

NATIONAL Assessment Centre Services

[wef 1 Jan 2005]

MA 118115713

Date In: 6/9/18 16:29	Job description	Date & Time Completed	Done by
Ref No: NA11mc18016316/h4	SAS e-filing		
Veh No: SJM 6850G	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 5/9/18 08:00	i-Motor Claim Form	MT/1010405-001	6/9/18 16:57
OD: 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: SFG72	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

NA1805701	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engi-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*:		
	*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		
Ref 1:	Invoice dated	Fee Charged	
Ref 2 / 3:	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	06/09/2018 16:29
Date Of Accident	05/09/2018 08:00
Exact Location Of Accident	BT TIMAH RD TWDS FARRER RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN6850G
Insured/Policyholder	
Name Of Registered Owner	T K MOTOR WORKSHOP
Co Reg No	53049097L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96273323
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097467701
Cover Note Number	-
Driver	
Name of Driver	LOH LIN HIONG RICHARD
NRIC No	S6941057Z
Date Of Birth	28/11/1969
Occupation	OUTDOOR
Date Of Driving Pass	23/06/2014
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97269882
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 114 PUNGGOL WALK #02-29
Postcode	828767
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	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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2507999 - FAX NO: 63554314
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFG7Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMED SUHAIMI BIN TAIB

NRIC/Passport Number	S6929004C
Contact Number	90614639
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LOH LIN HIONG RICHARD
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SJN6850G
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 willful 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 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.
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.

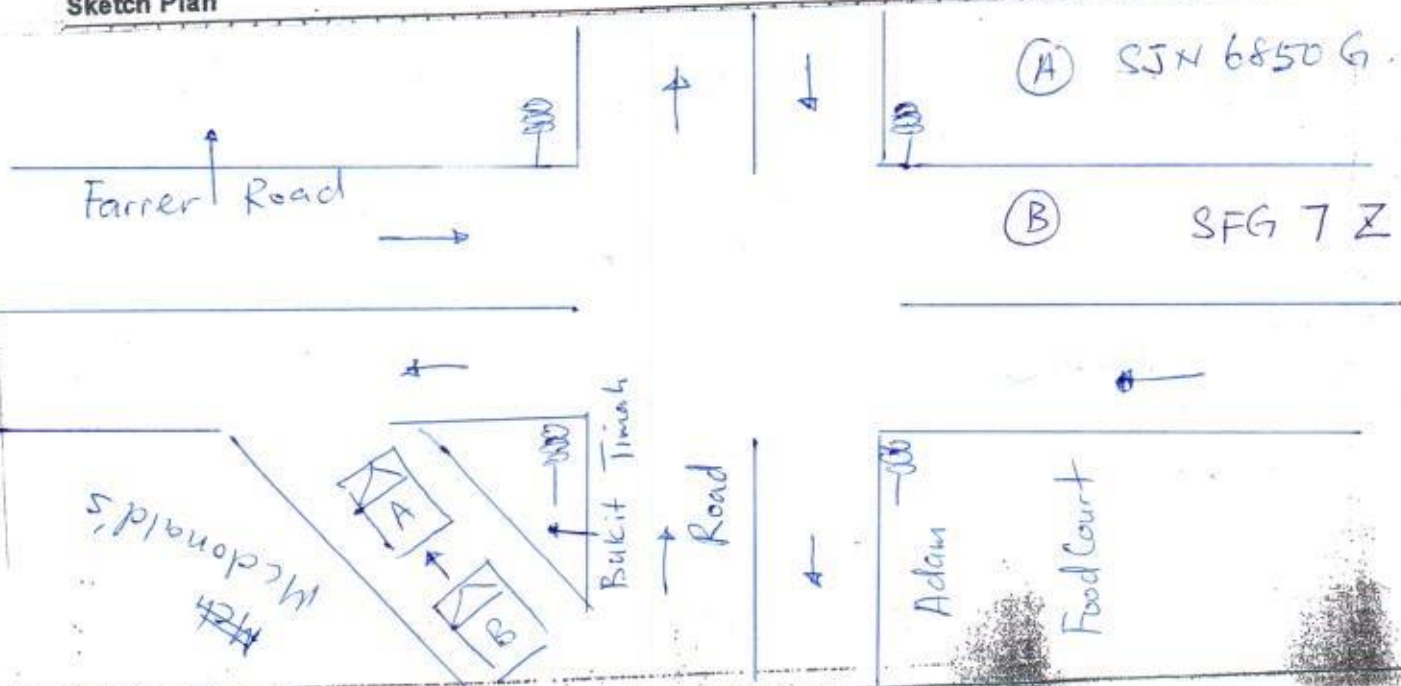
TK MOTOR WORKSHOP

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer To Police Report NO: T/20180905/12152

Declaration

We declare the foregoing particulars are true in every respect.

TK MOTOR WORKSHOP



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 5/9/2018 (DD/MM/YYYY) TIME: 08:00 (HH:MM)

LOCATION: BUKIT TIMAH ROAD TOWARD FARRER ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN 6850 G
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5097467701
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA ALTI5
 f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 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: TK Motor Workshop (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S3049097L CONTACT: 9627 3323
 c) ADDRESS: 1 Kaki Bukit Ave 6 #02-56
Autobay S'pore 417883

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Loh Lin Hiong Richard (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6941057-Z CONTACT: 97269882
 c) ADDRESS: Blk 114, Punggol Walk #02-29
S'pore 828767
 *d) DATE OF BIRTH: (28/11/1969) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 23/6/2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Grab Driver

5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS
 b) ROAD SURFACE: (DRY) WET / OTHERS
 6. WAS ANYBODY INJURED (YES/NO) Driver.
 7. a) REPORTED TO POLICE (YES/NO) (YES)
 IF YES, PLEASE STATE WHICH POLICE STATION: Whampoa NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SFG 7 Z MODEL: Mini
 b) DRIVER'S NAME: Mohammed Suhaimi Bin Taib
 c) NRIC/FIN/PASSPORT: S6929004-C CONTACT: 90614639

9. THIRD PARTY VEHICLE

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

68442641

Yes video footage with driver

Passenger
 Include
 Driver 3
11
 Passenger MF
 Include
 Driver 1



**SINGAPORE
POLICE FORCE**



T/20180905/2152

1 of 4

Police Station Of Origin:

Whampoa NPP

29 Jalan Bahagia #01-368 SINGAPORE

320029

Tel No: 1800-2507999

Report No. T/20180905/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2018 21:18	Vide Report No.:	Station Diary No.: 81
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Informant's Particulars

Name of Informant: LOH LIN HIONG RICHARD			Address: APT BLK 114 PUNGGOL WALK #02-29 SINGAPORE 828767		
ID Type / ID No.: NRIC NO / S6941057Z			Contact No.: Home/Office: Mobile: 97269882		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 28/11/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/09/2018 08:00	Type of Location: Filter lane
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH ROAD FARRER ROAD Filter lane				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFG7Z	Car	MINI		Red	Slightly Damaged	0
SJN6850G	Car	TOYOTA	Altis	White	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJN6850G	NTUC Income Insurance Co-Operative Limited	5097467701	16/01/2018	24/02/2019



**SINGAPORE
POLICE FORCE**



T/20180905/2152

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Report No. T/20180905/2152

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Mohammed Suhaimi Bin Taib	ID No.	S6929004C
Related Vehicle	SFG7Z (Car)	Contact No.	90614639
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LOH LIN HIONG RICHARD	ID No.	S6941057Z
Related Vehicle	SJN6850G (Car)	Contact No.	97269882
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/09/2018	Date Discharge	05/09/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	Hamdan	ID No.	NIL
Related Vehicle	SJN6850G (Car)	Contact No.	83636560
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 5.09.2018 at about 8.00 am, I was driving my motorcar (SJN6850G) along Bukit Timah Road towards Farrer Road. While I was in the filter lane waiting to turn into Farrer Road, a motorcar (SFG7Z) collided onto the rear of my vehicle. Therefore, we alighted from our vehicles and exchanged our particulars. We then left the scene as I needed to drop my passengers at their destination. I had checked with the passengers whether they felt unwell due to the accident and they do not have any complaint.

Later at about 2.00 pm, I felt pain on my back. Consequently, I visited Mount Alvernia Hospital to consult doctor. I was treated outpatient and given 5 days of Medical Leave. My vehicle sustained damages at the



**SINGAPORE
POLICE FORCE**



T/20180905/2152

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

3 of 4

Report No. T/20180905/2152

CONTINUATION OF REPORT

rear of the vehicle.

I wish to state that there is no police or ambulance attended to the accident. I believed the passengers who were on-board in my vehicle are couple and thus I only took one of their contact details. I also wish to state that the driver of SFG7Z admitted that it was his fault to have collided onto my vehicle.



