

NATIONAL Assessment Centre Services (ver 1 Jan 200)

Date In: 16/06/2018 13:00	Job description	Date & Time Completed	Done by
Ref No: NA/INC18010930/K4	SAS e-illing		
Veh No: SJJ2339P	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 14/06/2018 22:05	1-Motor Claim Form	MT/0999040-001	18/6/18 18:55
OD / TP / Reporting Only	1-Motor Y/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Vch No: SHC 4246X, INC () / Non-INC ()		
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () % (Note: BSL 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	Action

NA 1803809	Invoice Preparation Charge	
Human's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
Checked by (Wgnr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Comments:	For claim against INC Only (ver 10 Jan 2010)	
	6) TR: Re-inspection \$75	
	7) NI: Day DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	Q1:	
	*N3: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DY / Collect Unwound Coordination \$5	
	TP (NI): TP (Non INC) against INC \$20	
	9) N12: Idns Mobile \$10	
2/3:	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	16/06/2018 13:00
Date Of Accident	14/06/2018 22:05
Exact Location Of Accident	FILTER LANE OF KJE TWDS CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ2339P
Insured/Policyholder	
Name Of Registered Owner	BLAZE MOTORING PTE LTD
Co Reg No	201531362N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84996664
Alternative Phone No	OFFICE-84996664

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L A
Exact Purpose for which vehicle was being used at time of accident	WORK
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5095693105
Cover Note Number	

Driver

Name of Driver	DANIAL SYAFIQ BIN SALIMI
NRIC No	S9532275A
Date Of Birth	05/09/1995
Occupation	INDOOR
Date Of Driving Pass	13/01/2014
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84996664
Fax Number	
Contact Number	OTHERS-84996664
EMail Address	NOEMAIL

Address	BLK 610 CHOA CHU KANG STREET 62 #09-169
Postcode	680610
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	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)	4
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : FEMALE
Passenger 3	NAME: : NIL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180615/2099

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	SHC4246X
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

TAXI

DETAILS OF INJURED PERSON 1

Name NORLELA BINTE KHOORI
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJJ2339P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name DANIAL SYAFIQ BIN SALIMI
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJJ2339P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name NURULHUDA BINTE SALIMI
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJJ2339P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 4

Name SALIMI BIN IBNI
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJJ2339P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
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.

