

# NATIONAL Assessment Centre Services. part 1 Jan 09 MMA 118166517

|                            |  |                       |                |
|----------------------------|--|-----------------------|----------------|
| Date In: 27/12/18 17:49    | Job description                          | Date & Time Completed | Done by        |
| Ref No: WA1 INC18023218/44 | SAS e-filing                             |                       |                |
| Veh No: SKU 93886          | E-mail (within 5hrs, AIC 2hrs)           |                       |                |
| D.O.A: 23/12/18 10:00      | I-Motor Claim Form                       | MT/1025118-002        | 28/12/18 09:05 |
| (M) 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: ( Cycle & carriage ) | Tel: 67461000  | Fax:                  |
| TP Particulars:   | Veh No: SLQ88850                                       | 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 Ref: (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 |
|-----------|---------|
|           |         |
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|   |   |                                   |       |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                              |  |  |      |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                         |  |  |               |             |  |               |             |  |
|---|---|-----------------------------------|-------|--|--|--|--|-----------------------------|--|--|------------------------------------|--|--|--|--|--|---|--|--|---------------------------|--|--|------------------------------------|--|--|------------------------------|--|--|------|--|--|---------------------------------------|--|--|--------------------------------|--|--|----------------------------------|--|--|---|--|--|---|--|--|-------------------------|--|--|---------------|-------------|--|---------------|-------------|--|
| <p>WA1808556</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref 1:</p> <p>Ref 2/3:</p> | <p>Invoice/Preparation Checklist</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td>30.00</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$50)</td> <td></td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2009)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td>Q11:</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance \$5</td> <td></td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination \$10</td> <td></td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection \$25</td> <td></td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination \$5</td> <td></td> <td></td> </tr> <tr> <td>TE (N11): TP (Non INC) against INC \$20</td> <td></td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile \$0</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> </table> | 1) AR: Accident Reporting (\$30); | 30.00 |  | 2) DA: Damage Assessment (\$100); INC (\$50) |  |  | 3) TP: Towing Fee \$40/\$45 |  |  | 4) FT: Follow-Through Survey \$120 |  |  | 5) PT: Follow-Through Survey (Resurvey) \$30 |  |  | For claiming against INC Only (wef 10 Jan 2009) |  |  | 6) TR: Re-inspection \$75 |  |  | 7) NI: Idao DA + SMRT Survey \$160 |  |  | 8) NTUC Additional Services: |  |  | Q11: |  |  | *N5: Courtesy Car / Tpt Allowance \$5 |  |  | *N6: Repair Co-ordination \$10 |  |  | *N7: Post Repair Inspection \$25 |  |  | *N8: DV / Collect Excess Coordination \$5 |  |  | TE (N11): TP (Non INC) against INC \$20 |  |  | 9) N12: Idao Mobile \$0 |  |  | Invoice dated | Fee Charged |  | Invoice dated | Fee Charged |  |
| 1) AR: Accident Reporting (\$30);   | 30.00   |                                   |       |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                              |  |  |      |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                         |  |  |               |             |  |               |             |  |
| 2) DA: Damage Assessment (\$100); INC (\$50)  |   |                                   |       |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                              |  |  |      |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                         |  |  |               |             |  |               |             |  |
| 3) TP: Towing Fee \$40/\$45   |   |                                   |       |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                              |  |  |      |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                         |  |  |               |             |  |               |             |  |
| 4) FT: Follow-Through Survey \$120  |   |                                   |       |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                              |  |  |      |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                         |  |  |               |             |  |               |             |  |
| 5) PT: Follow-Through Survey (Resurvey) \$30  |   |                                   |       |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                              |  |  |      |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                         |  |  |               |             |  |               |             |  |
| For claiming against INC Only (wef 10 Jan 2009)   |   |                                   |       |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                              |  |  |      |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                         |  |  |               |             |  |               |             |  |
| 6) TR: Re-inspection \$75   |   |                                   |       |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                              |  |  |      |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                         |  |  |               |             |  |               |             |  |
| 7) NI: Idao DA + SMRT Survey \$160  |   |                                   |       |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                              |  |  |      |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                         |  |  |               |             |  |               |             |  |
| 8) NTUC Additional Services:  |   |                                   |       |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                              |  |  |      |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                         |  |  |               |             |  |               |             |  |
| Q11:  |   |                                   |       |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                              |  |  |      |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                         |  |  |               |             |  |               |             |  |
| *N5: Courtesy Car / Tpt Allowance \$5   |   |                                   |       |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                              |  |  |      |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                         |  |  |               |             |  |               |             |  |
| *N6: Repair Co-ordination \$10  |   |                                   |       |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                              |  |  |      |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                         |  |  |               |             |  |               |             |  |
| *N7: Post Repair Inspection \$25  |   |                                   |       |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                              |  |  |      |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                         |  |  |               |             |  |               |             |  |
| *N8: DV / Collect Excess Coordination \$5   |   |                                   |       |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                              |  |  |      |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                         |  |  |               |             |  |               |             |  |
| TE (N11): TP (Non INC) against INC \$20   |   |                                   |       |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                              |  |  |      |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                         |  |  |               |             |  |               |             |  |
| 9) N12: Idao Mobile \$0   |   |                                   |       |  |  |  |  |                             |  |  |                                    |  |  |  |  |  |   |  |  |                           |  |  |                                    |  |  |                              |  |  |      |  |  |                                       |  |  |                                |  |  |                                  |  |  |   |  |  |   |  |  |                         |  |  |               |             |  |               |             |  |
| 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             | 27/12/2018 17:49               |
| Date Of Accident           | 23/12/2018 10:00               |
| Exact Location Of Accident | TAMPINES AVE 9 JUNC WITH ST 41 |
| Country/State of Loss      | SINGAPORE                      |

