

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: <b>07/08/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18014334/13</b>	SAS e-filing		
Veh No: <b>5JU9402K</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>21/07/18</b> <b>1330</b>	i-Motor Claim Form	<b>MT/1006261-001</b>	
OD <b>(TP)</b> 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: ( **RICO 60** ) Tel: Fax: )

TP Particulars:	Veh No: <b>GBC3503G</b>	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

<b>NA1804928</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Driver/Owner:</b>	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
<b>Contact No:</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
<b>Damaged Portion:</b>	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
<b>QC Checked by (Engr-In-Charge):</b>	8) NTUC Additional Services:-		
	OP*		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5		
<b>Cat. 1:</b>	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
<b>Cat. 2/3:</b>	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	07/08/2018 11:45
Date Of Accident	31/07/2018 13:30
Exact Location Of Accident	BLK 22A SIN MING RD MSCP LOT 64
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU9402K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WORK WORK PRIVATE LIMITED
Co Reg No	201434206M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

#### Vehicle Particulars

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

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5090603638-01
Cover Note Number	

#### Driver

Name of Driver	WEI YONGYI
NRIC No	S8407452G
Date Of Birth	23/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2011
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82851596
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 27 BALAM ROAD #08-35
Postcode	370027
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	NO
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180731/2147

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER BUT THE VIDEO FROM OTHER VEH
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC3503G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

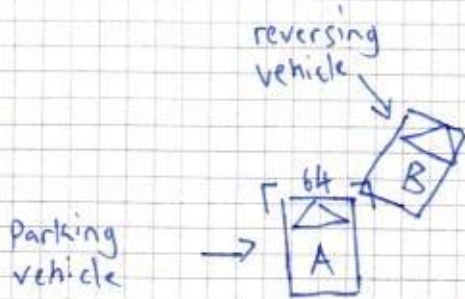
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

Blk 22A SIN MING Road  
MSCP Lot 64



A = SJU 9402K

B = GBL 3503G

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

## 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.:

*sfym* 07/08/18





# SINGAPORE POLICE FORCE



T/20180731/2147

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 3

Report No. T/20180731/2147

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/07/2018 19:42	Vide Report No.:	Station Diary No.: 152
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<b>Informant's Particulars</b>			
Name of Informant: WEI YONGYI		Address: APT BLK 27 BALAM ROAD #08-35 SINGAPORE 370027	
ID Type / ID No.: NRIC NO / S8407452G		Contact No.: Home/Office: Mobile: 82851596	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 23/03/1984	Type of Informant: HIRER
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 3,4	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 31/07/2018 13:30	Type of Location: Car Park
Location: Along Road 1 SIN MING ROAD  BLK 22A SIN MING ROAD MSCP LOT 64				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC3503G	Van	MERCEDES BENZ		Silver		0
SJU9402K	Car	VOLKSWAGO N		Silver	Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20180731/2147

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

2 of 3

Report No. T/20180731/2147

**CONTINUATION OF REPORT**

<b>HIRER</b>				
Name	WEI YONGYI		ID No.	S8407452G
Related Vehicle	SJU9402K (Car)		Contact No.	82851596
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 31/07/2018 at about 1.28pm, I reversed parked my car (SJU9402K) at the 2nd floor of the MSCP at Blk 22A Sin Ming Rd. At about 2.10pm, I went back to retrieve my vehicle when I discovered fresh damages around the front right portion. I noticed that the vehicle parked slightly on the right side in front of me (SLN8383) had an in-car camera. I managed to contact the vehicle owner and obtained his in-car camera video footage which revealed that a Mercedes-Benz Vito reversing, trying to park into a lot when its rear left side hit the front right side of my car. After which the driver immediately drove away without stopping to make a check or to proceed to park at the intended lot.

I have a copy of the recording. That's all.





SINGAPORE  
POLICE FORCE



T/20180731/2147

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 3

Report No. T/20180731/2147

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 /

Sgt 2 REEMA KAUR SANDHU

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

31/07/2018 19:42

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Classification Of Case:



SINGAPORE  
POLICE FORCE

SN 061

SIGNATURE

Authentication Stamp

NP168

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 31 / 07 / 2018 (dd/mm/yy) Time of Accident: 13 : 30 (24-HR-FORMAT)

Vehicle No.: SJU9402K Vehicle Make & Model: Volkswagon Jetta

Exact location of Accident: Blk 22A SIN MING ROAD MSCP Lot 64

Policyholder's Name / IC No.: Work Work Private Limited (201434206M)

Driver's Name / IC No.: WEI YONGYI S8407452G (As Above) ☐

Driver's Contact No.: 8285 1596 Company Contact No: \_\_\_\_\_

Driver's Address: Blk 27 BALAM ROAD #08-35 S(370027)

Insurance Company: NTUC Email address (if any): \_\_\_\_\_

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hired or Others specify: \_\_\_\_\_

