

NATIONAL ASSESSMENT CENTRE SERVICES (NAICS)

Date In: 18/06/2018 13:18

Ref No: NA/INC18010940/K4

Veh No: SJZ 5377A

D.O.A: 16/06/2018 22:35

OO TP Reporting Only

TP Insured:

Job description

Date & Time Completed

Done by

SAS e-illing

E-mail (vehicle sheet, etc)

Motor Claim Form

Motor VVO (Vehicle VVO sheet, etc)

Photo Uploaded

Assessment Survey Report

Assessment Report by Fax/Hand to Owner/VVW

Tel:

Fax:

Preferred Wksp / HQ Assign Wksp / OW:

TP Particulars: Yell No: FBF 1321 L, INC () / Non-INC ()

Owner / Driver:

Policy No:

Period:

Tel:

Cover Type:

Confirmed by:

Date:

Time:

Insured/Driver Liability:

() % (Note: BIL SUBN (WO): N: 0.20%; P: 21.79%; P: 30.140%)

Year of Registration:

Warranty: YES () / NO ()

Excess (\$)

Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Work-in-Chief: Customer's information strictly Confidential & strictly NO release of report.

() Total Loss Case: To e-mail Insurer URGENTLY.

Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Cost:

Remarks: INC 001 (line 16788 001 6)

Date & Time Completed

Done by

1) Apply for Transition Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Date/Time:

Action:

NA1803811

Invoice/Preparation Checklist

Submission/Documentation

Driver/Owner:

Policy No:

Assigned Person:

C. Checked by (Bug-In-Charge):

Will For Community:

L.L.

7/11

1) LAR Accident Reporting (\$30)

2) DA Damage Assessment (\$100)

3) TP/Towing Fee (\$25)

4) PT/Through Survey (\$10)

5) PT/Through Survey (Recovery) (\$10)

6) TR/Recovery (\$10)

7) NTUC Additional Survey (\$10)

Q11:

1) No Courtesy Car / Tpl Allowance (\$10)

2) No Repair Coordination (\$10)

3) No Post Repair Inspection (\$10)

4) No DV/ Collision Coordination (\$10)

5) TP (NTUC) TP (Non-INC) Test INC (\$10)

6) NTUC Mobile (\$10)

Invoice dated

Not Correct

Invoice filed

Not Correct

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	18/06/2018 13:18
Date Of Accident	16/06/2018 22:35
Exact Location Of Accident	JUNC OF SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ5377A
Insured/Policyholder	
Name Of Registered Owner	YAP HOCK CHUAN (YE FUQUAN)
NRIC No	S8736580H
Email Address	NAUHC_KCOH_PAY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91192747
Alternative Phone No	OTHERS-91192747

Vehicle Particulars

Manufacturer	MINI
Model	COOPER S HB 1.6 AT HID SR ABS TC 2WD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101205793
Cover Note Number	

Driver

Name of Driver	YAP HOCK CHUAN (YE FUQUAN)
NRIC No	S8736580H
Date Of Birth	10/11/1987
Occupation	INDOOR
Date Of Driving Pass	14/03/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91192747
Fax Number	
Contact Number	OTHERS-91192747
EEmail Address	NAUHC_KCOH_PAY@HOTMAIL.COM

Address	BLK 739 JURONG WEST STREET 73 #07-58
Postcode	640739
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : TRAN THI THU DIEM GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180617/2040

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	FBF1321L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	YAP HOCK CHUAN (YE FUQUAN)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJZ5377A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TRAN THI THU DIEM
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJZ5377A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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:

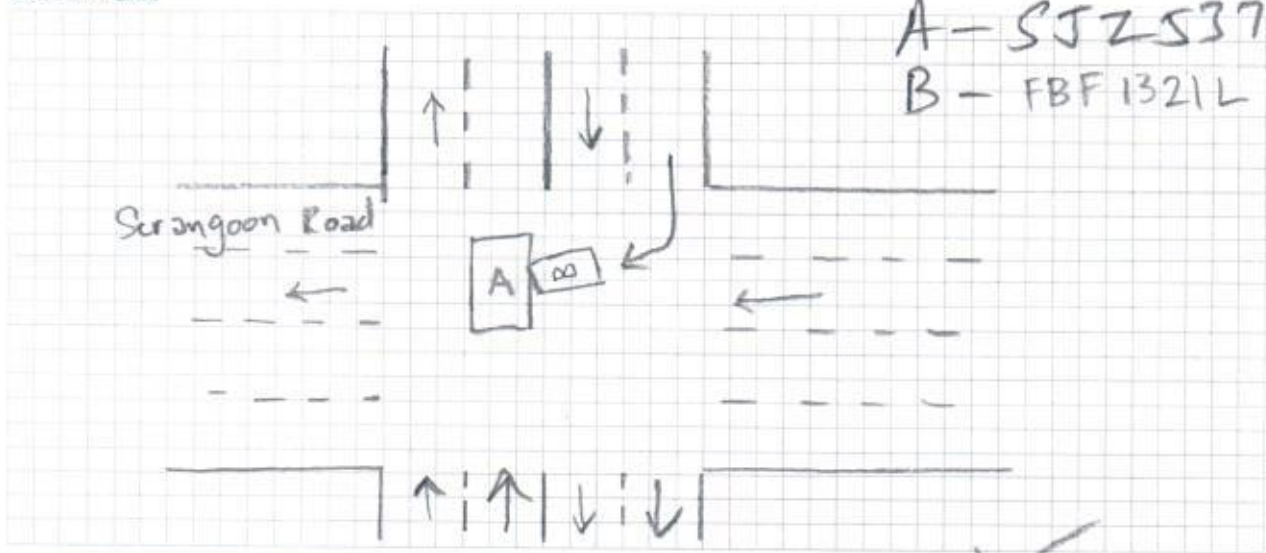
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

pls Refer to the Police Report
T/20180617/2040

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.:

18/6/2018



TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408865
Fax: 65474749

CASE CARD

REPORT NO.: A/20180616/0187

Traffic Accident along Serangoon Rd x Raffles Rd.

involving vehicles: POB1321LZ SSE 337AD

on 16/06/2018 at about 2236 am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

You are required to be present at Traffic Police on _____
at about _____ am/pm to see the Investigation Officer to assist in the
investigation to the traffic accident.

2. Please bring along your :-

- a) Identity card/Passport/Work Permit
- b) Driving Licence/Vocational Licence
- c) Vehicle Insurance/Medical Certificate
- d) Any video footage
- e) Any other relevant documents/Witnesses (if any)

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:

Name: PO Shahul Nizam

Contact: 6547 6904



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20180617/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2018 15:29	Vide Report No.: A/20180616/0187	Station Diary No.: 53
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Informant's Particulars

Name of Informant: YAP HOCK CHUAN			Address: APT BLK 739 JURONG WEST STREET 73 #07-58 SINGAPORE 640739		
ID Type / ID No.: NRIC NO / S8736580H			Contact No.: Home/Office: Mobile: 91192747		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 10/11/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: IT CONSULTANT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/06/2018 22:35	Type of Location: X-Junction
Location: Along Road 1 SERANGOON ROAD RANGOON ROAD Junction of Rangoon Road and Serangoon Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF1321L	Motorcycle				Seriously Damaged	1
SJZ5377A	Car	MINI	COOPER S HB 1.6 AT HID SR ABS TC 2WD	Black	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20180617/2040

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ5377A	NTUC Income Insurance Co-Operative Limited	5101205793	11/06/2018	10/06/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	YAP HOCK CHUAN		ID No.	S8736580H
Related Vehicle	SJZ5377A (Car)		Contact No.	91192747
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/06/2018		Date Discharge	17/06/2018
No. of Days granted Medical Leave		05	Degree of Injury	Slight
Name	TRAN THI THU DIEM		ID No.	G1583978W
Related Vehicle	SJZ5377A (Car)		Contact No.	96525562
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/06/2018		Date Discharge	17/06/2018
No. of Days granted Medical Leave		05	Degree of Injury	Slight

Brief Details.

On the above mentioned time and date, I was travelling along Rangoon road towards city square. A motorcycle FBF1321L was travelling adjacent to my route. As the traffic light was green, I continued my journey. When I approached the junction of Rangoon road and Serangoon Rd, the motorcycle made an illegal right turn and collided into my vehicle. The head of the motorcycle collided into the right side of my vehicle. Both our vehicle sustained damages. Both the motorist and his pillion were conveyed to hospital. My passenger and I suffered from backlash. The head of the motorcycle was badly damaged. The right side of my vehicle was badly damaged. I wish to mention that at the point of the accident, there was another vehicle that was on the same lane as the motorist and the driver namely Nick witness the accident.



