

# NATIONAL Assessment Centre Services

[Ref: 10-103]

2

Date In: 25/02/2019 15:31	Job description	Date & Time Completed	Done by
Ref No: NA/INC19003464/K4	SAS e-filing		
Veh No: GBE6599A	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 19/02/2019 06:55	i-Motor Claim Form	MT/1033558-001	25/2/19/1636
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: YP3481U	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%; F: 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 repaler.
( ) 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

NA1901433	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	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:-		
	ON:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: 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	25/02/2019 15:31
Date Of Accident	19/02/2019 06:55
Exact Location Of Accident	COMPOUND OF BLK 3017 CARPARK / UBI ROAD 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6599A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MASINDO LOGISTIC PTE. LTD.
Co Reg No	200301939M
Email Address	LCL.OPS.MSI@MASINDOLOGISTIC.COM.SG
Mobile Phone No	(LOCAL) +65-97515068
Alternative Phone No	OFFICE-97515068

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101145685
Cover Note Number	

### Driver

Name of Driver	TAN WEI KWANG ( CHEN WEIGUANG )
NRIC No	S7302242H
Date Of Birth	24/01/1973
Occupation	INDOOR
Date Of Driving Pass	31/07/1998
Driving Experience	20 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97515068
Fax Number	
Contact Number	OTHERS-97515068
Email Address	LCL.OPS.MSI@MASINDOLOGISTIC.COM.SG

Address	BLK 282A COMPASSVALE STREET #11-123
Postcode	541262
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190223/2016

#### 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 Witness 1

Name	ROYSTON
Phone Number	93851966
Email Address	-

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP3481U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	TAN WEI KWANG ( CHEN WEIGUANG)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBE6599A
Were seat belts worn?	YES
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.

**MASINDO LOGISTIC PTE LTD**  
3017 UBI ROAD 1 #02-131 KAMPONG UBI  
INDUSTRIAL ESTATE, SINGAPORE 408708  
Tel: 6842 7228 Fax: 6842 7278  
http://www.masindologistics.com

Policyholder's Signature  
Date & Time:

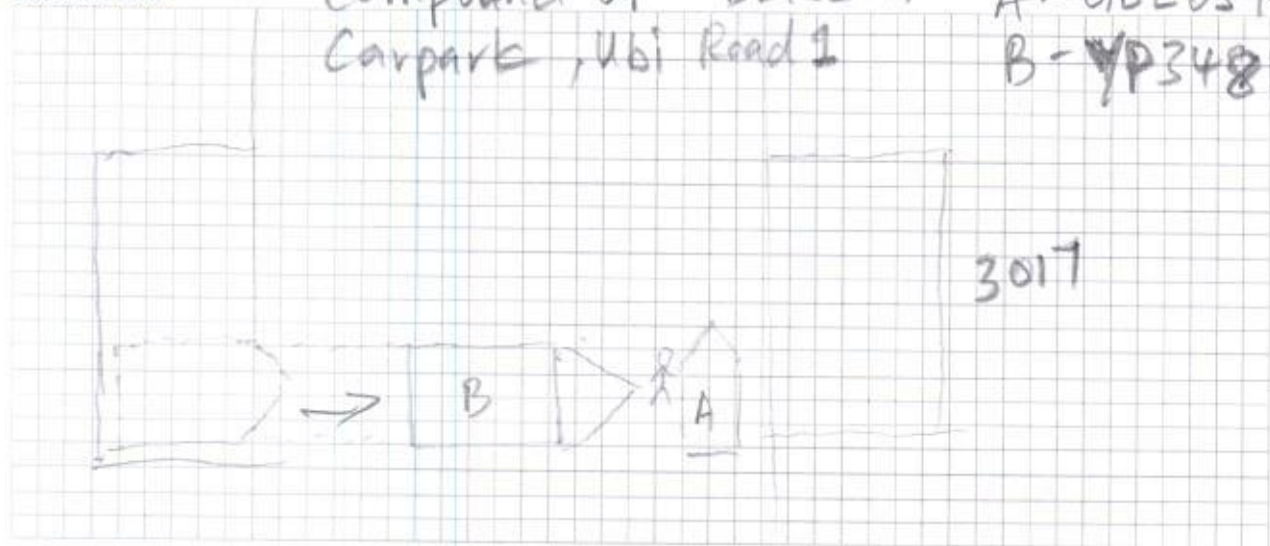
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

Compound of BLK 3017  
Carpark, Ubi Road 1

A - GBE6599A  
B - ~~YP3481U~~



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*— Pls Refer to the Police Report T/20190223/2016*

DECLARATION

MASINDO LOGISTICS PTE LTD declares the foregoing particulars are true in every respect.

3017 UBI ROAD 1 #02-131 KAMPONG UBI  
INDUSTRIAL ESTATE, SINGAPORE 408708

Tel: 6842 7228 Fax: 6842 7278

<http://www.masindologistics.com>

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.:

*25/2/2019*





# SINGAPORE POLICE FORCE



T/20190223/2016

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No. T/20190223/2016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/02/2019 02:14	Vide Report No.:	Station Diary No.: 15
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<b>Informant's Particulars</b>			
Name of Informant: TAN WEI KWANG		Address: APT BLK 262A COMPASSVALE STREET #11-123 SINGAPORE 541262	
ID Type / ID No.: NRIC NO / S7302242H		Contact No.: Home/Office: Mobile: 97515068	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 24/01/1973	Type of Informant: Vehicle Owner
Race: Chinese		Language:	Institution / School Name:
Occupation: OPERATION MANAGER		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/02/2019 06:55	Type of Location: Loading bay
Location: Along Road 1 UBI ROAD 1				
Compound of Blk 3017 carpark, Ubi Road 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6599A	Van	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL	Silver		0
YP3481U	Lorry	ISUZU	NPR75UH5A	White		0



**SINGAPORE  
POLICE FORCE**



T/20190223/2016

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

2 of 3

Report No. T/20190223/2016

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Not Available	
<b>Vehicle Owner</b>			
Name	TAN WEI KWANG	ID No.	S7302242H
Related Vehicle	GBE6599A (Van)	Contact No.	97515068
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/02/2019	Date Discharge	20/02/2019
No. of Days granted Medical Leave	18	Degree of Injury	Serious

**Brief Details.**

On 19/02/2019 at about 0655hrs I parked my vehicle (plate number: GBE6599A) at the loading bay of Blk 3017 carpark along Ubi Road 1. I alighted from my vehicle and went to the passenger side of my vehicle to collect my documents. While I was retrieving my documents, there was a vehicle (plate number: YP3481U) that suddenly came from the back and hit me. I did not manage to see how the vehicle hit me. Subsequently an ambulance arrived and conveyed me to Tan Tock Seng Hospital. I was hospitalized for 2 days, I was discharged on 20/02/2019 and was issued 18 days of medical leave. I have a witness, which is my colleague, Royston HP: 93851966. I am lodging this report as instructed by TP IO. I am also lodging this report for insurance claims.





**SINGAPORE  
POLICE FORCE**



T/20190223/2016

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20190223/2016

**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:  
F /  
Sgt 2 LEE LI TING, JOLYNE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt NOR FAIZAL BIN YAHYA  
Contact No.: 65476202

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
23/02/2019 02:14

Classification Of Case:

Reported on 25/2/19  
@ 1520HRS

## ACCIDENT STATEMENT

ACCIDENT DATE: (19/02/2019) (DD/MM/YYYY), TIME: (06:55) (HH:MM) AM

LOCATION: Compound of BLK 3017 Carpark, Ubi Road 1

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 6599A  
b) INSURANCE COMPANY: \_\_\_\_\_  
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: \_\_\_\_\_  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97515068  
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: \_\_\_\_\_

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: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Yp34814 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)  
(0)

Yes Ambulance

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

email = lcl.ops.msi@masindologistic.com.sg

fax = LCL.ops.msi@masindologistic.com.sg

video =

Waiting for Vehicle Photos?



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7302242H



TAN WEI KWANG  
(CHEN WEIGUANG)  
陈伟光

Race  
CHINESE  
Date of Birth 24-01-1973 Sex M  
Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LIC

Portrait of Tan Wei Kwang

License Number S730224  
Name  
TAN WEI KWANG  
(CHEN WEIGUANG)  
Birth Date 24 Jan 1973  
Issue Date 08 Apr 2003

1000371781C

2971522

Barcode

NRIC No. S7302242H

Portrait of Tan Wei Kwang

Birth Group O+ Date of issue 04-01-1996

APT BLK 282A COMPASSVALE STREET #11-123  
SINGAPORE 541262  
NRIC No. S7302242H Date: 18/12/2008 (R) No: 6057857

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE 31 Jul 1993

IP 420A

Barcode

License No: S7302242H

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="19/02/2019 06:55"/>
Vehicle No. (For Motor)	<input type="text" value="GBE6599A"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101145685		MASINDO LOGISTIC PTE. LTD.	200301939M	GCV	Comprehensive	GBE6599A	GBE6599A	02/06/2018	01/06/2019



## ▼ Policy Information

Policy No.	5101145685	Policyholder Name	MASINDO LOGISTIC PTE. LTD.	Policyholder NRIC	200301939M
Certificate No.					
Address	BLK 3017 #02-131 UBI ROAD 1 SINGAPORE 408708				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	01/06/2018	Effective Date	02/06/2018 00:00	Expiry Date	01/06/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	CROSBY INSURANCE AGENCY	Agent Tel.	62852640	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 3017 #02-131	Address 2	UBI ROAD 1	Address 3	SINGAPORE 408708
Address 4		Address Type	Singapore address	Post Code	408708
Unit No.		Related Policy Number	5101145685		

## ▶ Insured Object: GBE6599A

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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[Continue](#)[Cancel](#)

## Claim Handling

Accident MT/1033558

Policy No.	5101145685	Vehicle No.	GBE6599A	GST Registration No.
Certificate No.				
Policyholder Name	MASINDO LOGISTIC PTE. LTD.			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	97515068	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	25/02/2019 16:26	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/02/2019	Time of Accident hh:mm	06:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	COMPOUND OF BLK 3017 CARPARK / UBI ROAD 1			

## ▼ Excess

Own damage Excess	600.00	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	Yes	GST Registration Date	01/01/20
GST Registration No.	200301939M	GST Status Verified	No
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 3017 #02-131	Address 2	UBI ROAD 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5101145685	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TAN WEI KWANG ( CHEN WEIGL	Driver NRIC	S7302242H	Driver DOB
Register Date of Driver License	31/07/1998	Driver Age	46	Driving Experience
Contact No.(Mobile)	97515068	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 262A #	Address 2	COMPASSVALE STREET	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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
-------------------------------------	------	-------------	---

## Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	MASINDO
Contact No.(Mobile)	97306107	Contact No. (Home)	
Email Address		OI Vehicle Number	GBE6599A
Claim Description	GBE6599A / YP3481U ON 19 Feb 2019		
Preferred Workshop	Insured Liability	Partially at Fault	
Contact No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received	25/02/2019 16:37	Claim Close Date
Report Taken By			Workshop Repairer

Print AK letter



Save Submit

## Attachment



Accident No.	MT/1033558	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/02/2019 16:30
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Choose File	No file chosen	Clear	Please Select <input type="text"/> NO
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 16:36	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 16:35	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 16:34	Photos	Normal	Photos
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