

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MNA 119020413.

Date In: 13/12/19 17:32	Job description	Date & Time Completed	Done by
Ref No: MA/INC 19002698/64	SAS e-filing		
Veh No: SGQ 5679L	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 12/12/19 14:25	I-Motor Claim Form	17/1031954-001	14/12/19 10:28
OD: <input checked="" type="radio"/> 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: Vch No: SMA 1407U, 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: (INC Hotline: 6788 6616)

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

NA 1901036

Client's Particulars:	Invoice Preparation Checklist	Amount (\$)	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Bug-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 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 \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11 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	13/02/2019 17:32
Date Of Accident	12/02/2019 14:25
Exact Location Of Accident	PIE TWDS CHANGI B4 JLN EUNOS EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGQ5679L
Insured/Policyholder	
Name Of Registered Owner	KAVAN SERVICES PTE. LTD.
Co Reg No	201525926C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98904624
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5101136364
Cover Note Number	-
Driver	
Name of Driver	CHUA TIAN SIANG
NRIC No	S7335966Z
Date Of Birth	03/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	11/12/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98904624
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 852 WOODLANDS ST 83 #10-242
Postcode	730852
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	5
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: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
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	SMA1407U
Vehicle Make/Model/Colour	HONDA CIVIC
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLT1353C
Vehicle Make/Model/Colour HONDA ODYSSEY
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLE6540A
Vehicle Make/Model/Colour MAZDA 5
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLZ5892E
Vehicle Make/Model/Colour MAZDA 3
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 CHUA TIAN SIANG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGQ5679L
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?
Address
Postcode

NO

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 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.
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.

KAUHN SERVICES
PTE LTD

Policyholder's Signature / Date &
Time



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



Witnessed by Reporting Centre
Personnel

Sketch Plan

Refer To Attach Copy.

Describe Circumstances of the Accident

* Refer To Police Report NO T/2019 0213/2147

Declaration

We declare the foregoing particulars are true in every respect.