**SINGAPORE
POLICE FORCE**



T/20180617/2040

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

3 of 4

Report No. T/20180617/2040

CONTINUATION OF REPORT



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20180617/2040

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:

E /

Staff Sgt JIM SOON JIANWEN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

Signature Of Informant:

Date/Time:

17/06/2018 15:29

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE
POLICE FORCE

SN 167

SIGNATURE

Reported on 18/6/2018
@ 1300 HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: 16/6/2018 (DD/MM/YYYY), TIME: 22:35 (HH/MM)

LOCATION: Junc of Serangoon Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJB 5377 A
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
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: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91192747
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBF 1321 L MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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


admin@my car.sg ✓

Email = nauhc_kcoh_pay@hotmail.com

fax = nauhc_kcoh_pay@hotmail.com ✓

Waiting for Police Report?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8736580H




Name
YAP HOCK CHUAN
(YE FUQUAN)
葉福泉

Race
CHINESE

Date of Birth 10-11-1987 Sex M

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8736580H

Name
YAP HOCK CHUAN
(YE FUQUAN)

Born Date 10 Nov 1987

Issue Date 14 Mar 2007

A0268549



S8736580H



Blood Group Date of issue
18-11-2002

Address
APT BLK 739 JURONG WEST STREET 73
#07-58
SINGAPORE 640739


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

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg 14 Mar 2007

NP 428A

Licence No: S8736580H



Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="16/06/2018 22:35"/>						
Vehicle No.(For Motor)	<input type="text" value="SJZ5377A"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101205793	YAP HOCK CHUAN (YE FUQUAN)	S8736580H	GPC	drivo CLASSIC	SJZ5377A	SJZ5377A	11/06/2018	10/06/2019
<input type="button" value="Continue"/>									

▼ Policy Information

Policy No.	5101205793	Policyholder Name	YAP HOCK CHUAN (YE FUQUAN)	Policyholder NRIC	S8736580H
Address	BLK 739 #07-58 JURONG WEST STREET 73 SINGAPORE 640739				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/06/2018	Effective Date	11/06/2018 00:00	Expiry Date	10/06/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	1474.52		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 739 #07-58	Address 2	JURONG WEST STREET 73	Address 3	SINGAPORE 640739
Address 4		Address Type	Singapore address	Post Code	640739
Unit No.		Related Policy Number	5101205793		

▶ Insured Object: SJZ5377A

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

The premium on this policy has not been collected.

Accident MT/0999207

Policy No.	S101205793	Vehicle No.	SJZ5377A	GST Registration No.	
Policyholder Name	YAP HOCK CHUAN (YE FUQUAN)			Policyholder NRIC	S87
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	91192747	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	19/06/2018 14:45	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	16/06/2018	Time of Accident hh:mm	22:35	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF SERANGOON ROAD				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 739 #07-58	Address 2	JURONG WEST STREET 73	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	640
Unit No.		Related Policy Number	S101205793		

OI Driver Info

Driver Name	YAP HOCK CHUAN (YE FUQUAN)	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8736580H	Driver DOB	10/1
Register Date of Driver License	14/03/2007	Driver Age	30	Driving Experience	11
Contact No.(Mobile)	91192747	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 739	Address 2	JURONG WEST STREET 73	Address 3	
Address 4		Address Type	Singapore address	Post Code	640
Unit No.	#07-58				
Does he own a Singapore Registered car?	<input checked="" 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 *	OD-MX	Insured Name	YAP HOCK CHUAN (YE FUQUAN)	Insured NRIC	S87	
Contact No.(Mobile)	91192747	Contact No.(Home)	NIL	Contact No.(Office)		
Email Address	nauhc_kcoh_pay@hotmail.com	OI Vehicle Number	SJZ5377A	TP Vehicle Number	FBF	
Claim Description	SJZ5377A / FBF1321L ON 16 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	19/06/2018 14:53	Claim Close Date		Date Received	19/6	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired		

Print AK letter

Save Submit

Attachment

Accident No.
Last Doc. Received

MT/0999207
☒ Yes ☐ No

Claim No.
Upload Date

001
19/06/2018 14:50

Path *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Category *

Confidential

Urgency *

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descript
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 14:53	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 14:51	SAS	Normal	SAS 2016
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Jun 2018 14:50	Photos	Normal	Photos 20:
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