| DETAILS OF OWN VEHICLE   |  |
|--|--|
| Vehicle Registration Number  | SKU9388G                               |
| <b>Insured/Policyholder</b>  |  |
| Name Of Registered Owner   | CHAN AH BENG                           |
| NRIC No  | S1367777H                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-91052718                   |
| Alternative Phone No   | OFFICE-91052718                        |
| <b>Vehicle Particulars</b>   |  |
| Manufacturer   | KIA                                    |
| Model  | SORENTO 2.4(A) GDI HID S/R             |
| 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? | YES                                    |
| If No, Please state action to be taken                                       |  |
| Vehicle Category   | PRIVATE CAR                            |
| <b>Insurance Company</b>   |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5079429749-02                          |
| Cover Note Number  | -                                      |
| <b>Driver</b>  |  |
| Name of Driver   | CHAN AH BENG                           |
| NRIC No  | S1367777H                              |
| Date Of Birth  | 04/03/1959                             |
| Occupation   | INDOOR                                 |
| Date Of Driving Pass   | 29/05/2009                             |
| Driving Experience   | 9 YEARS AND 6 MONTHS                   |
| Gender   | MALE                                   |
| Mobile Number  | (LOCAL) +65-91052718                   |
| Fax Number   |  |
| Contact Number   | OFFICE-91052718                        |
| EMail Address  | NOEMAIL                                |

|   |                               |
|---|-------------------------------|
| Address   | BLK 216 TAMPINES ST 23 #09-35 |
| Postcode  | 520216                        |
| 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 - HEAD TO REAR |
| Weather Conditions | CLEAR                    |
| Road Surface       | DRY                      |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| 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?  |     |
| 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?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

I WAS TRAVELLING ALONG TAMPINES AVE 9 WHILE APPROACHING JUNC WITH ST 41, MY VEH ACCIDENTALLY ROLLED FORWARD TOUCH ONTO THE VEH B (BEARING NO SLQ8885D) REAR PORTION.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SLQ8885D    |
| 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:

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

# SKETCH PLAN

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to statement

### 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.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1367777H



Name  
CHAN AH BENG

Race  
CHINESE

Date of Birth  
04-03-1959

Sex  
M

Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
S1367777H

Name  
CHAN AH BENG

Birth Date  
04 Mar 1959

Issue Date  
29 May 2009



001746726C



NRIC No. S1367777H



Blood Group  
B+

Date of issue  
23-06-1994

Date  
18-11-1997

No. 2326409

027

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

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

PASS DATE  
29 May 2009

Licence No: S1367777H



NP 428A

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="25/12/2018 17:47"/> |                   |         |               |             |                |               |             |
| Vehicle No.(For Motor)                  | <input type="text" value="SKU9388G"/> | 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"/>                   | 5079429749-02                         |                    | CHAN AH BENG                                  | S1367777H         | GPC     | drivo PREMIUM | SKU9388G    | SKU9388G       | 09/06/2018    | 08/06/2019  |
| <input type="button" value="Continue"/> |                                       |                    |   |                   |         |               |             |                |               |             |

## Claim Handling

## Accident MT/1025118

|                     |   |                     |   |                      |        |
|---------------------|---|---------------------|---|----------------------|--------|
| Policy No.          | 5079429749-02   | Vehicle No.         | SKU9388G  | GST Registration No. |        |
| Certificate No.     |   |                     |   |                      |        |
| Policyholder Name   | CHAN AH BENG  |                     |   | Policyholder NRIC    | S1367  |
| Product Code        | PRIVATE CAR INSURANCE   | Cover Type          | drive PREMIUM   | Loading              | 0      |
| 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(%)  | 0   | Private Hire         | Not av |

## ▼ Accident Details

|                   |                  |                               |       |                     |          |
|-------------------|------------------|-------------------------------|-------|---------------------|----------|
| Report Date       | 26/12/2018 11:37 | Accident Report Within 24 hrs | Yes   | Accident Type       | Collisio |
| Date of Accident  | 23/12/2018       | Time of Accident hh:mm        | 10:00 | Country of Accident | Singap   |
| Reporting Centre  |                  | Orange Force                  |       | ICM No.             |          |
| Accident Location | TAMPINES AVE 9   |                               |       |                     |          |

