

NATIONAL Assessment Centre Services

(wef: 1 Jan'05)

Date In: 05/10/2018 12:34	Job description	Date & Time Completed	Done by
Ref No: NBA/INC18018085/K4	SAS e-filing		
Veh No: FT299D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/09/2018 12:50	i-Motor Claim Form	MT/1014520	001 6/10/18 0915
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: Vch No: UNKNOWN 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

NA1806350

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 INC Only (wef 10 Jan 2005) | | |
| 6) TR: Re-inspection \$75 | | |
| 7) N1: Idac DA + SMRT Survey \$160 | | |
| 8) NTUC Additional Services:- | | |
| ON* | | |
| *N5: Courtesy Car / Tpl 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
Invoice dated

Fee Charged
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 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. 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	05/10/2018 12:34
Date Of Accident	22/09/2018 12:50
Exact Location Of Accident	JALAN BUKIT MERAH / SIDE RD / BUKIT MERAH VIEW
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT299D
Insured/Policyholder	
Name Of Registered Owner	CHOW SIANG YONG
NRIC No	S9620585F
Email Address	SIANGYONG96@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93840678
Alternative Phone No	OTHERS-93840678

Vehicle Particulars

Manufacturer	HONDA
Model	RVF400RT
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5088202916-01
Cover Note Number	

Driver

Name of Driver	CHOW SIANG YONG
NRIC No	S9620585F
Date Of Birth	10/06/1996
Occupation	INDOOR
Date Of Driving Pass	05/05/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93840678
Fax Number	
Contact Number	OTHERS-93840678
Email Address	SIANGYONG96@GMAIL.COM

Address	BLK 87 REDHILL CLOSE #13-586
Postcode	150087
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181003/2181

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	UNKNOWN
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)

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)**

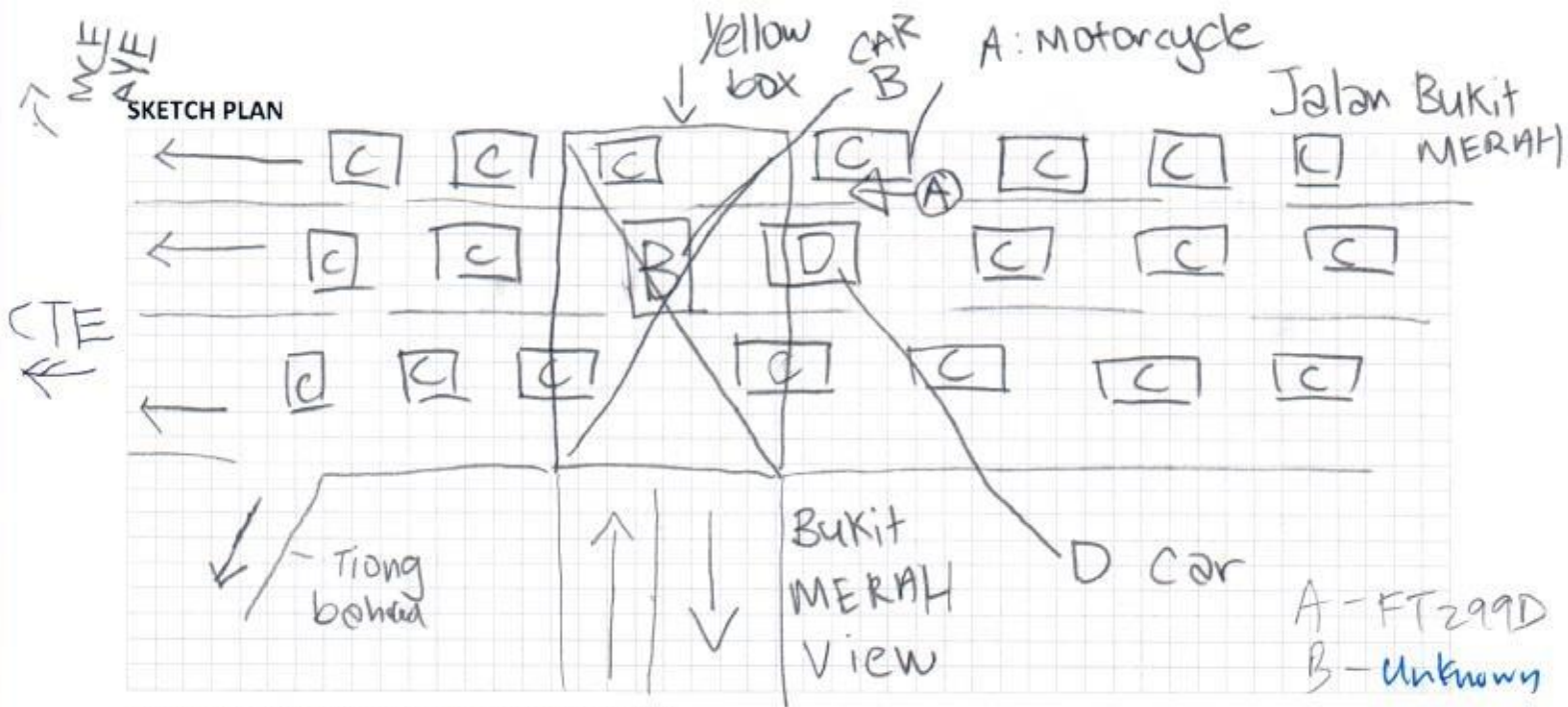
I understand, acknowledge, agree and consent that:

- (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:

5/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding along Jalan Bukit Merah Road towards CTE/SLE at a speed of approx. 30-40km/h. at around 12.50pm. Cars were tailgating each other during a slow-moving jam and the road was packed with cars. As I was approaching and nearing the yellow box situated right outside of Bukit Merah view Road, I saw Car B's side view of his license plate inching out onto the first lane. However, as there were cars fully packed on the 2nd lane, Car B side view of the license plate only appeared in my sight when I was two car lengths away. Hence, to avoid collision, I moved as much as I could to the right to evade the Car B that suddenly appeared in front of me. However, there were still cars on the 1st lane and hence the space that I had to maneuver from was very tiny. There was a very light impact as I squeezed through the tiny space that was given to me. Thereafter, I stopped at the traffic light ahead of me as it was "red light" and took a look at the left of my bike where the light impact was hit. As there were no damages and I felt that the bang from Car B was very light, I decided to move on with the plans of my day. However, as I went onto AYE Highway, the spring where the car B has hit flew off.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 4 Oct 5pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 4 Oct 5pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**

Traffic Police
Singapore Police Force
10, Ubi Avenue 3
Singapore 408865
Tel : 6547 0000
Fax : 6547 6259

Date : 29 Sep 2018

Your Ref :
Our Ref : TP/IP/55561/2018

CHOW SIANG YONG
APT BLK 87 REDHILL CLOSE
#13-586
SINGAPORE 150087

000013



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT INVOLVING FT299D ALONG JALAN BUKIT MERAH ON 22 SEP 2018
@ 12.50 PM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer ABD KAREEM B ABD HAGUE at his / her office number: 65476079 or the supervisor CHEW SOOK YENG at 65476425 if you have any further queries.

5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (DSP)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.



SINGAPORE POLICE FORCE



T/20181003/2181

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20181003/2181

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2018 21:12	Vide Report No.:	Station Diary No.: 104
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Informant's Particulars

Name of Informant: CHOW SIANG YONG			Address: APT BLK 87 REDHILL CLOSE #13-586 SINGAPORE 150087		
ID Type / ID No.: NRIC NO / S9620585F			Contact No.: Home/Office: Mobile: 93840678		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 10/06/1996	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name: Singapore Institute Management
Occupation: Student			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/09/2018 12:50	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 JALAN BUKIT MERAH				
Towards AYE before junction of Bukit Merah View				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT299D	Motorcycle	HONDA	RVF400RT	Grey	Slightly Damaged	0
UNKNOWN CAR (Not Accurate)	Car				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20181003/2181

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20181003/2181

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FT299D	NTUC Income Insurance Co-Operative Limited	5088202916-01	24/02/2018	23/02/2019

Brief Details.

On 22/09/2018 @1250 hrs, I was riding along Jalan Bukit Merah towards Bukit Purmei. Before I reached the junction of Bukit Merah View, suddenly I saw a white Unknown registration M/Car inching out from Bukit Merah View. By the time I saw the car, it was too late, I have no time to brake but only to evade it. The junction was a yellow box. I managed to evade there was no serious damaged to my bike at that point of time. I then carry on riding towards my school at SIM, Clementi Road. During the journey to my school. My bike fairing came off. On 03/10/2018 @1900 hrs, I then saw a letter from Traffic Police regarding the accident. I was informed to lodge a Traffic accident report of it.



