

NATIONAL Assessment Centre Services. (not a service)

Date In: 14/03/2018 17:03	Job description	Date & Time Completed	Done by
Ref No: NA/INC18004897/K4	SAS e-Milling		
Veh No: FBES206R	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 12/03/2018 19:30	I-Motor Claim Form	MT/0986044	14/3/18 18:00
OD / TP / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 1hrs)		
	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: Yeh No: UNKNOWN INC () / Non-INC ()		
Owner / Drivers: (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: YBS () / 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

NA1801660	Invoice Preparation GR-8H15	Amk(S)	Amk(S)
Human's Particulars:	1) AR: Accident Reporting (\$20)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)		
Contact No:	3) TF: Towing Fee \$40/\$43		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	Forfeiture against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: (da DA + SMRT Survey) \$160		
	8) NTUC Additional Services:		
	Q11:		
	*N3: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DY / Collect Unsettled Coordination \$5		
	TE(N11): TP (Non INC) against INC \$30		
	9) N12: Idm Mobile \$10		
	Invoice dated	Paid Charged	Stamp
	Invoice dated	Paid Received	Stamp

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	14/03/2018 17:03
Date Of Accident	12/03/2018 19:30
Exact Location Of Accident	WOODLANDS AVE 2 TWDS WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5206R
Insured/Policyholder	
Name Of Registered Owner	CHUA SOH KHOON
NRIC No	S6805257B
Email Address	KIMHOE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97373560
Alternative Phone No	OTHERS-97373560

Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA RUNNER ST 200
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5050563431-06
Cover Note Number	

Driver

Name of Driver	TAN KIM HOE
NRIC No	S1348849E
Date Of Birth	10/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	22/09/1983
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97373560
Fax Number	
Contact Number	OTHERS-97373560
EMail Address	KIMHOE@HOTMAIL.COM

Address	BLK 513 WOODLANDS DRIVE 14 #09-187 HDB-WOODLANDS
Postcode	730513
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180314/2070 / T/20180314/2111

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	TAN KIM HOE
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBE5206R
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:

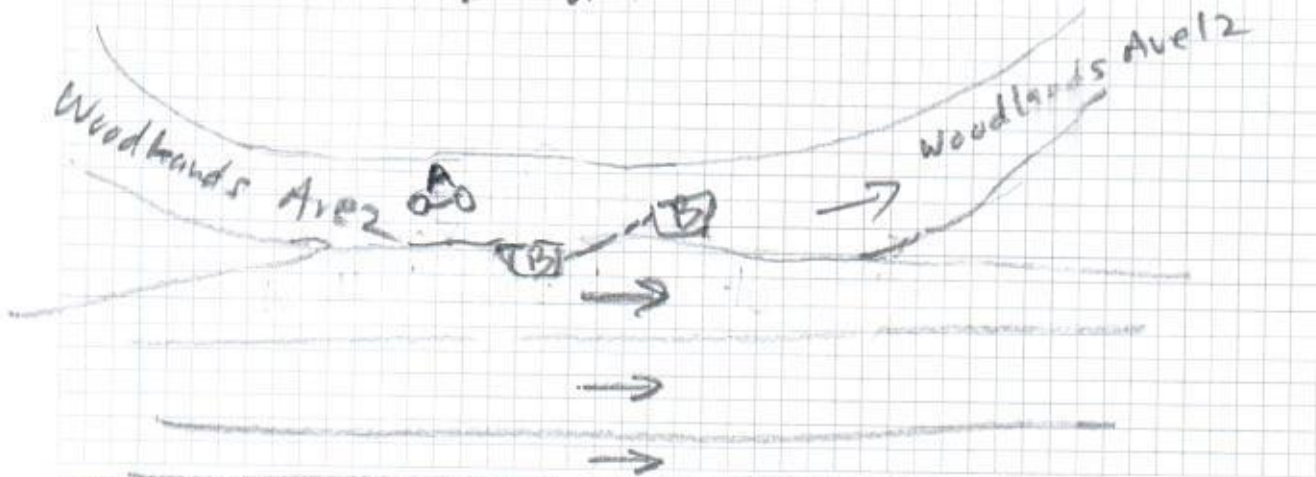
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

A - FBES206 R
B - UNKNOWN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report
T/20180314/2070
T/20180314/2111

DECLARATION

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

Policyholder's Signature
Date & Time:

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

[Signature] 14/3/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180314/2070

1 of 3

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

Report No. T/20180314/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2018 12:52	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: TAN KIM HOE		Address: APT BLK 513 WOODLANDS DRIVE 14 #09-187 HDB- WOODLANDS SINGAPORE 730513	
ID Type / ID No.: NRIC NO / S1348849E		Contact No.: Home/Office: Mobile: 97373560	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 10/05/1959	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/03/2018 19:30	Type of Location: Straight Road
Location: WOODLANDS AVENUE 2 WOODLANDS AVE 2 > WOODLANDS AVE 12				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5206R	Motorcycle	PIAGGIO	GILERA RUNNER ST 200	White		0



**SINGAPORE
POLICE FORCE**



T/20180314/2070

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

2 of 3

Report No. T/20180314/2070

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I was travelling along woodlands ave 2 > woodlands ave 12 on the extreme left lane traffic was slow moving, there's was a vehicle infront of me suddenly jam brake. I tried to brake and avoiding the collision by turning to the left, but could not react in time and collided into the vehicle rear portion. Afterwhich I was lying on the road waiting for help due to injury on left arm, left leg and right hand. The driver call ambulance for me.

That's all.



**SINGAPORE
POLICE FORCE**



T/20180314/2070

3 of 3

Report No. T/20180314/2070

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

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:
TP /
TONG HWEE SIONG

Signature Of Interpreter:
Not applicable

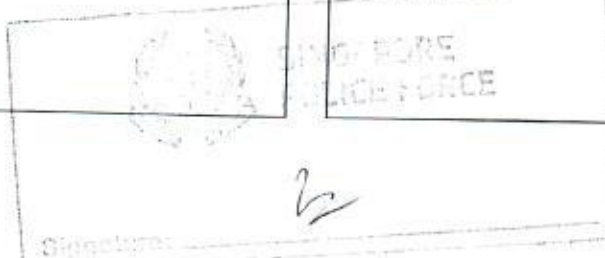
Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/03/2018 12:52

Classification Of Case:



T/20180314/2111

1673
Report No. T20180314/2111

Case Summary Form (CSF) For NP160

Motor Vehicle Incident No. T20180314/2111
 Report Number T20180314/2111
 Year Report Made 14/03/2018
 Date/Time of Report Made 14/03/2018 14:37
 Police Report Lodged Traffic Police Division 100
 Type of Incident Robbery
 Name of Informant TAN KIM HONG
 ID Type / ID No. NRIC NO / S15488488
 Police Officer
 Mobile 97373560
 Email
 Type of Accident Injury / Attended by Police
 Drink Drive No
 Anyone conveyed by ambulance Yes
 Date/Time of Accident 12/03/2018 19:30

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
FBES206R	Motorcycle	PIAGGIO	GILERA RUNNER ST 200	White		0
SJ1746K	Car	IGA	CERATO 1.8 AT ABS AIRBAG 2WD 4DR	Black		0



T/20180314/2111

2 of 3

Report No. T/20180314/2111

Continuation of CSF For NP168

Brief Facts:

On the above mentioned date, time and location, I was travelling along Woodlands ave 2 > Woodlands ave 12 on the extreme left lane traffic was slow moving. I saw a vehicle from 3 lanes of 4 lanes from my right wanting to shift into my lane, therefore I slow down and let him filter into my lane, the vehicle in front of me suddenly jam brakes. I tried to brake to avoid the collision by turning to the left, but could not stop in time and collided into the vehicle rear portion. After which I was lying on the road waiting for help due to injury on left arm, left leg and right hand. The driver call ambulance for me.

That's all.



Page No. 1 of 1
Report No. 1-20080742111

Continuation of CNY For NP164

Search Plot
Information is not able to provide search plot

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.

Case Sensitivity No
Officer-in-Charge of Case TP / GIT /
 YEO CHUN HAN
Classification of Case 1) INJURY / ATTENDED BY POLICE

 SINGAPORE
POLICE FORCE
Signature: 12

Reported on 14/3/2018
@ 1430hrs.

ACCIDENT STATEMENT

ACCIDENT DATE: 12/3/2018 (DD/MM/YYYY), TIME: 19:30 (HH:MM)

LOCATION: Woodlands Ave 2 towards Woodlands Ave 12

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE 5206R
b) INSURANCE COMPANY: _____
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: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97373560
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) spouses
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown 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 = Kim Hoe@hotmail.Com

fax = Kim hoe@hotmail.com ✓

Waiting for Motorcycle Photos?

