

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA 118137802.

Date In: 23/10/18 17:22.	Job description	Date & Time Completed	Done by
Ref No: NA11MC18019273/64.	SAS e-filing		
Veh No: F0A 2840A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/10/18 17:30.	i-Motor Claim Form	MT/1016895-001	24/10/18 10:20.
OD: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBE 422R.	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:	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

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 (\$) In Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);		30.00	
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: 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: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QD* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$23 *N8: DV / Collect Excess Coordination \$5 TP (N11): TP (Non INC) against INC \$20 9) N12: Idao 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 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	23/10/2018 17:22
Date Of Accident	22/10/2018 17:30
Exact Location Of Accident	T JUNC OF CAIRNHILL RD & CAIRNHILL ARTS CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA2840A
Insured/Policyholder	
Name Of Registered Owner	NGUYEN VAN MANH
NRIC No	G3188010L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91052179
Alternative Phone No	OFFICE-91052179

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK 135 M
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5100693708
Cover Note Number	-

Driver

Name of Driver	NGUYEN VAN MANH
NRIC No	G3188010L
Date Of Birth	04/06/1993
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91052179
Fax Number	
Contact Number	OFFICE-91052179
Email Address	NOEMAIL

Address	BLK 252 KIM KEAT LINK #02-127
Postcode	310252
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 - CROSS JUNCTION
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE422R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJX2256X
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 NGUYEN VAN MANH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBA2840A
Were seat belts worn?
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:



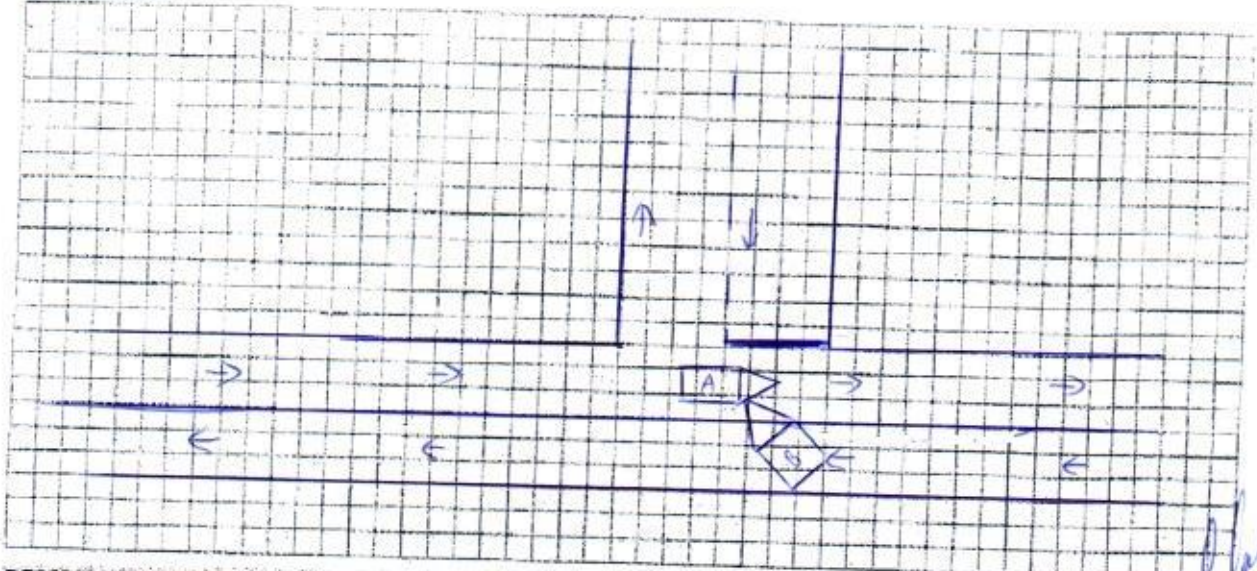
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Craighill Rd towards Glenelg Ave North

Vehicle A: FBA 2840A

Vehicle B: GBE 422R

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 22/10/18 (DD/MM/YY) Time: 5:30 pm (HH:MM)
Exact location of accident	Crainhill Rd (towards Chuan Ann Ave) North

Details of vehicle

Vehicle registration number	FBA 2840 A		
Vehicle make and model	Spark		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input checked="" type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input checked="" type="checkbox"/>
Purpose of using at said time	Work		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	NTUC
Policy number	5100 693708
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	Nguyen Van Manh	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	G3186010 L	
Contact	91052179	
Address	252 Kim Keat Link #02-127 5310 256	

Driver

Same as insured above ☒ (skip to D.O.B)

Name	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	
Occupation	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>
Driving date pass	

General information of the accident

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If no, relationship of the driver and insured: _____	
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	(Inclusive of driver)

Passenger 1

Name	Nguyen Van Manh
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	GEE 422R
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	Nguyen Van Manh
Injuries sustained	Face + Leg
Which vehicle person in?	FBA 2840 A
Were seat belts worn?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



SINGAPORE POLICE FORCE



T/20181022/2172

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20181022/2172

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2018 21:28	Vide Report No.:	Station Diary No.: 252
--------------------------------------------	------------------	---------------------------

Informant's Particulars

Name of Informant: NGUYEN VAN MANH			Address: APT BLK 252 KIM KEAT LINK #02-127 SINGAPORE 310252		
ID Type / ID No.: FIN NO / G3188010L			Contact No.: Home/Office: Mobile: 91052179		
Nationality: VIETNAMESE			Email:		
Sex: Male	Age: 25	Date of Birth: 04/06/1993	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Despatch worker			Driving Licence Information: Class: 2B		
			Date of Expiry: 12/07/2021		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2018 17:30	Type of Location: T-Junction
Location: Along Road 1 CAIRNHILL ROAD				
T-Junction along Cairnhill Rd junction of short road leading to Cairnhill Arts Centre				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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
FBA2840A	Motorcycle	YAMAHA	SPARK 135 M	Black	Seriously Damaged	0
GBE422R	Van	NISSAN	NV200 DX 1.6 A	Black	Seriously Damaged	0
SJX2256X	Car	HONDA	FIT 1.3G A	Yellow	Seriously Damaged	0

