

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA11809768

Date In: 20/6/18-18:24	Job description	Date & Time Completed	Done by
Ref No: NA/14C1801/230/24	SAS e-filing		
Veh No: 5A7683A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 19/6/18-20:05	i-Motor Claim Form	MT/0999422-001	20/6/18 19:53
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: 562902E	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

NA1803886	Invoice Preparation Checklist	Ant (\$) Inc 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		
	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:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Dat. 1:			
Dat. 2 / 3:			



## 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	20/06/2018 18:24
Date Of Accident	19/06/2018 20:05
Exact Location Of Accident	SLIP RD PIE (CHANGI) TWDS EUNOS LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ7683A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW LAN NOOI
NRIC No	S7881224I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96195751
Alternative Phone No	OFFICE-96195751

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR
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	5098424059
Cover Note Number	

### Driver

Name of Driver	DUAN RUI
NRIC No	S9079227Z
Date Of Birth	20/04/1990
Occupation	INDOOR
Date Of Driving Pass	25/06/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96195751
Fax Number	
Contact Number	OFFICE-96195751
Email Address	NOEMAIL

Address	205 JALAN EUNOS #02-08
Postcode	419535
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : CHEW LAN NOOI GENDER: : FEMALE
Passenger 2	NAME: : DUAN JUN ZUE GENDER: : MALE

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG2902E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## 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:

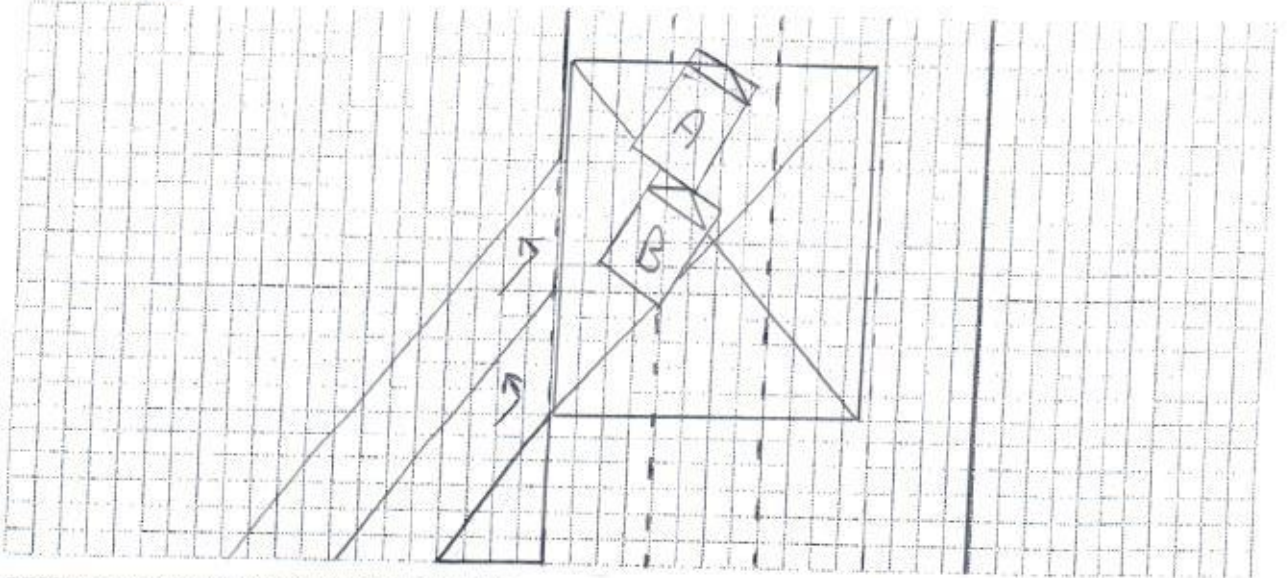
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

A: SJR 7683 A

B: SLG 2902 E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on jalan eunos towards hougang before bedok reservoir road. When I was exiting from PIE eunos, there was a motorcycle who speed pass and vehicle in front of me started to slow down. As I kept a safety distance with the vehicle in front, I managed to slow down without any contact with the vehicle in front. Out of a sudden, I felt an impact coming from the rear portion of my vehicle. When I got down, I saw vehicle B collided onto me.

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.:



## 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 and time of accident	Date: 19/06/2018 (DD/MM/YY) Time: 20:07 (HH:MM)
Exact location of accident	Jalan Eunos towards Hongkong before Besok Reservoir Road

Details of vehicle

Vehicle registration number	SJQ 7683 A
Vehicle make and model	KIA CERATO PORTE
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 checked="" type="checkbox"/> Commercial <input 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 type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	NTUC
Policy number	5098424059
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input checked="" type="checkbox"/>

Insured / Policy holder

Name	CHEW LAN NOOI	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address	205 JALAN EUNOS MANSION, 419535	

DriverSame as Insured above ☐ (skip to D.O.B)

Name	DUAN QIN	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	S9019227Z	
Contact	9619 5751 / 9833 9803	
Address	205 JALAN EUNOS #02-08, 419535	
Email address		
Date of birth	20-04-1990	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	25-06-2013	

### General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, relationship of the driver and insured: <u>spouse</u>
Weather condition	Clean <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>3</u> (Inclusive of driver)

### Passenger 1

Name	<u>CHEW LAN NOOI</u>
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

### Passenger 2

Name	<u>DUAN JON ZUE</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

### Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input 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 type="checkbox"/> No <input checked="" 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	



Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SLG 2902 E
Vehicle make model	

Third party vehicle 2

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

Third party vehicle 3

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

Third party vehicle 4

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

Third party vehicle 5

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

Third party vehicle 6

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

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

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 2

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 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"/>



IC COLLECTION SLIP FOR NEW SINGAPORE CITIZEN



NRIC NO. S7881224I (PINK IC)

FEES \$10.00

NAME CHEW LAN NOOI

DATE OF ISSUE 24/05/2018

REGISTRATION OFFICER SAUYAH BINTE PARJAN

DOCUMENTS ARE TO BE PRESENTED AT GRC CITIZENSHIP CEREMONY





License Number: **S9079227Z**  
 Name: **DUAN RUI**  
 Birth Date: **20 Apr 1990**  
 Issue Date: **12 Feb 2016**

002536843A





REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. **S9079227Z**





Name: **DUAN RUI**  
 Place: **後 寮**  
 Ethnicity: **CHINESE**  
 Date of birth: **20-04-1990**  
 Country/Place of birth: **CHINA**

Sex: **M**  
**S9079227Z**



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver, and other motor vehicles with unladen weight  $\leq$  2500kg 25 Jun 2013

NP 428A



Licence No: S9079227Z

9389266



IHRIC No: S9079227Z



Nationality

CHINESE

Date of issue

05-01-2016

Address

205 JALAN EUNOS  
#02-08  
SINGAPORE 419535

## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (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 (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	: 5098424059
The Policyholder	: CHEW LAN NOOI
	: 205 JALAN EUNOS
	: #02-08 EUNOS MANSION
	: SINGAPORE 419535

Period of Insurance	: 03 Mar 2018 To 25 May 2019
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$794.16

#### Interest Insured

Cover Type	: drivo CLASSIC		
Primary Driver	: CHEW LAN NOOI		
Named Driver (1)	: DUAN RUI		
Named Driver (2)	: N/A		
Make/Model	: KIA/CERATO FORTE	Capacity	: 1600cc
Registration Number	: SJQ7683A	Registration Year	: 2009
Chassis Number	: KNAFH221395066999	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 50%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: STANDARD CHARTERED BANK (SINGAPORE) LIMITED		
<b>Optional Cover</b>			
Transport Allowance	: No		
Excess Waiver	: No		

Memo A : N/A

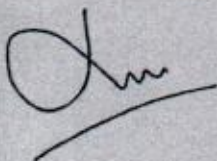
Endorsement Operative : N/A

Agency	: DICKSON AUTO AGENCY (00000614645)
Date of Issue	: 02 Mar 2018 14:16 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



eBaoTech

GeneralClaim

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="19/06/2018 20:05"/>						
Vehicle No. (For Motor)	<input type="text" value="SJQ7683A"/>								
<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"/>	5098424059	CHEW LAN NOOI	S7881224I	GPC	drive CLASSIC	SJQ7683A	SJQ7683A	03/03/2018	25/05/2019
<input type="button" value="Continue"/>									

## ▼ Policy Information

Policy No.	5098424059	Policyholder Name	CHEW LAN NOOI	Policyholder NRIC	S7881224I
Address	205 JALAN EUNOS #02-08 EUNOS MANSION SINGAPORE 419535				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/03/2018	Effective Date	03/03/2018 00:00	Expiry Date	25/05/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	205 JALAN EUNOS	Address 2	#02-08 EUNOS MANSION	Address 3	SINGAPORE 419535
Address 4		Address Type	Singapore address	Post Code	419535
Unit No.		Related Policy Number	5098424059		

▶ Insured Object: SJQ7683A

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				



## Claim Handling

Exit

Accident MT/0999422

Policy No.	S098424059	Vehicle No.	SJQ7683A	GST Registration No.	
Policyholder Name	CHEW LAN NOOI			Policyholder NRIC	S7881224E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96195751	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	20/06/2018 19:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/06/2018	Time of Accident hh:mm	20:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD PIE (CHANGI) TWDS EUNOS LINK				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
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	205 JALAN EUNOS	Address 2	#02-08 EUNOS MANSION	Address 3	SINGAPORE 419535
Address 4		Address Type	Singapore address	Post Code	419535
Unit No.		Related Policy Number	S098424059		

## ▼ OI Driver Info

Driver Name	DUAN RUI	Driver Type	Named Driver	Driver DOB	20/04/1990
Unnamed driver Name		Driver NRIC	S9079227Z	Driving Experience	4
Register Date of Driver License	25/06/2013	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	96195751	Contact No.(Office)	0	Address 3	SINGAPORE 419535
Address 1	205 JALAN EUNOS	Address 2	EUNOS MANSION	Post Code	419535
Address 4		Address Type	Singapore address		
Unit No.	02-08				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Modification history

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHEW LAN NOOI	Insured NRIC	S7881224E
Contact No.(Mobile)	96195751	Contact No.(Home)	67470063	Contact No.(Office)	
Email Address	PIKACHEW_ARY@HOTMAIL.CO	OI Vehicle Number	SJQ7683A	TP Vehicle Number	SLG2902E
Claim Description	SJQ7683A / SLG2902E ON 19 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	20/06/2018 19:53	Claim Close Date		Date Received	20/06/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter



Save Submit

## Attachment

Accident No.	MT/0999422	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/06/2018 19:54

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? Action (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 19:54	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-6-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 19:54	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-6-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 19:54	SAS		Normal	SAS 2018-6-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 19:54	Photos		Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 19:54	Photos		Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 19:54	Photos		Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 19:54	Photos		Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 19:54	Photos		Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 19:54	Photos		Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 19:53	Photos		Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 19:53	Photos		Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 19:53	Photos		Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 19:53	Photos		Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 19:53	Photos		Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 19:53	Photos		Normal	Photos 2018-6-20	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Jun 2018 19:53	Photos		Normal	Photos 2018-6-20	<a href="#">Edit</a>
Uploaded By/Date	Folder Date	File Name		Source	Action	
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>			