

**NATION 17 Assessment Centre Services**

Date: <b>11/04/18</b>	Job description	Date & Time Completed	Done by
Ref: <b>NA/INC18006687/13</b>	SAS e-filing		
Veh No: <b>6BE485J</b>	E-mail (w/da, 8da, All 2hrs)		
DOCA: <b>11/04/18 0720</b>	i-Motor Claim Form <b>25/0990009</b>		
OID: <b>(1)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Injurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( **N-51** ) Tel: Fax: )

IP Particulars: Veh No: **5JK6861R** INC ( ) / Non-INC ( ) Tel: )

Owner / Driver ( ) Period ( ) Cover Type: ( )

Policy No: ( ) Date: Time: )

Confirmed by: ( )

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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
NA1802256	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idnc DA + SMRI Survey \$160		
	8) NTUC Additional Services:-		
	OI*		
	*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 (N-n INC) against INC \$20		
	9) N12: Idnc Mobile \$0		
	Invoice date / 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	11/04/2018 15:39
Date Of Accident	11/04/2018 07:30
Exact Location Of Accident	AMK AVE 6 TWDS LENTOR AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE485J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INSTA-WELL ELECTRICAL ENGINEERING PTE LTD
Co Reg No	199302236Z
Email Address	INSTAWELL@INSTAWELL.COM.SG
Mobile Phone No	(LOCAL) +65-90269869
Alternative Phone No	OFFICE-67447754

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093262951
Cover Note Number	

### Driver

Name of Driver	TAY BOO YONG
NRIC No	S1549674F
Date Of Birth	29/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	15/04/1983
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93677834
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 1 ANG MO KIO ST 66 #04-01
Postcode	567705
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	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	
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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180411/2044

#### 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	SJK6861R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96788986
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKB6582G  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLN2364X  
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SGF1622J  
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 TAY BOO YONG  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? GBE485J  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

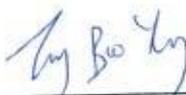
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.







 11/04/18

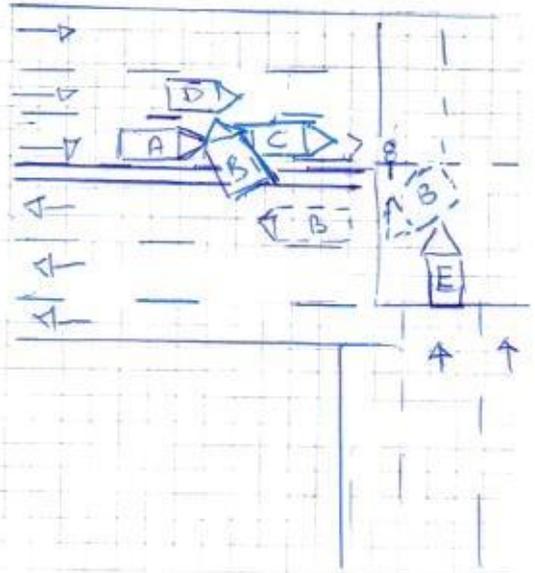
Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**

Vehicle A: GBE485J.  
 Vehicle B: SJK6861R.  
 Vehicle C: SKB6582G.  
 Vehicle D: SLN2364X.  
 Vehicle E: SGF1622J.



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

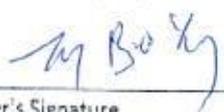
On the stated date & time, I was driving on the stated venue. The traffic Light was red so I stopped behind SKB6582G. Suddenly, SJK6861R from the opposite Road flew over E1 hit onto my car and also the car in front of me E1 beside me C (SLN2364X) When I alighted I realized I was involved in a 5 cars accident.

