

NATIONAL Assessment Centre Services

Date In: 03/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008131/13	SAS e-filing		
Veh No: GBE54305	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 02/05/18 1005	i-Motor Claim Form	MT/0992878-001	
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: XD 644JM	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

NA1802767	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	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		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac 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: Idac Mobile 30		
Auditors' Comments :-	Invoice dated	Fee Charged	
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 03/05/2018 15:36
 Date Of Accident 02/05/2018 10:05
 Exact Location Of Accident KPE EXIT AIRPORT ROAD
 Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE5430J
Insured/Policyholder
 Name Of Registered Owner MOH LEE JOSS PAPER
 Co Reg No 52801812D
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-98511071

Vehicle Particulars

Manufacturer TOYOTA
 Model DYNA
 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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5077015676-02
 Cover Note Number

Driver

Name of Driver CHENG BUK SIAH
 NRIC No S6934948Z
 Date Of Birth 09/10/1969
 Occupation OUTDOOR
 Date Of Driving Pass 06/05/1998
 Driving Experience 19 YEARS AND 11 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-87538505
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address	BLK 182 RIVERVALE CRESCENT #12-319
Postcode	540182
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	COLLISION - HEAD TO REAR
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	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180503/2088

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	XD6442M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	CHENG BUK SIAH
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBE5430J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.

茂新紙料
MOH LEE JOSS PAPER

10 Ubi Crescent Lobby D
#01-59 Ubi Techpark
Singapore 408564
Tel: 6348 2949 Fax: 6348 3615

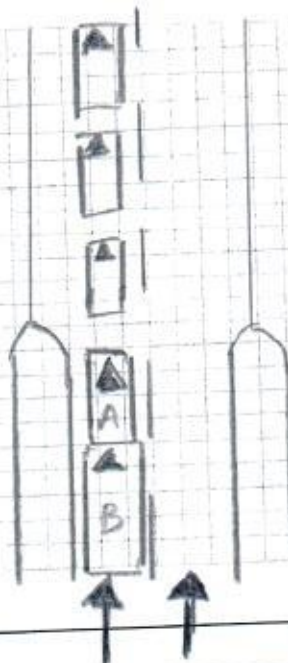
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

XPE EXIT TO
AIRPORT RD
A - GBE5430J
B - XD6442M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

10/5 refer to the attached ^{police} statement.

DECLARATION

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

MCH LEE JOSS PAPER

10 Ubi Crescent Lobby D
#01-59 Ubi Techpark
Singapore 408564

Policyholder's Signature: 6348 3615
Date & Time:

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

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

2-5-2018

03/05/18



SINGAPORE POLICE FORCE



T/20180503/2088

1 of 3

Report No. T/20180503/2088

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/05/2018 14:43	Vide Report No.:	Station Diary No.: 19
--------------------------------------------	------------------	--------------------------

Informant's Particulars

Name of Informant: CHENG BUK SIAH			Address: APT BLK 182 RIVERVALE CRESCENT #12-319 SINGAPORE 540182		
ID Type / ID No.: NRIC NO / S6934948Z			Contact No.: Home/Office: Mobile: 87538505		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 09/10/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/05/2018 10:05	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 KALLANG PAYA LEBAR EXPRESSWAY AIRPORT ROAD KPE exit towards Airport Road, along the exit.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GRE5430J	Lorry	TOYOTA	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY		Slightly Damaged	0
XD6442M	Trailer	MAN	TGM 18.240 4X2 LL		Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20180503/2088

2 of 3

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No. T/20180503/2088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Name	CHENG BUK SIAH	ID No.	S6934948Z
Related Vehicle	GBE5430J (Lorry)	Contact No.	87538505
Hospital/Clinic	RCMC RIVERVALE CRESCENT MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	02/05/2018	Date Discharge	02/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I was travelling along KPE towards Airport Road. I was already driving at the exit out of KPE and as it was heavy traffic during that time, I was driving roughly at a speed of about 30KM/H. As the vehicles was building up in front, I was slowing down to come to a stop when suddenly, I was hit from the back by said lorry baring registration number XD6442M. I then came to a complete stop and got out of my lorry. The driver of XD6442M had also alighted and we both took photos of the damages. We both agreed to make a police report of the matter and drove off shortly after as the traffic was very heavy.

I wish to state that the damage is to the rear of my lorry but I am unsure the cost of repair for the damages. There is no in-car dash cam in my vehicle. I also wish to state that I had seen the doctor and was awarded three days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20180503/2088

3 of 3

Report No. T/20180503/2088

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 ASHLEY ANDREW

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
03/05/2018 14:43

Classification Of Case:

RCMC 西河
藥房 濱灣

162A Rivervale Crescent #01-04 Singapore 541182
Tel: 6886 0772 Fax: 6886 0773 Email: RCMCLMO@gmail.com

Medical Certificate

Date : 02 May 2018
MC No. : 0000034347

This is to certify that:

Name : CHENG BUK SIAH

NRIC : S6934948Z

is Unfit for Duty for 3 days

from 02/05/2018 to 04/05/2018 inclusive.

