

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MMA 118033073

| | | | |
|---------------------------|--|-----------------------|--------------|
| Date In: 9/3/18 14:55 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC19004560/h4 | SAS e-filing | | |
| Veh No: FBL 322J | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 3/3/18 10:30 | i-Motor Claim Form | MT/0985441 | 9/3/18 16:27 |
| 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:

FZ S612T

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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| NA1801570 | Invoice Preparation Checklist | Ant (\$) | Ant (\$) |
| | | Est Bill | Add Bil |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | 30.00 | |
| 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:- | | |
| QC Checked by (Engr-In-Charge): | OD: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| Auditors' Comments:- | *N8: DV / Collect Excess Coordination \$5 | | |
| Part 1: | TP (N11): TP (Non INC) against INC \$20 | | |
| Part 2 / 3: | 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 | 09/03/2018 14:55 |
| Date Of Accident | 03/03/2018 10:30 |
| Exact Location Of Accident | JUNC OF SENGKANG EAST WAY & PUNGGOL RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBL322J |
| Insured/Policyholder | |
| Name Of Registered Owner | WONG JOO CHUANG |
| NRIC No | S1571353D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92970660 |
| Alternative Phone No | OFFICE-92970660 |

Vehicle Particulars

| | |
|--|-----------------------|
| Manufacturer | ADIVA |
| Model | AR3 200 3-WHEELER CVT |
| 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 |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5080085253-01 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | WONG JOO CHUANG |
| NRIC No | S1571353D |
| Date Of Birth | 02/05/1956 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/07/1993 |
| Driving Experience | 24 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92970660 |
| Fax Number | |
| Contact Number | OFFICE-92970660 |
| EMail Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | BLK 250B COMPASSVALE ST #11-71 |
| Postcode | 542250 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| 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 | 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? | 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 |
| Passenger 1 | NAME: : CHEW CHWEE KEE |
| | GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | SENGKANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800 - 3438999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 | FZ5612T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

| | |
|---|---|
| Name | WONG JOO CHUANG |
| Approximate Age | |
| Injuries Sustain | ABRASION ON LEFT & RIGHT FOREARMS, RIGHT ABDOMEN, LEFT LOWER LIMB |
| Injured person in which vehicle? | FBL322J |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|---------------------------|
| Name | CHEW CHWEE KEE |
| Approximate Age | |
| Injuries Sustain | BACK, ABRASION LEFT ELBOW |
| Injured person in which vehicle? | FBL322J |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| 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.



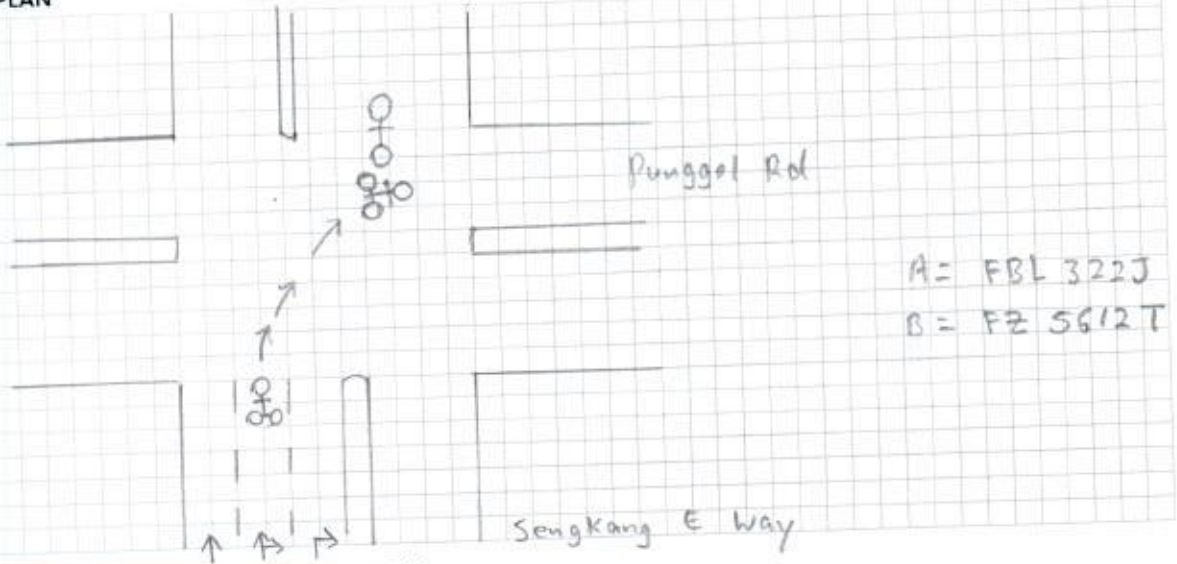
Policyholder's Signature
Date & Time:

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

Please Refer to Police Report.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 3 / 18) (DD/MM/YYYY), TIME: (10 : 30) (HH:MM)

LOCATION: Junc of Sengkang East Way & Punggol Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 322J
b) INSURANCE COMPANY: IMC
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 Use
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: Wong Joo chuang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9297 0660
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: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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)

7. a) REPORTED TO POLICE (YES / NO) Sengkang NPC
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: F2 5612T 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 = makmotor.

fax = _____



SINGAPORE POLICE FORCE



T/20180303/2089

1 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180303/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
03/03/2018 15:45

Vide Report No.:

Station Diary No.:
93

Informant's Particulars

Name of Informant:
WONG JOO CHUANG

Address:
APT BLK 250B COMPASSVALE STREET #11-71
SINGAPORE 542250

ID Type / ID No.:
NRIC NO / S1571353D

Contact No.:
Home/Office: Mobile: 92970660

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 61 02/05/1956

Type of Informant:
Rider

Race:
Chinese

Language:

Institution / School Name:

Occupation:
ICA

Driving Licence Information:
Class: Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Conveyed By Ambulance

Drink
Drive:
No

Date/Time of
Accident:
03/03/2018 10:30

Type of Location:
X-Junction

Location:
Junction of Road 1 and Road 2
SENGKANG EAST WAY
PUNGGOL ROAD
near St Ann Church

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:
Traffic Light - Working

Traffic Volume:
Moderate

Type of Collision:
Between Moving Vehicles - Head To Side

Anyone conveyed by
ambulance:
Yes

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|-------|-----------------------|-------|-------------------|-----------------|
| FBL322J | Motorcycle | ADIVA | AR3 200 3-WHEELER CVT | Blue | Seriously Damaged | 1 |
| FZ5612T | Motorcycle | | | Blue | Seriously Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



SINGAPORE POLICE FORCE



T/20180303/2089

2 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180303/2089

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBL322J | NTUC Income Insurance Co-Operative Limited | 5080085253-01 | 05/05/2017 | 04/05/2018 |

| Details of Person Involved | | | | |
|-----------------------------------|-------------------------|--|------------------------------------|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Pillion | | | | |
| Name | CHEW CHWEE KEE | ID No. | S1433063A | |
| Related Vehicle | FBL322J (Motorcycle) | Contact No. | 90839683 | |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL | |
| Date Treatment | 03/03/2018 | Date Discharge | 03/03/2018 | |
| No. of Days granted Medical Leave | 02 | Degree of Injury | Slight | |
| Rider | | | | |
| Name | WONG JOO CHUANG | ID No. | S1571353D | |
| Related Vehicle | FBL322J (Motorcycle) | Contact No. | 92970660 | |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL | |
| Date Treatment | 03/03/2018 | Date Discharge | 03/03/2018 | |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight | |
| Rider | | | | |
| Name | Unknown Rider | ID No. | NIL | |
| Related Vehicle | FZ5612T (Motorcycle) | Contact No. | NIL | |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | 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 | |



**SINGAPORE
POLICE FORCE**



T/20180303/2089

3 of 4

Report No. T/20180303/2089

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Brief Details.

