

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **MA118082595**

Date In: 26/6/18 - 19:54	Job description	Date & Time Completed	Done by
Ref No: NA/INC18011668/24	SAS e-filing		
Veh No: SW9028 D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 26/6/18 - 09:15	i-Motor Claim Form	MT/1000411-001	26/6/18 20:14
OD <u>TP</u> 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: Vch No: **SLE 978 1B** 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

NA1804011	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Est. Bill	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)		
Dat. 1:	6) TR : Re-inspection \$75		
Dat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1)*		
	*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		
	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	26/06/2018 19:54
Date Of Accident	26/06/2018 09:15
Exact Location Of Accident	ALONG HOLLAND RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV9028D
Insured/Policyholder	
Name Of Registered Owner	TAN LAI CHUAN
Co Reg No	53346928K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3 1.6A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097352527
Cover Note Number	

Driver

Name of Driver	TAN LAI CHUAN
NRIC No	S7042956Z
Date Of Birth	28/11/1970
Occupation	OUTDOOR
Date Of Driving Pass	26/11/1994
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97601057
Fax Number	
Contact Number	OFFICE-97601057
EMail Address	NOEMAIL

Address BLK 847 JURONG WEST STREET 81
#08-241
Postcode 640847
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
Weather Conditions RAINING
Road Surface WET

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: : -
GENDER: : FEMALE
Passenger 2
NAME: : -
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180626/2132.

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 SLE9781B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR

Name of Driver	SAMPLE RORY ALEXANDER
NRIC/Passport Number	G6236671R
Contact Number	92362505
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	TAN LAI CHUAN
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SLV9028D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reudiate 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 lodging 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.

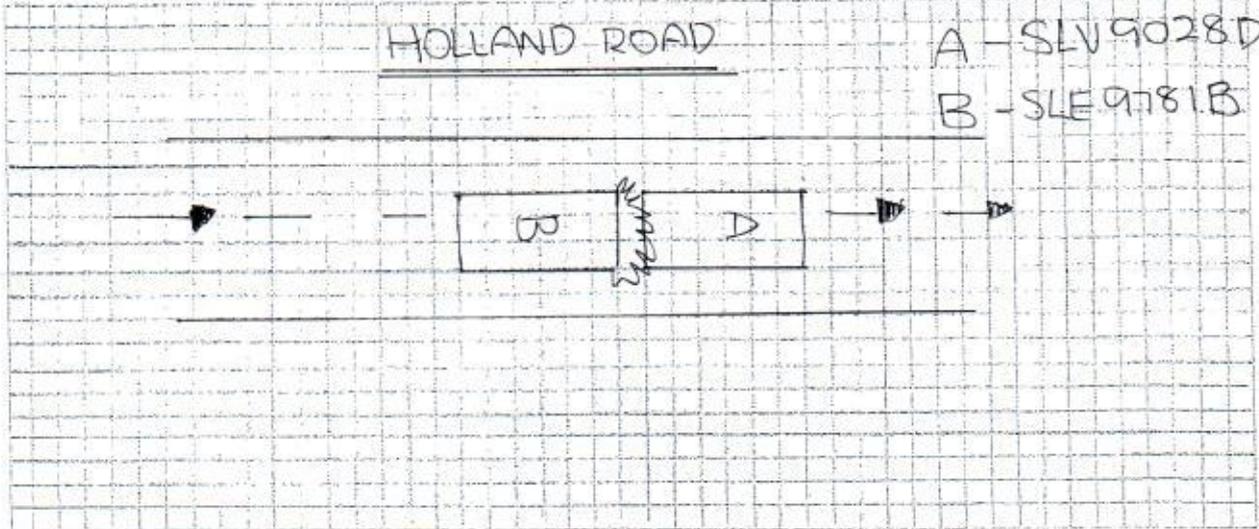


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



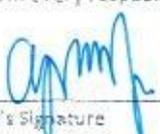
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Follow police report - 7/20180626/2132.

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.:

Date of Accident : 26 June 18 Accident Time: 9.13am (24-HR-Format)
 Accident Place : Along Holland Road
 Vehicle Reg. No. (Car Plate No.) : SLV 9028D
 Vehicle Make/Model : KIA CERATO K3 1.6A
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : TAN LAI CHUAN S7042956Z
 Owner or Company Contact No. : 9760 1057 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : TAN LAI CHUAN S7042956Z
 DRIVER'S Date Of Birth : 28/11/1970 DRIVER'S License Pass Date 26 Nov 1994
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Misc
 DRIVER'S Address : APT BLK 847 JURONG WEST STREET 81, #08-241
 SG40847.
 DRIVER'S Contact No. / Alt No. : 1) 9760 1057 2) _____
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
 Email Address : tanlaiichuan8241@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 2 Adult , 1 baby
 Was there any video Captured by car camera: YES NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SLE9781B</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: <u>SAMPLE RORY ALEXANDER</u>	Name Driver: _____
IC No. Driver: <u>G6236671R</u>	IC No. Driver: _____
Driver's Contact & Add: <u>9236 2505</u>	Driver's Contact & Add: _____



Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20180626/2132

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2018 16:34	Vide Report No.:	Station Diary No.: 76
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: TAN LAI CHUAN		Address: APT BLK 847 JURONG WEST STREET 81 #08-241 SINGAPORE 640847	
ID Type / ID No.: NRIC NO / S7042956Z		Contact No.: Home/Office:	Mobile: 97601057
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 28/11/1970	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/06/2018 09:15	Type of Location: Straight Road
Location: Along Road 1 HOLLAND ROAD after Holland flyover				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE9781B	Car				Slightly Damaged	0
SLV9028D	Car				Slightly Damaged	2

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



Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20180626/2132

CONTINUATION OF REPORT

Driver			
Name	SAMPLE RORY ALEXANDER		ID No. G6236671R
Related Vehicle	SLE9781B (Car)		Contact No. 92362505
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
Driver			
Name	TAN LAI CHUAN		ID No. S7042956Z
Related Vehicle	SLV9028D (Car)		Contact No. 97601057
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	26/06/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 26th June 2018 at about 8.56am, I was driving and working as a GRAB driver and picked up two passengers, one female and one infant, from Pasir Panjang heading towards Paragon, Orchard. I was driving my personal car SLV9028D.

On the same day at about 9.15am, it was raining heavily and I was along Holland Road. I went past Holland flyover and the car in front of me slowed down and eventually stopped. I did the same and was stationary when suddenly a car, SLE9781B, hit the rear of my car. As a result my car's rear bumper and boot is damaged. At the point of time, no one was injured.

I then felt pain on my neck and went to Mount Alvernia Hospital and received 5 days MC for my neck pain. I wish to state that I have a footage of the accident from my in-car camera. My car is currently in the workshop.



**SINGAPORE
POLICE FORCE**



T/20180626/2132

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

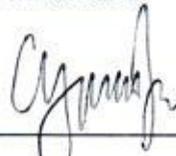
Report No. T/20180626/2132

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 MOHAMED NASZRUL BIN MOHD HELMI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/06/2018 16:34
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	Classification Of Case:
Authentication Stamp NP168	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7042956Z



Name



TAN LAI CHUAN

陈来川

Race

CHINESE

Date of Birth

28-11-1970

Sex

M

S7042956Z

Country of Birth

SINGAPORE

3317594



NRIC No. S7042956Z



Blood Group Date of issue

- 24-02-2003

Address

APT BLK 847 JURONG WEST STREET 81
#08-241
SINGAPORE 640847

REPUBLIC OF SINGAPORE DRIVING LICENCE

TAN LAICHUAN

Issue Date: 28 Nov 1970
Valid Date: 24 Feb 2003

980220180



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Nov 1984
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	04 Jul 1987

NP 428A

Licence No: S70429682



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: 5097352527

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

~~To Be Advised~~ SLV9028D

Chassis Number

: KNAFX411MJ5756143 ✓

2. Name of Policyholder

: TAN LAI CHUAN

3. Effective Date of Insurance

: 16 Jan 2018

4. Expiry Date of Insurance

: 15 Jan 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE 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 : CYCLE & CARRIAGE.FULCO MOTOR DEALER PTE LTD (00000613549)

Date of Issue : 15 Jan 2018 09:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED




Countersigned By:

Authorized Officer



Chief Executive

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097352527	TAN LAI CHUAN	53346928K	GPC	drive CLASSIC	SLV9028D	SLV9028D	22/01/2018	21/01/2019

Continue

Policy Information

Policy No.	5097352527	Policyholder Name	TAN LAI CHUAN	Policyholder NRIC	53346928K
Address	BLK 847 #08-241 JURONG WEST STREET 81 SINGAPORE 640847				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/01/2018	Effective Date	22/01/2018 00:00	Expiry Date	21/01/2019 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	CYCLE & CARRIAGE.FULCO MOT	Agent Tel.	67460088	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 847 #08-241	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640847
Address 4		Address Type	Singapore address	Post Code	640847
Unit No.	08-241	Related Policy Number	5097352527		

Insured Object: SLV9028D

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	22/01/2018 00:00	POI Move	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 22 Jan 2018 TO 21 Jan 2019
2	22/01/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 22 Jan 2018, the following amendment(s) is/are made to this policy: 1. PERIOD OF INSURANCE : 22 Jan 2018 TO 21 Jan 2019 2. ORIGINAL REGISTRATION DATE: 22 Jan 2018 3. VEHICLE REGISTRATION NUMBER: SLV9028D

Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1000441

Policy No.	S097352527	Vehicle No.	SLV9028D	GST Registration No.	53346928K
Policyholder Name	TAN LAI CHUAN			Policyholder NRIC	53346928K
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	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(%)	0	Private Hire	Yes

Accident Details

Report Date	26/06/2018 20:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/06/2018	Time of Accident hh:mm	09:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG HOLLAND RD				

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	Yes	GST Registration Date	28/04/2017
GST Registration No.	53346928K	GST Status Verified	No

Modification History

Policyholder Mailing Address

Address 1	BLK 847 #08-241	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640847
Address 4		Address Type	Singapore address	Post Code	640847
Unit No.	08-241	Related Policy Number	S097352527		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/11/1970
Unnamed driver Name	TAN LAI CHUAN	Driver NRIC	S70429562	Driving Experience	23
Register Date of Driver License	26/11/1994	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	97601057	Contact No.(Office)	0	Address 3	SINGAPORE 640847
Address 1	BLK 847	Address 2	JURONG WEST STREET 81	Post Code	640847
Address 4		Address Type	Singapore address		
Unit No.	08-241				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Claim 001 **New**

Claim Type *	CO-MX	Insured Name	TAN LAI CHUAN	Insured NRIC	53346928K
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	69671167
Email Address		OI Vehicle Number	SLV9028D	TP Vehicle Number	SLE9781B
Claim Description	SLV9028D / SLI9781B ON 26 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	26/06/2018 20:14	Claim Close Date		Date Received	26/06/2018 00:00
Report Taken By	Jackson				

[Print AK letter](#)

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1000441	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/06/2018 20:15

Path *	Browse...	Clear	Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

[Send Message](#) [Upload](#)

Attachment List

