

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA 11804483

| | | | |
|--------------------------|--|-----------------------|--------------|
| Date In: 3/4/18 - 16:05 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INCR006148/24 | SAS e-filing | | |
| Veh No: 5M82612 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 1/4/18 - 20:00 | I-Motor Claim Form | MT/0988879 | 3/4/18 20:14 |
| 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: 5HD6563L 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: | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616) | | |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | | |
|--|---|--|-----------|-----------|
| NA1802056 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3: | Invoice Preparation Checklist: | | Am't (\$) | Am't (\$) |
| | 1) AR: Accident Reporting (\$30); | | for Bill | Add Bill |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| | 3) TF: Towing Fee \$40/\$45 | | | |
| | 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:- | | | |
| QP: | | | | |
| *N5: Courtesy Car / Tpt Allowance | \$5 | | | |
| *N6: Repair Co-ordination | \$10 | | | |
| *N7: Post Repair Inspection | \$25 | | | |
| *N8: DV / Collect Excess Coordination | \$5 | | | |
| TP (N11): TP (Non INC) against INC | \$20 | | | |
| 9) N12: Idac Mobile | \$0 | | | |
| Invoice dated | Fee Charged | | | |
| Invoice dated | Fee Charged | | | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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 | 03/04/2018 16:05 |
| Date Of Accident | 01/04/2018 20:00 |
| Exact Location Of Accident | CTE BEFORE BALESTIER RD EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SJM8261Z |
| Insured/Policyholder | |
| Name Of Registered Owner | RELIABLE RIDES PTE LTD |
| Co Reg No | 201611527N |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS 1.6 AUTO |
| 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 | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5097115453 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | SIA CHUON AIK JACK |
| NRIC No | S1821522E |
| Date Of Birth | 04/03/1967 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 05/08/1995 |
| Driving Experience | 22 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93895895 |
| Fax Number | |
| Contact Number | OFFICE-93895895 |
| Email Address | NOEMAIL |

Address BLK 488B TAMPINES STREET 45
#10-141

Postcode 521488

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 CHAIN COLLISION

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3

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) 4

Passenger 1 NAME: : -
GENDER: : MALE

Passenger 2 NAME: : -
GENDER: : FEMALE

Passenger 3 NAME: : -
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TAMPINES NORTH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 ,
COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7818999 - FAX NO: 67838603

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180402/2136.

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 SHD6563L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS325X
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) 1

DETAILS OF INJURED PERSON 1

Name SIA CHUON AIK JACK
Approximate Age
Injuries Sustain NOSE, MOUTH, SHOULDER, NECK & ARM
Injured person in which vehicle? SJM8261Z
Were seat belts worn? YES
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:

