

NATIONAL Assessment Centre Services. [ver 1 Jan'03] MMA 119012498

Date In: 26/1/19 12:35	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19001742164	SAS e-filing		
Veh No: SJY 9605X	E-mail (within 3hrs, ATC 2hrs)		
D.O.A: 26/1/19 01:00	I-Motor Claim Form	MT/1029658-001	26/1/19 17:49
(O) / (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SH 6199D	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

NA1900750	Invoice / Premium / Checklist	Am (S)	Re-Am (S)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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 2003)		
Ref. 1:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	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	26/01/2019 13:35
Date Of Accident	26/01/2019 01:00
Exact Location Of Accident	ALONG HOUGANG AVE 8 INFRONT BLK 531
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY9605X
Insured/Policyholder	
Name Of Registered Owner	ONG CHOON CHYE
NRIC No	S0023802C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96806723
Alternative Phone No	OFFICE-96806723

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5106858687
Cover Note Number	-

Driver

Name of Driver	ONG CHOON CHYE
NRIC No	S0023802C
Date Of Birth	31/01/1954
Occupation	OUTDOOR
Date Of Driving Pass	10/04/1972
Driving Experience	46 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96806723
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	3 TENG TONG RD
Postcode	423495
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?	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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

PLEASE REFER TO ATTACHED STATEMENT.

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	SH6199D
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 CHOON CHYE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJY9605X
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.
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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:

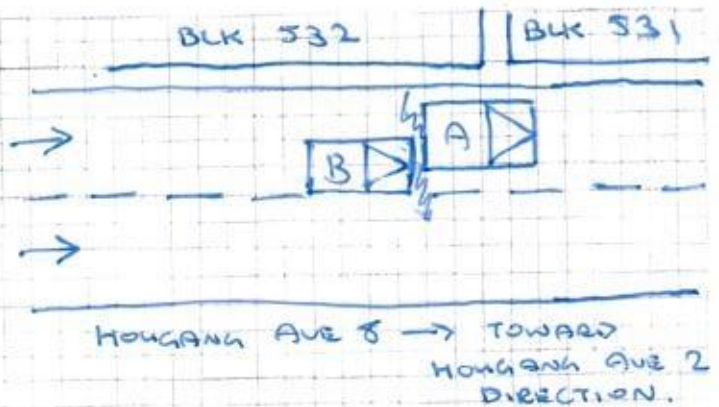
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

VEHICLE A
- SJY 9605X

VEHICLE B
- SH 6199D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG HOUGANG AVE 8 TOWARD HOUGANG AVE 2 DIRECTION, I WAS ON THE LEFT LANE.

WHILE GOING STRAIGHT, AND THE PASSENGER WILL BE ALIGHTING SOON, I ON MY HAZARD LIGHT EARLIER TO WARN THE VEHICLE BEHIND. AND I GRADUALLY SLOWING DOWN MY VEHICLE AND STOPPED AT THE SIDE OF THE ROAD WITH DOUBLE YELLOW LINE FOR IMMEDIATE DROP OFF.

AFTER I STOPPED MY VEHICLE, SUDDENLY AFTER A FEW SECONDS, I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SH 6199D) COLLIDED TO THE REAR OF MY VEHICLE, WHEN I HAD COME TO A COMPLETE STOP.

VEHICLE A - SJY 9605X

VEHICLE B - SH 6199D

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.:

Vehicle No.	554 9605X	Model / Make	TOYOTA CAMRY
Date of Accident	26/01/2019		
Time of Accident	0100	HRS	
Location of Accident	ALONG HONGKONG AVE 8, INFRONT BLOCK 531.		
Exact purpose use during accident	DRIVING GRAB		
Name of Owner	ONG CHOON CHYE		
Telephone No.	H/P: 9680 6723	Home:	Office:
NRIC	S0023802 C		
Address	3 TENG TONG RD S(423495)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	510 6858687		
Name of Driver	As Above If No,		
NRIC	Any Passengers: 1 (MALE) (GRAB customer)		
Date of birth	31/01/1954		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	10 APR 1972		
Gender	Male	/	Female
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state OWNER	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who? MONITORING	
Name And Contact No.	ONG CHOON CHYE, 9680 6723		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SH 6199D	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	REAR RIGHT.		
Camera Recorder	Yes/No	FRONT / REAR	
Email Address			

PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	IAN
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0023802C



Name
ONG CHOON CHYE

王春財

Race
CHINESE

Date of Birth

31-01-1954

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0023802C

Name

ONG CHOON CHYE

Birth Date: 31 Jan 1954

Issue Date: 09 Oct 2003



NRIC No: S0023802C



Blood Group

B+

Date of issue

25-11-1993

3 TENG TONG ROAD
SINGAPORE 423495

NRIC No: S0023802C

Date: 17-10-2001

No: 4064921

1464625

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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	06 May 1977
Class 2A	Motorcycles between 201 cc and 400 cc	06 May 1977
Class 2	Motorcycles exceeding 400 cc	06 May 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Apr 1972



NP 428A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5106858687

Cover : drive CLASSIC

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SJY9605X |
| Chassis Number | : MR053BK4107061758 |
| 2. Name of Policyholder | : ONG CHOON CHYE |
| 3. Effective Date of Insurance | : 07 Jan 2019 |
| 4. Expiry Date of Insurance | : 06 Jan 2020 |
| 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	: ONG CHOON CHYE
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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
 Date of Issue : 07 Jan 2019 15:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

 Authorised Officer

 Chief Executive

Transaction ref 20190112090156526923

Please check that the owner and vehicle details are correct:

1. Name	: ONG CHOON CHYE
2. Identification No. Type	: Singapore NRIC
3. Identification No.	: S0023802C
4. Country/Region	: -
5. Vehicle Registration No.	: SJY9605X
6. Previous Vehicle Registration No.	: -
7. Effective Date of Ownership	: 07 Jan 2019
8. Original Registration Date	: 18 Oct 2010
9. First Registration Date	: 18 Oct 2010
10. Vehicle Type	: Z10 - Private Hire (Chauffeur) Motor Car
11. Vehicle Scheme	: Normal
12. Attachment 1	: No Attachment
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make Description	: TOYOTA
16. Vehicle Model	: CAMRY 2.0 AUTO ABS AIRBAG
17. Year of Manufacture	: 2010
18. Primary Colour	: Grey
19. Secondary Colour	: -
20. Passenger Capacity	: 4
21. Chassis/Trailer Chassis No.	: MR053BK4107061758 / -
22. Propellant	: Petrol
23. Engine No./Motor No.	: 1AZE181747 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 1998 / -
25. Maximum Power Output(kW/bhp)	: 108.0 / 144
26. Unladen Weight(kg)	: 1530
27. Maximum Laden Weight(kg)	: 1970
28. Open Market Value	: \$26,382.00
29. PARF Eligibility	: Yes
30. PARF Eligibility Expiry Date	: 17 Oct 2020
31. Minimum PARF Benefit	: \$13,191.00
32. No. of Transfers	: 3

Claim Handling

The premium on this policy has not been collected.

Accident MT/1029658

Policy No.	5106858687	Vehicle No.	SJY9605X	GST Registration No.	
Certificate No.					
Policyholder Name	ONG CHOON CHYE			Policyholder NRIC	S002
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96806723	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	26/01/2019 17:43	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	26/01/2019	Time of Accident hh:mm	01:00	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG HOUGANG AVE 8 INFRONT BLK 531				
▼ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.0
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 Status Verified	Yes
GST Registration No.					
Modification History					
▼ Policyholder Mailing Address					
Address 1	3 TENG TONG ROAD	Address 2	SINGAPORE 423495	Address 3	
Address 4		Address Type	Singapore address	Post Code	4234
Unit No.		Related Policy Number	5106858687		
▼ OI Driver Info					
Driver Name	ONG CHOON CHYE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S0023802C	Driver DOB	31/01
Register Date of Driver License	10/04/1972	Driver Age	64	Driving Experience	46
Contact No.(Mobile)	96806723	Contact No.(Office)		Contact No.(Home)	
Address 1	3 TENG TONG ROAD	Address 2	SINGAPORE 423495	Address 3	
Address 4		Address Type	Singapore address	Post Code	4234
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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		

Modification History

Claim 001

New

Claim Handling

The premium on this policy has not been collected.

Accident MT/1029658

Policy No.	5106858687	Vehicle No.	SJY9605X	GST Registration No.	
Certificate No.					
Policyholder Name	ONG CHOON CHYE			Policyholder NRIC	S002
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96806723	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	26/01/2019 17:43	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	26/01/2019	Time of Accident hh:mm	01:00	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG HOUGANG AVE 8 INFRONT BLK 531				
▼ Excess					
Total Excess Applicable					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.0
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		
Excess Type		Windscreen Excess	100.00		

All Claims Excess

YIED All Claim Excess

Total All Claim Excess Applicable

OD Standard Excess

YIED OD Excess

Additional Excess

0.00

Total OD Excess Applicable

Driver is Covered?

TP Standard Excess

YIED TP Excess

Driver is Covered?

Total TP Excess Applicable

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1	3 TENG TONG ROAD	Address 2	SINGAPORE 423495	Address 3	
Address 4		Address Type	Singapore address	Post Code	4234
Unit No.		Related Policy Number	5106858687		

Driver Name	ONG CHOON CHYE	Driver Type	Main Driver	Driver DOB	31/01
Unnamed driver Name		Driver NRIC	S0023802C	Driving Experience	46
Register Date of Driver License	10/04/1972	Driver Age	64	Contact No.(Home)	
Contact No.(Mobile)	96806723	Contact No.(Office)		Address 3	
Address 1	3 TENG TONG ROAD	Address 2	SINGAPORE 423495	Post Code	4234
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading? 0 mg Any injury? ☒ Yes ☐ No

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ONG CHOON CHYE
Contact No.(Mobile)	96806723	Contact No. (Home)	63440786
Email Address		O1 Vehicle Number	SJY9605X
Claim Description	SJY9605X / SH6199D ON 26 Jan 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repairer No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	26/01/2019 17:47	Claim Close Date	
Report Taken By	LIEW SHAN HUI	Workshop Repairer	

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1029658	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/01/2019 17:49
Path *		Category *	
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on		NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-26

26 Jan 2019 17:49

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
26 Jan 2019 17:49

SAS

Normal

SAS 2019-1-26

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
26 Jan 2019 17:49

Photos

Normal

Photos 2019-1-26

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
26 Jan 2019 17:48

Photos

Normal

Photos 2019-1-26

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
26 Jan 2019 17:48

Photos

Normal

Photos 2019-1-26

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
26 Jan 2019 17:48

Photos

Normal

Photos 2019-1-26

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
26 Jan 2019 17:48

Photos

Normal

Photos 2019-1-26

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
26 Jan 2019 17:48

Photos

Normal

Photos 2019-1-26

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
26 Jan 2019 17:48

Photos

Normal

Photos 2019-1-26

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
26 Jan 2019 17:47

Photos

Normal

Photos 2019-1-26

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
26 Jan 2019 17:47

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