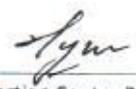
**DECLARATION**

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:

 11/04/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180411/2044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/04/2018 11:28	Vide Report No. : F/20180411/0053	Station Diary No. : 60
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**Informant's Particulars**

Name of Informant: TAY BOO YONG		Address: APT BLK 1 ANG MO KIO STREET 66 #04-01 SINGAPORE 567705	
ID Type / ID No. : NRIC NO / S1549674F		Contact No. : Home/Office:	Mobile: 93677834
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 29/10/1962	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/04/2018 07:30	Type of Location: X-Junction
Location: Along Road 1 ANG MO KIO AVENUE 6 TOWARDS LENTOR AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE485J	Van				Seriously Damaged	0
SGF1622J	Car					0
SJK6861R	Car					1
SKB6582G	Car					0
SLN2364X	Car					0



Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver		ID No.	S1549674F
Name	TAY BOO YONG	Contact No.	93677834
Related Vehicle	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 11/04/2018 at about 0730hrs, I was driving along Ang Mo Kio Ave 6 heading towards Lentor Ave.

My van was stationary at the red light at the X-junction of Ang Mo Kio Ave 6 and Yio Chu Kang Rd. Out of a sudden, a car from the opposite side of the road swerve and flew over into my lane and was overturned. The said car had hit 3 stationary vehicles on my side of the road, including my van. I realised that a total of 5 vehicles were involved in the accident.

I was not injured during the accident. However, the front portion of my van, grille and bumper were badly damaged.

Traffic police attended to the accident.

I am lodging this report as instructed by the traffic police vide F/20180411/0053.



Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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 HAMIZAN BIN RITWAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/04/2018 11:28

Officer In Charge Of Case:

TP / GIT /

SI NG CHWEE THENG

Contact No.: 65476397

Classification Of Case:

Authentication Stamp

NP168

 SINGAPORE  
POLICE FORCE



SIGNATURE

<b>Vehicle No.</b>	G8E 485J.	<b>Model / Make</b>	NV350.
<b>Date of Accident</b>	11 <sup>th</sup> April 2018		
<b>Time of Accident</b>	7.30am.	<b>HRS</b>	
<b>Location of Accident</b>	Ang mo Kio Ave 6 toward Lentor Ave.		
<b>Exact purpose use during accident</b>	work.		
<b>Name of Owner</b>	Insta-Well electrical Engineering Pte Ltd.		
<b>Telephone No.</b>	H/P :	Home :	Office :
<b>NRIC</b>			
<b>Address</b>	B1K10 UBI Crescent #03-33 (Lobby B) Ubi Techpark (S) 408564.		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	<b>Comprehensive</b>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5093262951		
<b>Name of Driver</b>	As Above If No, Tay Boo Yang		
<b>NRIC</b>	S1549074F.	<b>Any Passengers :</b>	No.
<b>Date of birth</b>	29/10/1962.		
<b>Occupation</b>	<b>Outdoor</b>	/	<b>Indoor</b>
<b>Driving License Pass Date</b>	15 <sup>th</sup> April 1982		
<b>Gender</b>	<b>Male</b>	/	<b>Female</b>
<b>Contact No.</b>	H/P :	Home :	Office :
<b>Address</b>	B1K1 Ang mo Kio St 66 #04-01 (S) 567705.		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	<b>Employee,</b>	If no, state	
<b>Weather condition</b>	<b>Clear</b>	Raining	Other
<b>Road Surface</b>	<b>Dry</b>	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SJK 6861 R.	<b>Any Passengers :</b>	Yes
<b>Name of Driver</b>	96788986	<b>Contact No. :</b>	
<b>Vehicle C No.</b>	SKB 6582 G.	<b>Any Passengers :</b>	NO.
<b>Vehicle D No.</b>	SLN 2364 X.	<b>Any Passengers :</b>	NO
<b>Vehicle E no.</b>	SGF 1622 J.	<b>Any Passengers :</b>	NO.
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Front.		
<b>Camera Recorder</b>	Yes / <b>No</b>		
<b>Email Address</b>	instawell@instawell.com.sg		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / <b>No</b>
<b>PARTICULAR WORKSHOP</b>	NSI Automotive Pte Ltd.		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>			
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@nsi.com.sg		