KAVAN SERVICES
PTE LTD

Policyholder's Signature / Date &
Time

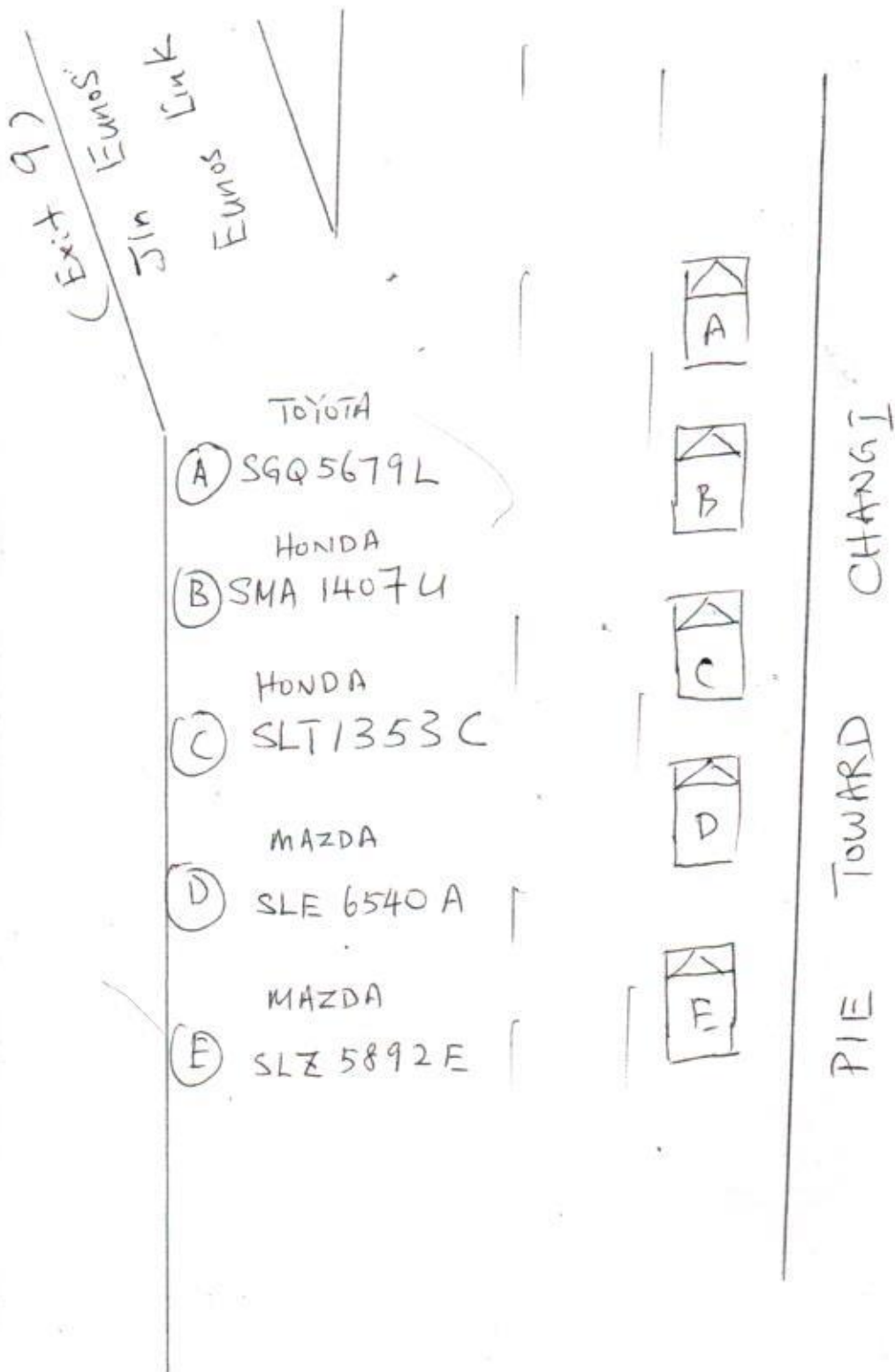


Driver's Signature (If driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel

Accident Location:



Accident Vehicle Driver Detail

- (A) SGQ 5679 L
Name: CHUA TIAN SIANG IIC NO: S7335966-Z
HIP: 98904624 Passenger including Driver } 2
- (B) SMA 1407 U
Name: NG TEO LEONG PETER IIC NO: S1552878-H
HIP: 96913173 unknown 1 Driver
- (C) SLT 1353 C
Name: OOI ENG HOE IIC NO: S7173908-B
HIP: 96896885 unknown 1 Driver
- (D) SLE 6540 A
Name: TAY WEI POH IIC NO: S7500675-F
HIP: 94510628 unknown 1 Driver
- (E) SLZ 5892 E
Name: SANTUCCI VINCENT ANTONIO FIN NO: G5349622-P
HIP: 83211580 unknown 1 Driver



SINGAPORE POLICE FORCE



T/20190213/2147

1 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20190213/2147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2019 17:12	Vide Report No.:	Station Diary No.: 27
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Informant's Particulars

Name of Informant: CHUA TIAN SIANG			Address: APT BLK 852 WOODLANDS STREET 83 #10-242 SINGAPORE 730852		
ID Type / ID No.: NRIC NO / S7335966Z			Contact No.: Home/Office: Mobile: 98904624		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 03/10/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE VEHICLE DRIVER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/02/2019 14:25	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS CHANGI AIRPORT BEFORE JALAN EUNOS EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGQ5679L	Car					1
SLE6540A	Car					0
SLT1353C	Car					0
SLZ5892E	Car					0
SMA1407U	Car					0



**SINGAPORE
POLICE FORCE**



T/20190213/2147

2 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20190213/214

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHUA TIAN SIANG		ID No.	S7335966Z
Related Vehicle	SGQ5679L (Car)		Contact No.	98904624
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	13/02/2019		Date Discharge	13/02/2019
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	TAY WEI POH		ID No.	S7500675F
Related Vehicle	SLE6540A (Car)		Contact No.	94510628
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
Driver				
Name	OOI ENG HOE		ID No.	S7173908B
Related Vehicle	SLT1353C (Car)		Contact No.	96896885
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



SINGAPORE POLICE FORCE



T/20190213/2147

3 of 4

Report No. T/20190213/2147

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

CONTINUATION OF REPORT

Driver				
Name	SANTUCCI VINCENT ANTONIO		ID No.	G5349622P
Related Vehicle	SLZ5892E (Car)		Contact No.	83211580
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
Driver				
Name	NG TEO LEONG PETER		ID No.	S1552878H
Related Vehicle	SMA1407U (Car)		Contact No.	96913173
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 12/2/2019 at 1425hrs, I was in my vehicle SGQ5679L, travelling along PIE towards Changi Airport before Jln Eunos Exit 9 with my passenger onboard heading to Blk 718 Bedok Reservoir Road on the 1st lane from the right. The vehicle in front of me had stopped, so I follow suit. Suddenly, I felt a strong impact from my rear, vehicle SMA1407U had hit onto my vehicle rear portion. I came out of my vehicle and realized that there are a total of 5 vehicles involved in the accident. After exchanging all the particulars, I continued with my work and sent my passenger to the destination. On 13/2/2019, I woke up in the morning and felt discomfort and pain on my right hand shoulder, neck and back. So I went to Mount Alvernia Hospital for medical check up and was given 5 days MC.

The vehicles involved in sequence are:

- 1) SGQ5679L
- 2) SMA1407U
- 3) SLT1353C
- 4) SLE6540A
- 5) SLZ5892E



**SINGAPORE
POLICE FORCE**



T/20190213/2147

4 of 4

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20190213/2147


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: G / Staff Sgt IRWAN ISKANDAR BIN JUMA'AT
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436

Signature Of Informant: 
Date/Time: 13/02/2019 17:12
Classification Of Case:

Authentication Stamp
NP168



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7335966Z**

Name: **CHUA TIAN SIANG**

Birth Date: **03 Oct 1973**
Issue Date: **16 Dec 2010**

001920631D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7335966Z

Name: **CHUA TIAN SIANG**

蔡天雄

Race: **CHINESE**

Date of birth: **03-10-1973**

Country/Place of birth: **SINGAPORE**

Sex: **M**

Land Transport Authority

VOCATIONAL LICENCE

Licence No : **S7335966Z**
Name : **CHUA TIAN SIANG**

Please visit www.lta.gov.sg to check the status of this vocational licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		EFFECTIVE DATE
C	Class 2B	MOTORCYCLES NOT EXCEEDING 300 CC
	Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS
	Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS

NP 428A

Licence No: **S7335966Z**

S / No. 9000223527

5530275

S7335966Z

Date of issue: **09-11-2015**

Address: **APT BLK 852 WOODLANDS STREET 83 #10-242 SINGAPORE 730852**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	24/05/2018

Driver

98904624



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: 5101136364

Cover : Third Party

- | | |
|--|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SGQS679L |
| Chassis Number | : ZNE100337505 |
| 2. Name of Policyholder | : KAVAN SERVICES PTE. LTD. ✓ |
| 3. Effective Date of Insurance | : 07 Jun 2018 |
| 4. Expiry Date of Insurance | : 17 Jul 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 Hire'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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
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 : GOLDEN PRIME INSURANCE AGENCY (00000613808)

Date of Issue : 07 Jun 2018 15:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 2 / 2019) (DD/MM/YYYY), TIME: (14 : 25) (HH:MM)

LOCATION: P1E TOWARD CHANGI (Before Jin Eunos Link Exit 9)
(AIRPORT)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGQ 5679 L
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5101136364
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA WISH
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) (Rental Car)
 h) PURPOSE OF USING AT ACCIDENT TIME: Grab & Gojek
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: KAVAN SERVICES Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201525926-C CONTACT: 98904624
 c) ADDRESS: 302, Tiong Bahru road #102-101
Tiong Bahru Plaza S 168732

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHUA TIAN SIANG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7335966-Z CONTACT: 98904624
 c) ADDRESS: Blk 852 Woodlands St 83 #10-242
S730852

*d) DATE OF BIRTH: (3 / 10 / 1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11-12-2013

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: # Cab Driver

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Chua Tian Siang

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Eunos NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ 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)
(2)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email =

fax =

Claim Handling

Accident MT/1031954

Policy No.	5101136364	Vehicle No.	SGQ5679L	GST Registration No.	
Certificate No.					
Policyholder Name	KAVAN SERVICES PTE. LTD.			Policyholder NRIC	201521
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98904624	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	10	Private Hire	Yes

▼ Accident Details

Report Date	14/02/2019 10:22	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	12/02/2019	Time of Accident hh:mm	14:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI B4 JLN EUNOS EXIT				

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
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	No
Modification History			

▼ Policyholder Mailing Address

Address 1	302 TIONG BAHRU ROAD	Address 2	#02-101 TIONG BAHRU PLAZA	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	168731
Unit No.	01-01	Related Policy Number	S107214152		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHUA TJAN SIANG	Driver NRIC	S7335966Z	Driver DOB	03/10/1975
Register Date of Driver License	11/12/2013	Driver Age	45	Driving Experience	5
Contact No.(Mobile)	98904624	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 852 #10-242	Address 2	WOODLANDS STREET 83	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	730851
Unit No.	10-242				
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	KAVAN SERVICES PTE. LTD.
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	SGQ5679L
Claim Description	SGQ5679L / SMA1407U ON 12 Feb 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	14/02/2019 10:27
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1031954	Claim No.	001
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Last Doc. Received

☒ Yes
 ☐ No

Upload Date

14/02/2019 10:28

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category *

Confidential

Urgency *

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Please Select ▼

NO ▼

Normal ▼

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NO ▼

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Normal ▼

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Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

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NO ▼

Normal ▼

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Feb 2019 10:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Feb 2019 10:28	SAS	Normal	SAS 2019-2-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Feb 2019 10:28	Photos	Normal	Photos 2019-2-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Feb 2019 10:28	Photos	Normal	Photos 2019-2-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Feb 2019 10:28	Photos	Normal	Photos 2019-2-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Feb 2019 10:28	Photos	Normal	Photos 2019-2-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Feb 2019 10:28	Photos	Normal	Photos 2019-2-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Feb 2019 10:27	Photos	Normal	Photos 2019-2-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Feb 2019 10:27	Photos	Normal	Photos 2019-2-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Feb 2019 10:27	Photos	Normal	Photos 2019-2-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Feb 2019 10:27	Photos	Normal	Photos 2019-2-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Feb 2019 10:27	Photos	Normal	Photos 2019-2-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Feb 2019 10:27	Photos	Normal	Photos 2019-2-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Feb 2019 10:27	Photos	Normal	Photos 2019-2-14

▼ Video List

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