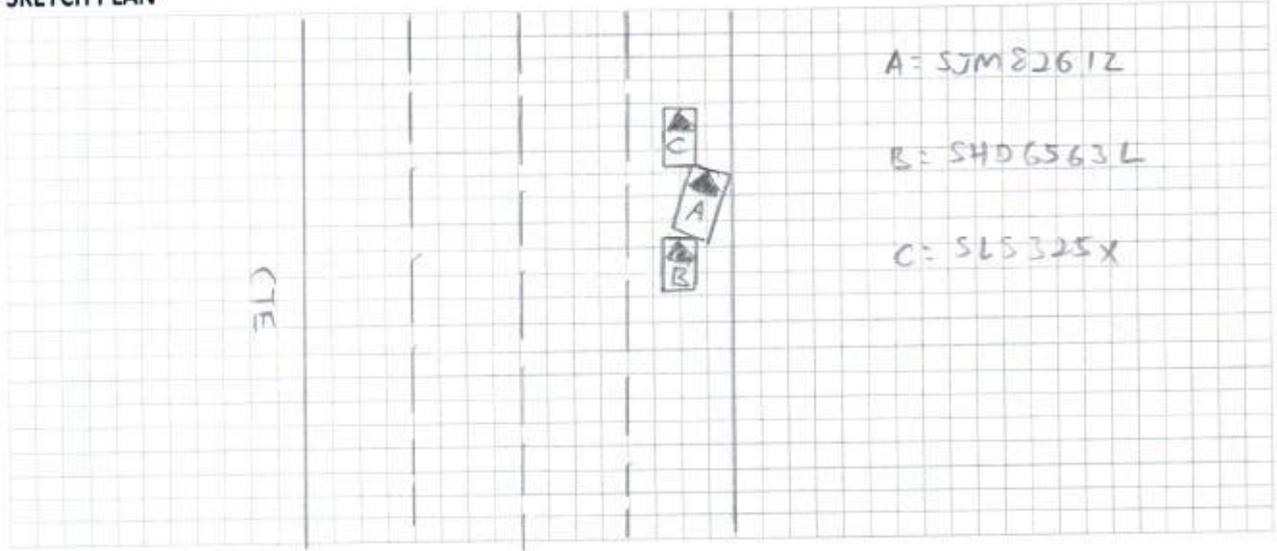


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

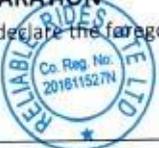


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20186402/2136.

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.:



Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180402/2136

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 02/04/2018 17:38 | Vide Report No.: E/20180401/0166 | Station Diary No.: 22 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | |
|--|------------|---|------------------------------|
| Name of Informant: SIA CHUON AIK JACK | | Address: APT BLK 488B TAMPINES STREET 45 #10-141 SINGAPORE 521488 | |
| ID Type / ID No.: NRIC NO / S1821522E | | Contact No.: Home/Office: | Mobile: 93895895 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 51 | Date of Birth: 04/03/1967 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: GRAB Driver | | Driving Licence Information: Class: 3 | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|----------------------------------|----------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 01/04/2018 20:00 | Type of Location: Expressway |
| Location: CENTRAL EXPRESSWAY Along CTE on lane 1 towards Seng Poh Road | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: Heavy | |
| Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|----------|---|--------|-----------|-----------------|
| SHD6563L | Car | HYUNDAI | I40 1.7L CRDI AT ABS AIRBAG 4DR | Blue | | 0 |
| SJM8261Z | Car | TOYOTA | COROLLA ALTIS 1.6 AUTO | Silver | | 3 |
| SLS325X | Car | INFINITI | Q30 1.5D DCT | Brown | | 0 |



Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180402/2136

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | LOW HWEE LIANG, COLLIN | ID No. | S8020139G |
| Related Vehicle | SHD6563L (Car) | Contact No. | 86863344 |
| 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 |
| Driver | | | |
| Name | SIA CHUON AIK JACK | ID No. | S1821522E |
| Related Vehicle | SJM8261Z (Car) | Contact No. | 93895895 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 01/04/2018 | Date Discharge | 02/04/2018 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | NIL |
| Driver | | | |
| Name | HENRY YANG YEE MENG | ID No. | S7916128D |
| Related Vehicle | SLS325X (Car) | Contact No. | 84813350 |
| 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 01/04/2018 at about 2000hrs, I was driving my GRAB car (SJM8261Z) with 3 passengers on board travelling on CTE on lane 1 towards Seng Poh Road. I was travelling at a speed of about 80km/hr.

After passing Jalan Bahagia (opposite direction) near to Australian School, I saw the car (SLS325X) ahead came to a stop. Immediately, I jammed brake to avoid the collision. A few seconds later, I felt impact coming from the rear. A taxi (SHD6563L) hit the rear of my car causing my car to swerve to the right. My head was slammed onto the steering wheel, my car spin and hit the divider railing. Due to the impact, the airbag of my car was activated and my car slightly hit on the front car which caused the paint



**SINGAPORE
POLICE FORCE**



T/20180402/2136

3 of 4

Report No. T/20180402/2136

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

to be chip off.

My nose and mouth was bleeding. My passengers did not sustain any injury. Shortly, Traffic Police and Ambulance arrived at scene. I refused to be convey to hospital because I did not want to abandon my car and passengers behind.

I exchanged particulars with the drivers involved. My passengers took a taxi back home. The Traffic Police officer took my in-car CCTV camera for investigation and issued me a medical form for referral to the hospital.