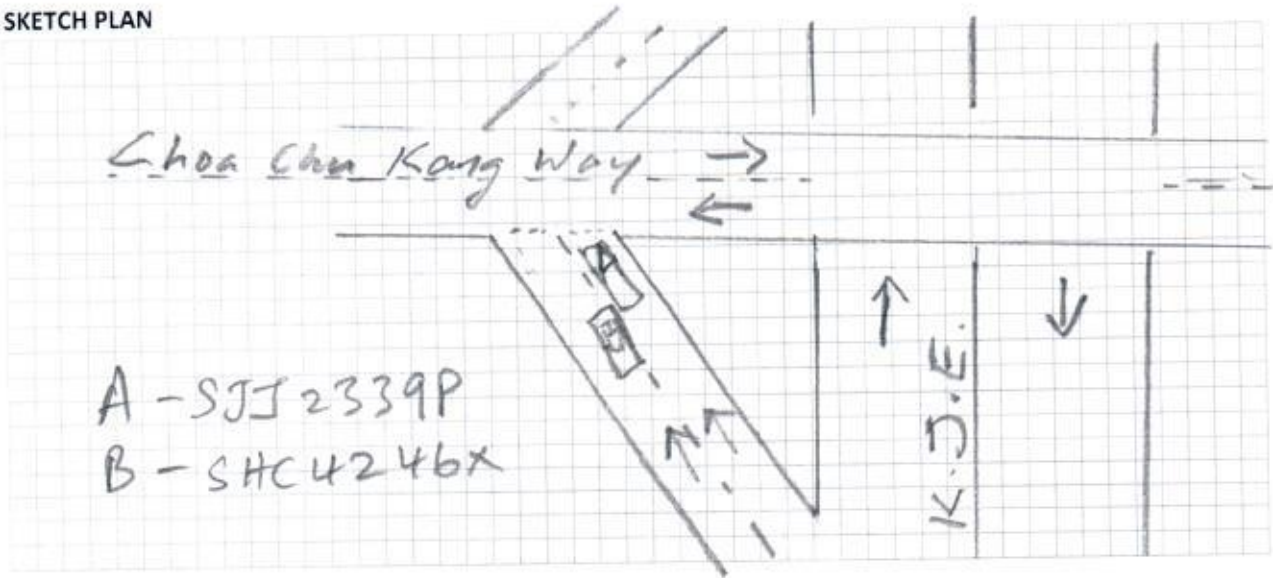


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



A - SJJ 2339P
B - SHC 4246X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*P/S Refer to the Police Report
T/20180615/2099*

DECLARATION

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



Policyholder's Signature
Date & Time:

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

16/6/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180615/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2018 21:11	Vide Report No.:	Station Diary No.: 160
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Informant's Particulars

Name of Informant: DANIAL SYAFIQ BIN SALIMI			Address: APT BLK 610 CHOA CHU KANG STREET 62 #09-169 SINGAPORE 680610		
ID Type / ID No.: NRIC NO / S9532275A			Contact No.: Home/Office: Mobile: 84996664		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 05/09/1995	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: ENGINEERING TECHNICIAN			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: 14/06/2018 22:05	Type of Location: Straight Road
Location: Along Road 1 KRANJI EXPRESSWAY CHOA CHU KANG WAY Filter lane of Kranji Express way toward Choa Chu kang Way				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC4246X	Car				Slightly Damaged	1
SJJ2339P	Car				Slightly Damaged	3

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180615/2099

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180615/2099

CONTINUATION OF REPORT

Driver			
Name	SINAYA ANTHONY	ID No.	S2138422D
Related Vehicle	SHC4246X (Car)	Contact No.	82591847
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	NORLELA BINTE KHOORI	ID No.	S6931943B
Related Vehicle	SJJ2339P (Car)	Contact No.	91557600
Hospital/Clinic	CHOA CHU KANG FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/06/2018	Date Discharge	14/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	DANIAL SYAFIQ BIN SALIMI	ID No.	S9532275A
Related Vehicle	SJJ2339P (Car)	Contact No.	84996664
Hospital/Clinic	CHOA CHU KANG FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	14/06/2018	Date Discharge	14/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	NURULHUDA BINTE SALIMI	ID No.	S9141992J
Related Vehicle	SJJ2339P (Car)	Contact No.	82992323
Hospital/Clinic	CHOA CHU KANG FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/06/2018	Date Discharge	14/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight



Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180615/2099

CONTINUATION OF REPORT

Passenger			
Name	SALIMI BIN IBNI	ID No.	S1798156J
Related Vehicle	SJJ2339P (Car)	Contact No.	91151184
Hospital/Clinic	CHOA CHU KANG FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/06/2018	Date Discharge	14/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the above mentioned date time and location, I was waiting for the traffic on my right to clear as I wanted to filter out; my car SJJ2339P was stationery for awhile. Suddenly, a taxi SHC4246X collided into the rear of my car and the impact caused my car to propel forward. There were no other cars involved in the accident.

Due to the accident, the 3 passengers in my car were injured and were given 5 days of MC each, for various injuries such as neck pains, wrist sprain and hyperventilation. I was also given 5 days of MC for back pains. My car suffered a broken rear bumper and the taxi suffered a broken front bumper. There were no visible injuries on the taxi driver and his passenger.

I have a front in car camera but I am unsure if the footage is still there.



