

**NATIONAL Assessment Centre Services** [wef 1 Jan 05] MNA118068472

Date In: 26/5/18-10:47	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009586/24	SAS e-filing		
Veh No: SLR6602L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 25/5/18-12:30	i-Motor Claim Form	MT 09 5985-001	26/5/18 11:43
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: SL 07123E 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:- (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

NA1803311	<b>Invoice Preparation Checklist</b>	Amt (\$) In Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Dat 1:</b>	6) TR : Re-inspection \$75		
<b>Dat 2/3:</b>	7) N1 : 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		
	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	26/05/2018 10:47
Date Of Accident	25/05/2018 12:30
Exact Location Of Accident	ALONG HOUGANG AVE 3 BEFORE JUNC BARTLEY RD EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6602L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KENT AUTO SERVICES
Co Reg No	52974332M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5083187969-01
Cover Note Number	

### Driver

Name of Driver	LIM EU CHAI
NRIC No	S8163942F
Date Of Birth	26/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2005
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93803796
Fax Number	
Contact Number	OFFICE-93803796
EEmail Address	NOEMAIL

Address	BLK 19 CHAI CHEE ROAD #09-314
Postcode	461019
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHAI CHEE NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 35 CHAI CHEE AVENUE #01-256/258 , <b>POSTCODE:</b> 461035 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-445 9999 - <b>FAX NO:</b> 6244 4375
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180525/2149.

#### 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	SLU7123E
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	SJV1456C
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	LIM EU CHAI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLR6602L
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.

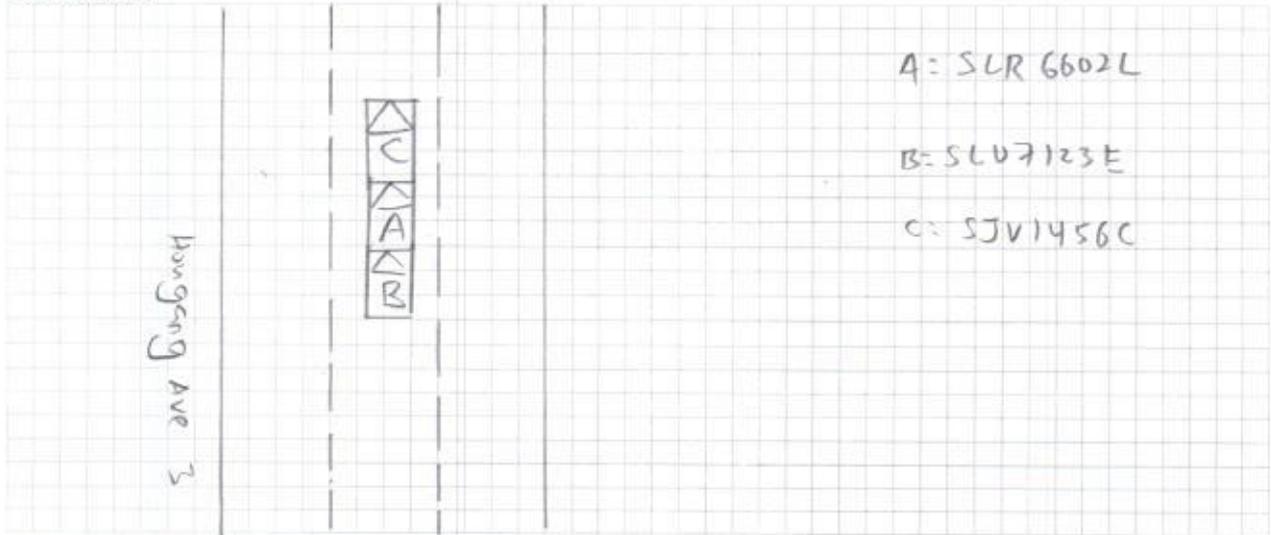


Policyholder's Signature  
Date & Time:

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 - 7/20180521/2149.

