

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

MMA 119014326

Date In: 30/1/19 14:25	Job description	Date & Time Completed	Done by
Ref No: NA11MC19001973164	SAS e-filing		
Veh No: FX 5166A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 711119 14:30	I-Motor Claim Form	MT/1028102-002	30/1/19 15:41
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: FBN 8162 R	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: YBS ( ) / 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:	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

NA1900834	Invoice Preparation Checklist	Am (\$)	RAH (\$)
Client'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) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	30/01/2019 14:25
Date Of Accident	07/01/2019 14:30
Exact Location Of Accident	PIONEER RD NORTH UNDER NANYANG FLYOVER
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX5166A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG KEE JIN
NRIC No	S1064438J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-67913125

#### Vehicle Particulars

Manufacturer	HONDA
Model	CM 125 CR
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	MOTORCYCLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5096467369-01
Cover Note Number	-

#### Driver

Name of Driver	WONG KEE JIN
NRIC No	S1064438J
Date Of Birth	13/08/1946
Occupation	INDOOR
Date Of Driving Pass	16/12/1981
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE-67913125
Email Address	NOEMAIL

Address	BLK 947 JURONG WEST ST 91 #05-645
Postcode	640947
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	FBN8162R
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 INJURED PERSON 1**

Name WONG KEE JIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FX5166A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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 **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

pie

PIE

PIE

Pioneer Rd North.

$$A = FXS\Gamma GA$$

B = FBNS162R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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



## ACCIDENT STATEMENT

ACCIDENT DATE: ( 7 / 1 / 19 ) (DD/MM/YYYY), TIME: ( 14 : 30 ) (HH:MM)

LOCATION: Pioneer Rd North under Nanyang flyover.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FX 5166A  
b) INSURANCE COMPANY: INC.  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Wong Kee Jen (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 67913125  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: As Above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)  
6. WAS ANYBODY INJURED (YES / NO)  
7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police.

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBN 8162 R. MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
( 1 )

\* No of passenger  
(including driver)  
(      )

\* No of passenger  
(including driver)  
(      )

Waiting photo

Email = irenelow6111@gmail.com.

fax = 96271666

VIDEO =



# SINGAPORE POLICE FORCE



T/20190123/2031

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190123/2031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/01/2019 11:21		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: WONG KEE JIN			Address: 947 JURONG WEST STREET 91 #05-645 NANYANG RUBY SINGAPORE 640947		
ID Type / ID No.: NRIC NO / S1064438J			Contact No.: Home/Office: 67913125      Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 72	Date of Birth: 13/08/1946	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CLEANER			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/01/2019 14:30	Type of Location:
Location: Along Road 1 PIONEER ROAD NORTH  PIONEER ROAD NORTH UNDER NANYANG FLYOVER				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX5166A		HONDA	CM 125 CR	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX5166A	NTUC Income Insurance Co-Operative Limited	5096467369-01	23/12/2018	22/12/2019





**SINGAPORE  
POLICE FORCE**



T/20190123/2031

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190123/2031

**CONTINUATION OF REPORT**

**Brief Details.**

ON 07/01/2019 @ AROUND 2.30 PM, I WAS DRIVING MY MOTORCYCLE(FX5166A) ALONG PIONEER ROAD NORTH FROM NANYANG CRESCENT. I WAS TRAVELLING STRAIGHT WHEN I REACHED THE NANYANG FLYOVER, I SAW THAT THE TRAFFIC LIGHT WAS GREEN FOR ME. SO I PROCEEDED STRAIGHT. HOWEVER, AN ONCOMING MOTORCYCLE CAME AND WAS TURNING RIGHT INTO PIE. WHEN THE MOTORCYCLE WAS TURNING RIGHT, IT COLLIDED INTO ME. I PASSED OUT.I WOKE UP AT NG TENG FONG HOSPITAL. WHERE I WAS DISCHARGED ON THE 18/1/19 AND RECEIVED 13-DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20190123/2031

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190123/2031

**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:  
TP /  
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Insp TAN CHIN YONG  
Contact No.: 65476178