After the accident, I felt unwell and seek medical treatment at Changi General Hospital. I was given 4 days of outpatient sick leave from 01/04/2018 to 04/04/2018. I have follow-up appointment to the hospital due to my nose bone fractured. My next appointment is on 17/04/2018.



**SINGAPORE
POLICE FORCE**



T/20180402/2136

4 of 4

Report No. T/20180402/2136

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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 2 MUHAMMAD ISA BIN MD RASHID

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/04/2018 17:38

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200



SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp

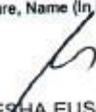
NP168

SIGNATURE

ORIGINAL

MEDICAL CERTIFICATE

EMD201862585

| | | |
|--|---|--|
| Name SIA CHUON AIK JACK | | NRIC No. S1821522E |
| This is to certify that the above-named is unfit for duty for a period of <u>4</u> days from <u>01-Apr-2018</u> to <u>04-Apr-2018</u> inclusive. | | |
| Type of medical leave granted : <input type="checkbox"/> Hospitalization Leave <input checked="" type="checkbox"/> Outpatient Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Sterilization Leave. | | |
| Admitted on : _____ Discharged on : _____ | Delivered on : _____ Operated on : _____ | |
| This certificate is not valid for absence from court attendance. | | |
| Diagnosis | Surgical Operation (if applicable) | |
| Fit for light duty from <u>N.A.</u> to <u>N.A.</u> Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary. | | |
| Hospital/Clinic Emergency Medicine Changi General Hospital | Ward No. CGH Accident & Emergency Date 02-Apr-2018 | Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  NATESHA EUSOOF ANGULLIA , 63215E |

REPUBLIC OF SINGAPORE DRIVING LICENCE

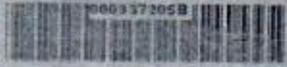
License Number: S1821522E

Name: SIA CHUON AIK JACK

Birth Date: 04 Mar 1967

Issue Date: 20 Oct 2003

000337205B

REPUBLIC OF SINGAPORE

IDENTITY CARD NO: S1821522E



Name: SIA CHUON AIK JACK

盛俊溢

Race: CHINESE

Date of Birth: 04-03-1967

Sex: M

Country/Place of Birth: SINGAPORE





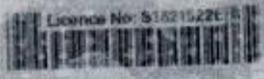
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

CLASS 3: Motor Cars and Motor Tricycles the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 05 Aug 1999

NO 420A

License No: S1821522E



5478157



NRIC No: S1821522E



Date of Issue: 02-06-2015

Address: APT BLK 488B TAMPINES STREET 45 #10-141 SINGAPORE 521488

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"/> | 5097115453 | RELIABLE RIDES PTE LTD | 201611527N | GPC | drive CLASSIC | SJM8261Z | SJM8261Z | 16/01/2018 | 15/01/2019 |

▼ **Policy Information**

| | | | | | |
|-----------------------------|--|-----------------------------|------------------------|-------------------|------------------|
| Policy No. | 5097115453 | Policyholder Name | RELIABLE RIDES PTE LTD | Policyholder NRIC | 201611527N |
| Address | 8 KAKI BUKIT AVENUE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy Issue Date | 02/01/2018 | Effective Date | 16/01/2018 00:00 | Expiry Date | 15/01/2019 23:59 |
| Third Party Excess | 1500 | Own damage Excess | 1000 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 3000 | Outside Singapore TP Excess | 3000 | | |
| Agent | TAN INSURANCE BROKERS PTE | Agent Tel. | NIL | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ **Policyholder Mailing Address**

| | | | | | |
|-----------|-----------------------|-----------------------|-----------------------------|-----------|------------------|
| Address 1 | 8 KAKI BUKIT AVENUE 4 | Address 2 | #05-50 PREMIER @ KAKI BUKIT | Address 3 | SINGAPORE 415875 |
| Address 4 | | Address Type | Singapore address | Post Code | 415875 |
| Unit No. | 05-50 | Related Policy Number | 5099409323 | | |

