

NATIONAL Assessment Centre Services.

(wef 1 Jan 2003)

Date In: 01/02/2019 17:24	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19002160/24	SAS e-filing		
Vch No: FBK 427 X	E-mail (w/da 2hrs, A/C 2hrs)		
D.O.A: 31/01/2019 19:00	I-Motor Claim Form	MT/1030645 - OP	2/2/19 13:17
OID: TP Reporting Only	I-Motor W/O (Withdr: 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:	Vch No: SHD3409 U	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: ()		

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time of Action:	

NA1900902	
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
	4) FT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (wef 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*N5: Courtesy Car / Tpl Allowance \$5
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TR (Nil): TP (Non INC) against INC \$20
	9) NI: 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	01/02/2019 17:24
Date Of Accident	31/01/2019 19:00
Exact Location Of Accident	NEW BRIDGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBK427X
Insured/Policyholder	
Name Of Registered Owner	KELVIN CHIA WEN JIE (XIE WENJIE)
NRIC No	S8328689Z
Email Address	KELVINCHIAWJ83@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87420483
Alternative Phone No	OTHERS-87420483
Vehicle Particulars	
Manufacturer	HONDA
Model	-
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5093816146-01
Cover Note Number	
Driver	
Name of Driver	KELVIN CHIA WEN JIE (XIE WENJIE)
NRIC No	S8328689Z
Date Of Birth	15/09/1983
Occupation	OUTDOOR
Date Of Driving Pass	28/06/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87420483
Fax Number	
Contact Number	OTHERS-87420483
EMail Address	KELVINCHIAWJ83@GMAIL.COM

Address	BLK 780D WOODLANDS CRESCENT #11-61
Postcode	734780
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	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190131/2172

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	SHD3409U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KELVIN CHIA WEN JIE (XIE WENJIE)

Approximate Age

Injuries Sustain RIGHT LEG PAIN

Injured person in which vehicle? FBK427X

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.

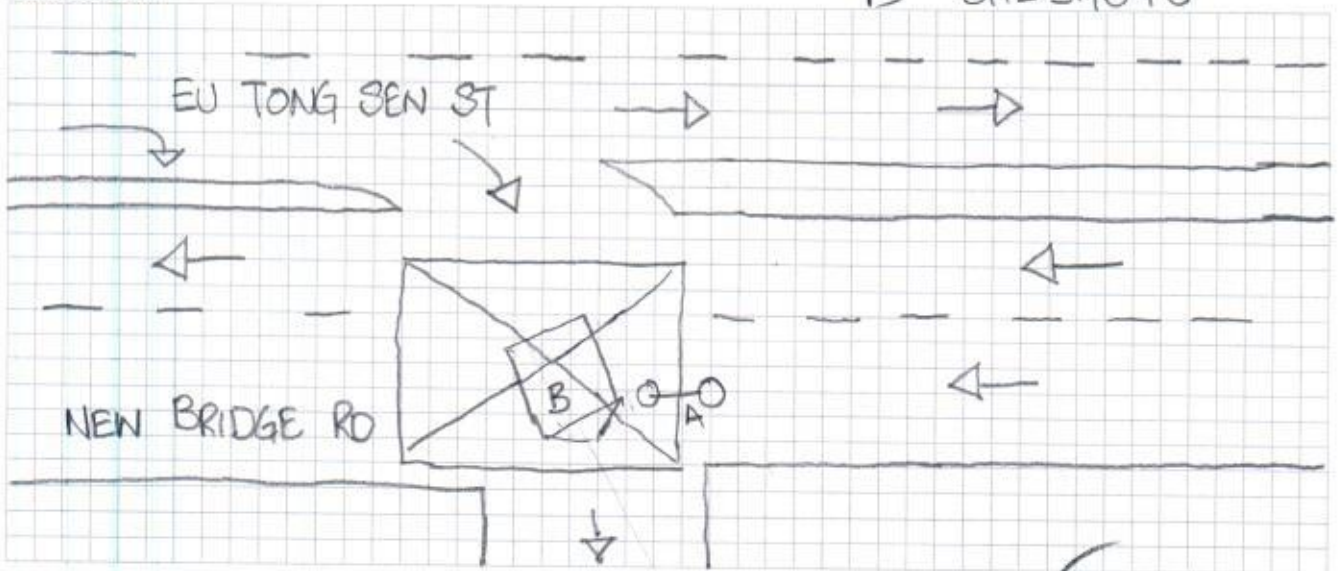

Policyholder's Signature
Date & Time:


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


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

A - FBKH27X
B - SHD3409U

SKETCH PLAN




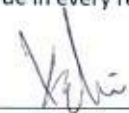
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


*P/s Refer to the Police Report
T/20190131/2172*

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 POLICE FORCE



T/20190131/2172

1 of 4

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20190131/2172

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2019 21:29	Vide Report No.: A/20190131/0087	Station Diary No.: 268
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Informant's Particulars

Name of Informant: KELVIN CHIA WEN JIE			Address: APT BLK 780D WOODLANDS CRESCENT #11-61 SINGAPORE 734780		
ID Type / ID No.: NRIC NO / S8328689Z			Contact No.: Home/Office: Mobile: 87420483		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 15/09/1983	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: DESPATCH RIDER			Driving Licence Information: Class: 2B,2A,2,3A Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/01/2019 13:00	Type of Location:
Location: NEW BRIDGE ROAD				
Taxi turning in to carpenter street				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK427X	Motorcycle	HONDA	CB400X ABS	Black	Seriously Damaged	0
SHD3409U	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20190131/2172

2 of 4

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20190131/2172

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK427X	NTUC Income Insurance Co-Operative Limited	5093816146-01	31/08/2018	30/08/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KELVIN CHIA WEN JIE	ID No.	S8328689Z
Related Vehicle	FBK427X (Motorcycle)	Contact No.	87420483
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3A Date of Expiry: NIL
Date Treatment	31/01/2019	Date Discharge	31/01/2019
No. of Days granted Medical Leave	09	Degree of Injury	NIL
Driver			
Name	Yeung Chun fai	ID No.	S2577613E
Related Vehicle	SHD3409U (Car)	Contact No.	97346998
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 31/01/2019 at about 1300hrs at I was riding my motor cycle bearing plate no. FBK427X along new bridge road. I was heading to Hong Kong street. A taxi bearing plate no SHD3409Y was travelling along Eu Tong Seng street. The vehicle moving along new bridge road was stopping due to the red light. There was a yellow box along new bridge road. Based on my assessment, there was a space in front of the yellow box for my motor vehicle to be there. When my front tire touched the yellow box, I slowed down, the taxi bearing plate no SHD3409U was making right turn and stopped right in front of me and when I did an emergency brake, my front tire hit the left front side of the taxi causing it to be slightly dented and the left side mirror to be tangling. I did not fling off or fell from the bike. I noticed that that there were 2 female passengers at the back of the taxi. My front mad gad alignment was off, my left side mirror became loose and the headlight protector came off.

After colliding with the taxi, I got off from my motor cycle and pushed my motor cycle to the side. While pushing my motor cycle, I felt pain on my right feet and right forearm. I called for NTUC income insurance for advice and they assisted me to call the police and the ambulance. The ambulance and the Traffic



**SINGAPORE
POLICE FORCE**



T/20190131/2172

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Report No. T/20190131/2172

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

CONTINUATION OF REPORT

police officer arrived at scene at around 1330hrs. While waiting for the arrival of the ambulance and Traffic Police Officer, I managed to exchange particulars with the taxi driver.

Most of the time, I was sitting at the pavement due the pain on my right leg. I was then conveyed to Singapore General Hospital at around 1350hrs. I did an Xray at Singapore General Hospital and was told by the doctor namely Daniel Tan Weei Jang(62467E) informed me that I suffered a minor fracture on my inner right feet just below the ankle. I also suffered an abrasion on my right feet and my right forearm I was given 9 days MC. IO Daniel from Traffic Police called me at around 1759hrs to check on me and advised me to proceed to the nearest police station to lodge a report about the accident. I was discharged



**SINGAPORE
POLICE FORCE**



T/20190131/2172

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

4 of 4

Report No. T/20190131/2172

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:

L /

Insp MUHAMMAD TAJUDDIN BIN MOHAMED
TAMRIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

31/01/2019 21:29

Classification Of Case:



Signature:

Singapore Police Force

Reported on 01/2/2019
@ 16:35 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (31/01/2019) (DD/MM/YYYY), TIME: (19:00) (HH:MM)

LOCATION: NEW BRIDGE RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 427 X ✓
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA WDX
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY
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: KELVIN CHIA WEN JIE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 383286897 CONTACT: 87420483
c) ADDRESS: 7800 WOODLANDS CRESCENT #11-61

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KELVIN CHIA WEN JIE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 383286897 CONTACT: 87420483 ✓
c) ADDRESS: 7800 WOODLANDS CRESCENT #11-61

* d) DATE OF BIRTH: (15/09/1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS ✓

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Right leg Pain!