Signature Of Informant:

Date/Time:  
23/01/2019 11:21

Classification Of Case:

SINGAPORE  
POLICE FORCE

Authentication Stamp  
NP168

Signature:





T/20190130/2039

1 of 3

Report No. T/20190130/2039

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No T/20190123/2031

Report Number T/20190130/2039

Vide Report Number

Date/Time of Report Made 30/01/2019 10:50

Place Report Lodged Traffic Police

Type of Informant Rider

Name of Informant WONG KEE JIN

ID Type / ID No. NRIC NO / S1064438J

Home/Office 67913125

Mobile -

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 07/01/2019 14:30

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN8162R	Motorcycle					0
FX5166A	Motorcycle	HONDA	CM 125 CR	Black		0

**Details of Person Involved**

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



T/20190130/2039

2 of 3

Report No. T/20190130/2039

**Continuation of CSF For NP168**

Rider			
Name	WONG KEE JIN	ID No.	S1064438J
Related Vehicle	FX5166A (Motorcycle)	Contact No.	67913125
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/01/2019	Date Discharge	18/01/2019
No. of Days granted Medical Leave	13	Degree of Injury	NIL

**Brief Facts.**

ON 07/01/2019 AT ABOUT 2:30 PM, I WAS RIDING MY MOTORCYCLE (FX5166A) ON THE MIDDLE LANE OF 3 ALONG PIONEER ROAD NORTH FROM NANYANG CRESCENT. I WAS TRAVELLING STRAIGHT WHEN I REACHED THE NANYANG FLYOVER. I SAW THAT THE TRAFFIC LIGHT WAS GREEN FOR ME. SO I PROCEEDED TO TRAVEL STRAIGHT. HOWEVER, AN ONCOMING MOTORCYCLE (FBN8162R) CAME AND WAS TURNING RIGHT INTO PIE. WHEN THE MOTORCYCLE WAS TURNING RIGHT, IT COLLIDED INTO ME. I PASSED OUT FROM THE ACCIDENT. I WOKE UP AT NG TENG FONG GENERAL HOSPITAL. WHERE I WAS DISCHARGED ON THE 18/1/2019 AND RECEIVED 13 DAYS MC.





T/20190130/2039

3 of 3

Report No. T/20190130/2039

## Continuation of CSF For NP168

### 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.

Case Sensitivity

No

Officer-In-Charge of Case

TP / GIT /  
TAN CHIN YONG

Classification of Case

1) INJURY / ATTENDED BY POLICE



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1064438J



Name

WONG KEE JIN

Race

CHINESE

Date of birth

13-08-1946

Country/Place of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE



WONG KEE JIN

Exp. Date: 12-Aug-2010

Valid From: 07-Jun-2008



16/12/1981

5242502



NRIC No. S1064438J

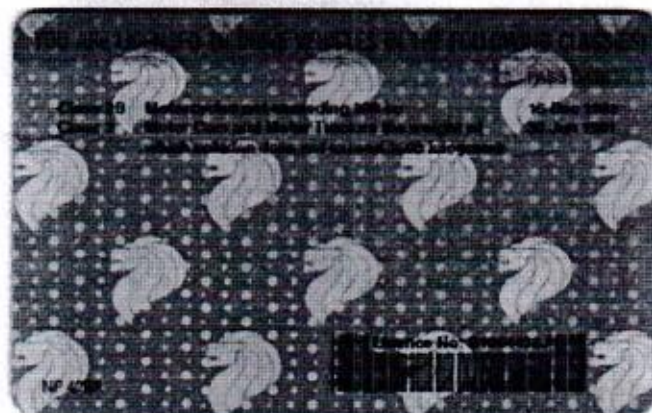


Date of issue

28-11-2013

Address

APT BLK 947 JURONG WEST STREET 91  
#05-645  
SINGAPORE 640947





## 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** : 5096467369-01

**Cover** : Third Party

- |   |                |
|---|----------------|
| 1. Index mark and Registration Number of Vehicle    | : FX5166A      |
| Chassis Number                                      | : JC055721500  |
| 2. Name of Policyholder                             | : WONG KEE JIN |
| 3. Effective Date of Insurance                      | : 23 Dec 2018  |
| 4. Expiry Date of Insurance                         | : 22 Dec 2019  |
| 5. Persons or Classes of Persons entitled to drive# |                |

(a) Named Driver(s) Only.

