

NATIONAL Assessment Centre Services

Date In: 29/11/2018 13:53	Job description	Date & Time Completed	Done by
Ref No: NA/INC18021534/14	SAS e-filing		
Veh No: SJL6895M	E-mail (within 8hrs, AIC 2hrs)		
DOA: 07/09/2018 13:05	i-Motor Claim Form	MT/1020346-003	30/11/18 to: 10
DD: TP: 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:		
Yeh No: PC 32164	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

NA1807802

Insured's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add-Bill
Owner/Owner:	1) AR: Accident Reporting (\$30);		
Policy No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Insured Portion:	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:-		
Checked by (Engr-In-Charge):	ON*		
	*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		
	N12: Idac Mobile 30		
Notes/Comments:-	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	29/11/2018 13:53
Date Of Accident	07/09/2018 13:05
Exact Location Of Accident	ANG MO KIO AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL6895M
Insured/Policyholder	
Name Of Registered Owner	MOTORWORLD
Co Reg No	53001497A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98154856
Alternative Phone No	OFFICE-98154856

Vehicle Particulars

Manufacturer	FIAT
Model	-
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5047885688-07
Cover Note Number	

Driver

Name of Driver	LIONG SING YUIN
NRIC No	S0389830Z
Date Of Birth	22/03/1938
Occupation	INDOOR
Date Of Driving Pass	28/01/1961
Driving Experience	57 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98154856
Fax Number	
Contact Number	OTHERS-98154856
EEmail Address	NOEMAIL

Address BLK 403 FAJAR ROAD
#09-253
Postcode 670403
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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 BUKIT PANJANG
Police Station Address ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181129/2030

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 PC3216U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category BUS
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:

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

29/11/2018

SKETCH PLAN

NO IDEA WHAT HAPPEN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report
T/2018/129/2030

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.:

29/11/2018



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20181129/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2018 11:10	Vide Report No.:	Station Diary No.: 88
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Informant's Particulars

Name of Informant: LIONG SING YUIN			Address: APT BLK 403 FAJAR ROAD #09-253 SINGAPORE 670403		
ID Type / ID No.: NRIC NO / S0389830Z			Contact No.: Home/Office: Mobile: 98154856		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 80	Date of Birth: 22/03/1938	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: UNEMPLOYED			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/09/2018 13:05	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: unknown			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC3216U	Bus/Coach/Mi nibus					0
SJL6895M	Car	FIAT		Blue	No Damage	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181129/2030

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20181129/2030

CONTINUATION OF REPORT

Driver			
Name	LIONG SING YUIN	ID No.	S0389830Z
Related Vehicle	SJL6895M (Car)	Contact No.	98154856
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

My son namely, Liong Soon Kwong HP: 92728855 is the owner of the car bearing SJL6895M (Blue coloured 'Fiat' vehicle). On 7th September 2018, I was instructed by my son to drive the vehicle to Sungei Kadut.

On 7th September 2018 between morning to afternoon, I picked my son's vehicle from Ang Mo Kio Avenue 1 Carpark (Unknown block number). I then proceed straight to Sungei Kadut to send the car for scrapping.

I do not remember the route that I took to go Sungei Kadut however I affirmed that I was not involved in any accident. It was a smooth journey throughout and I did not hear any horn sounded at me. Upon arriving at Sungei Kadut, I went to Kheng Keng Auto shop and left the said vehicle there. Afterwards my son picked me up. I affirmed that my son's vehicle does not have any damages. There is no camera installed inside the vehicle.

On 15th November 2018, my son received a letter from the Traffic Police reference: TP/IP/52365/2018 to inform him that there was an alleged Hit-And-Run accident involving my son's vehicle and a vehicle bearing PC3216U along Ang Mo Kio Avenue 1 at about 1305hrs. I was the driver during that point of time.



**SINGAPORE
POLICE FORCE**



T/20181129/2030

3 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20181129/2030


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: J / Sgt 2 NURUL ATIQA BINTE DOL
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902

Signature Of Informant: 
Date/Time: 29/11/2018 11:10
Classification Of Case:

Authentication Stamp
NP168



Deregister Temp Transfer Vehicle (Acknowledgement)**Vehicle Details**

Vehicle No.: SJL6895M
Chassis No.: ZFA22300005579096
Engine No.: 350A10004169498

Deregistration Details

Deregistration Reason: Apply PARF
Deregistration Date: 07 Sep 2018
Update Disposal Details
Expiry Date: 07 Oct 2018

Rebate Details

PARF Rebate No./Amount: 1916700QP0000 / \$7,332.00
COE Rebate No./Amount: -

Transaction Details

Business Transaction Ref. No.: 20180907221226447814
Business Transaction Date: 07 Sep 2018
Business Transaction Time: 22:12:26

Message

The above vehicle has been successfully deregistered. Please note that any PARF/COE rebate(s) generated are not allowed to be used until the vehicle has been fully disposed of.

OK

Deregister Temp Transfer Vehicle (Confirmation)**Vehicle Details**

Vehicle No.: SJL6895M (Temporary Transfer)
First Registration Date: 09 Dec 2008
Vehicle Make: FIAT
Vehicle Model: DOBLO PANORAMA 1.4 M ACTIVE
Chassis No.: ZFA22300005579096
Engine No.: 350A10004169498
IU Label No.: 1122637903
Propellant: Petrol
Road Tax Expiry Date: 08 Dec 2018
Temporary Start Date: 07 Sep 2018
Temporary End Date: 06 Dec 2018

Deregistration Details

Deregistration Reason: Apply PARF
Deregistration Date: 07 Sep 2018

Amount Payable

Road Tax to be Refunded: \$153.00

[Previous](#)[Confirm](#)[Cancel](#)

Reported on 29/11/2018
@ 1325 HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (7/9/2018) (DD/MM/YYYY), TIME: (13:05) (HH:MM)

LOCATION: Ang Mo Kio Avenue 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJL 6895M
b) INSURANCE COMPANY: _____
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: 98154856
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
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: PC 3216U MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Bus

9. THIRD PARTY VEHICLE

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

~~Scrape~~ vehicle

Vehicle not present at idac.

