

NATION 17 Assessment Centre Services

Date In: 14/04/2018	Job description	Date & Time Completed	Done by
Ref: NA/INC/18006894/13	SAS e-filing		
Veh No: SJL 9018J	E-mail (within 8hrs, M-F 2hrs)		
DOCA: 13/04/18 1345	i-Motor Claim Form MT/0990365-001		
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (within 10D 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: (N-51	Tel:	Fax:
TP Particulars:	Veh No: SJL 7288J	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

NA1802329	Invoice Preparation Checklist <table border="1"> <thead> <tr> <th></th> <th>Amt (\$)</th> <th>Amt (\$)</th> </tr> <tr> <th></th> <th>1st Bill</th> <th>Add Bill</th> </tr> </thead> <tbody> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$80)</td> <td></td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> <td></td> </tr> <tr> <td>7) NI: Idue DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td>OD:</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non-INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N12: Idue Mobile</td> <td>\$10</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> </tbody> </table>		Amt (\$)	Amt (\$)		1st Bill	Add Bill	1) AR: Accident Reporting (\$30);			2) DA: Damage Assessment (\$100); INC (\$80)			3) TP: Towing Fee \$40/\$45			4) FT: Follow-Through Survey \$120			5) FT: Follow-Through Survey (Resurvey) \$30			For claiming against INC Only (wef 10 Jan 2005)			6) TR: Re-inspection \$75			7) NI: Idue DA + SMRT Survey \$160			8) NTUC Additional Services:-			OD:			*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: Idue Mobile	\$10		Invoice dated	Fee Charged		Invoice dated	Fee Charged	
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Claimant's Particulars :-																																																													
Driver/Owner:																																																													
Contact No:																																																													
Damaged Portion:																																																													
QC Checked by (Engr-In-Charge):																																																													
Auditors' Comments :-																																																													
Cat. 1:																																																													
Cat. 2/3:																																																													

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	14/04/2018 09:44
Date Of Accident	13/04/2018 13:45
Exact Location Of Accident	PIE TWDS CHANGI B4 TOA PAYOH LOR 6 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9018J
Insured/Policyholder	
Name Of Registered Owner	KTS ENTERPRISE
Co Reg No	53350065J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90443883

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094129955
Cover Note Number	

Driver

Name of Driver	KOH TONG SENG
NRIC No	S7011066J
Date Of Birth	01/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	07/07/1997
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90443883
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 226E ANG MO KIO AVE 1 #02-701
Postcode	565226
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - CO-OWNER
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	SJL7288J
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 2

Vehicle Registration Number	SLR7208K
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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

KOH TONG SENG

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SJL9018J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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:

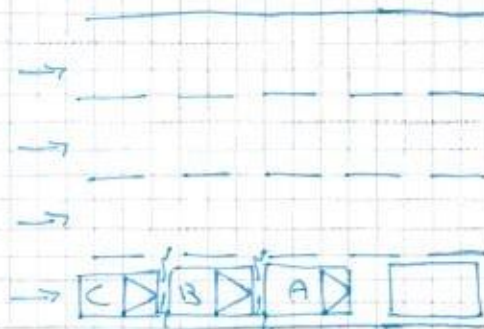
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

PIE TOWARDS CHANGI BEFORE

VEHICLE A - SSL 9018 J
 VEHICLE B - SSL 7288 J
 VEHICLE C - SLR 7208 K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARDS CHANGI BEFORE TOA PAYON LOR 6 EXIT, I WAS ON THE EXTREME RIGHT LANE.

WHILE TRAVELLING STRAIGHT AHEAD, DUE TO THE VEHICLE IN FRONT SLOWING DOWN, AND SO I TOO APPLIED BRAKE TO SLOW DOWN, SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE BEARING (SSL 7288 J) THAT COLLIDED TO THE REAR OF MY VEHICLE, WHEN I WAS SLOWING MY VEHICLE. AND IT WAS A CHAIN COLLISION INVOLVING 3 VEHICLES.

