

NATIONAL Assessment Centre Services

Date In: 26/12/18	Job description	Date & Time Completed	Done by
Ref No: NA/WC 18023126/13	SAS e-filing		
Veh No: SJL 128J	E-mail (within 8hrs, AIC 2hrs)		
DOA: 24/12/18 1810	i-Motor Claim Form	MT/1025240 - 001	
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:	Veh No: JQX 2447	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

NA1808579

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	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		
	9) N12: Idac Mobile 30		
	Invoice date/ 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	26/12/2018 17:45
Date Of Accident	24/12/2018 18:10
Exact Location Of Accident	TEBRAU HIGHWAY B4 JUNC OF JLN KUNING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL128J
Insured/Policyholder	
Name Of Registered Owner	ARCASIA RESOURCES PTE. LTD.
Co Reg No	200911953M
Email Address	ARCASIA_IT@GAVITON.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91077326

Vehicle Particulars

Manufacturer	CHRYSLER
Model	GRAND VOYAGER
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096416157-01
Cover Note Number	

Driver

Name of Driver	ONG CHEE WEE
NRIC No	S7811124J
Date Of Birth	30/04/1978
Occupation	OUTDOOR
Date Of Driving Pass	24/04/2007
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91077326
Fax Number	
Contact Number	
EMail Address	ARCASIA_IT@GAVITON.COM

Address	BLK 304 UBI AVE 1 #04-105
Postcode	400304
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR
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?	YES
Foreign Vehicle Registration Number	JQX2447 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	2
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)	7
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKOWN GENDER: : FEMALE
Passenger 5	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 6	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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20181226/2081

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	JQX2447
Vehicle Make/Model/Colour	TOYOTA
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) in complying with requirements under any regulations, laws or court orders.



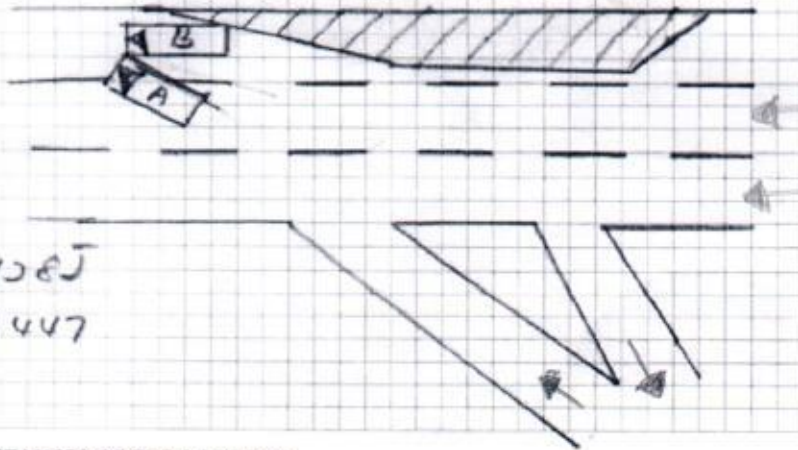
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 26/12/17

Reporting Centre Personnel's Signature
Name: 26/12/18
NRIC/FIN No.:

SKETCH PLAN

TEBRAU HIGHWAY BY JUNCTION
OF JLN KUNING



A - 5JL138J
B - JQX3447

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the 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:

26/12/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature] 26/12/18



SINGAPORE POLICE FORCE



T/20181226/2081

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 3

Report No. T/20181226/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2018 15:00	Vide Report No.:	Station Diary No.: 22
--------------------------------------------	------------------	--------------------------

Informant's Particulars

Name of Informant: ONG CHEE WEE			Address: APT BLK 304 UBI AVENUE 1 #04-105 SINGAPORE 400304		
ID Type / ID No.: NRIC NO / S7811124J			Contact No.: Home/Office: Mobile: 91077326		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 30/04/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SYSTEM INTEGRATOR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/12/2018 18:10	Type of Location: Straight Road
Location: Along Road 1 CAUSEWAY Tebrau Highway before junction of Jalan Kuning Johor Bahru Malaysia.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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
JQX2447	Car	TOYOTA				0
SJL128J	Car				Slightly Damaged	7

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181226/2081

Police Station Of Origin:
Kampong Ubi NPP
9 Eunus Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

2 of 3

Report No. T/20181226/2081

CONTINUATION OF REPORT

Driver			
Name	ONG CHEE WEE	ID No.	S7811124J
Related Vehicle	SJL128J (Car)	Contact No.	91077326
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 24/12/2018 at about 1810hrs, I was driving my vehicle bearing registration SJL128J a white Chrysler Grand Voyager with 6 others family members along Tebrau Highway heading towards Pandan. I was travelling in middle lane and wanted to make a right turn into Jalan Kuning (Plaza Pelangi). Before approaching the junction of Jalan Kuning, I had signal my car and start to filter into the extreme right lane. The traffic was very heavy and my vehicle had stationary before fully enter into the extreme right lane.

