

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MNA119004104

Date In: 9/1/19 - 17:30	Job description	Date & Time Completed	Done by
Ref No: NA/INC19200565/4	SAS e-filing		
Veh No: JH9234H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 9/1/19 - 09:50	i-Motor Claim Form	MT11027130 - 001	9/1/19 19:17
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: RAL2451H	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

NA1900278	Invoice Preparation Checklist	Amr (\$)	Amr (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st 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		
	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 / Tpl 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		
Pat. 1:	Invoice dated	Fee Charged	
Pat. 2 / 3:	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	09/01/2019 17:32
Date Of Accident	09/01/2019 09:50
Exact Location Of Accident	KPE (MCE) BEFORE AIRPORT RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJH9034H
Insured/Policyholder	
Name Of Registered Owner	LONG CHECH UNG ANTHONY
NRIC No	S7275671A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97898277
Alternative Phone No	OFFICE-97898277
Vehicle Particulars	
Manufacturer	BMW
Model	X1 SDRIVE20I AT D/AB HID SR NAV
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	THIRD PARTY
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	5106790411
Cover Note Number	
Driver	
Name of Driver	LIM SHING KAI, JOEY (LIN XINKAI, JOEY)
NRIC No	S8200985Z
Date Of Birth	16/01/1982
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2001
Driving Experience	17 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97898277
Fax Number	
Contact Number	OFFICE-97898277
EMail Address	NOEMAIL

Address	BLK 225C COMPASSVALE WALK #04-355
Postcode	543225
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	FBG2451H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJZ5065A
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Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SAMSURI BIN BASIRAN
NRIC/Passport Number	S1199051G
Contact Number	90907053
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SGU2023C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOOI CHIN CHUAN
NRIC/Passport Number	S7801226I
Contact Number	98559331
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM SHING KAI, JOEY (LIN XINKAI, JOEY)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJH9034H
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 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:

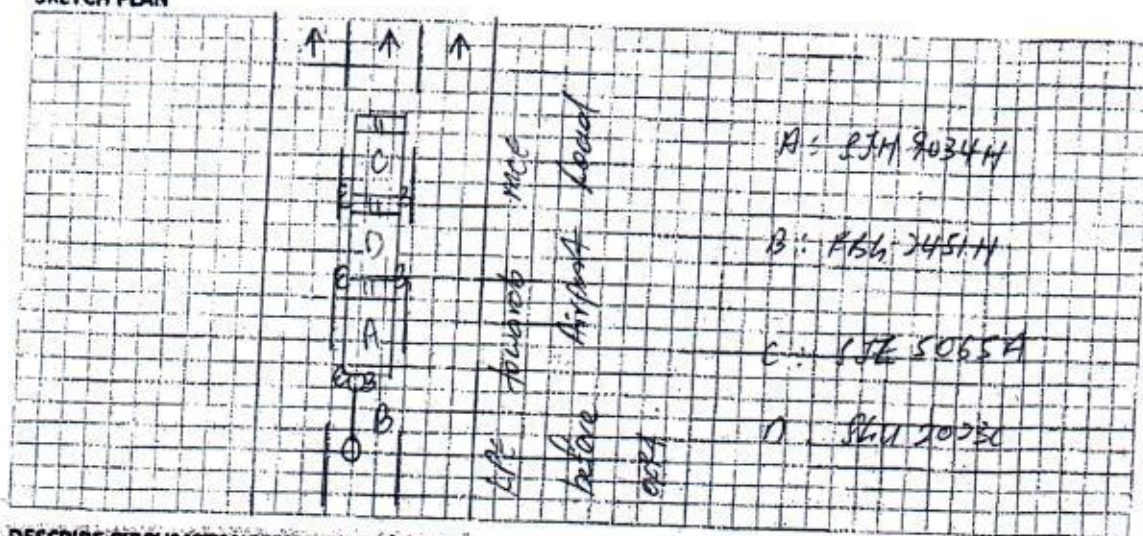
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:
NRC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along LPE towards MCE before Airport Road Exit. The vehicle in front of me slow down and stop, hence I follow suit to slow down and stop without any contact with vehicle (D). Out of sudden, I felt an impact from my vehicle rear passenger. The impact pushed me forward. When I got down, I realized I was involved in a 4 car chain collision.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

Accident details

Date and time of accident	Date: 09 Jan 2019 (DD/MM/YY) Time: 0950 (HH:MM)
Exact location of accident	LPE towards MCE before Airport Road Exit.

Details of vehicle

Vehicle registration number	SJH 9034H		
Vehicle make and model	BMW X1		
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____		
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>		
Purpose of using at said time	Private		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/>		

Insurance information

Insurance company	NTUC
Policy number	5106290H11
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	Long Chee Ung Anthony	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address	131 Everitt Road Singapore 428658	

Driver

Same as Insured above ☐ (skip to D.O.B)

Name	Lim Shing Kai Tony	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S82 008785 Z	
Contact	9789 8277	
Address	Block 2550 Compassvale Walk #04-355 Singapore 543225	
Email address		
Date of birth	16 Jan 1982	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	26 Sept 2001	

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (inclusive of driver)

Passenger 1

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

Passenger 2

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

Passenger 3

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

Passenger 4

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

Passenger 5

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

Passenger 6

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

Other information

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

Details of police action

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

Third party vehicle 1 (B)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	P66 2451H
Vehicle make model	

