

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA 19042908

Date In: 2/4/19-16:39	Job description	Date & Time Completed	Done by
Ref No: MHA 1900 184/24	SAS e-filing		
Veh No: 60510717	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 30/1/19-14:00	i-Motor Claim Form	MHA 19038554-001	24/1/19 18:19
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: 387260

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

[Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: (

Warranty: YES (

)/ NO (

Excess: (\$

Loading: \$1,000 (

)/ \$2,000 (

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (

Remarks:- (INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: -

Date/Time Actions

MHA 1902365

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2 / 3:

Invoice Preparation Checklist

Am't (\$)

1st Bill

Am't (\$)

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: 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 2005)

6) TR: Re-inspection \$75

7) N1: Idac 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 (Non INC) against INC \$20

9) N12: Idac 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	02/04/2019 16:39
Date Of Accident	30/03/2019 14:00
Exact Location Of Accident	DICKSON RD IN FRONT HOTEL 81 DICKSON
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB1071D
Insured/Policyholder	
Name Of Registered Owner	JUN EXPRESS GROUPS PTE LTD
Co Reg No	201420728H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81383333
Alternative Phone No	OFFICE-81383333
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE MANUAL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5102388371
Cover Note Number	
Driver	
Name of Driver	EIRWAN BIN KAIRUMAN
NRIC No	S8142703H
Date Of Birth	11/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	09/10/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86541250
Fax Number	
Contact Number	OFFICE-86541250
EMail Address	NOEMAIL

Address	BLK 745 WOODLANDS CIRCLE #02-744
Postcode	730745
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	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)	2
Passenger 1	NAME: : SITI RAJIMAH BINTE ABDUL MOMIN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190402/2009.

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	SAMI
Phone Number	91574409
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBD726U
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE HIRE
Name of Driver	CHIAM YEOW JUAN
NRIC/Passport Number	S0171034F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: ;
	GENDER: ;

DETAILS OF INJURED PERSON 1

Name	EIRWAN BIN KAIRUMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBB1071D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SITI RAJIMAH BINTE ABDUL MOMIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBB1071D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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.

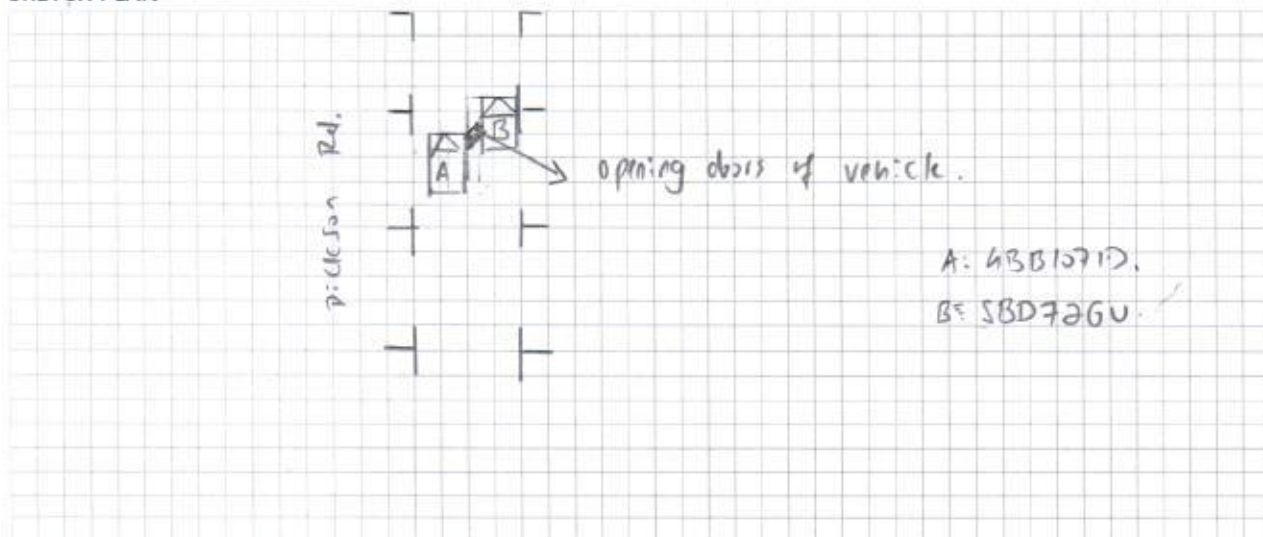


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10/2024/2004.