▶ **Insured Object: SJM8261Z**

▼ **Endorsements**

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Continue Cancel

• Exit

Claim Handling

Accident MT/098879

| | | | | | |
|-----------------------------------|---|-------------------------------|---|----------------------|------------|
| Policy No. | S097115453 | Vehicle No. | SJM8261Z | GST Registration No. | |
| Policyholder Name | RELIABLE RIDES PTE LTD | Cover Type | drive CLASSIC | Policyholder NRIC | 201611527N |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | 0 | Loading | 0 |
| Contact No.(Mobile) | 0 | Special Remark | | Contact No.(Home) | 0 |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | TC |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 0 | eCode Reason | |
| NCD Protection | No | Accident Report Within 24 hrs | Yes | Private Hire | Yes |
| Accident Details | | | Accident Type | Chain Collision | |
| Report Date | 03/04/2018 20:12 | Time of Accident hh:mm | 20:00 | Country of Accident | Singapore |
| Date of Accident | 01/04/2018 | Orange Force | | ICM No. | |
| Reporting Centre | | | | | |
| Accident Location | CITE BEFORE BALESTIER RD EXIT | | | | |
| Benefits | | | | | |
| Excess | | | | | |
| Own damage Excess | 1,000.00 | Additional Excess | 0.00 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | 3,000.00 | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | 3,000.00 | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | GST Status Verified | No |
| GST Registration No. | | | | | |
| Modification History | | | | | |

| | | | | | |
|---|---|-----------------------|-----------------------------|------------------------|------------------|
| Policyholder Mailing Address | | | | | |
| Address 1 | 8 KAKI BUKIT AVENUE 4 | Address 2 | #05-50 PREMIER @ KAKI BUKIT | Address 3 | SINGAPORE 415875 |
| Address 4 | | Address Type | Singapore address | Post Code | 415875 |
| Unit No. | 05-50 | Related Policy Number | S09574932 | | |
| OT Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 04/03/1967 |
| Unnamed driver Name | SIA CHUN AN JACK | Driver NRIC | S1821522E | Driving Experience | 22 |
| Register Date of Driver License | 05/05/1995 | Driver Age | 51 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 93895895 | Contact No.(Office) | 0 | Address 1 | SINGAPORE 521408 |
| Address 1 | BUK 4888 | Address 2 | TAMPINES STREET 45 | Post Code | 521488 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 10-141 | | | | |
| 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 checked="" type="radio"/> Yes <input type="radio"/> No |

Modification History

Claim 001 **New**

| | | | | | |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | DD-MX | Insured Name | RELIABLE RIDES PTE LTD | Insured NRIC | 201611527N |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | 66351820 |
| Email Address | | OT Vehicle Number | SJM8261Z | TP Vehicle Number | SHD6563L |
| Claim Description | SJM8261Z / SHD6563L ON 1 Apr 2018 | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | GIA report | Received |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | 03/04/2018 00:00 |
| Date Registered | 03/04/2018 20:14 | Claim Close Date | | | |
| Report Taken By | Jackson | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |
| <input type="button" value="Save"/> <input type="button" value="Submit"/> | | | | | |

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/098879 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 03/04/2018 20:17 |

| Path * | Category * | Confidential | Urgency * | Description * |
|---|---------------|--------------------------|-----------|---------------|
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | <input type="checkbox"/> | Normal | |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | <input type="checkbox"/> | Normal | |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | <input type="checkbox"/> | Normal | |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | <input type="checkbox"/> | Normal | |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | <input type="checkbox"/> | Normal | |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | <input type="checkbox"/> | Normal | |

Send Message

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) | Action |
|------------|---|-----------------------|---------|--------------------------------|----------------|----------------------|
| | NAC_PAYA_UBI_8006011(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:17 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006012(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:17 | SAS | Normal | SAS 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006013(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006014(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006015(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006016(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006017(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006018(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006019(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006020(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006021(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006022(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006023(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006024(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006025(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006026(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006027(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006028(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006029(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006030(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006031(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006032(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006033(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006034(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006035(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006036(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006037(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006038(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006039(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |
| | NAC_PAYA_UBI_8006040(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Apr 2018 20:16 | Photos | Normal | Photos 2018-4-3 | | Edit |

Video List

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