

NATIONAL Assessment Centre Services

Date In: 03/09/2018 15:19	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18016026/K4	E-mail (within 8hrs, AIC 2hrs):		
Veh No: SLH 4338R	i-Motor Claim Form: MT/1009912-001	3/9/18	17:15
DOA: 01/09/2018 12:35	i-Motor W/O (Within: OI 2hrs, TP 4hrs):		
OD: TP Reporting Only	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: SKJ3823 P. 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)

Remarks	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

NA1805588

Main Item Particulars	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		In 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		
C. Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Aditers' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (w/e 10 Jan 2015)		
	6) TR: Re-inspection \$75		
	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OI*		
	*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: Idno Mobile \$0		
	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	03/09/2018 15:19
Date Of Accident	01/09/2018 12:35
Exact Location Of Accident	BUYONG RD TWDS CTE BEFORE ORCHARD RD JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH4338R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALL DIRECTION SERVICES
Co Reg No	53345785L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93693001
Alternative Phone No	OFFICE-93693001
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085297931-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	HO HUAT HENG
NRIC No	S0153448C
Date Of Birth	04/12/1951
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1971
Driving Experience	47 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93693001
Fax Number	
Contact Number	OTHERS-93693001
EMail Address	NOEMAIL

Address	BLK 601 HOUGANG AVENUE 4 #04-123
Postcode	530601
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	SIDE SWIPE
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?	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)	2
Passenger 1	NAME: : NIL GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 SINGAPORE 538775 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180901/2094

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ3823P
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)

2

Passenger 1

NAME: : NIL

GENDER: : FEMALE

**DETAILS OF INJURED PERSON 1**

Name

HO HUAT HENG

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SLH4338R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

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:

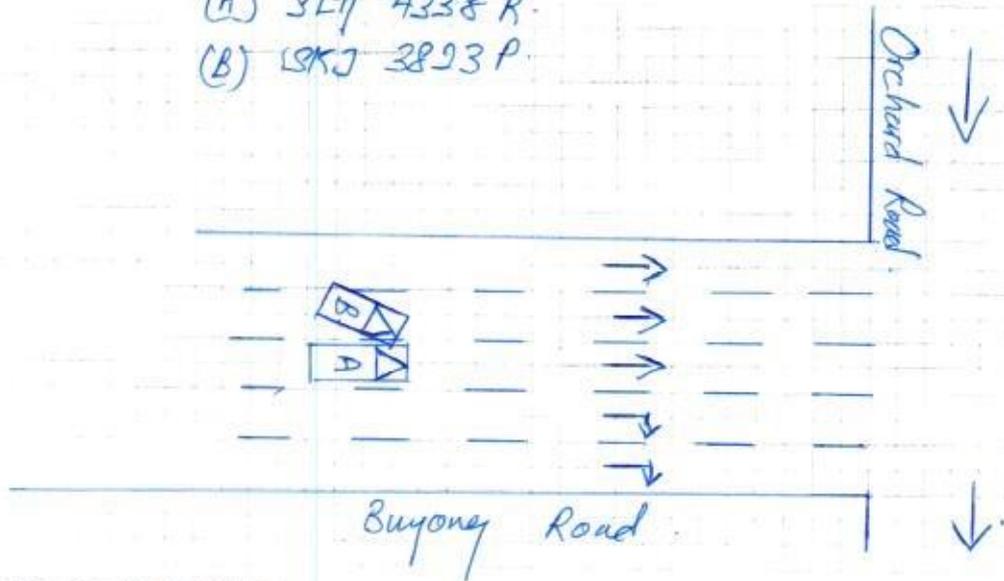
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

3/9/2018

SKETCH PLAN

(A) SLH 4338 R.

(B) LSKJ 3823 P.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No:  
T/20180901/2094.

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: 3/9/2018  
NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20180901/2094

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20180901/2094

**CONTINUATION OF REPORT**

**Brief Details.**

On 01/09/2018 at about 1235hrs, I was driving along Buyong Road and as I was turning along the bend while still in my own lane, one vehicle, SKJ3823P, came from the left lane and cut into the lane I was in and swipe against the side of my vehicle.

The driver then gestured me to stop by the side of the road which I did. When I approached him and asked him to come down, he refused to and drove off.

I managed to get hold of his car plate number.

Due to the accident, the whole left side of my vehicle was being scratched. There was no one injured. There was no police or ambulance at scene.