*Waiting for Amended Police Report? ✓

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1348849E



Name
TAN KIM HOE

陳金和
Race
CHINESE

Date of Birth
10-05-1959

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number
S1348849E

Name
TAN KIM HOE

Exp. Date
10 May 1959

Issue Date
10 May 2003



000469799A

1772390




NRIC No. **S1348849E**

Blood Group
O+

Date of Issue
08-03-1994

APT BLK 513 WOODLANDS DRIVE 14 #09-187
SINGAPORE 730513


NRIC No: S1348849E Date: 04-05-1998 No: 2551610

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	22 Sep 1983
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	09 Jul 1981

NP 422A

Licence No: S1348849E



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 : 5050563431-06

1. Index mark and Registration Number of Vehicle	Cover : Third Party
Chassis Number	: FBES206R
2. Name of Policyholder	: ZAPM4640100004632
3. Effective Date of Insurance	: CHUA SOH KHOON
4. Expiry Date of Insurance	: 21 May 2017
5. Persons or Classes of Persons entitled to drive#	: 20 May 2018

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: CHUA SOH KHOON
NAMED DRIVER (2)	: TAN KIM HOE
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

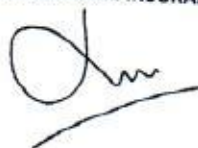
Agency	: DIRECT SALES (00000607801)
Date of Issue	: 09 May 2017 15:30 hrs
Reprint	: 09 May 2017 15:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

12/03/2018 19:30

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5050563431-06	CHUA SOH KHOON	S68052578	GMC	Third Party	FBE5206R	FBE5206R	21/05/2017	20/05/2018

Continue

▼ Policy Information

Policy No.	5050563431-06	Policyholder Name	CHUA SOH KHOON	Policyholder NRIC	S6805257B
Address	BLK 513 #09-187 WOODLANDS DRIVE 14 SINGAPORE 730513				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/05/2017	Effective Date	21/05/2017 00:00	Expiry Date	20/05/2018 23:59
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	DIRECT SALES	Agent Tel.	67886616	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 513 #09-187	Address 2	WOODLANDS DRIVE 14	Address 3	SINGAPORE 730513
Address 4		Address Type	Singapore address	Post Code	730513
Unit No.		Related Policy Number	5050563431-06		

▶ Insured Object: FBE5206R

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/0986044

Policy No.	5050563431-06	Vehicle No.	FBE5206R	GST Registration No.	
Policyholder Name	CHUA SOH KHOON	Cover Type	Third Party	Policyholder NRIC	S68
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97373560	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="No"/>
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	14/03/2018 17:51	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	12/03/2018	Time of Accident hh:mm	19:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 2 TWDS WOODLANDS AVE 12				

▼ 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	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 513 #09-187	Address 2	WOODLANDS DRIVE 14	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	730
Unit No.		Related Policy Number	5050563431-06		

▼ OI Driver Info

Driver Name	TAN KIM HOE	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S1348849E	Driver DOB	10/C
Register Date of Driver License	01/01/2000	Driver Age	58	Driving Experience	18
Contact No.(Mobile)	97373560	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 513	Address 2	WOODLANDS DRIVE 14	Address 3	
Address 4		Address Type	Singapore address	Post Code	730
Unit No.	#09-187 HDB-WOODLANDS				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CHUA SOH KHOON	Insured NRIC	S68
Contact No.(Mobile)	96676646	Contact No.(Home)	63645875	Contact No.(Office)	
Email Address		OI Vehicle Number	FBE5206R	TP Vehicle Number	UNK
Claim Description	FBE5206R / UNKNOWN ON 12 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	14/C
Date Registered	14/03/2018 17:59	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

3/14/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0985044

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

14/03/2018 18:00

Path *

Choose File No file chosen

Choose File No file chosen

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Message Read

Category *

Confidential

Urgency *

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 17:59	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 17:58	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 17:57	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 17:57	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 17:57	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 17:57	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 17:57	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 17:57	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 17:57	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 17:57	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 17:57	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 17:57	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 17:57	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Mar 2018 17:57	Photos	Normal	Photos 20:

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading