

Date In: 26/6/18-12:19	Job description	Date & Time Completed	Done by
Ref No: NA118082232	SAS e-filing		
Veh No: SKR810J	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 23/6/18-21:10	i-Motor Claim Form	MT/1000444-001	26/6/18 20:55
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: SLP 6006T 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%; F: 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

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Int Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) N12: Idac Mobile \$30		
	*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		
	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 willful 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 12:19
Date Of Accident	23/06/2018 21:10
Exact Location Of Accident	JUNC BUKIT BATOK EAST AVE 6 & JLN JURONG KECHIL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ810J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEN JUNYAO
NRIC No	S6979786E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96923118
Alternative Phone No	OFFICE-96923118

### Vehicle Particulars

Manufacturer	BMW
Model	525I XL
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	5064013560-04
Cover Note Number	

### Driver

Name of Driver	TAY MEI YIN (ZHENG MEIYIN)
NRIC No	S8429244C
Date Of Birth	08/10/1984
Occupation	INDOOR
Date Of Driving Pass	09/04/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92238373
Fax Number	
Contact Number	OFFICE-92238373
Email Address	NOEMAIL

Address	BLK 318 BUKIT BATOK STREET 32 #06-159
Postcode	650318
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 370 BUKIT BATOK STREET 31 , <b>POSTCODE:</b> 650370 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5679999 - <b>FAX NO:</b> 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180625/2145.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO LARGE
Was there any audio recorded?	NO

#### Details of Witness 1

Name	
Phone Number	90186488
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP6006T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO KWANG PENG
NRIC/Passport Number	S7607480A

Contact Number	81685855
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: :

#### DETAILS OF INJURED PERSON 1

Name	TAY MEI YIN (ZHENG MEIYIN)
Approximate Age	
Injuries Sustain	NECK & CHEST
Injured person in which vehicle?	SKQ810J
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 **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:

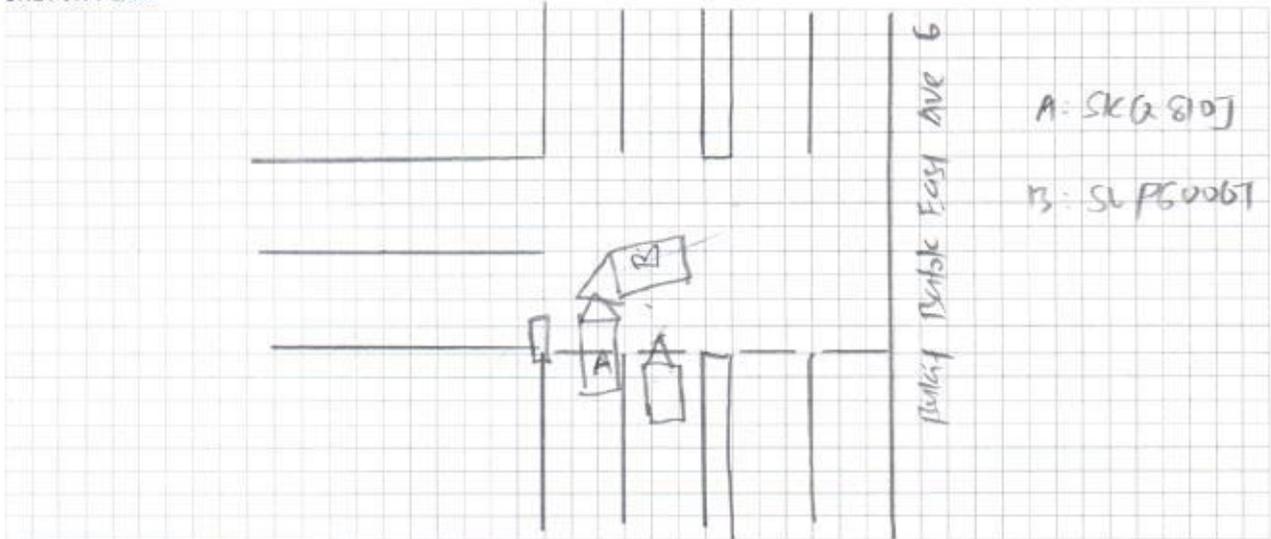
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: SKG 810J

B: SL PG 0067

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180625/2145.

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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 27 / 6 / 18 ) (DD/MM/YYYY), TIME: ( 21 : 10 ) (HH:MM)

LOCATION: Junc Bukit Semb East Ave 6 & Jln Jurong Kediri.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Sica 8107  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5064 013560-04  
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: Private use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Chen Yunguo (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S6779386E CONTACT: 9692 3118  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Tay Mei Yin (Zhang Meiyin) (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8429244C CONTACT: 92238373  
c) ADDRESS: Blk 318 Bukit Batok Street 32 # 06-119 (650718)

\*d) DATE OF BIRTH: ( 8 / 10 / 1984 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 9/4/2009

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

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: SLP 60007 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Yeo Kwang Peng  
c) NRIC/FIN/PASSPORT: S7 607489A CONTACT: 81685855

## 9. THIRD PARTY VEHICLE

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

Witness hp: 9018 6488

Email =

fax =

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
( )





Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TAY MEI YIN	ID No.	S8429244C
Related Vehicle	SKQ810J (Car)	Contact No.	92238373
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/06/2018	Date Discharge	24/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious
<b>Driver</b>			
Name	YEO KWANG PENG	ID No.	S7607480A
Related Vehicle	SLP6006T (Car)	Contact No.	81685855
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

**Brief Details.**

On 23/06/2018 at about 2110hrs, I was travelling along Old Jurong Road towards Bt Batok East Ave 6, junction of Jln Jurong Kechil in my vehicle V1) SKQ810J. As I was approaching the junction, it was still on Green Light and I proceeded forward in a safe speed. After V1 crossed the junction, there was a vehicle V2) SLP6006T about to make a right turn to Jln Jurong Kechil. V2's front left bumper collided onto my vehicle V1's front bumper and bonnet. After the collision, my vehicle V1 airbag was deployed and I did not move or alight from V1. There was one passerby motorist took photos of the incident. Ambulance and Traffic Police were called and they came to scene. After I alighted from my vehicle V1, I noticed that I did not have any visible injury and I was not conveyed to hospital. Paramedics at scene informed that I could seek my own medical assistance if there is a need to. I exchanged particulars from the driver of V2 and the passerby motorist sent me the incident photos, including the damages on my vehicle V1. I was told by the Traffic Police to engage towing crew and I waited at scene for them. There was a Taxi driver (HP: 9018 6488) who have witnessed the whole incident, willing to be my witness.

As I reached home, I felt dizzy, and suffered pain on my neck and chest. I vomited several times before seeing a doctor at Ng Teng Fong hospital. After keeping observation by the doctor in the hospital, I was issued a 5-days MC by the doctor and discharged on the same day.



**SINGAPORE  
POLICE FORCE**



T/20180625/2145

3 of 3

Report No. T/20180625/2145

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

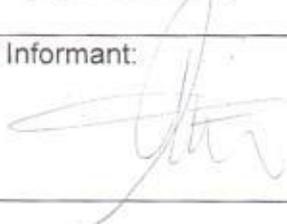
**CONTINUATION OF REPORT**

**Sketch Plan**

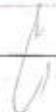
Informant is not able to provide sketch plan

**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 TAN WEI KANG
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232

Signature Of Informant: 
Date/Time: 25/06/2018 16:53
Classification Of Case:

Authentication Stamp  
NP168



Singapore Police Force

5462143



NRIC No. S8429244C



Date of Issue  
29-04-2015

Address  
APT BLK 318 BUKIT BATAK STREET 32  
#06-159  
SINGAPORE 650318

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

PASS DATE

Class 3 Motor Cars-<3000kg with =<7 passengers, exclusive 09 Apr 2009  
of the driver, and other motor vehicles =< 2500kg



Licence No. S6429244C

NP 428A



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8429244C

Name



TAY MEI YIN  
(ZHENG MEIYIN)

郑美音

Race

CHINESE

Date of birth

08-10-1984

Country/Place of birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8429244C



TAY MEI YIN  
(ZHENG MEIYIN)