On 03/03/2018, at around 1030hrs, while I was riding (Plate no: FBL322J) from seng kang east way to punggol road with the red traffic light, green turning arrow in my favor, the back of my left rear wheel was hit by another motorbike (FZ5612T) at the traffic light junction when he was riding straight along seng kang east way with the red light against his favor. All the three of us were conveyed by ambulance to Khoo Teck Puat Hospital. Both my wife (pillion) and myself receive an MC of 2 and 3 days respectively. I sustained abrasion on my left and right forearms, right abdomen, left lower limb. My wife injured her back when she landed on the ground and abrasion on her left elbow. I do not know how serious was the rider's (plate no: FZ5612T) injuries and I do not know his particulars.



**SINGAPORE
POLICE FORCE**



T/20180303/2089

4 of 4

Report No. T/20180303/2089

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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:

F /

Sgt 2 PHUA WEN XUE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

03/03/2018 15:45

Classification Of Case:

SN 085

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1571353D**

Name **WONG JOO CHUANG**

Birth Date **02 May 1956**

Issue Date **09 Jul 2003**

1000641862J



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1571353D**

Name **WONG JOO CHUANG**

黄裕全

CHINESE

Date of Birth **02-05-1956** Sex **M**

Country of Birth **SINGAPORE**

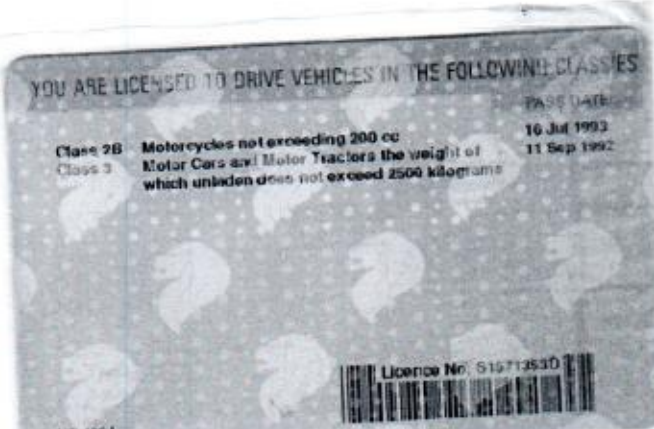



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

| | | | |
|----------|--|-------------|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | Valid until | 10 Jul 1993 |
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | Valid until | 11 Sep 1992 |

NP 420A

Licence No. **S1571353D**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1571353D**

Portrait of Wong Joo Chuang

APTELK 2508 COMPASSVALE STREET #11-71

SINGAPORE 542350

51571353D

Date **04-12-1999** No. **8112561**

APTELK 2508 COMPASSVALE STREET #11-71

SINGAPORE 542350

51571353D

Date **04-12-1999** No. **8112561**

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

03/03/2018 11:49

Vehicle No.(For Motor)

FBL322J

Search

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5080085253-01 | WONG JOO CHUANG | S1571353D | GMC | Comprehensive | FBL322J | FBL322J | 05/05/2017 | 04/05/2018 |

Continue

Claim Handling

Accident MT/0985441

| | | | | | |
|---------------------|--|---------------------|--|----------------------|-----------|
| Policy No. | 5080085253-01 | Vehicle No. | FBL322J | GST Registration No. | |
| Policyholder Name | WONG JOO CHUANG | Cover Type | Comprehensive | Policyholder NRIC | S1571353D |
| Product Code | MOTORCYCLE INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | 92970660 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode | No |
| KFK | <input type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 10 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |

▼ **Accident Details**

| | | | | | |
|-------------------|---------------------------------------|-------------------------------|-------|---------------------|----------------------------|
| Report Date | 09/03/2018 16:16 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Cross Junction |
| Date of Accident | 03/03/2018 | Time of Accident hh:mm | 10:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | JUNG OF SENGKANG EAST WAY & PUNGOL RD | | | | |