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: (30 / 3 / 19) (DD/MM/YYYY), TIME: (14 :00) (HH:MM)

LOCATION: Dickson Rd in front of Hotel 81 Dickson

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB1271D
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5102388371
 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: Commercial 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: Tan Express Group Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201420228H CONTACT: 8138 3733
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Eirwan Bin Khinman (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 5814270314 CONTACT: 86541252
 c) ADDRESS: 11k 745 Woodlands Circle 902744 (73745)

* d) DATE OF BIRTH: (11 / 3 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 9/10 years

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

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: SBD 726U (Private Hire) MODEL:
 b) DRIVER'S NAME: Chiam Yaw Jun
 c) NRIC/FIN/PASSPORT: S6121024F CONTACT:

9. THIRD PARTY VEHICLE

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

Witness detail:

Name: Sami
 Contact: 91574409
 number

Email =

Fax =

VIDE.O =

* No of passenger
 (Including driver)

(2)
 female.

(Sit. # Rahimah)

* No of passenger
 (Including driver)

(2)

* No of passenger
 (Including driver)

()



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No. 1800-7679999



T/20190402/2009

1 of 4

Report No. T/20190402/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
02/04/2019 01:07

Vide Report No.:

Station Diary No.:
18

Informant's Particulars

Name of Informant: EIRWAN BIN KAIRUMAN			Address: APT BLK 745 WOODLANDS CIRCLE #02-744 SINGAPORE 730745	
ID Type / ID No.: NRIC NO / S8142703H			Contact No.: Home/Office: Mobile: 86541250	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 38	Date of Birth: 11/03/1981	Type of Informant: Driver	
Race: Javanese			Language:	Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/03/2019 14:00	Type of Location: Straight Road
Location: DICKSON ROAD Toward Jln Besar				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Driver side hit onto passenger side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB1071D	Van				Seriously Damaged	1
SBD726U	Car				Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190402/2009



Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No: T/20190402/2009

CONTINUATION OF REPORT

Passenger			
Name	SITI RAHIMAH BINTE ABDUL MOMIN	ID No.	S8804616A
Related Vehicle	GBB1071D (Van)	Contact No.	85892761
Hospital/Clinic	MILLENNIUM MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Driver			
Name	EIRWAN BIN KAIRUMAN	ID No.	S8142703H
Related Vehicle	GBB1071D (Van)	Contact No.	86541250
Hospital/Clinic	MILLENNIUM MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious
WITNESS			
Name	Unknown WITNESS	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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	CHIAM YEOW JUAN	ID No.	S0171034F
Related Vehicle	NIL	Contact No.	NIL
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**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20190402/2009

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Report No: T/20190402/2009

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date and time, While I was travelling along Dickson Road towards Jin Besar. I notice there was a stationary car (SBD726U) with the hazard on in front of me. I then overtake the car, out of sudden, the car left passenger door open and hit onto my right side of the car. Immediately, I applied brake, due to the impact, my passenger and myself suffer some pain on our body. I wish to state there I have a witness by the name Samy H/p:91574409.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20190402/2009

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Report No: T/20190402/2009

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 /

SI NG RAYMOND

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/04/2019 01:07

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SN 130

Authentication Stamp

NP168



Signature:

Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8142703H**

Name: **EIRWAN BIN KAIRUMAN**

Birth Date: **11 Mar 1981**

Issue Date: **25 Feb 2014**

002279184B



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8142703H**

Name: **EIRWAN BIN KAIRUMAN**

Race: **JAVANESE**

Date of birth: **11-03-1981**

Country of birth: **SINGAPORE**

Sex: **M**

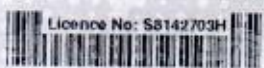


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 3	Motor Cars < 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	09 Oct 2002
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 2250kg	25 Feb 2014