Details of Vehicle Insurance

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



T/20181022/2172

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Report No. T/20181022/2172

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA2840A	NTUC Income Insurance Co-Operative Limited	5100693708	14/05/2018	13/05/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NGUYEN VAN MANH	ID No.	G3188010L
Related Vehicle	FBA2840A (Motorcycle)	Contact No.	91052179
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: 12/07/2021
Date Treatment	22/10/2018	Date Discharge	22/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TEO CHU HA	ID No.	S2002634J
Related Vehicle	NIL	Contact No.	97371690
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 22/10/2018 at about 1730hrs, I was riding my motorcycle along Cairnhill Rd direction of Bideford Rd when I was caught up with slow moving traffic. While I was approaching the said T-Junction along Cairnhill Rd junction of a small route leading to Cairnhill Arts Centre, a van coming from the opposite direction made a right turn to the said road. As I was travelling by the side of the slow moving traffic, at the T-junction our vehicles collided. The van front side hit my motorcycle front side and as a result I flew away from my motorcycle. The said van also lose control and crash to a stationary car that was parked at the location. Later on the ambulance came and I was attended by them. My motorcycle sustained damages on the front side and the right side of the body frame. However the motorcycle was no longer movable and was towed away. I spoke to the driver of the van who also helped me out earlier. We exchange particulars and after which I left to Mount Alvernia Hospital. I was subsequently given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20181022/2172

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Report No. T/20181022/2172

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

E /

Sgt 3 MUHAMMAD ZULHAFFIZ BIN MOHD ZIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/10/2018 21:28

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No: 65472076

SN 168

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20181022/2172

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20181022/2172

CONTINUATION OF REPORT



S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
TRANSNATIONAL SUPPLY CHAIN LOGISTICS PTE LTD

Sector: **SERVICE**



Name
NGUYEN VAN MANH
Occupation
COURIER (DESPATCH)

S Pass No.
0 93673905

Date of Application
08-01-2018
Date of Issue
01-02-2018
Date of Expiry
01-02-2020



L8593375

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G3188010L**
Name:

NGUYEN VAN MANH

Birth Date: **04 Jun 1993**
Issue Date: **13 Jul 2016**
Valid Till: **12/07/2021**



VISIT PASS
Immigration Regulations

Name
NGUYEN VAN MANH



Date of Birth	Sex	Nationality
04-06-1993	M	VIETNAMESE
FIN	Date of Issue	Date of Expiry
G3188010L	01-02-2018	01-02-2020

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE

13 Jul 2016

NP 428A



Licence No: G3188010L

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

22/10/2018 17:19

Vehicle No.(For Motor)

FBA2840A

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5100693708		NGUYEN VAN MANH	G3188010L	GMC	Third Party	FBA2840A	FBA2840A	14/05/2018	13/05/2019

Claim Handling

Accident MT/1016895

Policy No.	5100693708	Vehicle No.	FBA2840A	GST Registration No.	
Certificate No.					
Policyholder Name	NGUYEN VAN MANH			Policyholder NRIC	G3188
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91052179	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	No
Accident Details					
Report Date	24/10/2018 10:17	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	22/10/2018	Time of Accident hh:mm	17:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	T JUNC OF CAIRNHILL RD & CAIRNHILL ARTS CENTRE				
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 407A #13-17	Address 2	FERNVALE ROAD	Address 3	FERN V
Address 4	SINGAPORE 791407	Address Type	Singapore address	Post Code	79140
Unit No.	13-17	Related Policy Number	5100693708		
01 Driver Info					
Driver Name	NGUYEN VAN MANH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	G3188010L	Driver DOB	04/06/
Register Date of Driver License	20/06/2012	Driver Age	25	Driving Experience	6
Contact No.(Mobile)	91052179	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 407A #13-17	Address 2	FERNVALE ROAD	Address 3	FERN V
Address 4	SINGAPORE 791407	Address Type	Singapore address	Post Code	79140
Unit No.	13-17				
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	NGUYEN VAN MANH
Contact No.(Mobile)	84043479	Contact No. (Home)	
Email Address		Vehicle Number	FBA2840A
Claim Description	FBA2840A / GBE422R ON 22 Oct 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Workshop Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	24/10/2018 10:19
			LIEW SHAN HUI
<input type="button" value="Print AK letter"/>			
<input type="button" value="Save"/> <input type="button" value="Submit"/>			

Attachment

Accident No.	MT/1016895	Claim No.	001
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[illegible][illegible]

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:20	SAS	Normal	SAS 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:20	Photos	Normal	Photos 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:20	Photos	Normal	Photos 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:20	Photos	Normal	Photos 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:20	Photos	Normal	Photos 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:20	Photos	Normal	Photos 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:20	Photos	Normal	Photos 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:20	Photos	Normal	Photos 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:20	Photos	Normal	Photos 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:20	Photos	Normal	Photos 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:19	Photos	Normal	Photos 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:19	Photos	Normal	Photos 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:19	Photos	Normal	Photos 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:19	Photos	Normal	Photos 2018-10-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Oct 2018 10:19	Photos	Normal	Photos 2018-10-24

▼ Video List

Uploaded By/Date	Folder Date	File Name	Source
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