**What do you wish to claim? (Please **TICK** one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

☐ Private use / ☒ Work purpose

**Occupation (nature of job):** ☐ Indoor / ☒ Outdoor

**No. of Passengers (Including Driver):** 00

**Passenger Name:** \_\_\_\_\_

**Passenger Name:** \_\_\_\_\_

**Gender:** Male / Female

**Gender:** Male / Female

**Weather condition & Road conditions?** (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☒ Yes / ☐ No (If YES) Which Police Station: Bishan N.P.C

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: GBC 3503G

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_


\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

02/08/18  
waiting for IC & VOCATIONAL LIC

enquiry@rico60.com



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



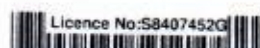
Licence Number: **S8407452G**  
 Name: **WEI YONGYI**  
 Birth Date: **23 Mar 1984**  
 Issue Date: **21 Aug 2017**



002715739G

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	12 Jan 2011
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	25 May 2011







## 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:** 5090603638-01

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJU9402K**  
Chassis Number : **WVWZZZ1K2AU000296**
2. Name of Policyholder : **WORK WORK PRIVATE LIMITED**
3. Effective Date of Insurance : **06 Mar 2018**
4. Expiry Date of Insurance : **05 Mar 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	: ASIA CARZ HOLDING PTE. LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE (SINGAPORE) PTE. LTD. (00000615327)

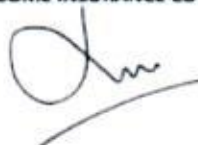
Date of Issue : 26 Mar 2018 10:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Vehicle Type :	Private Hire (Chauffeur) Motor Car	
Vehicle Attachment 1 :	No Attachment	
Make / Model :	VOLKSWAGEN / JETTA 1.4 TSI AT 1K23G5 SA	
Primary Colour :	Silver	
Year of Manufacture :	2009	
Maximum Laden Weight :	1930 kg	
Unladen Weight :	1329 kg	
No. Of Axles :	2	
Engine No.:	CAX316335	
Chassis No.:	WVWZZZ1KZAU000296	
Engine Capacity :	1390 cc	
Maximum Power Output :	90.0 kW ( 120 bhp )	
IU Label No. :	1123460783	
Propellant :	Petrol	
Passenger Capacity :	4	
Original Registration Date :	05 Jan 2010	
First Registration Date :	05 Jan 2010	
Open Market Value :	\$20,145.00	
Additional Registration Fee Rate :	100.00 %	
Actual ARF Paid :	\$20,145.00	
PARF Eligibility :	Yes	
Minimum PARF Benefit :	\$10,072.00	
PARF Eligibility Expiry Date :	04 Jan 2020	
COE No.:	2009100101001205G	
COE Category :	A - Car (1600cc & below)	
COE Expiry Date :	04 Jan 2020	
Quota Premium (QP) :	\$18,020.00	
QP Paid :	\$18,020.00	
OPC Cash Rebate Eligibility :	No	
QP during COE Bidding Exercise :	\$18,020.00	
Reference Motor Vehicle Description :	4073344 / 4073344-05144-20101	



## Claim Handling

The premium on this policy has not been collected.

Accident MT/1006261

Policy No.	5090603638-01	Vehicle No.	SJU9402K	GST Registration No.	
Certificate No.					
Policyholder Name	WORK WORK PRIVATE LIMITED.	Cover Type	drive CLASSIC	Policyholder NRIC	2014
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
<b>Accident Details</b>					
Report Date	07/08/2018 12:24	Accident Report Within 24 hrs	Yes	Accident Type	Collid
Date of Accident	31/07/2018	Time of Accident hh:mm	13:30	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 22A SIN MING RD MSCP LOT 64				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	400 ORCHARD ROAD	Address 2	#09-08 ORCHARD TOWERS	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	2388
Unit No.	09-08	Related Policy Number	5090603638-01		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WEI YONGYI	Driver NRIC	S8407452G	Driver DOB	23/01
Register Date of Driver License	12/01/2011	Driver Age	34	Driving Experience	7
Contact No.(Mobile)	82851596	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 27	Address 2	BALAM ROAD	Address 3	BALA
Address 4	SINGAPORE 370027	Address Type	Singapore address	Post Code	3700
Unit No.	#08-35				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	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		

Modification History:

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	WORK WORK PRIVATE LIMITE
Contact No.(Mobile)	97837452	Contact No.(Home)	
Email Address		Vehicle Number	SJU9402K
Claim Description	SJU9402K / GBC3503G ON 31 Jul 2018		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	07/08/2018 12:28	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

☒ Print AK letter

Save Submit

Attachment

Accident No.

MT/1006261

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2018 12:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2018 12:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2018 12:28	SAS	Normal	SAS 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2018 12:28	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2018 12:28	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2018 12:28	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2018 12:28	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2018 12:28	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2018 12:28	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2018 12:28	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2018 12:28	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2018 12:28	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2018 12:28	Photos	Normal	Photos 2018-8-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Aug 2018 12:28	Photos	Normal	Photos 2018-8-7

Video List

Uploaded By/Date	Folder Date	File Name	Source
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