▼ **Benefits**

| | | | | | |
|-----------------------|--------|-----------------------------|--|-------------------|--|
| Own damage Excess | 300.00 | 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 | Yes |
| Modification History | | | |

▼ **Policyholder Mailing Address**

| | | | | | |
|-----------|-----------------|-----------------------|--------------------|-----------|------------------|
| Address 1 | BLK 250B #11-71 | Address 2 | COMPASSVALE STREET | Address 3 | SINGAPORE 542250 |
| Address 4 | | Address Type | Singapore address | Post Code | 542250 |
| Unit No. | 11-71 | Related Policy Number | 5080085253-01 | | |

▼ **OI Driver Info**

| | | | | | |
|---|--|---------------------|--------------------|------------------------|------------------|
| Driver Name | WONG JOO CHUANG | Driver Type | Main Driver | Driver DOB | 02/05/1956 |
| Unnamed driver Name | | Driver NRIC | S1571353D | Driving Experience | 24 |
| Register Date of Driver License | 16/07/1993 | Driver Age | 61 | Contact No.(Home) | |
| Contact No.(Mobile) | 92970660 | Contact No.(Office) | | Address 3 | SINGAPORE 542250 |
| Address 1 | BLK 250B #11-71 | Address 2 | COMPASSVALE STREET | Post Code | 542250 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 11-71 | | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | | |

Declaration

| | | | |
|-------------------------------------|------|-------------|--|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input type="radio"/> No |
|-------------------------------------|------|-------------|--|

Modification History

Claim 001 New

| | | | | | |
|--------------------------------|---------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | WONG JOO CHUANG | Insured NRIC | S1571353D |
| Contact No.(Mobile) | 92970660 | Contact No.(Home) | 68815501 | Contact No.(Office) | 64837003 |
| Email Address | wongjoc05@singnet.com.sg | OI Vehicle Number | FBL322J | TP Vehicle Number | FZ5612T |
| Claim Description | FBL322J / FZ5612T ON 3 Mar 2018 | | | Name of Preferred Workshop | 0 |
| Preferred Workshop Contact No. | 0 | Insured Liability * | Not at Fault | GIA report | Received |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | 09/03/2018 00:00 |
| Date Registered | 09/03/2018 16:25 | Claim Close Date | | | |
| Report Taken By | LIEW SHAN HUI | | | | |

☒ Print AK letter

Save Submit

Attachment

▼

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/0985441 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 09/03/2018 16:27 |

Path *

| | | | |
|---------------------|--------------|-----------|-------|
| Category * | Confidential | Urgency * | Descr |
| Clear Please Select | NO | Normal | |
| Clear Please Select | NO | Normal | |
| Clear Please Select | NO | Normal | |

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

3/9/2018

Claim Handling(accident reporting Claim Task)

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

| | | | |
|-------|---------------|----|--------|
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |

Sen

Attachment List

| Attachment | Uploaded By/Data | Category | Urgency | Description |
|------------|--|-----------------------|---------|--------------------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:27 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-3-9 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:27 | SAS | Normal | SAS 2018-3-9 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:27 | Photos | Normal | Photos 2018-3-9 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:27 | Photos | Normal | Photos 2018-3-9 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:27 | Photos | Normal | Photos 2018-3-9 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:27 | Photos | Normal | Photos 2018-3-9 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:26 | Photos | Normal | Photos 2018-3-9 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:26 | Photos | Normal | Photos 2018-3-9 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:26 | Photos | Normal | Photos 2018-3-9 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:26 | Photos | Normal | Photos 2018-3-9 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:26 | Photos | Normal | Photos 2018-3-9 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:26 | Photos | Normal | Photos 2018-3-9 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:25 | Photos | Normal | Photos 2018-3-9 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:25 | Photos | Normal | Photos 2018-3-9 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:25 | Photos | Normal | Photos 2018-3-9 |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Mar 2018 16:25 | Photos | Normal | Photos 2018-3-9 |

Video List

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

Display in New Window

Scan and uploading