* 2 photos
from phones
Taken

Email = Sinhocklee@yahoo.com.sg

fax = 62826184 62875977

VIDEO = No.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0389830Z



LIONG SING YUIN

梁星远

Race

CHINESE

Date of Birth 22-03-1938

Sex

M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0389830Z
Name



LIONG SING YUIN

Birth Date 22 Mar 1938

Issue Date 06 Oct 2003



2216595
LIC No S0389830Z



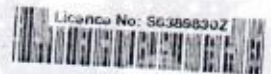
Blood Group A+ Date of issue 26-07-1994

Address

APT BLK 403 FAJAR ROAD
#09-253
SINGAPORE 2367

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

Class 2B	Motorcycling not exceeding 200 cc	PASS DATE
Class 2A	Motorcycles between 201 cc and 400 cc	24 Apr 1963
Class 2	Motorcycles exceeding 400 cc	24 Apr 1963
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Apr 1963
		28 Jun 1961



NP 428A

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 : 5047885688-07

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: N/A

Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.

2. Name of Policyholder

: MOTORWORLD

3. Effective Date of Insurance

: 12 Feb 2018

4. Expiry Date of Insurance

: 11 Feb 2019

5. Persons or Classes of Persons entitled to drive*

Refer to List Attached

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 only for Motor Trade purposes.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.

* 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.

POLICY TYPE : MOTOR-TRADE INSURANCE

TYPE OF TRADE/BUSINESS : CAR DEALERS

TOTAL NUMBER OF AUTHORISED DRIVER(S) : 3

DETAILS OF AUTHORISED DRIVER(S) : REFER TO LIST ATTACHED

EXCESS (SECTION I) : N/A

EXCESS (SECTION II) : N/A

SUM INSURED : N/A

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 : ONE STOP INSURANCE AGENCY (00000571115)

Date of Issue : 10 Jan 2018 09:57 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. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5047885688-07		MOTORWORLD	53001497A	GMT	Third Party		LIONG SOON KWONG/S7317246B_CHONG WAH ANN/S7131484G_LIONG SING YUIN/S0389830Z_NIO AIK CHUAN/S1729701E_WONG KIAN KEONG/S7523329I_HO JAYSON (HE ZHENGSHEN)/S8104140G	12/02/2018	11/02/2019

Claim Handling

[Task Transfer](#)
[Exit](#)
[Accident MT/1020346](#)
[LOS](#)
[SAL](#)
[SUB](#)

Policy No.	5047885688-07	Vehicle No.	SJL6895M	GST Registration No.	
Certificate No.					
Policyholder Name	MOTORWORLD			Policyholder NRIC	53001497A
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Loading	0
Motor Trade Plate No.	SJL6895M	Motor Trade Driver Name	NA	Motor Trade Driver NRIC	NA
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	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(%)	20	Private Hire	Not available

[Accident Details](#)

Report Date	19/11/2018 14:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/09/2018	Time of Accident hh:mm	13:05	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	ANG MO KIO AVE 1 TOWARDS BOUNDARY ROAD				

[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	20/11/2018 09:01:22 Deborah Mui changed GST Status Verified from No to Yes		

[Policyholder Mailing Address](#)

Address 1	51 UBI AVENUE 1	Address 2	#01-09 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408933
Address 4		Address Type	Singapore address	Post Code	408933
Unit No.		Related Policy Number	5047885688-07		

[OI Driver Info](#)

Driver Name	Driver Type		
Unnamed driver Name	Driver NRIC	Driver DOB	
Register Date of Driver License	Driver Age	Driving Experience	

Claim Handling

Accident MT/1020346

Policy No.	5047885688-07	Vehicle No.	SJL6895M	GST Registration No.
Certificate No.				
Policyholder Name	MOTORWORLD			Policyholder NRIC
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Loading
Motor Trade Plate No.	SJL6895M	Motor Trade Driver Name	NA	Motor Trade Driver
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
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(%)	20	Private Hire

Accident Details

Report Date	19/11/2018 14:42	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/09/2018	Time of Accident hh:mm	13:05	Country of Accident
Reporting Centre	administrator	Orange Force	No	ICM No.
Accident Location	ANG MO KIO AVE 1 TOWARDS BOUNDARY ROAD			

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	20/11/2018 09:01:22 Deborah Mui changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	51 UBI AVENUE 1	Address 2	#01-09 PAYA UBI INDUSTRIAL F	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5047885688-07	

OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does the own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Modification History

Claims 003 OD-MX

New

Claim Type *	OD-MX	Insured Name	MOTOR
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SJL689
Claim Description	SJL6895M / PC3216U ON 7 Sept 2018		
Preferred Workshop		Insured Liability	Partially at Fault
ROBBER No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	30/11/2018 10:08
		Workshop Repairer	

Print AK letter

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Attachment

Accident No.	MT/1020346	Claim No.	003
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/11/2018 10:10
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
Message Read		Clear Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2018 10:08	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2018 10:04	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2018 10:04	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Nov 2018 10:04	Photos	Normal	Photos 2

Video List

Uploaded By/Date	Folder Date	File Name
Display in New Window Scan and uploading		