DR. S.A. AZIZ NOORDIN
FAMILY PHYSICIAN
MBBS (SINGAPORE), GDFM, GDOM
MCR: M16240Z

DR S A AZIZ NOORDIN

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated*

ACCIDENT STATEMENT

ACCIDENT DATE: 02/05/2018 (DD/MM/YYYY), TIME: 10:05 (HH:MM)

LOCATION: KPE EXIT AIRPORT ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8E 5430J
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: _____
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA DYNA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: MOH LEE JOSS PAPER (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98511071
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHENG BUK SIAH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 6934948-2 CONTACT: 87538505
c) ADDRESS: BIK 182 RIVERVALE CRESCENT #12-319
SINGAPORE 540182

*d) DATE OF BIRTH: 09/10/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 20 YEAR

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? YES / NO)
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: XD 6442M MODEL: _____
b) DRIVER'S NAME: KIM SOON LEE (COMPANY)
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

02/05/18

waiting for

police report
if any. ✓

Email = john83424277@gmail.com

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S6934948Z**

Name: **CHENG BUK SIAH**

Birth Date: **09 Oct 1969**

Issue Date: **20 Jun 2003**

000586422J



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S6934948Z**

Name: **CHENG BUK SIAH**

钟 木 城

Race: **CHINESE**

Date of birth: **09-10-1969**

Sex: **M**

Country/Place of birth: **SINGAPORE**





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

Class	Description	Issue Date
Class 2B	Motorcycles not exceeding 200 cc	05 May 1998
Class 2A	Motorcycles between 201 cc and 400 cc	31 Mar 1998
Class 1	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 May 1998

Licence No. **S6934948Z**

NP 428A



5230681

NRIC No. **S6934948Z**

Date of issue: **22-10-2013**

APT BLK 182 RIVERVALE CRESCENT #12-319
SINGAPORE 540182

NRIC No: **S6934948Z** Date: **21/07/2014**




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 : 5077015676-02

Cover : Comprehensive

- | | |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBE5430J |
| Chassis Number | : KDY2318022186 |
| 2. Name of Policyholder | : MOH LEE JOSS PAPER |
| 3. Effective Date of Insurance | : 08 Jan 2018 |
| 4. Expiry Date of Insurance | : 07 Jan 2019 |
| 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	: ABWIN 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 : ABWIN PTE LTD (00000614234)

Date of Issue : 11 Dec 2017 14:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



ABWIN PTE LTD
8 KAKI BUKIT ROAD
RUBY WAREHOUSE COMPLEX
#01-33 SINGAPORE 417841
TEL: 6842 3332 FAX: 6842 3301 (ADMIN OFFICE)

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/0992878

Policy No.	5077015676-02	Vehicle No.	GBE5430J	GST Registration No.	
Policyholder Name	MOH LEE JOSS PAPER	Cover Type	Comprehensive	Policyholder NRIC	52801812D
Product Code	COMMERCIAL VEHICLE (INSURANCE)	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98511071	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(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No

Report Date

03/05/2018 17:07

Date of Accident

02/05/2018

Reporting Centre

Accident Location

KPE EXIT AIRPORT ROAD

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

10:05

Orange Force

Accident Type

Collision - Head to Rear

Country of Accident

Singapore

ICM No.

Own damage Excess

600.00

Unnamed Driver Excess

Third Party Excess

0.00

Additional Excess

Outside Singapore OD Excess

Outside Singapore TP Excess

Windscreen Excess

100.00

GST Registered

No

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

No

Address 1

10 UBI CRESCENT

Address 4

Unit No.

Address 2

#01-59 UBI TECHPARK

Address Type

Singapore address

Related Policy Number

5096456428

Address 3

SINGAPORE 408564

Post Code

408564

Driver Name

Unnamed Driver

Unnamed driver Name

CHENG BUK SIAH

Register Date of Driver License

06/05/1998

Contact No.(Mobile)

87538505

Address 1

BLK 182

Address 4

Unit No.

#12-319

Does he own a Singapore Registered car?

☐ Yes ☐ No

Driver Type

Unnamed Driver

Driver NRIC

S6934948Z

Driver Age

48

Contact No.(Office)

0

Address 2

RIVERVALE CRESCENT

Address Type

Singapore address

Driver Vehicle No.

Driver DOB

09/10/1969

Driving Experience

19

Contact No.(Home)

0

Address 3

SINGAPORE 540182

Post Code

540182

Driver Insurer Company

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☐ Yes ☐ No

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MOH LEE JOSS PAPER	Insured NRIC	52801812D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	GBE5430J	TP Vehicle Number	XD6442M
Claim Description	GBE5430J / XD6442M ON 2 May 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 (refer below)	Date Received	03/05/2018 00:00
Date Registered	03/05/2018 17:16	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSILINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0992878	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/05/2018 00:00
Path *			

Category *	Confidential	Urgency *	Descr
Clear <input type="button" value="Please Select"/>	NO	Normal	
Clear <input type="button" value="Please Select"/>	NO	Normal	
Clear <input type="button" value="Please Select"/>	NO	Normal	

http://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do

1/2

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_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 17:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 17:12	SAS	Normal	SAS 2018-5-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 17:12	Photos	Normal	Photos 2018-5-3
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 17:12	Photos	Normal	Photos 2018-5-3
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 17:11	Photos	Normal	Photos 2018-5-3
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 May 2018 17:11	Photos	Normal	Photos 2018-5-3

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