**SINGAPORE
POLICE FORCE**



T/20180615/2099

4 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180615/2099

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:

J /

Sgt 2 CHIA SHUN ZHENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

Signature Of Informant:

Date/Time:

15/06/2018 21:11

Classification Of Case:

SN 126

Authentication Stamp

NP168

Signature :

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9532275A



Name

DANIAL SYAFIQ BIN SALIMI

Race

MALAY

Date of birth

05-09-1995

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9532275A

Name

DANIAL SYAFIQ BIN SALIMI

Birth Date 05 Sep 1995

Issue Date 13 Jan 2014

002265077D



4563289

NRIC No. S9532275A



Date of issue

26-05-2010

Address

APT BLK 610 CHOA CHU KANG STREET 62
#09-169
SINGAPORE 680610

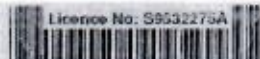
PERMITS LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	09 Apr 2014
Class 2A	Motorcycles between 201 CC and 400 CC	07 Feb 2017
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	13 Jan 2014

S9532275A

S / No. 9000266600



Licence No: S9532275A

NP 428A

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: 5095693105

Cover : Third Party, Fire & Theft

- | | |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJJ2339P |
| Chassis Number | : JHMF16308S220528 |
| 2. Name of Policyholder | : BLAZE MOTORING PTE LTD |
| 3. Effective Date of Insurance | : 07 Nov 2017 |
| 4. Expiry Date of Insurance | : 04 Sep 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: 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	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING 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)

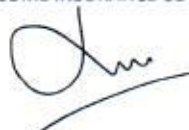
Agency : ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)
Date of issue : 07 Nov 2017 18:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



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)

SJJ2339P

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5095693105	BLAZE MOTORING PTE LTD	201531362N	GPC	Third Party, Fire & Theft	SJJ2339P	SJJ2339P	07/11/2017	04/09/2018

▼ Policy Information

Policy No.	5095693105	Policyholder Name	BLAZE MOTORING PTE LTD	Policyholder NRIC	201531362N
Address	25 KAKI BUKIT ROAD 4 #01-62 SYNERGY @ KB SINGAPORE 417800				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/11/2017	Effective Date	07/11/2017 00:00	Expiry Date	04/09/2018 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	25 KAKI BUKIT ROAD 4	Address 2	#01-62 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 4		Address Type	Singapore address	Post Code	417800
Unit No.	17-204	Related Policy Number	5098499412		

► Insured Object: SJJ2339P

▼ Endorsements

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

Accident MT/0999040

Policy No.	5095693105	Vehicle No.	SJJ2339P	GST Registration No.	
Policyholder Name	BLAZE MOTORING PTE LTD			Policyholder NRIC	201
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	84996664	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	18/06/2018 18:47	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	14/06/2018	Time of Accident hh:mm	22:05	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	FILTER LANE OF KJE TWDS CHOA CHU KANG WAY				

▼ Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess		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	25 KAKI BUKIT ROAD 4	Address 2	#01-62 SYNERGY @ KB	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	4171
Unit No.	17-204	Related Policy Number	5098499412		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	DANIAL SYAFIQ BIN SALJMI	Driver NRIC	S9532275A	Driver DOB	05/0
Register Date of Driver License	13/01/2014	Driver Age	22	Driving Experience	4
Contact No.(Mobile)	84996664	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 610	Address 2	CHOA CHU KANG STREET 62	Address 3	
Address 4		Address Type	Singapore address	Post Code	6801
Unit No.	#09-169				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	DD-MX	Insured Name	BLAZE MOTORING PTE LTD	Insured NRIC	201	
Contact No. (Mobile)	97984296	Contact No. (Home)	NIL	Contact No. (Office)		
Email Address		OI Vehicle Number	SJJ2339P	TP Vehicle Number	SHC	
Claim Description	SJJ2339P / SHC4246X ON 14 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	Rec	
Date Registered	18/06/2018 18:56	Claim Close Date		Date Received	18/0	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired		
<input checked="" type="checkbox"/> Print AK letter						

Save

Submit

Attachment



Accident No.

MT/0999040

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

18/06/2018 18:55

Path *

Choose File No file chosen

Choose File No file chosen

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Message Read























Category *

Confidential

Urgency *

Clear	Please Select ▼	NO ▼	Normal ▼
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Clear	Please Select ▼	NO ▼	Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2018 18:56	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2018 18:55	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2018 18:54	Photos	Normal	Photos 2018
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jun 2018 18:52	Photos	Normal	Photos 2018