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1549674F**

Name: **TAY BOO YONG**

Birth Date: **29 Oct 1962**

Issue Date: **25 Mar 2003**

000323503J




**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1549674F**



Name  
**TAY BOO YONG**

**郑富荣**

Race  
**CHINESE**

Date of birth  
**29-10-1962**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**

S1549674F

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	03 Mar 1986
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Apr 1983

NP 428A

Licence No. S1549674F



5877522



NRIC No. S1549674F



Date of issue  
**23-02-2018**

Address  
**APT BLK 1 ANG MO KIO STREET 66**  
**#04-01**  
**SINGAPORE 567705**

### 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)

<b>Certificate Number</b> : 5093262951	<b>Cover</b> : Comprehensive
1. Index mark and Registration Number of Vehicle	: GBE485J
Chassis Number	: JN1MC2E26Z0004338
2. Name of Policyholder	: INSTA-WELL ELECTRICAL ENGINEERING PTE LTD
3. Effective Date of Insurance	: 26 Aug 2017
4. Expiry Date of Insurance	: 25 Aug 2018
5. Persons or Classes of Persons entitled to drive#	
(a) The Policyholder.	
(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6. Limitations as to Use#	
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.	
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.	

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : NEW TIMES MOTOR& INS AGY PL (00000571791)  
 Date of Issue : 07 Aug 2017 16:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

**Claim Handling**

Accident MT/0990009

Policy No.	5093262951	Vehicle No.	GBE485J	GST Registration No.	M201140587
Policyholder Name	INSTA-WELL ELECTRICAL ENGINEERING PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	199302236Z
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)	67447754	Loading	0
Contact No.(Mobile)	90269869	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No

▼ **Accident Details**

Report Date	12/04/2018 09:24	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	11/04/2018	Time of Accident hh:mm	07:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AMK AVE 6 TWDS LENTOR AVE				

▼ **Benefits**

▼ <b>Excess</b>		Windscreen Excess	1
Own damage Excess	600.00	Additional Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

▼ **GST Registered Information**

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	M201140587	GST Status Verified	No
Modification History			

▼ **Policyholder Mailing Address**

Address 1	10 UBI CRESCENT	Address 2	#03-33 UBI TECHPARK	Address 3	SINGAPORE 408564
Address 4		Address Type	Singapore address	Post Code	408564
Unit No.		Related Policy Number	5093262951		

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/10/1962
Unnamed driver Name	TAY BOO YONG	Driver NRIC	S1549674F	Driving Experience	34
Register Date of Driver License	15/04/1983	Driver Age	55	Contact No.(Home)	0
Contact No.(Mobile)	93677834	Contact No.(Office)	0	Address 3	SINGAPORE 567705
Address 1	1 ANG MO KIO STREET 66	Address 2	FLORAVIEW	Post Code	567705
Address 4		Address Type	Singapore address		
Unit No.	#04-01	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>				

Declaration

Breathalyser 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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	INSTA-WELL ELECTRICAL ENGIN	Insured NRIC	199302236Z
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67447754
Email Address	INSTAWELL@INSTAWELL.COM.S	OI Vehicle Number	GBE485J	TP Vehicle Number	SJK6861R
Claim Description	GBE485J / SJK6861R ON 11 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	12/04/2018 00:00
Date Registered	12/04/2018 09:34	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/0990009	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/04/2018 00:00
Path *		Category *	Confidential
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	NO
Choose File	No file chosen	Clear	NO

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/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Apr 2018 09:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Apr 2018 09:33	SAS	Normal	SAS 2018-4-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Apr 2018 09:33	Photos	Normal	Photos 2018-4-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Apr 2018 09:33	Photos	Normal	Photos 2018-4-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Apr 2018 09:31	Photos	Normal	Photos 2018-4-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Apr 2018 09:31	Photos	Normal	Photos 2018-4-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Apr 2018 09:31	Photos	Normal	Photos 2018-4-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Apr 2018 09:31	Photos	Normal	Photos 2018-4-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Apr 2018 09:31	Photos	Normal	Photos 2018-4-12
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Apr 2018 09:31	Photos	Normal	Photos 2018-4-12

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	