*(The rest of the form is crossed out with a diagonal line.)*

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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 25 / 5 / 18 ) (DD/MM/YYYY), TIME: ( 12.30 ) (HH:MM)

LOCATION: Aling Banggang Ave 3 before junction Barclay Rd East

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR6602L NI/IL  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5083187969-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Commercial  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Kent Auto Services (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S2970332M CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: Lim En Chai (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8163942F CONTACT: 93803796  
c) ADDRESS: Blk 19 Chai chee Rd #09-314 (46/079)

\*d) DATE OF BIRTH: ( 26 / 11 / 1982 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13/8/2005

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HiPer

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

## 6. WAS ANYBODY INJURED (YES / NO) - 1cnte

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLU7123E MODEL: \_\_\_\_\_ \*No of pass  
b) DRIVER'S NAME: \_\_\_\_\_ (including dr  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_ (—)

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: 5V1456c MODEL: \_\_\_\_\_ \*No of pass  
e) DRIVER'S NAME: \_\_\_\_\_ (including dr  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_ (—)

email =

fax =





Police Station Of Origin:  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR6602L	NTUC Income Insurance Co-Operative Limited			

<b>Details of Person Involved</b>				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Driver</b>				
Name	LIM EU CHAI	ID No.	S8163942F	
Related Vehicle	SLR6602L (Car)	Contact No.	93803796	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	25/05/2018	Date Discharge	25/05/2018	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
<b>Driver</b>				
Name	MAZLAN BIN SAMIAN	ID No.	S1464000B	
Related Vehicle	SLU7123E (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

**Brief Details.**

On the 25/05/2018 at about 1230hrs, I was travelling in my vehicle (SLR6602L) in the middle lane, along Hougang Ave 3 towards Jln Eunus when a vehicle in front of mine, a red Hyundai Avante (SJV1456C) which was about 1 car length away, suddenly braked. I then applied the brakes and managed to stop my vehicle in time without any collision.

A few seconds later, I suddenly felt an impact from the rear of my vehicle. I then came out of my vehicle to make a check and noticed that a Grey Nissan Sylphy (SLU7123E) had collided with my vehicle. The impact caused my vehicle to move forward slightly, thus causing the front of my vehicle to hit red vehicle that was stationary in front. The impact caused the front bumper of my vehicle to be slightly damaged, back portion of my vehicle to be dented, the boot was unable to close and the left rear passenger door to be faulty.

The impact caused the front portion of the Grey vehicle to be badly dented and its radiator to be dislodged. The impact also caused the red vehicle's back portion to be scratched. I was driving alone at



**SINGAPORE  
POLICE FORCE**



T/20180525/2149

3 of 4

Police Station Of Origin:  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

Report No. T/20180525/2149

**CONTINUATION OF REPORT**

that point in time and also noticed the same for the other two vehicles. The drivers of the other two vehicles and I took photos of the vehicle damages and exchanged particulars before leaving the scene.

As I felt body pains caused by the impact, I went to Mount Alvernia Hospital and was issued with 5 days of medical leave (with effect from 25/05/2018 to 29/05/2018). I also wish to state that I have a front facing in-vehicle camera however am unsure whether it was working at the time of incident.

I am lodging this report for insurance and record purposes.



**SINGAPORE  
POLICE FORCE**



T/20180525/2149

4 of 4

Police Station Of Origin:  
Chai Chee NPP  
35 Chai Chee Avenue #01-256 SINGAPORE  
461035  
Tel No: 1800-4459999

Report No. T/20180525/2149

**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 NURUL'OMARALI BIN SUPRAT

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/05/2018 19:21

Officer In Charge Of Case:  
TP / AEIT /  
SSI KASMAWATI BTE SAMIAN  
Contact No.: 65476179

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8163942F



Name  
LIM EU CHAI

林 佑 财

Race  
CHINESE

Date of birth  
26-11-1981

Country/Place of birth  
MALAYSIA

Sex  
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8163942F

Name  
LIM EU CHAI

Birth Date: 26 Nov 1981

Issue Date: 26 Feb 2011



5206714

NRIC No. S8163942F



Date of issue  
19-06-2013

Address  
APT BLK 19 CHAI CHEE ROAD  
#09-314  
SINGAPORE 461019

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 2B Motorcycles $\leq$ 200 cc	13 Aug 2005
Class 2A Motorcycles between 201 cc and 400 cc	21 Nov 2006
Class 3 Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	13 Aug 2005



LIM EE FENG  
林亦鋒

NP 428A



Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident: 25/05/2018 12:30

Vehicle No. (For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5083187969-01	KENT AUTO SERVICES	52974332M	GFT	Third Party	SLR6602L	SLR6602L	29/08/2017	

Continue

Policy Information

Policy No.	5083187969-01	Policyholder Name	KENT AUTO SERVICES	Policyholder NRIC	52974332M
Address	2 KAKI BUKIT AVENUE 2 #01-21 KAKI BUKIT AUTOHUB SINGAPORE 417921				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	07/08/2017	Effective Date	17/08/2017 00:00	Expiry Date	16/08/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	272.89		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	LOMEN INSURANCE AGENCY	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-21 KAKI BUKIT AUTOHUB	Address 3	SINGAPORE 417921
Address 4		Address Type	Singapore address	Post Code	417921
Unit No.		Related Policy Number	5090798963-01		

Insured Object: SLR6602L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	17/08/2017 00:00	Basic Information Endorsement	000001286616197	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJF6362R 17-08-2017 \$1,144.90 In view of this amendment, an additional premium of \$1,144.90 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	17/08/2017 00:00	Basic Information Endorsement	null	Underwriting Rejected	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLP6054D 17-08-2017 \$1,144.90 In view of this amendment, an additional premium of \$1,144.90 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would

**Claim Handling**

The premium on this policy has not been collected.

[Exit](#)

**Accident MT/0995985**

Policy No.	5083187969-01	Vehicle No.	SLR6602L	GST Registration No.	
Policyholder Name	KENT AUTO SERVICES	Cover Type	Third Party	Policyholder NRIC	S2974332M
Product Code	FLBET 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	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Private Hrs	Yes		

**Accident Details**

Report Date	26/05/2018 11:41	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	25/05/2018	Time of Accident (h:mm)	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG HOUGANG AVE 3 BEFORE JUNC BARTLEY RD EAST				

**Excess**

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
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	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-21 KAKI BUKIT AUTOHUB	Address 3	SINGAPORE 417921
Address 4		Address Type	Singapore address	Post Code	417921
Unit No.		Related Policy Number	5090798963-01		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/11/1981
Unnamed Driver Name	LIM EU CHAI	Driver NRIC	S8183942F	Driving Experience	12
Register Date of Driver License	13/08/2005	Driver Age	36	Contact No.(Home)	0
Contact No.(Mobile)	93803796	Contact No.(Office)	0	Address 3	PING-AN GARDENS
Address 1	BLK 19	Address 2	CHAI CHEE ROAD	Post Code	461019
Address 4	SINGAPORE 461019	Address Type	Singapore address		
Unit No.	09-214				
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
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Modification History

**Claim 001** New

Claim Type *	OD-MX	Insured Name	KENT AUTO SERVICES	Insured NRIC	S2974332M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLR6602L	TP Vehicle Number	SLU7123E
Claim Description	SLR6602L / SLU7123E ON 25 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/05/2018 11:43	Claim Close Date		Date Received	26/05/2018 00:00
Report Taken By	Jackson				

Print AK letter

[Save](#) [Submit](#)

**Attachment**

Accident No.	MT/0995985	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/05/2018 11:46

Path *	Category *	Confidential	Urgency *	Description *
<a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	NO	Normal	
<a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	NO	Normal	
<a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	NO	Normal	
<a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	NO	Normal	
<a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	NO	Normal	
<a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	NO	Normal	

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