NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA18111988

Date In: 29/8/18-14:35	Job description	Date & Time Completed	Done by
Ref No: 49/INC1805788/24	SAS e-filing		
Veh No: SJH 3728B	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 28/8/18-16:20	i-Motor Claim Form	MT/1009340-001	29/8/18 17:31
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: SLV 6188 U 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

NA 18 05492

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against UNC 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		
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	29/08/2018 14:35
Date Of Accident	28/08/2018 16:20
Exact Location Of Accident	ALONG HOUGANG AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH3272B
Insured/Policyholder	
Name Of Registered Owner	TAN YONG QI
NRIC No	S8613617A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98998829
Alternative Phone No	OFFICE-98998829
Vehicle Particulars	
Manufacturer	HONDA
Model	CROSSROAD 1.8L A
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	5102914880
Cover Note Number	
Driver	
Name of Driver	TAN YONG QI
NRIC No	S8613617A
Date Of Birth	14/05/1986
Occupation	INDOOR
Date Of Driving Pass	06/08/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98998829
Fax Number	
Contact Number	OFFICE-98998829
EMail Address	NOEMAIL

Address	BLK 350 ANCHORVALE ROAD #15-135
Postcode	540350
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	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?	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)	4
Passenger 1	NAME: : WANG LIJIAZI GENDER: : FEMALE
Passenger 2	NAME: : TRISTAN TAN GENDER: : MALE
Passenger 3	NAME: : MIKAELA TAN GENDER: : FEMALE

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	SLV6188U
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)	

DETAILS OF INJURED PERSON 1

Name	TAN YONG QI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJH3272B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TRISTAN TAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJH3272B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	WANG LIJIAZI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJH3272B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	MIKAELA TAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJH3272B
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:

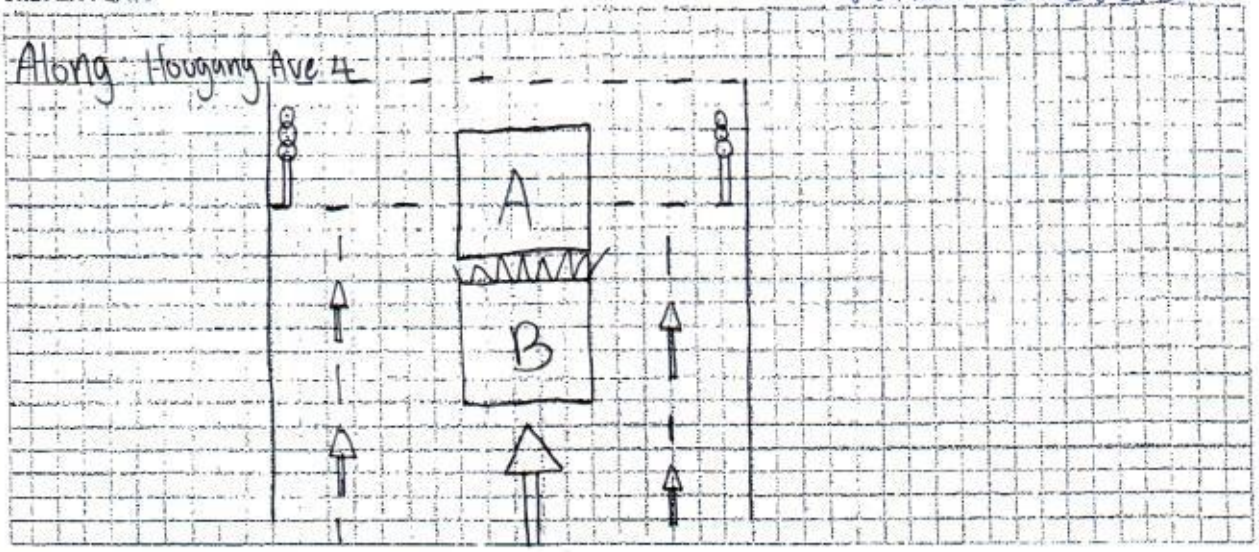
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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.:

VEHICLE A: SJH3272B
VEHICLE B: SLV6188U

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A (SJH3272B) was travelling along Hougang Ave 4 at ~~4.20~~ 16.30 pm on 28 Aug 2018. While approaching the traffic light, the traffic light turn amber, Vehicle A brake and slow down, Suddenly, an impact was felt from the back of vehicle A car. The owner went down and notice that the back bumper was damage by vehicle B (SLV6188U)

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 : 28 Aug 2018 Accident Time: 16.20 (24-HR-Format)

