		ID No.	S73257231
Related Vehicle	SLV1251C (Car)		Contact No.	98484886
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Cyclist				
Name	ANG MEI GEE		ID No.	NIL
Related Vehicle	NIL		Contact No.	96455015
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	Slight

Brief Details.

On the 29/01/2018 at about 1845hrs I was driving on my vehicle bearing, (SLV1251C) together with 2 other passengers travelling along Ang Mo Kio avenue 8 going towards Ang Mo Kio avenue 1. I then reached the filter lane to turn left towards Ang Mo Kio avenue 1. However there was a Zebra-crossing at the filter lane as such I stopped my vehicle and looked out for pedestrians before I decided to make the left turn. As I accelerated slowly forward pass the zebra-crossing suddenly I noticed that a female cyclist riding her bicycle at a fast speed from the right coming towards the Zebra-crossing. As such I immediately applied the brakes.

However I was not able to stop my vehicle on time as such the left side of the bicycle had hit onto the front right side of my vehicle. I then noticed that the female cyclist had fell onto the ground due to the accident. I then quickly got down from my vehicle and helped her out. I asked the female cyclist if she needed me to call for the ambulance but she mentioned to me that she was fine and did not need the ambulance. I then assist to bring her to the pavement on the left. I noticed the female cyclist had abrasion at her right elbow. I asked the cyclist a few times if she needed me to bring her to the clinic however she informed me that she was okay.

I then gave her my handphone number. The female cyclist refused to give me her particulars and informed me that she would give me a call. A passer-by then took her bicycle which was in the zebra-crossing and placed it at the left side of the road. A few mintues later the female cyclist got onto her bicycle and rode off the said location. After noticing that cyclist was getting back to her bicycle to cycle back I then left the said location. I am not sure if there was camera at the said accident location. I do not have in car camera installed in my vehicle. The two passengers in my vehicle namely, pearl(90075370) and Shayln Chan(96276337) had witnessed the entire incident. I am lodging this report for record purpose.



**SINGAPORE
POLICE FORCE**



T/20180129/2163

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Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20180129/2163

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180129/2163

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Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20180129/2163

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:
G /
Sgt 1 SARVESHVERAN S/O JAGATHESAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476423

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
29/01/2018 20:51

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S73257231**

Name: **HO KIAN CHONG (HE JIANCONG)**

Birth Date: **19 Jul 1973**

Issue Date: **01 Apr 2008**

001587230K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S73257231**



Name: **JOSEPH JOB HO**

Race: **CHINESE**

Date of birth: **19-07-1973**

Country/Place of birth: **SINGAPORE**

Sex: **M**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:


Class	Description	Pass Date
Class 2B	Motorcycles <= 200 CC	09 Jun 2011
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	21 Oct 2005

S73257231

S/No. 9000140986

NP 428A

License No: S73257231



5846304



NRIC No: **S73257231**



Date of issue: **03-01-2018**

Address: **APT BLK 292 BISHAN STREET 22
#15-71
SINGAPORE 570292**

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5075301428-02	SJ MOTOR ENTERPRISE	52838801X	GFT	drive CLASSIC	SLV1251C	SLV1251C	21/12/2017	

Policy Information

Policy No.	5075301428-02	Policyholder Name	SJ MOTOR ENTERPRISE	Policyholder NRIC	52838801X
Address	170 UPPER BUKIT TIMAH ROAD #03-50 BUKIT TIMAH SHOPPING CENTRE SINGAPORE 588179				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/10/2017	Effective Date	28/10/2017 00:00	Expiry Date	27/10/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	24464.96		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	INSMART (INSURANCE) AGENCY	Agent Tel.	68420766	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	170 UPPER BUKIT TIMAH ROAD	Address 2	#03-50 BUKIT TIMAH SHOPPING CENTRE	Address 3	SINGAPORE 588179
Address 4		Address Type	Singapore address	Post Code	588179
Unit No.		Related Policy Number	5097062117		

Insured Object: SLV1251C

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	30/10/2017 00:00	Basic Information Endorsement	000001286683244	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKB3057B 30-10-2017 \$1,401.94 In view of this amendment, an additional premium of \$1,401.94 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We</p>

The premium on this policy has not been collected.

Accident MT/09B0354

Policy No.	5075301428-02	Vehicle No.	SLV1251C	GST Registration No.	
Policyholder Name	SJ MOTOR ENTERPRISE			Policyholder NRIC	52838801X
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	966111118	Contact No.(Office)	0	Contact No.(Home)	0
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(%)	0	Private Hire	Yes

Accident Details

Report Date	31/01/2018 17:27	Accident Report within 24 hrs	Yes	Accident Type	Collided into Cyclist
Date of Accident	29/01/2018	Time of Accident hh:mm	18:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD AMK AVE @ TWDS AMK AVE 1				

Benefits

 Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

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

➤ **Policyholder Mailing Address**

Address 1	170, UPPER BUKIT TIMAH ROAD	Address 2	#03-50 BUKIT TIMAH SHOPPING	Address 3	SINGAPORE 588179
Address 4		Address Type	Singapore address	Post Code	588179
Line No.		Related Policy Number	5097062117		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/07/1973
Unnamed Driver Name	JOSEPH JOB HO	Driver NRIC	S73257231	Driving Experience	12
Register Date of Driver License	21/10/2005	Driver Age	44	Contact No.(Home)	0
Contact No.(Mobile)	95494585	Contact No.(Office)	0	Address 1	BISHAN HEIGHTS
Address 1	BLK 292	Address 2	BISHAN STREET 22	Post Code	570292
Address 4	SINGAPORE 570292	Address Type	Singapore address		
Unit No.	15-71				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	SJ MOTOR ENTERPRISE	Insured NRIC	52838801X
Contact No (Mobile)		Contact No (Home)		Contact No (Office)	64403100
Email Address		OS Vehicle Number	SLV1251C	TP Vehicle Number	83CYCL15T
Claim Description	SLV1251C / BICYCLIST ON 29 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	31/01/2018 00:00
Date Registered	21/01/2018 17:29	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0980354	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/01/2018 17:30		
Path *	Category *	Confidential	Urgency *	Description *	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="N/A"/> <input type="button" value="Y"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="N/A"/> <input type="button" value="Y"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="N/A"/> <input type="button" value="Y"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="N/A"/> <input type="button" value="Y"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="N/A"/> <input type="button" value="Y"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="N/A"/> <input type="button" value="Y"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>	

Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description	Mag Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-1-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:30	SAS	Normal	SAS 2018-1-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:30	Photos	Normal	Photos 2018-1-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:30	Photos	Normal	Photos 2018-1-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:30	Photos	Normal	Photos 2018-1-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:29	Photos	Normal	Photos 2018-1-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:29	Photos	Normal	Photos 2018-1-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:29	Photos	Normal	Photos 2018-1-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:29	Photos	Normal	Photos 2018-1-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:29	Photos	Normal	Photos 2018-1-31		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2018 17:29	Photos	Normal	Photos 2018-1-31		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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