**SINGAPORE
POLICE FORCE**



T/20180905/2152

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

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Report No. T/20180905/2152

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 /

Sr Staff Sgt LOW WEE KEONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/09/2018 21:18

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE
POLICE FORCE

SN 072

[Signature]

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of LOH LIN HIONG RICHARD

License Number: **S6941057Z**

Name: **LOH LIN HIONG RICHARD**

Birth Date: **28 Nov 1969**

Issue Date: **23 Jun 2014**

Barcode: 002317756A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S6941057Z**

Portrait of LOH LIN HIONG RICHARD

Name: **LOH LIN HIONG RICHARD**

羅琰雄

Race: **CHINESE**

Date of birth: **28-11-1969**

Sex: **M**

Country/Place of birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 23 Jun 2014

NP 428A

Barcode: Licence No: S6941057Z

5304498

Barcode

NRIC No: **S6941057Z**

Portrait of LOH LIN HIONG RICHARD

Date of issue: **12-05-2014**

APT BLK 114 PUNGGOL WALK #02-29 SINGAPORE 828767

NRIC No: **S6941057Z** Date: **15/10/2015**

Driver H/P 97269882

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: 5097467701

Cover : drive CLASSIC

- | | |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJN6850G |
| Chassis Number | : MR053ZEE106128402 |
| 2. Name of Policyholder | : TK MOTOR WORKSHOP |
| 3. Effective Date of Insurance | : 16 Jan 2018 |
| 4. Expiry Date of Insurance | : 24 Feb 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 the carriage of passengers for reward purposes.
- (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\$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	: N/A
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)

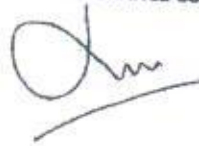
Agency : JG MOTOR AGENCY (00000613374)
 Date of Issue : 16 Jan 2018 13:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



 Authorised Officer



 Chief Executive

Claim Handling

Accident MT/1010405

Policy No.	5097467701	Vehicle No.	SJN6850G	GST Registration No.	
Certificate No.					
Policyholder Name	T K MOTOR WORKSHOP			Policyholder NRIC	530491
Product Code	PRJVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96273323	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	06/09/2018 16:52	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	05/09/2018	Time of Accident hh:mm	08:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BT TIMAH RD TWDS FARRER RD				
▼ 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					
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		No	
Modification History					
▼ Policyholder Mailing Address					
Address 1	1 KAKI BUKIT AVENUE 5	Address 2	#02-56 AUTOBAY @ KAKI BUKI	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	41788:
Unit No.		Related Policy Number	5097467701		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LOH LIN HIONG RICHARD	Driver NRIC	S6941057Z	Driver DOB	28/11/
Register Date of Driver License	23/06/2014	Driver Age	48	Driving Experience	4
Contact No.(Mobile)	97269882	Contact No.(Office)		Contact No.(Home)	
Address 1	114 PUNGGOI WALK	Address 2	#02-29 TWIN WATERFALLS	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	82875:
Unit No.	02-29				
Does he own a Singapore Registered car?	Yes <input 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 type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	T K MOTOR WORKSHOP
Contact No.(Mobile)	96273323	Contact No. (Home)	
Email Address		OI Vehicle Number	SJN6850G
Claim Description	SJN6850G / SFG7Z ON 5 Sept 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	06/09/2018 16:56
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			
<div>Save Submit</div>			

Attachment

Accident No. MT/1010405 Claim No. 001

9/6/2018

Claim Handling(accident reporting Claim Task)

Last Doc. Received

☒ Yes ☐ No

Upload Date

06/09/2018 16:57

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select ▼

Confidential

NO ▼

Urgency *

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 16:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 16:57	SAS	Normal	SAS 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 16:57	Photos	Normal	Photos 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 16:57	Photos	Normal	Photos 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 16:57	Photos	Normal	Photos 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 16:57	Photos	Normal	Photos 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 16:56	Photos	Normal	Photos 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 16:56	Photos	Normal	Photos 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 16:56	Photos	Normal	Photos 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 16:56	Photos	Normal	Photos 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 16:56	Photos	Normal	Photos 2018-9-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Sep 2018 16:56	Photos	Normal	Photos 2018-9-6

Video List

Uploaded By/Date	Folder Date	File Name	Source
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