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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: WONG KEE JIN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue : 06 Dec 2018 10:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

Accident MT/1028102

Policy No.	5096467369-01	Vehicle No.	FX5166A	GST Registration No.	
Certificate No.					
Policyholder Name	WONG KEE JIN			Policyholder NRIC	S106-
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	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(%)	20	Private Hire	No
🔍 Accident Details					
Report Date	16/01/2019 15:06	Accident Report Within 24 hrs	Yes	Accident Type	Side 1
Date of Accident	07/01/2019	Time of Accident hh:mm	14:30	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIONEER ROAD NORTH				
🔍 Excess					
Own damage Excess		0.00	Additional Excess	Windscreen Excess	
Unnamed Driver Excess			Outside Singapore OD Excess		
Third Party Excess		0.00	Outside Singapore TP Excess		
🔍 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 947 #05-645	Address 2	JURONG WEST ST 91	Address 3	SING.
Address 4		Address Type	Singapore address	Post Code	6409
Unit No.		Related Policy Number	5096467369-01		
🔍 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 type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 New

## Claim Handling

Accident MT/1028102

Policy No.	5096467369-01	Vehicle No.	FX5166A	GST Registration No.	
Certificate No.					
Policyholder Name	WONG KEE JIN			Policyholder NRIC	S106-
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	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(%)	20	Private Hire	No
🔍 Accident Details					
Report Date	16/01/2019 15:06	Accident Report Within 24 hrs	Yes	Accident Type	Side 1
Date of Accident	07/01/2019	Time of Accident hh:mm	14:30	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIONEER ROAD NORTH				
🔍 Excess					
Total Excess Applicable					
Own damage Excess		0.00	Additional Excess	Windscreen Excess	
Unnamed Driver Excess			Outside Singapore OD Excess		
Third Party Excess		0.00	Outside Singapore TP Excess		
Excess Type			Windscreen Excess		
All Claims Excess					
YIED All Claim Excess			Driver is Covered?		
Total All Claim Excess Applicable					



1/30/2019

## Claim Handling( Claim Task )

OD Standard Excess

TP Standard Excess

YIED OD Excess

YIED TP Excess

Additional Excess

Driver is Covered?

Total OD Excess Applicable

Total TP Excess Applicable

## Benefits

## GST Registered Information

## Policyholder Mailing Address

Address 1	B/K 947 #05-645	Address 2	JURONG WEST ST 91	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	6409
Unit No.		Related Policy Number	5096467369-01		

## OI Driver Info

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

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	WONG KEE JIN
Contact No.(Mobile)		Contact No.(Home)	67913125
Email Address		OI Vehicle Number	FX5166A
Claim Description	FX5166A / FBN8162R ON 7 Jan 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Workshop No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Yes	Received	30/01/2019 15:41
Report Taken By	LIEW SHAN HUI		
Print AK letter			

Save Submit

## Attachment

Accident No.	MT/1028102	Claim No.	002
Last Doc. Received	Yes No	Upload Date	30/01/2019 15:41
Path *		Category *	Confidential Urgency *
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Message Read		Clear	Please Select NO Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:41	SAS	Normal	SAS 2019-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:41	Photos	Normal	Photos 2019-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:41	Photos	Normal	Photos 2019-1-30



NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:41	Photos	Normal	Photos 2019-1-30
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:41	Photos	Normal	Photos 2019-1-30
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:41	Photos	Normal	Photos 2019-1-30
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:41	Photos	Normal	Photos 2019-1-30
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:41	Photos	Normal	Photos 2019-1-30
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:41	Photos	Normal	Photos 2019-1-30
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2019 15:41	Photos	Normal	Photos 2019-1-30

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading