

NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA 118077419

Date In: 14/6/18 - 18:52	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1801092024	SAS e-filing		
Veh No: 5K89465	E-mail (within 3hrs, AIG 2hrs)		
D.O.A : 13/6/18 - 18:55	i-Motor Claim Form	M/0998745-001	14/5/18 20:33
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: 5P7288M	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

NA1803760	Invoice Preparation Checklist		Ant (\$) for Bill	Ant (\$) 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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Pat. 1:	6) TR: Re-inspection \$75			
Pat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
	*N5: Courtesy Car / Tpl 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	14/06/2018 18:52
Date Of Accident	13/06/2018 18:55
Exact Location Of Accident	SLIP RD TAMPINES CONCOURSE TWDS TAMPINES AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK8946S
Insured/Policyholder	
Name Of Registered Owner	BABY'S BOUTIQUE
Co Reg No	52864328B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67864556

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA 1.5X LIMITED A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085216516-01
Cover Note Number	

Driver

Name of Driver	SIM CHOON SUN
NRIC No	S1770275J
Date Of Birth	10/10/1966
Occupation	INDOOR
Date Of Driving Pass	01/01/1987
Driving Experience	31 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96938939
Fax Number	
Contact Number	OFFICE-96938939
EMail Address	NOEMAIL

Address BLK 843 TAMPINES STREET 83
#03-126
Postcode 520843
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 2
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) 3
Passenger 1 NAME: : SALLY KOH YORK ENG
GENDER: : FEMALE
Passenger 2 NAME: : -
GENDER: : FEMALE

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJP7288M
Vehicle Make/Model/Colour BMW X6
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LOW SHA RON
NRIC/Passport Number S6984363H
Contact Number
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SIM CHOON SUN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJK8946S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SALLY KOH YORK ENG

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJK8946S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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.

Baby's Boutique

Blk 821, Tampines St 81,

#01-218 S(520821)

Tel/Fax: 6786 4556

Policyholder's Signature

Date & Time:

Opening Hr: 10.30 am - 9.00 pm

Fri & Sun : 10.30 am - 5.00 pm



Driver's Signature

If driver is not the policyholder)

Date & Time:

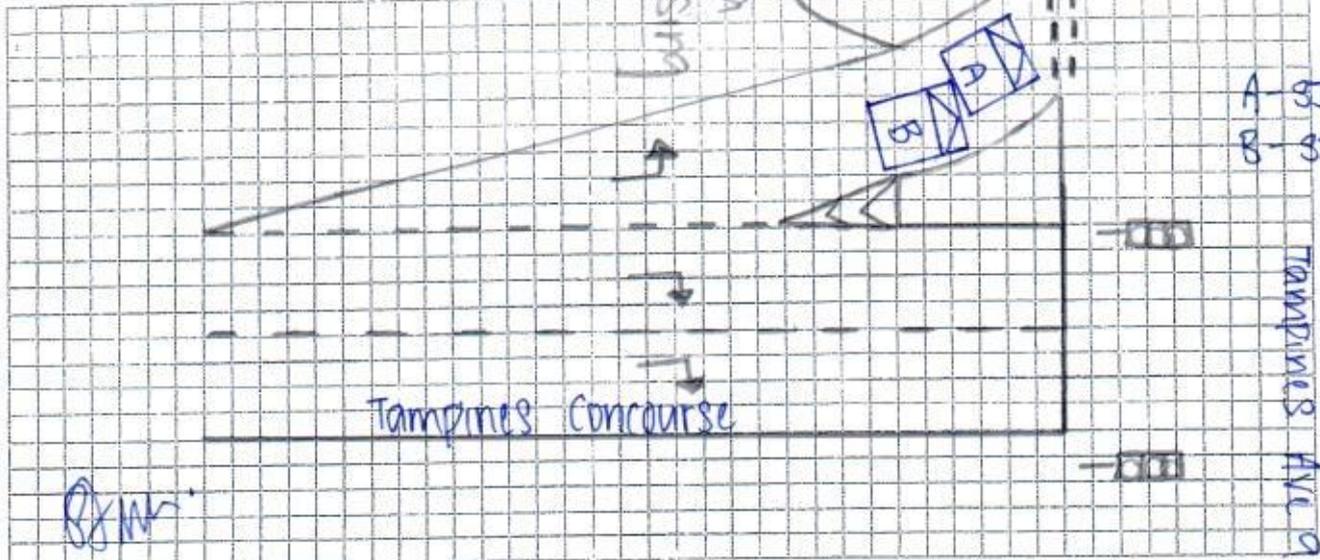


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A- SJK8946S
 B- SJP7288M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Tampines concourse road towards Tampines Ave 9 . When I am turning out from the slip road to Tampines Ave 9 , I stopped to make sure the road is clear before moving out. After stopping for 2-3 seconds , suddenly I felt a huge impact from the rear portion of my vehicle. When I got down of my vehicle , I realized that vehicle B had collided onto the rear right portion of my vehicle.

SJK

DECLARATION

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

Baby's Boutique
 Blk 821, Tampines St 81,
 Singapore 650821
 Tel/Fax: 6786 4556

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

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

Opening Hr : 10.30 am - 9.00 pm
 Fri & Sun : 10.30 am - 5.00 pm

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	13 June 2018	(DD/MM/YY)
Time of accident	6:55PM	(HH:MM)
Exact location of accident	Tampines Concourse Road towards Tampines Ave 9	

DETAILS OF VEHICLE

Vehicle registration number	SJK4 SJK8946S		
Vehicle make and model	Toyota Sienta		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number	9085216516		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Baby's Boutique	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	928643288		
Contact	67864556		
Address	821 Tampines st 81 #1-218 Tampines Grove S(520821)		

DRIVER

SAME AS INSURED ABOVE (SKIP TO D.O.B)

Name	Sim Choon Sun	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1770275J		
Contact	96938939		
Address	Blk 843 Tampines St 83 #03-126 S(520843)		
Email address	STEVEN@STEVENID1066@gmail.com		
Date of birth	10-10-1966		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass			

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insurer's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____	
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>	
No of passenger	(Inclusive of driver)	

PASSENGER 1

Name	Sim Choon Sun	
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	

PASSENGER 2

Name	Sally Koh York Eng	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	

PASSENGER 3

Name	Grab Passenger	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	

PASSENGER 4

Name		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	

PASSENGER 5

Name		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	

PASSENGER 6

Name		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	

OTHER INFORMATION

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, please state which police station.
Police station name		

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1

Vehicle registration number	3JP7288M
Vehicle make model	BMW x6
Name	LOW Sha Ron
NRIC / Fin / Passport number	36984363H
Contact	

THIRD PARTY VEHICLE 2

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name	Sim Choon Sun	
Injuries sustained	Neck and Back	
Which vehicle person in?	SSK 8946S	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 2

Name	Sally Koh York Eng	
Injuries sustained	Neck and back	
Which vehicle person in?	SJK 8946S	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

INJURED PERSON 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 5

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

INJURED PERSON 6

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1770275J



Name
SIM CHOON SUN

沈俊珊

Race
CHINESE

Date of Birth
10-10-1966

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1770275J**
Name: **SIM CHOON SUN**

Birth Date: **10 Oct 1966**
Issue Date: **07 Apr 2003**

000357671A




2911752



NRIC No. **S1770275J**



Blood Group Date of issue
AB+ 01-11-1996

APT BLK 843 TAMPINES STREET 83 #03-#26
SINGAPORE 520843

NRIC No: **S1770275J** Date: **06/11/2010** No: **6626278**

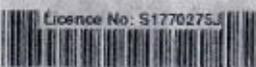
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/E

PASS DATE

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

NP 428A

License No: S1770275J



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (NTUC INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (NTUC INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	:	5085216516
The Policyholder	:	BABY'S BOUTIQUE BLK 821 #01-218 TAMPINES STREET 81 SINGAPORE 520821

Period of Insurance	:	25 Oct 2016 To 06 Nov 2017
Sum Insured	:	Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	:	S\$914.79

Interest Insured

Cover Type	:	drivo CLASSIC	Capacity	:	1496cc
Primary Driver	:	N/A	Registration Date	:	07 Nov 2008
Named Driver (1)	:	N/A	Off-peak Car	:	No
Named Driver (2)	:	N/A	Insure with COE	:	Yes
Make/Model	:	TOYOTA/SIENTA	NCD Entitlement	:	50%
Registration Number	:	SJK89465	NCD Protection	:	No
Chassis Number	:	NCP815070966			
Repair at Owner's Preferred Workshop	:	No			
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 to Terms and Conditions			
Hire Purchase Company	:	N/A			

Optional Cover

Transport Allowance	:	No
Excess Waiver	:	No

Memo A : The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.

Vehicle Model: SIENTA 1.5X LIMITED A

Endorsement Operative : N/A

Agency	:	TELESALES-DIRECT MARKETING (00000601661)
Date of Issue	:	25 Oct 2016 14:32 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5085216516-01	BABY'S BOUTIQUE	52864328B	GPC	drivo CLASSIC	SJK8946S	SJK8946S	07/11/2017	06/11/2018

Policy Information

Policy No.	5085216516-01	Policyholder Name	BABY'S BOUTIQUE	Policyholder NRIC	52864328B
Address	BLK 821 #01-218 TAMPINES STREET 81 SINGAPORE 520821				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	25/10/2017	Effective Date	07/11/2017 00:00	Expiry Date	06/11/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	TELESALES-DIRECT MARKETINC	Agent Tel:		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 821 #01-218	Address 2	TAMPINES STREET 81	Address 3	SINGAPORE 520821
Address 4		Address Type	Singapore address	Post Code	520821
Unit No.		Related Policy Number	5085216516-01		

Insured Object: SJK8946S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

[Exit](#)

Accident MT/0998745

Policy No.	5085216516-01	Vehicle No.	SJK99465	GST Registration No.	
Policyholder Name	BABY'S BOUTIQUE			Policyholder NRIC	528643288
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	0	Contact No.(Office)	67864556	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	Yes

Accident Details

Report Date	14/06/2018 20:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/06/2018	Time of Accident hh:mm	18:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD TAMPINES CONCOURSE TWDS TAMPINES AVE 9				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
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	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 821 #01-218	Address 2	TAMPINES STREET #1	Address 3	SINGAPORE 520821
Address 4		Address Type	Singapore address	Post Code	520821
Unit No.		Related Policy Number	5085216516-01		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/10/1966
Unnamed driver Name	SIM CHOON SUN	Driver NRIC	S17702753	Driving Experience	31
Register Date of Driver License	01/01/1987	Driver Age	51	Contact No.(Home)	0
Contact No.(Mobile)	96938979	Contact No.(Office)		Address 3	TAMPINES VILLE
Address 1	BLK 843	Address 2	TAMPINES STREET 83	Post Code	520843
Address 4	SINGAPORE 520843	Address Type	Singapore address		
Unit No.	03-126	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyzer 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	BABY'S BOUTIQUE	Insured NRIC	528643288
Contact No.(Mobile)	96938979	Contact No.(Home)	NIL	Contact No.(Office)	67864556
Email Address	STEVEN101066@gmail.com	DI Vehicle Number	SJK99465	TP Vehicle Number	SJP288M
Claim Description	SJK89465 / SJP288M DN 13 Jun 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	14/06/2018 20:33	Claim Close Date		Date Received	14/06/2018 00:00
Report Taken By	Jackson				

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Attachment

Accident No.	MT/0998745	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/06/2018 20:34

Path *	Category *	Confidential	Urgency *	Description *
Browse...	Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	

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