Accident Place : Along Hougang Ave 4

Vehicle Reg. No. (Car Plate No.) : SJH3272B

Vehicle Make/Model : HONDA CROSSROAD 1.8LA

Insurance Company : NTUC Policy No. _____

Owner or Company Name /IC No. : TAN YONG QI

Owner or Company Contact No. : 98998829 Owner's Hp _____ Company Tel

DRIVER'S Name / IC No. : TAN YONG QI

DRIVER'S Date Of Birth : 14 May 1986 DRIVER'S License Pass Date 06 Aug 2018

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: _____

DRIVER'S Address : APT BLK 350 ANCHORVALE ROAD #15-135, S540350

DRIVER'S Contact No./ Alt No. :1) _____ 2) _____

DRIVER'S Occupation : (INDOOR) \ OUTDOOR (e.g. working inside or outside office)

Email Address : weiyuan0312@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): 4

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: SLV6188L

Vehicle Make\Model: _____

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Vehicle Reg. No: _____

Vehicle Make\Model: _____

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8613617A

Name

TAN YONG QI

陳 永 琦

Race

CHINESE

Date of birth

14-05-1986

Sex

M

Country/Place of birth

SINGAPORE

S8613617A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8613617A

Name:

TAN YONG QI

Birth Date: 14 May 1986

Issue Date: 06 Aug 2018

002832061C

5404803

NRIC No. S8613617A

Date of issue
11-12-2014

BLK 350 ANCHORVALE ROAD #15-135
SINGAPORE 540350

NRIC No: S8613617A Date: 25/08/2016

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	06 Aug 2018

Licence No:S8613617A

NP 428A

Passenger

REPUBLIC OF SINGAPORE

CERTIFICATE OF REGISTRATION OF BIRTH

T1738452F

BIRTH REGISTRATION No.

CHILD'S PARTICULARS

Birth Registered at: KK WOMEN'S AND CHILDREN'S HOSPITAL, SINGAPORE

Full Name: TRISTAN TAN 陈王毅瀚

Sex: MALE | Date of Birth: 27/11/2017 | Time of Birth: 1729 Hours

Place or Address of Birth: KK WOMEN'S AND CHILDREN'S HOSPITAL, SINGAPORE

MOTHER'S PARTICULARS

Name: WANG LIJIAZI | Date of Birth: 19/08/1992

NRIC/ Identification Document No.: S/BLUE S9278603Z | Race: CHINESE | Dialect Group: MANDARIN

Nationality: CHINESE | Country/Place of Birth: CHINA

Address: APT BLK 350 ANCHORVALE ROAD #15-135 SINGAPORE 540350

FATHER'S PARTICULARS

Name: TAN YONG QI

NRIC/ Identification Document No.: S/PINK S8613617A | Race: CHINESE | Dialect Group: HOKKIEN

Nationality: SINGAPORE CITIZEN | Country/Place of Birth: SINGAPORE

INFORMANT'S PARTICULARS

Name: TAN YONG QI

NRIC/ Identification Document No.: S/PINK S8613617A | Relationship: FATHER

Address: APT BLK 350 ANCHORVALE ROAD #15-135 SINGAPORE 540350

FOR OFFICIAL USE

THE CHILD IS A CITIZEN OF SINGAPORE AT THE TIME OF BIRTH

I certify that the above information given by me is correct

Informant's Signature or Thumb Impression — 26/12/2017 Date

HALIM PAPOK
for Registrar of Births and Deaths — 26/12/2017 Date

Passenger

REPUBLIC OF SINGAPORE

CERTIFICATE OF REGISTRATION OF BIRTH

T1527781A

BIRTH REGISTRATION No.

Celebrating 50 years of Independence

CHILD'S PARTICULARS

Birth Registered at: KK WOMEN'S AND CHILDREN'S HOSPITAL, SINGAPORE

Full Name: MIKAELA TAN 陈玺乐

Sex: FEMALE | Date of Birth: 09/09/2015 | Time of Birth: 0718 Hours

Place or Address of Birth: KK WOMEN'S AND CHILDREN'S HOSPITAL, SINGAPORE

MOTHER'S PARTICULARS

Name: WANG LIHAZI | Date of Birth: 19/08/1992

NRIC/ Identification Document No.: F/PPT G47211381 | Race: CHINESE | Dialect Group: TEOCHEW

Nationality: CHINESE | Country/Place of Birth: CHINA

Address: APT BLK 244 BUKIT BATOK EAST AVENUE 5 #08-24 SINGAPORE 650244

FATHER'S PARTICULARS

Name: TAN YONG QI

NRIC/ Identification Document No.: S/PINK S8613617A | Race: CHINESE | Dialect Group: HOKKIEN

Nationality: SINGAPORE CITIZEN | Country/Place of Birth: SINGAPORE

INFORMANT'S PARTICULARS

Name: TAN YONG QI

NRIC/ Identification Document No.: S/PINK S8613617A | Relationship: FATHER

Address: APT BLK 244 BUKIT BATOK EAST AVENUE 5 #08-24 SINGAPORE 650244

FOR OFFICIAL USE: THE CHILD IS A CITIZEN OF SINGAPORE AT THE TIME OF BIRTH

SG 50 BABY

I certify that the above information given by me is correct.