VEHICLE A - SSL 9018 J
 VEHICLE B - SSL 7288 J
 VEHICLE C - SLR 7208 K

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)

Reporting Centre Personnel's Signature

Name:

KTS Enterprise
 53350065J

14/04/18

Vehicle No.	532 9018J	Model / Make	TOYOTA AURA
Date of Accident	13/04/2018		
Time of Accident	1345	HRS	
Location of Accident	PIE TOWARDS CHANGI BEFORE TOH PAJEN LOR 6 EXIT		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	KTS ENTERPRISE		
Telephone No.	H/P : 9044 3883	Home :	Office :
NRIC	53350065J		
Address	226E ANH MO KIO AVE 1 #02-701 ICEBUN BARN MALL S(565226)		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	5094129955		
Name of Driver	As Above If No, KOH TONG SEAH		
NRIC	57011066J	Any Passengers :	NIL
Date of birth	01/04/1970		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	07 JUL 1997		
Gender	<u>Male</u> / Female		
Contact No.	H/P : 9044 3883	Home :	Office :
Address	BLK 226E ANH MO KIO AVE 1 #02-701 S(565226)		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee,	If no, state	CO. OWNER
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	<u>No</u> , If Yes, Who?		
Name And Contact No.	KOH TONG SEAH		
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	53L 7288J	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	SLR 7209 K	Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	<u>Yes / No</u>		
Email Address			
PARTICULAR WORKSHOP	N51 AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7011066J**

Name: **KOH TONG SENG**

Birth Date: **01 Apr 1970**
Issue Date: **26 Feb 2004**



 001141730J

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7011066J**

Name: **KOH TONG SENG**



許東成

Race: **CHINESE**
Date of Birth: **01-04-1970** Sex: **M**
Country of Birth: **SINGAPORE**




 S7011066J

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Jul 1997

NP 428A

Licence No: **S7011066J**



 0899448

NRIC No: **S7011066J**



Blood Group: **B+** Date of issue: **30-06-1994**

APT BLK 226E ANG MO KIO AVENUE 1 #02-701
SINGAPORE 565226

NRIC No: **S7011066J** Date: **13/08/2012** No: **7121876**

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: 5094129955

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJL9018J |
| Chassis Number | : MR053ZEE106123136 |
| 2. Name of Policyholder | : KTS ENTERPRISE |
| 3. Effective Date of Insurance | : 09 Sep 2017 |
| 4. Expiry Date of Insurance | : 15 Dec 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: AUTOMOBILE TRADERS PTE. LTD.
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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)
Date of Issue : 11 Sep 2017 12:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

BUSINESS PROFILE**REQUEST CRITERIA**

(You have requested to search on the following)

Date of Request :	11/09/2017
Name of Requestor :	AUTOMOBILE TRADERS PTE. LTD.
Requested Entity Name :	KTS ENTERPRISE
Requested Entity Number :	53350065J
File Reference Number :	

SEARCH RECORD

Entity Name :	1) KTS ENTERPRISE
Entity Number :	53350065J

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY
BUSINESS PROFILE (COMPANY)



WHILST EVERY ENDEAVOUR IS MADE TO ENSURE THAT THE INFORMATION PROVIDED IS UPDATED & CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

DETAILS OF BUSINESS

Entity Name:	KTS ENTERPRISE
Entity Number:	53350065J
Date Of Registration (dd/mm/yyyy):	10/11/2016
Commencement Date:	10/11/2016
Certificate Renewal Date:	-
Expiry Date:	10/11/2017
Renewal via Giro:	-
Date Of Change Of Name:	-
Former Name:	-
Type:	SOLE-PROPRIETOR
Status:	LIVE
Status Date:	10/11/2016
Principal Place Of Business:	226E ANG MO KIO AVENUE 1 #02-701 KEBUN BARU MALL SINGAPORE 565226
Date Of Change Of Address:	-
Principal Activity / Activities:	1)PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)

PARTICULARS OF AUTHORISED REPRESENTATIVE(S)

Name ID	Address	Nationality	Date Of Appointment	Date Of Cessation
-				

EXISTING SOLE-PROPRIETOR/PARTNER(S)