Birth Date: 08 Oct 1984

Issue Date: 09 Apr 2009



001729670A

## 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)

<b>Certificate Number:</b> 5064013560-04	<b>Cover :</b> drivo CLASSIC
1. Index mark and Registration Number of Vehicle	: SKQ810J
Chassis Number	: WBANU52080CZ89410
2. Name of Policyholder	: CHEN JUNYAO
3. Effective Date of Insurance	: 30 Jan 2018
4. Expiry Date of Insurance	: 29 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 business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHEN JUN YAO
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : KCB AGENCY (00000614904)  
Date of Issue : 02 Jan 2018 13:59 hrs

**KCB AGENCY**

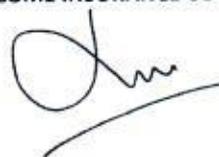
Co Reg No. 531185520  
200 Jalan Sultan  
#02-36B Textile Centre  
Singapore 190018  
Tel: 6391 3813 Fax: 6391 3810



Countersigned By: \_\_\_\_\_

Authorized Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5064013560-04	CHEN JUNYAO	S6979786E	GPC	drive CLASSIC	SKQ810J	SKQ810J	30/01/2018	29/01/2019

Policy Information

Policy No.	5064013560-04	Policyholder Name	CHEN JUNYAO	Policyholder NRIC	S6979786E
Address	8 SUFFOLK WALK #19-09 VIVA SINGAPORE 307465				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/01/2018	Effective Date	30/01/2018 00:00	Expiry Date	29/01/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	600.0	Windscreen Excess	100.0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0		Young/Inexperience Driver Excess
Agent	KCB AGENCY	Agent Tel.	63913813	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	8 SUFFOLK WALK	Address 2	#19-09 VIVA	Address 3	SINGAPORE 307465
Address 4		Address Type	Singapore address	Post Code	307465
Unit No.		Related Policy Number	5064013560-04		

Insured Object: SKQ810J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Exit

Accident MT/1000444

Policy No.	5064013560-04	Vehicle No.	SKQ8100	GST Registration No.	
Policyholder Name	CHEN JUNYAO	Cover Type	drive CLASSIC	Policyholder NRIC	S6979786E
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	96923118	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	[N] v
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes	Private Hire	No		

**Accident Details**

Report Date	26/06/2018 20:53	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	23/06/2018	Time of Accident hh:mm	21:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC BUKIT BATOK EAST AVE 6 & JLN JURONG KECHIL				

**Benefits**

**Excess**

Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	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	8 SUFFOLK WALK	Address 2	#19-09 VIVA	Address 3	SINGAPORE 307465
Address 4		Address Type	Singapore address	Post Code	307465
Unit No.		Related Policy Number	5064013560-04		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/10/1984
Unnamed driver Name	TAY MEI YIN (ZHENG HEIYIN)	Driver NRIC	S8429244C	Driving Experience	9
Register Date of Driver License	09/04/2009	Driver Age	33	Contact No. (Home)	0
Contact No. (Mobile)	92238373	Contact No. (Office)	0	Address 1	SINGAPORE 650318
Address 1	BLK 318	Address 2	BUKIT BATOK STREET 32	Address 3	SINGAPORE 650318
Address 4		Address Type	Singapore address	Post Code	650318
Unit No.	06-159	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHEN JUNYAO	Insured NRIC	S6979786E
Contact No. (Mobile)	96923118	Contact No. (Home)	66336232	Contact No. (Office)	
Email Address	kan188@singnet.com.sg	O1 Vehicle Number	SKQ8100	TP Vehicle Number	SLP6006T
Claim Description	SKQ8100 / SLP6006T ON 23 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	26/06/2018 20:55	Claim Close Date		Date Received	26/06/2018 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1000444	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/06/2018 20:56

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	Please Select	NO	Normal	
<input type="text"/>	Please Select	NO	Normal	
<input type="text"/>	Please Select	NO	Normal	
<input type="text"/>	Please Select	NO	Normal	
<input type="text"/>	Please Select	NO	Normal	
<input type="text"/>	Please Select	NO	Normal	

Send Message **Upload**

Attachment List