Informant's Signature or Thumb Impression — Date: 10/09/2015

ANG LAHANN
for Registrar of Births and Deaths — Date: 10/09/2015

Passenger

F IC OF SINGAPORE

IDENTITY CARD NO. S9278603Z

Name

WANG LIJIAZI

王 李 佳 子

Race

CHINESE

Date of birth

19-08-1992

Sex

F

Country/Place of birth

CHINA

S9278603Z

9449184

NRIC No. S9278603Z

Nationality

CHINESE

Date of issue

21-06-2017

Address

APT BLK 350 ANCHORVALE ROAD
#15-135
SINGAPORE 540350

Passenger

income
made different

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: S102914880 **Cover** : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJH3272B**
   Chassis Number : RT11008203
2. Name of Policyholder : TAN YONG QI
3. Effective Date of Insurance : 06 Aug 2018
4. Expiry Date of Insurance : 30 Jul 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN YONG QI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: EFIZZIG CREDIT 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 : KCB AGENCY (00000614904)
Date of Issue : 06 Aug 2018 13:54 hrs.

KCB AGENCY
Co Reg No. S31185520
200 Jalan Sultan
#02-368 Textile Centre
Singapore 199018
Tel: 6391 3813 Fax: 6391 3810

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

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 28/08/2018 16:20
Vehicle No.(For Motor) SJH3272B
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5102914880		TAN YONG QI	S8613617A	GPC	drivo CLASSIC	SJH3272B	SJH3272B	06/08/2018	30/07/2019

Continue

Policy Information

Policy No.	5102914880	Policyholder Name	TAN YONG QI	Policyholder NRIC	S8613617A
Certificate No.					
Address	BLK 350 #15-135 ANCHORVALE ROAD SINGAPORE 540350				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	06/08/2018	Effective Date	06/08/2018 00:00	Expiry Date	30/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	2025.39		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	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	BLK 350 #15-135	Address 2	ANCHORVALE ROAD	Address 3	SINGAPORE 540350
Address 4		Address Type	Singapore address	Post Code	540350
Unit No.	15-135	Related Policy Number	5102914880		

Insured Object: SJH3272B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Exit

The premium on this policy has not been collected.

Accident MT/1009340

Policy No.	5102914880	Vehicle No.	SJH3272B	GST Registration No.	
Certificate No.					
Policyholder Name	TAN YONG QI			Policyholder NRIC	S8613617A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	98998829	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	29/08/2018 17:29	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/08/2018	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG HOUGANG AVE 4				

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		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 350 #15-135	Address 2	ANCHORVALE ROAD	Address 3	SINGAPORE 540350
Address 4		Address Type	Singapore address	Post Code	540350
Unit No.	15-135	Related Policy Number	5102914880		

OI Driver Info

Driver Name	TAN YONG QI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8613617A	Driver DOB	14/05/1986
Register Date of Driver License	06/08/2018	Driver Age	32	Driving Experience	0
Contact No.(Mobile)	98998829	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 350	Address 2	ANCHORVALE ROAD	Address 3	SINGAPORE 540350
Address 4		Address Type	Singapore address	Post Code	540350
Unit No.	15-135				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	◉ Yes ○ No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAN YONG QI	Insured NRIC	S8613617A
Contact No.(Mobile)	98998829	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJH3272B	TP Vehicle Number	SLV6188U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NRIC *			
Claimant Address					
Claim Description	SJH3272B / SLV6188U ON 28 Aug 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	29/08/2018 17:31	Claim Close Date		Date Received	29/08/2018 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1009340	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	29/08/2018 17:32

Path *			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
Normal
Send Message
Upload
Attachment List
Attachment
Uploaded By/Date
Category
Urgency
Description
Msg Sent? (CD)
Action
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Aug 2018 17:32
NRIC/ Driving License
Normal
NRIC/ Driving License 2018-8-29
Edit
SAS
SAS 2018-8-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Aug 2018 17:31
Photos
Photos 2018-8-29
Video List
Uploaded By/Date
Folder Date
File Name
Source
Action
Display in New Window
Scan and uploading