**SINGAPORE
POLICE FORCE**



T/20181003/2181

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20181003/2181

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:

D /

Sr Staff Sgt LIM KIM HUAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

03/10/2018 21:12

Classification Of Case:

Authentication Stamp

NP168

Reported on 4/10/2018
@ 16:50 HRS

67886616

(Bukit Merah)

ACCIDENT STATEMENT

ACCIDENT DATE: 22/09/2018 (DD/MM/YYYY), TIME: 12:50 (HH:MM)

LOCATION: Jalan Bukit MERAH / (side road) Bukit Merah view

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FT 299D ✓
b) INSURANCE COMPANY: NTUC ✓
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) ✓

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHOW Siang Yang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S96258CF CONTACT: 93840678 ✓
c) ADDRESS: REDHILL CLOSE BLOCK 87 #B-586 ✓

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) ✓

f) DATE OF DRIVING PASS: _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) ✓
b) ROAD SURFACE: (DRY / WET / OTHERS) ✓

6. WAS ANYBODY INJURED (YES / NO) ✓

7. a) REPORTED TO POLICE (YES / NO) ✓

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FT 299D ✓ MODEL: Unknown
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

✓ EMAIL = Siangyang 96@gmail.com

VIDEO = Siangyang 96@gmail.com ✓

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9620585F



Name

CHOW SIANG YONG

郭湘勇

Race

CHINESE

Date of birth

10-06-1996

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9620585F

Name

CHOW SIANG YONG

Birth Date: 10 Jun 1996

Valid Date: 05 May 2015



SG
50

4710652



NRIC No. S9620585F



Date of issue

18-04-2011

Address

APT BLK 87 REDHILL CLOSE
#13-586
SINGAPORE 150087

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

EFFECTIVE DATE

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 CC	05 Mar 2015
Class 2A	Motorcycles between 201 CC and 400 CC	08 Feb 2017
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	02 Mar 2017

S9620585F

S / No. 9000267046



NP 428A

eBaoTech

GeneralClaim

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="22/09/2018 12:50"/>
Vehicle No.(For Motor)	<input type="text" value="FT299D"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088202916-01		CHOW SIANG YONG	S9620585F	GMC	Third Party	FT299D	FT299D	24/02/2018	23/02/2019

▼ Policy Information

Policy No.	5088202916-01	Policyholder Name	CHOW SIANG YONG	Policyholder NRIC	S9620585F
Certificate No.					
Address	BLK 87 #13-586 REDHILL CLOSE SINGAPORE 150087				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/02/2018	Effective Date	24/02/2018 00:00	Expiry Date	23/02/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	INSMART (INSURANCE) AGENC	Agent Tel.	68420766	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 87 #13-586	Address 2	REDHILL CLOSE	Address 3	SINGAPORE 150087
Address 4		Address Type	Singapore address	Post Code	150087
Unit No.	13-586	Related Policy Number	5088202916-01		

▶ Insured Object: FT299D

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1014520

Policy No.	5088202916-01	Vehicle No.	FT299D	GST Registration No.
Certificate No.				
Policyholder Name	CHOW SIANG YONG			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	93840678	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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

▼ Accident Details

Report Date	06/10/2018 09:07	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/09/2018	Time of Accident hh:mm	12:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JALAN BUKIT MERAH / SIDE RD / BUKIT MERAH VIEW			

▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

▼ 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 87 #13-586	Address 2	REDHILL CLOSE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	13-586	Related Policy Number	5088202916-01	

▼ OI Driver Info

Driver Name	CHOW SIANG YONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9620585F	Driver DOB
Register Date of Driver License	05/05/2015	Driver Age	22	Driving Experience
Contact No.(Mobile)	93840678	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 87	Address 2	REDHILL CLOSE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#13-586			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CHOW :
Contact No.(Mobile)	93840678	Contact No. (Home)	NIL
Email Address	siangyong96@gmail.com	OI Vehicle Number	FT299D
Claim Description	FT299D / UNKNOWN ON 22 Sept 2018		
Preferred Workshop	Yes	Insured Liability	Partially at Fault
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/10/2018 09:15	Claim Close Date	
Report Taken By		Workshop Repairer	

☒ Print AK letter

[Save](#) [Submit](#)

Attachment



Accident No.	MT/1014520	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/10/2018 09:15
Path *		Category *	Confidential
Choose File No file chosen		Clear Please Select ▼	NO
Choose File No file chosen		Clear Please Select ▼	NO
Choose File No file chosen		Clear Please Select ▼	NO
Choose File No file chosen		Clear Please Select ▼	NO
Choose File No file chosen		Clear Please Select ▼	NO
Choose File No file chosen		Clear Please Select ▼	NO
Choose File No file chosen		Clear Please Select ▼	NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 09:15	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 09:13	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 09:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Oct 2018 09:12	Photos	Normal	Photos
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