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 3HD3409U ✓ 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: _____

✓ email = kelvinchiawj83@gmail.com

VIDEO

kelvinchiawj83@gmail.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8328689Z



Name

KELVIN CHIA WEN JIE
(XIE WENJIE)

谢文杰

Race

CHINESE

Date of birth
15-09-1983

Sex
M

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S8328689Z

KELVIN CHIA WEN JIE
(XIE WENJIE)

Birth Date: 15 Sep 1983

Issue Date: 07 Apr 2016



5187653



NRIC No. S8328689Z



Date of issue

01-07-2013

APT BLK 780D WOODLANDS CRESCENT #11-61
SINGAPORE 734780

NRIC No: S8328689Z

Date: 05/06/2018

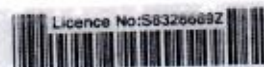
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	28 Jun 2016
Class 2A	Motorcycles between 201 CC and 400 CC	18 Aug 2017
Class 2	Motorcycles > 400 CC	12 Sep 2018
Class 3A	Motor cars without clutch pedals <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals <= 2500 kg	07 Apr 2016

S / No.9000318375

S8328689Z



NP 428A

eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093816146-01		KELVIN CHIA WEN JIE (XIE WENJIE)	S8328689Z	GMC	Third Party, Fire & Theft	FBK427X	FBK427X	31/08/2018	30/08/2019

Policy Information

Policy No.	5093816146-01	Policyholder Name	KELVIN CHIA WEN JIE (XIE WEN JIE)	Policyholder NRIC	S8328689Z
Certificate No.					
Address	BLK 682C #02-245 WOODLANDS DRIVE 73 SINGAPORE 733682				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/07/2018	Effective Date	31/08/2018 00:00	Expiry Date	30/08/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	COMMERCIAL AGENCY PTE LTD	Agent Tel.	63373133	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 682C #02-245	Address 2	WOODLANDS DRIVE 73	Address 3	SINGAPORE 733682
Address 4		Address Type	Singapore address	Post Code	733682
Unit No.	10-144	Related Policy Number	5093816146-01		

Insured Object: FBK427X

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div style="text-align: right;"> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </div>				

Claim Handling

Accident MT/1030645

Policy No.	5093816146-01	Vehicle No.	FBK427X	GST Registration No.
Certificate No.				
Policyholder Name	KELVIN CHIA WEN JIE (XIE WENJIE)			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	87420483	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	02/02/2019 13:12	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	31/01/2019	Time of Accident hh:mm	19:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	NEW BRIDGE ROAD			

▼ 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 682C #02-245	Address 2	WOODLANDS DRIVE 73	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	10-144	Related Policy Number	5093816146-01	

▼ OI Driver Info

Driver Name	KELVIN CHIA WEN JIE (XIE WENJIE)	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8328689Z	Driver DOB
Register Date of Driver License	28/06/2016	Driver Age	35	Driving Experience
Contact No.(Mobile)	87420483	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK780D	Address 2	WOODLANDS CRESCENT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#11-61			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	KELVIN
Contact No.(Mobile)		Contact No. (Home)	NIL
Email Address		Vehicle Number	FBK427
Claim Description	FBK427X / SHD3409U ON 31 Jan 2019		
Preferred Workshop	Preferred	Insured Liability	Partially at Fault
Workshop No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	02/02/2019 13:18
		Workshop Repairer	

Print AK letter

Attachment



Accident No.	MT/1030645	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/02/2019 13:15

Path *		Category *		Confidential
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Feb 2019 13:17	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Feb 2019 13:16	SAS	Normal	SAS 2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Feb 2019 13:16	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Feb 2019 13:16	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Feb 2019 13:16	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Feb 2019 13:16	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Feb 2019 13:16	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Feb 2019 13:16	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Feb 2019 13:16	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Feb 2019 13:16	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Feb 2019 13:16	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	