Out of sudden, there was a Malaysian car bearing registration number JQX2447 a white Toyota came from my right and hit onto my front right portion of my vehicle. I would like to state that there is a white stripe marking on the extreme right lane just before the white Toyota vehicle.

I had reported the incident at Johor Police Traffic with vide incident number S/030842/18. I was advised by Idac to lodge a Police report here in Singapore too. I would like to state further that no one was injured during the incident.



**SINGAPORE
POLICE FORCE**



T/20181226/2081

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 3


Report No. T/20181226/2081

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: G / Staff Sgt JUHARDI BIN SAADON	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/12/2018 15:00
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	

POL.316



POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
 181 PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
 JALAN TEBRAU, 80250 JOHOR BAHRU
 07-2237977

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : ONG CHEE WEE
 No Kad Pengenalan / Paspot : K0784634H
 No Repot Polis : TRAFIK JOHOR BAHRU(S)/030842/18
 Tarikh @ Masa Repot Polis : 24/12/2018 @ 19:15
 Pengesahan Penerimaan Repot :

.....
 Tandatangan Ketua Pejabat Bertanyakan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R92851) SJN SAHRIL ANUAR BIN HASHIM
 Tempat Tugas : JOHOR , J/BAHRU SELATAN
 No Telefon Pejabat : No Telefon Bimbit : 019-7686566
 Tarikh @ masa Perjumpaan :
 Pengesahan Penerimaan Repot :

.....
 Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : No Badan : Pangkat :

Tarikh @ Masa Gambar Diambil :
 Pengesahan Gambar Diambil :

.....
 Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Isnin - Khamis :
 08:00 Pagi - 01:00 Tengah Hari
 02:00 Petang - 04:30 Petang
 Jumaat :
 08:00 Pagi - 12:30 Tengah Hari
 02:45 Petang - 04:30 Petang
 Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis ☒
2. Gambar Kenderaan ☐
3. Rajah Kasar Kemalangan ☐
4. Keputusan Siasatan ☐
5. Lain-lain Dokumen ☐

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan Dokumen :

.....
 Tandatangan Pegawai Kaunter Pembekalan Dokumen

Waktu Pejabat :

Ahad - Rabu :
 8.00 Pagi - 1.00 Tengah Hari
 2.00 Petang - 4.00 Petang
 Khamis :
 8.00 Pagi - 1.00 Tengah Hari
 2.00 Petang - 2.30 Petang
 Rehat - 1.00 T/Hari - 2.00 Petang
 Jumaat, Sabtu - Tutup
 Cuti Umum / Khas - Tutup

(Polis 257-Pin. 1/03)
P.U.(A) 104/2003

JADUAL
SCHEDULE

CARS180254607
021499/030842/18

PENIGA

Borang 1
Form 1

[perenggan 2 (a)]
[paragraph 2 (a)]

AKTA PENGANGKUTAN JALAN 1987
ROAD TRANSPORT ACT 1987

ROAD TRANSPORT [NOTICE UNDER SUBSECTION 53(1)] RULES 2003

AREA CODE			
0	2	0	1

Kepada
To **ONG CHEE WEE**

No. Kad Pengenalan
NRIC No. **K 0 7 8 4 6 3 4 H**

Alamat
Address **55 CHANGI ROAD #05-02SING**

APORE

419707 JOHOR

No. Pendaftaran Kenderaan
Motor Vehicle Registration No. **S J L 1 2 8 L**

Jenis Kenderaan
Vehicle Type **MOTOKAR**

BAHAWASANYA saya mempunyai sebab-sebab yang munasabah untuk mempercayai bahawa kamu telah melakukan kesalahan yang berikut di bawah:

WHEREAS I have reasonable ground to believe that you have committed an offence as follow:

Seksyen Akta Pengangkutan Jalan 1987

Kaedah
Rule Kaedah-Kaedah
Rules

di(tempat)
at(place) **TAMAN PELANGI**

pada(tarikh)
on(date) **24/12/2018** jam(pagi/petang)
time(a.m/p.m) **06:10 PETANG**

Kesalahan
Offence(s) **1) LN166/59 003(2)(B) - T/BERI LALUAN SEBELUM M'BELOK**

KAMU ADALAH DENGAN INI DIPERINTAHKAN supaya hadir sendiri atau melalui peguam
YOU ARE HERE BY ORDERED to appear in person or by a counsel
di hadapan Mahkamah Majistret di MAHKAMAH MAJISTRET JOHOR BHARU
before Magistrate Court at