## ▼ Excess

|                       |        |                             |        |                   |        |
|-----------------------|--------|-----------------------------|--------|-------------------|--------|
| Own damage Excess     | 600.00 | Additional Excess           | 0      | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 0.00   | 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   | Yes |
| Modification History |    |                       |     |

## ▼ Policyholder Mailing Address

|           |                |                       |                    |           |        |
|-----------|----------------|-----------------------|--------------------|-----------|--------|
| Address 1 | BLK 216 #09-35 | Address 2             | TAMPINES STREET 23 | Address 3 | SINGAI |
| Address 4 |                | Address Type          | Singapore address  | Post Code | 520214 |
| Unit No.  |                | Related Policy Number | 5079429749-02      |           |        |

## ▼ OI Driver Info

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

Modification History

Claim 002 **New**

|   |                                    |                         |                                  |
|---|------------------------------------|-------------------------|----------------------------------|
| Claim Type *  | OD-MD                              | Insured Name            | CHAN AH BENG                     |
| Contact No.(Mobile)                                 | 91052718                           | Contact No.(Home)       | 67813328                         |
| Email Address                                       | des3499@hotmail.com                | OI Vehicle Number       | SKU9388G                         |
| Claim Description                                   | SKU9388G / SLQ8885D ON 23 Dec 2018 |                         |                                  |
| Preferred Workshop                                  | 67461000                           | Insured Liability       | Fully at Fault                   |
| Contract No. Finalisation                           | Yes                                | Preferred Repair Option | Preferred Workshop (refer below) |
| Date Registered                                     |                                    | GIA report              | Received                         |
| Report Taken By                                     |                                    | Claim Close Date        | 28/12/2018 09:04                 |
|   |                                    |                         | LIEW SHAN HUI                    |
| <input checked="" type="checkbox"/> Print AK letter |                                    |                         |                                  |

Save Submit

## Attachment

|                    |   |              |                  |
|--------------------|---|--------------|------------------|
| Accident No.       | MT/1025118  | Claim No.    | 002              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date  | 28/12/2018 09:05 |
| Choose File        | No file chosen  | Category *   | Please Select    |
|                    |   | Confidential | NO               |
|                    |   | Urgency *    | Normal           |

[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Message Read](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)[Clear](#)[Please Select](#)[NO](#)[Normal](#)

## Attachment List

| Attachment  | Uploaded By/Date   | Category              | Urgency | Description                      |
|---|--|-----------------------|---------|----------------------------------|
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2018 09:05 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2018-12-28 |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2018 09:05 | SAS                   | Normal  | SAS 2018-12-28                   |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2018 09:05 | Photos                | Normal  | Photos 2018-12-28                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2018 09:05 | Photos                | Normal  | Photos 2018-12-28                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2018 09:05 | Photos                | Normal  | Photos 2018-12-28                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2018 09:05 | Photos                | Normal  | Photos 2018-12-28                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2018 09:04 | Photos                | Normal  | Photos 2018-12-28                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2018 09:04 | Photos                | Normal  | Photos 2018-12-28                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2018 09:04 | Photos                | Normal  | Photos 2018-12-28                |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2018 09:04 | Photos                | Normal  | Photos 2018-12-28                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2018 09:04 | Photos                | Normal  | Photos 2018-12-28                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>28 Dec 2018 09:04 | Photos                | Normal  | Photos 2018-12-28                |

## Video List

| Uploaded By/Date | Folder Date | File Name                             | Source                             |
|------------------|-------------|---------------------------------------|------------------------------------|
|                  |             | <a href="#">Display in New Window</a> | <a href="#">Scan and uploading</a> |

## LKK Paya Ubi

---

**From:** LKK Paya Ubi <rspu@lkkauto.com>  
**Sent:** Friday, 28 December 2018 9:10 AM  
**To:** 'ODsupport'  
**Cc:** thrsvim.bala@income.com.sg  
**Subject:** FW: SKU 9388G MT/1025118-002 OD-DRIVO PREMIUM  
**Attachments:** SKU9388G\_23122018.PDF

Hi

Dear All,

Name of Registered : CHAN AH BENG  
NRIC No : S1367777H

Name of Driver : CHAN AH BENG  
NRIC : S1367777H  
Mobile No : 91052718

Own Damage Excess : \$600  
Unnamed Driver Excess : N/A

Name of Workshop : CYCLE & CARRIAGE  
Contact No : 67461000

**Remarks : N/A**

Best Regards,

**Shan Hui** | Admin

**National Assessment Centre Services (LKK Group)**

Phone: 6841-0055 | email: [rspu@lkkauto.com](mailto:rspu@lkkauto.com) | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)