I have in-built camera installed in the front and rear of my vehicle and it captured the whole incident.



**SINGAPORE  
POLICE FORCE**



T/20180901/2094

3 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

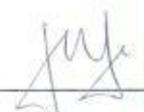
Report No. T/20180901/2094

**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: F / Sgt 3 PHUA JIA JUN, MARK 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/09/2018 14:30
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 SN 085	Classification Of Case:
Authentication Stamp NP168  Signature:  Singapore Police Force	

**NOTICE OF COMPLIANCE**

This is to confirm that Ho Huat Heng (HP: 93693001) NRIC no. S0153448C, has reported to the Police on a non-injury traffic accident which occurred at Buyong Road on 01/09/2018 at about 1235hrs involving the following vehicles: SLH4338R (Informant's vehicle) & SKJ3823P (Other party's vehicle).

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with compliance under Sec 84(2) of the Road Traffic Act, Cap 276.



Ho Huat Heng  
Date: 01/09/2018  
S/D: 96  
Police Post/Unit: Hougang NPC

Name of Issuing Officer: Sgt T130214 Mark

HOUANG NPC  
80 HOUANG AVÉ 9  
SINGAPORE 538775  
TEL: 1800-4890999

Original - to be issued to informant  
Duplicate - to be retained at police post or unit

<b>Vehicle No.</b>	SLH 4338R	Model / Make	Toyota Altis.
Date of Accident	01/09/18		
Time of Accident	1235 HRS		
Location of Accident	Buyong Road towards CTE before Orchard Road Junction.		
Exact purpose use during accident	Chauffeur		
<b>Name of Owner</b>	All Direction Services.		
Telephone No.	H/P: 9369 3001	Home:	Office:
NRIC	<del>S 0153448C</del> . S3345785 L.		
Address	BLK 601, Hougang Ave 4 #04-123 (B) 530601.		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	5085297931-01.		
<b>Name of Driver</b>	As Above If No, HO HUAT HENG.		
NRIC	S 0153448C. Any Passengers: 01 (F).		
Date of birth	04/12/1951		
Occupation	<u>Outdoor</u>	/	Indoor
Driving License Pass Date	22/07/1971		
Gender	<u>Male</u>	/	Female
Contact No.	H/P: 9369 3001	Home:	Office:
Address	BLK 601, Hougang Ave 4 #04-123 (B) 530601.		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	Owner.
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	No,	<u>If Yes, Who?</u>	
Name And Contact No.	HO HUAT HENG (H/P: 9369 3001)		
Name And Contact No.			
Police Report	No,	<u>If Yes, Where?</u>	Hougang N.P.C.
<b>Vehicle B No.</b>	SKJ 3823P	Any Passengers:	01 (F).
Name of Driver	Contact No.:		
<b>Vehicle C No.</b>	Any Passengers:		
<b>Vehicle D No.</b>	Any Passengers:		
<b>Vehicle E no.</b>	Any Passengers:		
<b>Vehicle F No.</b>	Any Passengers:		
<b>Vehicle G No.</b>	Any Passengers:		
Witness Name	N.A.	Witness Contact:	N.A.
Accident Portion	<del>Front Portion</del> . Left Side.		
Camera Recorder	<u>Yes</u>	No	
Email Address	rickyho0412@yahoo.com.		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?	Yes <u>No</u>		
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixin		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0153448C

Name:

HO HUAT HENG

Birth Date: 04 Dec 1951

Issue Date: 31 Jul 2003



000701118A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0153448C



Name

HO HUAT HENG



何发兴

Race

CHINESE

Date of Birth

04-12-1951

Sex

M

Country of Birth

SINGAPORE

S0153448C

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

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

22 Jul 1971



Licence No: S0153448C

NP 428A

2194654



NRIC No: S0153448C



Blood Group: Date of issue

A+ 10-07-1994

Address

APT BLK 601 HOUGANG AVENUE 4  
#04-123  
SINGAPORE 1953



VOCATIONAL LICENCE

Licence No : S0153448C

Name : HO HUAT HENG

Issue Date : 24/8/2005

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	30/09/1978



### 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:** 5085297931-01

**Cover :** drivo PREMIUM

- |                                                                                                                                                                                                                                                                                                               |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 1. Index mark and Registration Number of Vehicle                                                                                                                                                                                                                                                              | : SLH4338R               |
| Chassis Number                                                                                                                                                                                                                                                                                                | : MR053REH104556289      |
| 2. Name of Policyholder                                                                                                                                                                                                                                                                                       | : ALL DIRECTION SERVICES |
| 3. Effective Date of Insurance                                                                                                                                                                                                                                                                                | : 02 Nov 2017            |
| 4. Expiry Date of Insurance                                                                                                                                                                                                                                                                                   | : 01 Nov 2018            |
| 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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: YES
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)