Transaction ref 20170912122428123312

The owner and vehicle particulars for Vehicle No. SJL9018J as at 12 Sep 2017 are as follows:

1.	Name	: KTS ENTERPRISE
2.	Identification No. Type	: Business
3.	Identification No.	: 53350065J
4.	Place Of Passport Issue	: -
5.	Vehicle No.	: SJL9018J
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 12 Sep 2017
8.	Original Registration Date	: 16 Dec 2008
9.	First Registration Date	: 16 Dec 2008
10.	Vehicle Type	: N18 - Passenger (Co) Company Car (Single Rate)
11.	Vehicle Scheme	: Normal
12.	Attachment 1	: No Attachment
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: TOYOTA
16.	Vehicle Model	: COROLLA ALTIS 1.6 AUTO
17.	Year of Manufacture	: 2008
18.	Primary Colour	: Silver
19.	Secondary Colour	: -
20.	Passenger Capacity	: 4
21.	Chassis/Trailer Chassis No.	: MR053ZEE106123136 / -
22.	Propellant	: Petrol
23.	Engine No./Motor No.	: 3ZZ4809665 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 1598 / -
26.	Unladen Weight(kg)	: 1195
27.	Maximum Laden Weight(kg)	: 1630
28.	Open Market Value	: \$16,084.00
29.	PARF Eligibility	: Yes
30.	PARF Eligibility Expiry Date	: 15 Dec 2018
31.	Minimum PARF Benefit	: \$8,042.00
32.	No. of Transfers	: 1
33.	IU Label No.	: 1122569883
34.	COE No.	: 2008120101002312D
35.	COE Expiry Date	: 15 Dec 2018
36.	COE Category	: A - Car (1600cc & below)
37.	Quota Premium/Prevailing Quota Premium	: \$2.00 / -
38.	Actual Quota Premium/PQP Paid	: \$2.00
39.	Actual ARF Paid	: \$16,084.00
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: -
46.	Road Tax Start Date	: -
47.	Road Tax End Date	: -
48.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category A. The PARF eligibility of the vehicle will expire on 15 Dec 2018.

Claim Handling

Accident MT/0990365

Policy No.	S094129955	Vehicle No.	SJL90183	GST Registration No.	
Policyholder Name	KTS ENTERPRISE	Cover Type	drive CLASSIC	Policyholder NRIC	53350065J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	90443883	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	14/04/2018 16:12	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	13/04/2018	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWO'S CHANGI B4 TOA PAYOH LOR 6 EXIT				

Benefits

Excess

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

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 226E #02-701	Address 2	ANG MO KIO AVENUE 1	Address 3	KEBUN BARU MALL
Address 4	SINGAPORE 565226	Address Type	Singapore address	Post Code	565226
Unit No.	02-701	Related Policy Number	S099249943		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/04/1970
Unnamed driver Name	KOH TONG SENG	Driver NRIC	S7011066J	Driving Experience	20
Register Date of Driver License	07/07/1997	Driver Age	48	Contact No.(Home)	0
Contact No.(Mobile)	90443883	Contact No.(Office)	0	Address 3	KEBUN BARU MALL
Address 1	BLK 226E	Address 2	ANG MO KIO AVENUE 1	Post Code	565226
Address 4	SINGAPORE 565226	Address Type	Singapore address		
Unit No.	#02-701				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	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
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	KTS ENTERPRISE	Insured NRIC	53350065J
Contact No.(Mobile)	98788096	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJL90183	TP Vehicle Number	SJL7288J
Claim Description	SJL90183 / SJL7288J ON 13 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	14/04/2018 00:00
Date Registered	14/04/2018 16:21	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSILINDA	Workshop Repairer			

Print AK letter

Save Submit

Attachment

Accident No.	MT/0990365	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/04/2018 00:00		
Path *		Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

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	

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:21	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:21	SAS	Normal	SAS 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:21	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:20	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:20	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:20	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:20	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:20	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:20	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:20	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:20	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:20	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:20	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:20	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:20	Photos	Normal	Photos 2018-4-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Apr 2018 16:20	Photos	Normal	Photos 2018-4-14

Video List

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