Third party vehicle 2 (C)

Name	Pamhuri bin Basiran
Contact number	9090 7052
NRIC / Fin / Passport number	811980516
Vehicle registration number	JJZ 5065A
Vehicle make model	

Third party vehicle 3 (D)

Name	Looi Chuan Chuan
Contact number	9855 9321
NRIC / Fin / Passport number	87801226I
Vehicle registration number	Phu 2023C
Vehicle make model	

Third party vehicle 4

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

Third party vehicle 5

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

Third party vehicle 6

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

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	Lim Shing Kai Tony.	
Injuries sustained	Neck & Back.	
Which vehicle person in?	SJH 90344	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Injured person 2

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

Injured person 3

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

Injured person 4

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8200985Z



Name

LIM SHING KAI, JOEY
(LIN XINKAI, JOEY)

林欣凱

Race

CHINESE

Date of birth

16-01-1982

Sex

M

S8200985Z

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8200985Z

Name: LIM SHING KAI, JOEY
(LIN XINKAI, JOEY)

Birth Date: 16 Jan 1982

Issue Date: 08 Oct 2003

1000874778J

488092



NRIC No. S8200985Z

Date of issue

03-10-2012

Address

APT BLK 225C COMPASSVALE WALK
#04-355
SINGAPORE 543225

YOU ARE ISSUED WITH

Motor cycle < 200 CC
Motor cycle < 2000 kg with < 7 pass. seats, exclusive of the
motor tractors/vehicles < 2500 kg

87 Jan 95
26 Sep 2011

S / No. 9000006836

Licence No: S8200985Z

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: 5106790411

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJH9034H**
 Chassis Number : **WBAVL92020VU20650**
2. Name of Policyholder : **LONG CHECH UNG ANTHONY**
3. Effective Date of Insurance : **04 Jan 2019**
4. Expiry Date of Insurance : **09 Oct 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ANTHONY LONG CHECH UBG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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)

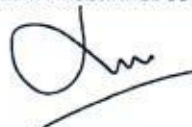
Agency : AUTOSHIELD PTE. LTD. (00000573469)
 Date of Issue : 04 Jan 2019 11:17 hrs

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="09/01/2019 09:50"/>
Vehicle No.(For Motor)	<input type="text" value="SJH9034H"/>	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"/>	5106790411		LONG CHECH UNG ANTHONY	S7275671A	GPC	drivo CLASSIC	SJH9034H	SJH9034H	04/01/2019	09/10/2019

Policy Information

Policy No.	5106790411	Policyholder Name	LONG CHECH UNG ANTHONY	Policyholder NRIC	S7275671A
Certificate No.					
Address	132 EVERITT ROAD SINGAPORE 428658				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/01/2019	Effective Date	04/01/2019 00:00	Expiry Date	09/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	1692.88		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	132 EVERITT ROAD	Address 2	SINGAPORE 428658	Address 3	
Address 4		Address Type	Singapore address	Post Code	428658
Unit No.		Related Policy Number	5106790411		

Insured Object: SJH9034H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/1027130

Policy No.	5106790411	Vehicle No.	SJH9034H	GST Registration No.	
Certificate No.					
Policyholder Name	LONG CHEE UNG ANTHONY			Policyholder NRIC	S7275671A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97898277	Contact No.(Office)	0	Contact No.(Home)	0
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(%)	0	Private Hire	No

Accident Details

Report Date	09/01/2019 19:15	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	09/01/2019	Time of Accident hh:mm	09:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KPE (MCE) BEFORE AIRPORT RD EXIT				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	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	132 EVERITT ROAD	Address 2	SINGAPORE 428658	Address 3	
Address 4		Address Type	Singapore address	Post Code	428658
Unit No.		Related Policy Number	5106790411		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	16/01/1982
Unnamed driver Name	LIM SHING KAI, JOEY (LIN XIN)	Driver NRIC	S8200985Z	Driving Experience	17
Register Date of Driver License	26/09/2001	Driver Age	36	Contact No.(Home)	0
Contact No.(Mobile)	97898277	Contact No.(Office)	0	Address 3	COMPASSVALE VISTA
Address 1	BLK 275C	Address 2	COMPASSVALE WALK	Post Code	543225
Address 4	SINGAPORE 543225	Address Type	Singapore address		
Unit No.	04-355				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LONG CHEE UNG ANTHONY	Insured NRIC	S7275671A
Contact No.(Mobile)	82010119	Contact No.(Home)	67260363	Contact No.(Office)	
Email Address	ANTHONY@UNGAUNGA.COM	DI Vehicle Number	SJH9034H	TP Vehicle Number	FBG2451H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJH9034H / FBG2451H ON 9 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	09/01/2019 19:17	Claim Close Date		Date Received	09/01/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1027130	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	upload date	09/01/2019 19:19

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:19	SAS	Normal	SAS 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:19	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:19	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:19	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:19	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:19	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:19	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:19	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:18	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:18	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:18	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:18	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:18	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:18	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:17	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:17	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:17	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:17	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:17	Photos	Normal	Photos 2019-1-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 09 Jan 2019 19:17	Photos	Normal	Photos 2019-1-9		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				