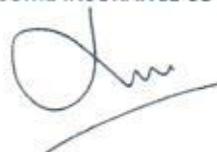
Agency : NLE INSURANCE AGENCIES PTE LTD (00000614580)  
 Date of Issue : 25 Oct 2017 15:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
 Authorised Officer



\_\_\_\_\_  
 Chief Executive

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)  
[Notice of Loss](#)

**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="01/09/2018 12:35"/>
Vehicle No. (For Motor)	<input type="text" value="SLH4338R"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5085297931-01		ALL DIRECTION SERVICES	53345785L	GPC	drive PREMIUM	SLH4338R	SLH4338R	02/11/2017	01/11/2018

▼ **Policy Information**

Policy No.	5085297931-01	Policyholder Name	ALL DIRECTION SERVICES	Policyholder NRIC	53345785L
Certificate No.					
Address	BLK 601 #04-123 HOUGANG AVENUE 4 SINGAPORE 530601				
Product Name	PRIVATE CAR INSURANCE	Plan			
Group Policy Flag	N				
Policy issue Date	25/10/2017	Effective Date	02/11/2017 00:00	Expiry Date	01/11/2018 23:59
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		
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 601 #04-123	Address 2	HOUGANG AVENUE 4	Address 3	SINGAPORE 530601
Address 4	Address Type		Singapore address	Post Code	530601
Unit No.	04-123	Related Policy Number	5085297931-01		

▶ **Insured Object: SLH4338R**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

**Claim Handling**

Accident MT/1009912

Policy No.	5085297931-01	Vehicle No.	SLH4338R	GST Registration No.	
Certificate No.					
Policyholder Name	ALL DIRECTION SERVICES			Policyholder NRIC	5334
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	93693001	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value="No"/>
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(%)	10	Private Hire	Yes

**Accident Details**

Report Date	03/09/2018 17:05	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	01/09/2018	Time of Accident hh:mm	12:35	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUYONG RD TWDS CTE BEFORE ORCHARD RD JUNCTION				

**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		

**Benefits**

Coverage	Sum Insured
Transport Allowance	9999999.99

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 601 #04-123	Address 2	HOUANG AVENUE 4	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5306
Unit No.	04-123	Related Policy Number	5085297931-01		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	HO HUAT HENG	Driver NRIC	S0153448C	Driver DOB	04/1
Register Date of Driver License	22/07/1971	Driver Age	66	Driving Experience	47
Contact No.(Mobile)	93693001	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 601	Address 2	HOUANG AVENUE 4	Address 3	
Address 4		Address Type	Singapore address	Post Code	5306
Unit No.	#04-123				
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 type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---------------------------------------------------------------

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ALL DIRECTION SERVICES	Insured NRIC	5334
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		DI Vehicle Number	SLH4338R	TP Vehicle Number	SKJ3
Claim Description	SLH4338R / SKJ3823P ON 1 Sept 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	Rece
Date Registered	03/09/2018 17:14	Claim Close Date		Date Received	03/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

**Attachment**

☺

Accident No. MT/1009912 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 03/09/2018 17:15  
 Path \* Category \* Confidential Urgency \*  

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2018 17:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2018 17:12	SAS	Normal	SAS 2018-9-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2018 17:11	Photos	Normal	Photos 2018-9-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2018 17:11	Photos	Normal	Photos 2018-9-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2018 17:11	Photos	Normal	Photos 2018-9-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2018 17:11	Photos	Normal	Photos 2018-9-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2018 17:11	Photos	Normal	Photos 2018-9-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2018 17:11	Photos	Normal	Photos 2018-9-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2018 17:11	Photos	Normal	Photos 2018-9-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2018 17:11	Photos	Normal	Photos 2018-9-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2018 17:11	Photos	Normal	Photos 2018-9-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2018 17:11	Photos	Normal	Photos 2018-9-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2018 17:11	Photos	Normal	Photos 2018-9-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2018 17:11	Photos	Normal	Photos 2018-9-3
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 03 Sep 2018 17:11	Photos	Normal	Photos 2018-9-3

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>