Pada
On **27/02/2019** pukul **9.00** pagi/petang
time a.m/p.m
Dikeluarkan pada
Issue on **24/12/2018** pukul **07:55** pagi/petang
time a.m/p.m

Penerima
Receiver

Pegawai Polis
Police Officer
R9092851
SAHRIL ANUAR B HASHIM

NOTA : Kesalahan ini boleh/tidak boleh dikompauan

NOTE : This Offence is compoundable not compoundable

"Jika kesalahan ini boleh dikompaukan, kamu dinasihatkan boleh mengkompaukan

" If the offence is compoundable, you are advised to have the offence compounded

kesalahan ini di mana-mana kaunter pembayaran saman sebelum 20/02/2019"

PDRM
at any PDRM summon payment outlet before 20/02/2019"

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7811124J**
 Name **ONG CHEE WEE**

Birth Date **30 Apr 1978**
 Issue Date **04 Dec 2014**

002367891H



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7811124J**

Name **ONG CHEE WEE**

王 志 伟
 Race **CHINESE**
 Date of Birth **30-04-1978** Sex **M**
 Country of Birth **SINGAPORE**




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

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

EFFECTIVE DATE **24 Apr 2007**

NP 428A

Licence No: S7811124J

3048900

NRIC No: **S7811124J**

Blood Group **O+** Date of issue **16-10-1998**

APT BLK 304 UBI AVENUE 1 #04-105
SINGAPORE 400304

NRIC No: **S7811124J** Date: **08/08/2014**



ACCIDENT STATEMENT

ACCIDENT DATE: 24, 12, 2018 (DD/MM/YYYY), TIME: 18:10 (HH:MM)

LOCATION: Taman Pelangi

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJL128J
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5096416157
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Chrysler / Grand Voyager
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Go Malaysia
 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: Arcaia Resources Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57811245 CONTACT: 91077326
 c) ADDRESS: 60 Kaki Bukit Place #07-07 Eunos
Techparks

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: ong cha wee (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57811245 CONTACT: 5400304
 c) ADDRESS: BLK 204 Ubi Ave 1 #04-105

*d) DATE OF BIRTH: 30/04/1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11 year

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

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: JQX2447 MODEL: Toyota

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:

* No of passenger (including driver) (7)

* No of passenger (including driver) (-)

* No of passenger (including driver) (-)

5 Female

1 male
unknown

26/12/18

email =

waiting for police report fax =

1 company stamp

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="24/12/2018 18:10"/>
Vehicle No.(For Motor)	<input type="text" value="SJL128J"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5096416157-01		ARCASIA RESOURCES PTE. LTD.	200911953M	GPC	drive CLASSIC	SJL128J	SJL128J	04/12/2018	24/10/2019

Claim Handling

Accident MT/1025240

Policy No.	S096416157-01	Vehicle No.	SJL128J	GST Registration No.
Certificate No.				
Policyholder Name	ARCASIA RESOURCES PTE. LTD.			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	91077326	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	26/12/2018 18:08	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/12/2018	Time of Accident hh:mm	18:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TEBRAU HIGHWAY B4 JUNC OF JLN KUNING			

▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	60 KAKI BUKIT PLACE	Address 2	#07-07 EUNOS TECHPARK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	S096416157-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	ONG CHEE WEE	Driver NRIC	S7811124J	Driver DOB
Register Date of Driver License	24/04/2007	Driver Age	40	Driving Experience
Contact No.(Mobile)	91077326	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 304	Address 2	UBI AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#04-105			
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	ARCASIA
Contact No.(Mobile)	91077326	Contact No, (Home)	
Email Address		OI Vehicle Number	SJL128J
Claim Description	SJL128J / JQX2447 ON 24 Dec 2018		
Preferred Workshop		Insured Liability	Partially at Fault
Consent No. Finalisation	<input checked="" type="radio"/> Yes <input type="radio"/> No	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	26/12/2018 18:16
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	ROSLINDA

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

Attachment

Accident No.	MT/1025240	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/12/2018 00:00
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	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 18:16	NRIC/ Driving License	Normal	NRIC/ Driving L
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 18:15	SAS	Normal	SAS 2(
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 18:15	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 18:15	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 18:15	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 18:15	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 18:15	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 18:14	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 18:14	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 18:14	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 18:14	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 18:14	Photos	Normal	Photos ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2018 18:14	Photos	Normal	Photos ;

Video List

Uploaded By/Date	Folder Date	File Name
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