NP 428A

Licence No: **S8142703H**



4934940



NRIC No: **S8142703H**

Date of issue: **08-02-2013**

Address: **APT BLK 745 WOODLANDS CIRCLE
#02-744
SINGAPORE 730745**



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[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"/>	5102388371		JUN EXPRESS GROUPS PTE. LTD.	201420728H	GCV	Third Party	GBB1071D	GBB1071D	18/07/2018	19/07/2019

Policy Information

Policy No.	5102388371	Policyholder Name	JUN EXPRESS GROUPS PTE. LTC	Policyholder NRIC	201420728H
Certificate No.					
Address	68 KAKI BUKIT AVENUE 6 #02-08 ARK@KB SINGAPORE 417896				
Product Name	COMMERCIAL VEHICLE INSURAI Plan			Group Policy Flag	N
Policy issue Date	17/07/2018	Effective Date	18/07/2018 00:00	Expiry Date	19/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1000	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	YAN XUDONG	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	68 KAKI BUKIT AVENUE 6	Address 2	#02-08 ARK@KB	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.	01-16	Related Policy Number	5108400616		

Insured Object: GBB1071D

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	28/12/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 18 Jul 2018 TO 19 Jul 2019 In view of this amendment, an additional premium of \$10.70 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle amendment(s) is/are made to this policy: VEHICLE NUMBER EFFECTIVE DATE REVISED PREMIUM (INCL GST) GBB1071D 15-01-2019 \$1,643.52 Section II Excess: \$1000 In view of this amendment, an additional premium of \$264.11 (inclusive of GST) is payable under your policy.</p>

Claim Handling

Accident MT/1038554

Exit

Policy No.	S102385371	Vehicle No.	G881071D	GST Registration No.	
Certificate No.					
Policyholder Name	JUN EXPRESS GROUPS PTE. LTD.			Policyholder NRIC	201420728H
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	81383333	Contact No. (Office)	0	Contact No. (Home)	0
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	No

▼ Accident Details

Report Date	02/04/2019 18:57	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	30/03/2019	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	DICKSON RD IN FRONT HOTEL 81 DICKSON				

▼ Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,000.00	Outside Singapore TP Excess			

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	02/04/2019 18:58:26 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	68 KAKI BUKIT AVENUE 6	Address 2	#02-05 ARK@KBS	Address 3	SINGAPORE 417896
Address 4		Address Type	Singapore address	Post Code	417896
Unit No.	01-16	Related Policy Number	S108400616		

▼ OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/03/1981
Unnamed Driver Name	EIRWAN BIN KAIRUMAN	Driver NRIC	S8142703H	Driving Experience	18
Register Date of Driver License	09/10/2002	Driver Age	38	Contact No. (Home)	0
Contact No. (Mobile)	86541250	Contact No. (Office)	0	Address 3	SINGAPORE 730745
Address 1	BLK 745	Address 2	WOODLANDS CIRCLE	Post Code	730745
Address 4		Address Type	Singapore address		
Unit No.	02-744				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer 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	JUN EXPRESS GROUPS PTE. LTD.	Insured NRIC	201420728H
Contact No. (Mobile)	81383333	Contact No. (Home)	NIL	Contact No. (Office)	66778899
Email Address	junexpressgroups@gmail.com	OT Vehicle Number	G881071D	TP Vehicle Number	S80726U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	G881071D / S80726U ON 30 Mar 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/04/2019 18:59	Claim Close Date		Date Received	02/04/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1038554	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/04/2019 19:00

Path *

Category *	Confidential	Urgency *	Description *
Browse... Clear Please Select	NO	Normal	
Browse... Clear Please Select	NO	Normal	
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Normal

☐ Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mig Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 19:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 19:00	SAS	Normal	SAS 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 19:00	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 19:00	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 19:00	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 19:00	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 19:00	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 18:59	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 18:59	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 18:59	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 18:59	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 18:59	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 18:59	Photos	Normal	Photos 2019-4-2		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 18:59	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 18:59	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 18:59	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 18:59	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 18:59	Photos	Normal	Photos 2019-4-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Apr 2019 18:59	Photos	Normal	Photos 2019-4-2		Edit

Video List

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