

NATIONAL Assessment Centre Services

Date In: 31/05/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18009845/13	SAS e-filing		
Veh No: SJM5069H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/05/18 1720	i-Motor Claim Form	MT/0996667-001	
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: (TWINCAR) Tel: Fax:)

TP Particulars:	Veh No: SJH2156K	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

NA1803404

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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		
Cat 1:	Invoice dated / Fee Charged		
Cat 2 / 3:	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	31/05/2018 15:21
Date Of Accident	30/05/2018 17:20
Exact Location Of Accident	HOUGANG AVE 3 TWDS EUNOS LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5069H
Insured/Policyholder	
Name Of Registered Owner	TOH SEE SEN
NRIC No	S7601219I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98638636
Alternative Phone No	OTHERS-98638636

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5098455572
Cover Note Number	

Driver

Name of Driver	TOH SEE SEN
NRIC No	S7601219I
Date Of Birth	15/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	25/06/1998
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98638636
Fax Number	
Contact Number	OTHERS-98638636
Email Address	NOEMAIL

Address	BLK 812 YISHUN RING ROAD #07-4153
Postcode	760812
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180531/2091

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	SJH2156K
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN MENG YEOW
NRIC/Passport Number	G3220829R
Contact Number	81748433
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TOH SEE SEN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJM5069H

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:

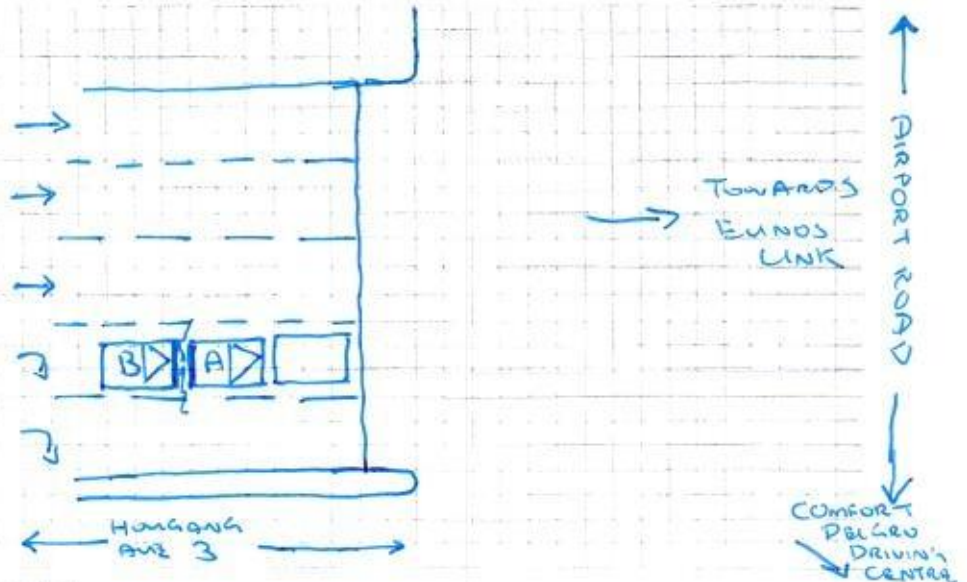
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

VEHICLE A - SJM 5069H

VEHICLE B - SJH 2156K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

REPORT NUMBER

T/20180531/2091

VEHICLE A - SJM 5069H

VEHICLE B - SJH 2156K

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: 31/05/18
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180531/2091

1 of 4

Report No. T/20180531/2091

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2018 13:48	Vide Report No.:	Station Diary No.: 37
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Informant's Particulars			
Name of Informant: TOH SEE SEN		Address: APT BLK 812 YISHUN RING ROAD #07-4153 SINGAPORE 760812	
ID Type / ID No.: NRIC NO / S7601219I		Contact No.: Home/Office:	Mobile: 98638636
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 15/01/1976	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2018 17:20	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 HOUGANG AVENUE 3 AIRPORT ROAD Before the traffic junction of Hougang Avenue 3 / Airport Road / Eunos Link.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Stationary Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH2156K	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Slightly Damaged	1
SJM5069H	Car	MITSUBISHI	LANCER 1.6 M	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20180531/2091

Report No. T/20180531/2

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM5069H	NTUC Income Insurance Co-Operative Limited	5098455572	27/02/2018	26/02/2019

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	TAN MENG YEOW	ID No.	G3220829R
Related Vehicle	SJH2156K (Car)	Contact No.	81748433
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: 10/01/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TOH SEE SEN	ID No.	S7601219I
Related Vehicle	SJM5069H (Car)	Contact No.	98638636
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/05/2018	Date Discharge	30/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 30th May 2018 at about 1720hrs, I was driving my car (Mitsubishi Lancer White, SJM5069H) along Hougang Avenue 3. Weather was clear, road surface was dry. There were no passengers in my car.

Upon reaching the traffic junction of Hougang Avenue 3 / Airport Road / Eunos Link, I stopped my car before the white line as the light was red. I am heading towards Airport Road. Suddenly, I felt an impact coming from the rear of my car. I alighted and realized another car (Toyota Altis Silver, SJH2156K) had collided with the rear bumper of my car. My rear bumper sustained dents. There are also dents on the rear bonnet of my car.

I subsequently exchanged particulars with the other driver and took photos of the accident scene. Both of us then continued our journey. Later at night, I felt pain on my left shoulders and lower back as such, I went to Khoo Teck Puat Hospital and received medications as well as 3 days MC.

I wish to state that there were no front and back in-car cameras in my car.



**SINGAPORE
POLICE FORCE**



T/20180531/2091

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Report No. T/20180531/2091

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20180531/2091

4 of 4

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20180531/2091

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 NUR 'ASRI BIN AGUS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:
31/05/2018 13:48

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

Authentication Stamp


NP168



SIGNATURE

Vehicle No.	SJM 5069 H	Model / Make	MITSUBISHI LANCER CS 3
Date of Accident	30/09/2018		
Time of Accident	1720	HRS	
Location of Accident	HOUMANH AVE 3	TOWARDS	BUNOS LINK
Exact purpose use during accident	WORKING HOUR	(CROSS JUNCTION OF HQ AVE 3 / EUNOS LINK / AIRPORT RD)	
Name of Owner	TOH SEE SEN		
Telephone No.	H/P : 98638636	Home :	Office :
NRIC	S7601219 I		
Address	3LK 812 YISHUN KINH ROAD #07-4153 J(760812)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5098455572		
Name of Driver	As Above If No,		
NRIC	S7601219 I	Any Passengers :	NIL
Date of birth	15 JAN 1976		
Occupation	Outdoor / Indoor		
Driving License Pass Date	25 JUN 1998		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No	If yes, Reg No.	OWNER
Relationship	Employee,	If no, state	OWNER
Weather condition	Clear	Raining Other	
Road Surface	Dry	Wet Other	
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	MR TOH SEE SEN	98638636	
Name And Contact No.			
Police Report	No,	If Yes, Where?	EUNOS NPP
Vehicle B No.	SJM 21561C	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		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	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR 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
IDENTITY CARD NO. S76012191



Name
TOH SEE SEN
(ZHUO SIXIAN)
卓思賢

Race
CHINESE

Date of Birth
15-01-1976

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number
S76012191

Name
TOH SEE SEN
(ZHUO SIXIAN)

Birth Date
15 Jan 1976

Issue Date
04 Jun 2003

000532781K

3205701



NRIC No. S76012191



Blood Group
B+

Date of Issue
23-10-2000

BLK 812 YISHUN RING ROAD #07-4153
SINGAPORE 760812
NRIC No: S76012191 Date: 08-01-2005 No: 5089411

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE
25 Jun 1998

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

Licence No: S76012191

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: 5098455572

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJM5069H**
Chassis Number : **JMYSNCS3A8U007531**
2. Name of Policyholder : **TOH SEE SEN**
3. Effective Date of Insurance : **27 Feb 2018**
4. Expiry Date of Insurance : **26 Feb 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 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: TOH SEE SEN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : **VV INSURANCE AGENCY PTE. LTD. (00000614878)**

Date of Issue : **27 Feb 2018 15:54 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Enquire Vehicle Information

Vehicle No.	
Vehicle No. :	SJM5069H
Vehicle Details	
Vehicle Type :	Private Hire (Chauffeur) Motor Car
Vehicle Attachment 1 :	No Attachment
Make / Model :	MITSUBISHI / LANCER 1.6 M
Primary Colour :	White
Year of Manufacture :	2008
Maximum Laden Weight :	1600 kg
Unladen Weight :	1162 kg
No. Of Axles :	2
Engine No. :	4G18JT5121
Chassis No. :	JMYSNCS3A8U007531
Engine Capacity :	1584 cc
Maximum Power Output :	79.0 kW (105 bhp)
IU Label No. :	1122667570
Propellant :	Petrol
Passenger Capacity :	4
Original Registration Date :	07 Jan 2009
First Registration Date :	07 Jan 2009
Open Market Value :	\$12,837.00
Additional Registration Fee Rate :	100.00 %
	\$12,837.00

Actual ARF Paid :	
PARF Eligibility :	Yes
Minimum PARF Benefit :	\$6,418.00
PARF Eligibility Expiry Date :	06 Jan 2019
COE No. :	2009010107000384K
COE Category :	E - Open Category
COE Expiry Date :	06 Jan 2019
Quota Premium (QP) :	\$7,589.00
QP Paid :	\$7,589.00
OPC Cash Rebate Eligibility :	No
QP during COE Bidding Exercise :	\$7,589.00
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Previous

OK

Claim Handling

Accident MT/0996667

Policy No.	5098455572	Vehicle No.	SJM5069H	GST Registration No.	
Policyholder Name	TOH SEE SEN			Policyholder NRIC	S7601219I
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98638636	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	31/05/2018 15:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/05/2018	Time of Accident hh:mm	17:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOUGANG AVE 3 TWDS EUNOS LINK				
▼ Benefits					
▼ Excess					
Own damage Excess	0.00	Additional Excess	0.00	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	No		
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 812 #07-4153	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760812
Address 4		Address Type	Singapore address	Post Code	760812
Unit No.	07-4153	Related Policy Number	5098455572		
▼ O1 Driver Info					
Driver Name	TOH SEE SEN	Driver Type	Main Driver	Driver DOB	15/01/1976
Unnamed driver Name		Driver NRIC	S7601219I	Driving Experience	19
Register Date of Driver License	25/06/1998	Driver Age	42	Contact No.(Home)	0
Contact No.(Mobile)	98638636	Contact No.(Office)	0	Address 3	SINGAPORE 760812
Address 1	BLK 812	Address 2	YISHUN RING ROAD	Post Code	760812
Address 4		Address Type	Singapore address		
Unit No.	#07-4153				
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 type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	TOH SEE SEN	Insured NRIC	S7601219I
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		O1 Vehicle Number	SJM5069H	TP Vehicle Number	SJH2156K
Claim Description	SJM5069H / SJH2156K ON 30 May 2018			Name of Preferred Workshop	TWNCAR
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	31/05/2018 00:00
Date Registered	31/05/2018 15:49	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLINDA	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0996667	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/05/2018 00:00		
Path *					
Choose File	No file chosen	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	

5/31/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Choose File No file chosen

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Message Read

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 15:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 15:49	SAS	Normal	SAS 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 15:49	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 15:49	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 15:49	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 15:49	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 15:48	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 15:48	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 15:48	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 15:48	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 15:48	Photos	Normal	Photos 2018-5-31
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 15:48	Photos	Normal	Photos 2018-5-31

Video List

Uploaded By/Date	Folder Date	File Name	Source
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