

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) MNA/1900199

Date In: 3/1/19-16/11	Job description	Date & Time Completed	Done by
Ref No: MNA/INC19000166/24	SAS e-filing		
Veh No: JMC 2232V	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 2/1/19-14:10	i-Motor Claim Form	M71 1026236-202	3/1/19 1748
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: SHC5027E	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

MNA/1900110	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	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:-		
	OD*		
	*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 \$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	03/01/2019 16:11
Date Of Accident	02/01/2019 14:10
Exact Location Of Accident	EU TONG SEN ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3237U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG BOON HWEE
NRIC No	S7127251F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94594349
Alternative Phone No	OFFICE-94594349

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102676303
Cover Note Number	

### Driver

Name of Driver	ONG BOON HWEE (WANG WENHUI)
NRIC No	S7127251F
Date Of Birth	16/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	20/07/1990
Driving Experience	28 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94594349
Fax Number	
Contact Number	OFFICE-94594349
Email Address	NOEMAIL

Address	BLK 827 WOODLANDS STREET 81 #10-100
Postcode	730827
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : MUHAMMAD RAZMAN BIN RAZMI GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190102/2068.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5027E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name ONG BOON HWEE (WANG WENHUI)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMC3237U  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name MUHAMMAD RAZMAN BIN RAZMI  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMC3237U  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode




## SKETCH PLAN

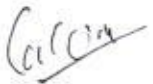
### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reassess 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 lodging 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 insured(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.:

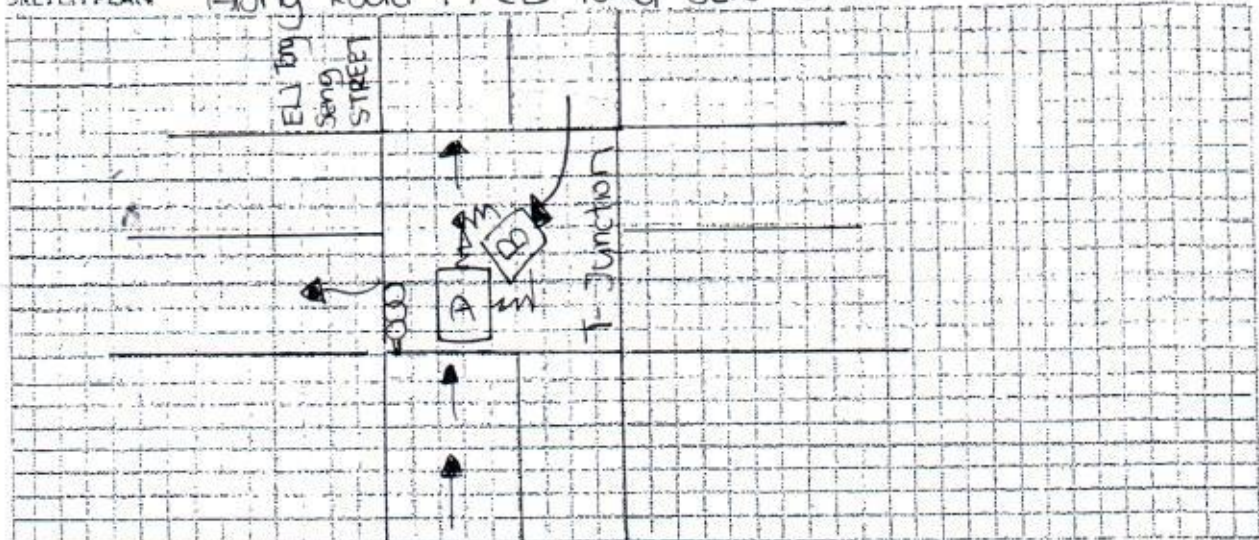


Vehicle A: SMC3237L

Vehicle B: SHC5027E

SKETCH PLAN

Along Road 1, ELU TONG SEN STREET



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FOLLOW POLICE REPORT

DECLARATION

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

*(Signature)*

Policyholder's Signature

Date & Time:

*(Signature)*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*(Signature)*

Reporting Centre Personnel's Signature

Name:

NRIC/PIN No.:

Date of Accident : 02/01/19 Accident Time: 14:08 (24-HR-Format)  
Accident Place : Along Road 1, EU TONG SEN STREET  
Vehicle Reg. No. (Car Plate No.) : SMC 3237U  
Vehicle Make/Model : HONDA SHUTTLE  
Insurance Company : NTUC Policy No. \_\_\_\_\_  
Owner or Company Name / IC No. : ONG BOON HWEE, S7127251F  
Owner or Company Contact No. : 94594349 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : ONG BOON HWEE  
DRIVER'S Date Of Birth : 16/08/1971 DRIVER'S License Pass Date 20 Jul 1990  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER  
DRIVER'S Address : APT BLK 821 WOODLANDS STREET 81 #10-100,  
SINGAPORE 730827  
DRIVER'S Contact No. / Alt No. : 1) 94594349 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address : weiyuan0312@gmail.com  
Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only Claim Other Party Claim Own Insurance  
Number of Passengers (Including Driver): 02

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SHC 5027E

Vehicle Reg. No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver: \_\_\_\_\_

IC No. Driver: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_





# SINGAPORE POLICE FORCE



T/20190102/2068

1 of 3

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20190102/2068

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/01/2019 14:08	Vide Report No.: A/20190102/0032	Station Diary No.: 52
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<b>Informant's Particulars</b>			
Name of Informant: ONG BOON HWEE		Address: APT BLK 827 WOODLANDS STREET 81 #10-100 SINGAPORE 730827	
ID Type / ID No.: NRIC NO / S7127251F		Contact No.: Home/Office: Mobile: 94594349	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 16/08/1971	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/01/2019 06:45	Type of Location: Straight Road
Location: Along Road 1 EU TONG SEN STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5027E	Car					0
SMC3237U	Car	HONDA	SHUTTLE 1.5G CVT	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC3237U	NTUC Income Insurance Co-Operative Limited	5102676303	31/07/2018	27/06/2019





**SINGAPORE  
POLICE FORCE**



T/20190102/2068

2 of 3

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20190102/2068

**CONTINUATION OF REPORT**

**Brief Details.**

ON 2/01/2019 AT ABOUT 0640HRS I WAS TRAVELLING ALONG EU TONG SEN ST TOWARDS HILL STREET . AS I REACHED THE JUNCTION OF CROSS ST , I DROVE SLOWLY TO MOVE FORWARD . AS I WAS MOVING FORWARD A VEHICLE ( SHC 5027E) SUDDENLY TURNED INTO CROSS ST FROM THE OPPOSITE DIRECTION . THE TRAFFIC LIGHTS WAS IN FAVOUR IN MY DIRECTION ,THUS I MOVED FORWARD. THE OTHER VEHICLE TURNED TOO SUDDENLY SUCH I COULD NOT BRAKE IN TIME THUS COLLIDING WITH THAT VEHICLE ( SHC5027E).  
BOTH OF MY VIHECLES AIR BAG WAS DEPLOYED . I WAS THEN CONVEYED TO SGH BY AMBULANCE.  
I WAS GIVEN 6 DAYS MEDICAL LEAVE.

Date  
1



**SINGAPORE  
POLICE FORCE**



T/20190102/2068

3 of 3

Report No. T/20190102/2068

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

**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:

F /

Sr Staff Sgt ASHRAF ALI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL

Contact No.: 65476131

Signature Of Informant:

Date/Time:

02/01/2019 14:08

Classification Of Case:

Authentication Stamp

NP168



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7127251F



 **ONG BOON HWEE**  
(WANG WENHUI)

Race  
**CHINESE**

Date of Birth  
**16-08-1971**

Sex  
**M**

Country of Birth  
**SINGAPORE**



0608764



NRIC No. S7127251F



Blood Group  
**A+**

Date of issue  
**11-11-1992**

**APT BLK 827 WOODLANDS STREET 81 #10-100**  
**SINGAPORE 730827**

NRIC No: S7127251F    Date of issue: 11/10/2008    No: 6348579

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man

Licence No: **S7127251F**

NAME:  
**ONG BUON HWE  
(WANG WENHUI)**

Birth Date: **16 Aug 1971**  
Issue Date: **13 Oct 2003**

Barcode: **000917590F**

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 Jul 1990

NP 428A

Licence No: **S7127251F**



## 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: 5102676303

Cover : drivo CLASSIC

- |   |                 |
|---|-----------------|
| 1. Index mark and Registration Number of Vehicle  | : SMC3237U      |
| Chassis Number  | : GKB1201727    |
| 2. Name of Policyholder   | : ONG BOON HWEE |
| 3. Effective Date of Insurance  | : 31 Jul 2018   |
| 4. Expiry Date of Insurance   | : 27 Jun 2019   |
| 5. Persons or Classes of Persons entitled to drive#   |                 |
| (a) The Policyholder.   |                 |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                 |
| 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 for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.  
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.  
(c) Use for any purpose in connection with the Motor Trade.

# 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.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ONG BOON HWEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: KENSO LEASING PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

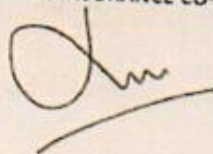
Agency : VV INSURANCE AGENCY PTE. LTD. (00000614878)  
Date of Issue : 31 Jul 2018 12:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="02/01/2019 14:10"/>
Vehicle No. (For Motor)	<input type="text" value="SMC3237U"/>	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"/>	5102676303		ONG BOON HWEE	S7127251F	GPC	drive CLASSIC	SMC3237U	SMC3237U	31/07/2018	27/06/2019
<input type="button" value="Continue"/>										



## Claim Handling

Exit

Accident MT/1026236

Policy No.	5102676303	Vehicle No.	SMC3237U	GST Registration No.	
Certificate No.					
Policyholder Name	ONG BOON HWEE			Policyholder NRIC	S7127251F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available

**Accident Details**

Report Date	03/01/2019 16:12	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	02/01/2019	Time of Accident hh:mm	06:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	NA				

**Excess**

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

**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 827 #10-100	Address 2	WOODLANDS STREET 81	Address 3	SINGAPORE 730827
Address 4		Address Type	Singapore address	Post Code	730827
Unit No	10-100	Related Policy Number	5102676303		

## 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-MX	Insured Name	ONG BOON HWEE	Insured NRIC	S7127251F
Contact No.(Mobile)	94594349	Contact No.(Home)	64576257	Contact No.(Office)	63670700
Email Address		OI Vehicle Number	SMC3237U	TP Vehicle Number	SHC5027E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMC3237U / SHC5027E On 2 Jan 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/01/2019 17:48	Claim Close Date		Date Received	03/01/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment




























Accident No.	MT/1026236	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/01/2019 17:50

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Send Message

Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:50	SAS	Normal	SAS 2019-1-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:50	Photos	Normal	Photos 2019-1-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:50	Photos	Normal	Photos 2019-1-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:50	Photos	Normal	Photos 2019-1-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:50	Photos	Normal	Photos 2019-1-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:50	Photos	Normal	Photos 2019-1-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:50	Photos	Normal	Photos 2019-1-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:50	Photos	Normal	Photos 2019-1-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:49	Photos	Normal	Photos 2019-1-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:49	Photos	Normal	Photos 2019-1-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:49	Photos	Normal	Photos 2019-1-3		<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:49	Photos	Normal	Photos 2019-1-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:49	Photos	Normal	Photos 2019-1-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:48	Photos	Normal	Photos 2019-1-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:48	Photos	Normal	Photos 2019-1-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:48	Photos	Normal	Photos 2019-1-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:48	Photos	Normal	Photos 2019-1-3		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 03 Jan 2019 17:48	Photos	Normal	Photos 2019-1-3		<a href="#">Edit</a>
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Video List						
Uploaded By/Date	Folder Date	File Name	Source	Action		
<div>Display in New Window</div> <div>Scan and uploading</div>						