

# NATIONAL Assessment Centre Services. (part 1 Jan 2013) MA119052251

Date In: 22/4/19 09:43	Job description	Date & Time Completed	Done by
Ref No: MA11MC19007084144	SAS e-filing		
Veh No: PA 7118 D	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 22/4/19 07:55	I-Motor Claim Form	MT/1041333-001	22/4/19 13:51
OD <input checked="" type="checkbox"/> TP 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/Vksp		

Preferred Wksp / INC Assgn Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: FBN 7268 B	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: 0-100% / 0-100%)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

MA1902915	Invoice dated	Fee Charged
1) All: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$50)		
3) TP: Towing Fee \$40/\$45		
4) PT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (w/c 10 Jan 2013)		
6) TR: Re-Inspection \$75		
7) NI: Idan DA + SMIT Survey \$160		
8) NTUC Additional Services:		
OD:		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Coordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collist Excess Coordination \$5		
TP (N11): TP (N-in INC) against INC \$20		
9) N12: Idan 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	23/04/2019 09:43
Date Of Accident	22/04/2019 07:55
Exact Location Of Accident	BRADDELL RD TWDS TAMPINES AT WOODLEIGH UNDERPASS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7118D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TING TRANSPORT
Co Reg No	53212887K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67410500

### Vehicle Particulars

Manufacturer	ISUZU
Model	LT134P
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS

### 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	5101274921
Cover Note Number	-

### Driver

Name of Driver	BIAN ZHIQIANG
NRIC No	G2413130R
Date Of Birth	22/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	10/12/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93590593
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 490A TAMPINES ST 45 #08-201
Postcode	520490
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	15

#### Details of Police Action

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

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN7268B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJZ2620S

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)



## 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

82m  
0+0  
0B1

A  
B  
C

A = PA 71180  
B = EDN 7268B  
C = SJZ 2620S.

Braddell Rd. two's Tampines at Woodleigh Underpass

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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



Policyholder's Signature  
Date & Time:

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

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



# ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 4 / 19) (DD/MM/YYYY), TIME: (07 : 55) (HH:MM)

LOCATION: Braddell Rd twxs Tampines at woodleigh underpass.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA 7118D  
b) INSURANCE COMPANY: Inc  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL:  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Working  
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: Tung transport (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: CONTACT: 67410500  
C) ADDRESS:

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

## DRIVER

- a) NAME: Brian Zhi Qiang (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 93590593  
c) ADDRESS: B11K 490A Tampines St 45 #08-201 CS 520490.  
\*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) pending  
IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBN 7268 B MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SJZ 2620 S. MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

waiting police report.

Email = Tung transport@hotmail.com

fax =

VIDEO = Yes.

\* No of passengers  
(including driver)  
(15)

\* No of passengers  
(including driver)  
( )

\* No of passengers  
(including driver)  
( )



**SINGAPORE  
POLICE FORCE**



T/20190422/7015

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

1 of 3

Report No. T/20190422/7015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/04/2019 17:49		Vide Report No.: E/20190422/0034		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TING LIAN HENG, ANDREW			Address: APT BLK 490A TAMPINES STREET 45 #08-201 SINGAPORE 520490		
ID Type / ID No.: NRIC NO / S8000978Z			Contact No.: Home/Office: Mobile: 91018406		
Nationality: SINGAPORE CITIZEN			Email: TINGTRANSPORT@HOTMAIL.COM		
Sex: Male	Age: 39	Date of Birth: 02/01/1980	Type of Informant: Vehicle Owner		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Transport operations manager		Driving Licence Information: Class:		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/04/2019 07:55	Type of Location: Short under bridge tunnel
Location:  BRADDELL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA7118D	Bus/Coach/Mi nibus	ISUZU	Isuzu	Silver	Slightly Damaged	45

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20190422/7015

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

2 of 3

Report No. T/20190422/7015

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	Bian Zhiqiang	ID No.	G2413130R
Related Vehicle	PA7118D (Bus/Coach/Minibus)	Contact No.	93590593
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: 17/03/2024
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Vehicle Owner</b>			
Name	TING LIAN HENG, ANDREW	ID No.	S8000978Z
Related Vehicle	NIL	Contact No.	91018406
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.

Bus PA7118D was traveling on the left lane of braddell road towards Tampines (2lanes) and traffic condition was heavy the the time accident happen. When entering under bridge tunnel of Braddel/ Bartey road my bus was bout to exit the tunnel there was a sudden stop on both lanes and a motorcycle FBN7268B travelling on my right lane was not able to stop in time and crash onto the left side of SJZ2620S which was also travelling on the right lane. The impact cause him to flew left direction lane which landed the rider and his motorcycle right infront my bus was travelling.



**SINGAPORE  
POLICE FORCE**



T/20190422/7015

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

3 of 3

Report No. T/20190422/7015

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
NOR HIDAYU BINTE ABDUL SAMAD  
Contact No.: 65476423

Authentication Stamp

NP168


Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
22/04/2019 17:49

Classification Of Case:



Land Transport Authority



**VOCATIONAL LICENCE**  
 Licence No: G2413130R  
 Name: BIAN ZHIQIANG

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: G2413130R  
 Name: BIAN ZHIQIANG  
 Birth Date: 22 Sep 1984  
 Issue Date: 16 Mar 2019  
 Valid Till: 17/03/2024

002913050F

WORK PERMIT  
 Employment of Foreign Manpower Act (Chapter 91A)  
 Republic of Singapore

Employer: TING TRANSPORT



Name: BIAN ZHIQIANG  
 Work Permit No.: 076052093  
 Sector: SERVICE

076052093

K0867739

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
03	BUS VL	10/12/2018



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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	18 Mar 2014
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 or passengers and the unladen weight $\leq$ 7250kg	28 Apr 2015

NP 428A



VISIT PASS  
 Immigration Regulations

Name: BIAN ZHIQIANG

File: G2413130R  
 Date of Birth: 22-09-1984  
 Sex: M  
 Nationality: CHINESE

Download SGWorkPass App to check status




MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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="22/04/2019 15:25"/>
Vehicle No.(For Motor)	<input type="text" value="PA7118D"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101274921		TING TRANSPORT	53212887K	GFT	Third Party, Fire & Theft	PA7118D	PA7118D	10/12/2018	



### Policy Information

Policy No.	5101274921	Policyholder Name	TING TRANSPORT	Policyholder NRIC	53212887K
Certificate No.					
Address	61 KAKI BUKIT AVENUE 1 #03-16 SHUN LI INDUSTRIAL PARK SINGAPORE 417943				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	07/06/2018	Effective Date	22/06/2018 00:00	Expiry Date	20/06/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

### Policyholder Mailing Address

Address 1	61 KAKI BUKIT AVENUE 1	Address 2	#03-16 SHUN LI INDUSTRIAL P,	Address 3	SINGAPORE 417943
Address 4		Address Type	Singapore address	Post Code	417943
Unit No.	08-201	Related Policy Number	5101274912		

### Insured Object: PA7118D

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	03/09/2018 00:00	Basic Information Endorsement	000001286894376	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. PA658H 30-09-2018 \$1,516.22 In view of this amendment, an additional premium of \$1,516.22 (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 or NETS.
2	20/09/2018 00:00	Basic Information Endorsement	000001286906151	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. PC5056B 14-10-2018 \$1,708.62 In view of this amendment, an additional premium of \$1,708.62 (inclusive of GST) is payable

Claim Handling

Accident MT/1041333

Policy No.	5101274921	Vehicle No.	PA7118D	GST Registration No.	
Certificate No.					
Policyholder Name	TING TRANSPORT			Policyholder NRIC	532121
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	67410500	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(%)	0	Private Hire	No
▼ Accident Details					
Report Date	23/04/2019 13:47	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	22/04/2019	Time of Accident hh:mm	07:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BRADDELL RD TWDS TAMPINES AT WOODLEIGH UNDERPASS				
▼ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	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	61 KAKI BUKIT AVENUE 1	Address 2	#03-16 SHUN LI INDUSTRIAL P	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	417940
Unit No.	08-201	Related Policy Number	5101274912		
▼ O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	BIAN ZHIQIANG	Driver NRIC	G2413130R	Driver DOB	22/09/1984
Register Date of Driver License	10/12/2018	Driver Age	34	Driving Experience	0
Contact No.(Mobile)	93590593	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 490A #08-201	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	520490
Unit No.	08-201				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					
Claim 001 <span>New</span>					
▼					
Claim Type *	OD-MX	Insured Name	TING TRANSPORT		
Contact No.(Mobile)	91901884	Contact No.(Home)			
Email Address		DI Vehicle Number	PA7118D		
Claim Description	PA7118D / FBN72685 ON 22 Apr 2019				
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown		
Date Registered				23/04/2019 13:50	Claim Close Date
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					
▼					
Attachment					
▼					
Accident No.	MT/1041333	Claim No.	001		



Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 13:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 13:51	SAS	Normal	SAS 2019-4-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 13:51	Photos	Normal	Photos 2019-4-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 13:51	Photos	Normal	Photos 2019-4-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 13:51	Photos	Normal	Photos 2019-4-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 13:51	Photos	Normal	Photos 2019-4-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 13:51	Photos	Normal	Photos 2019-4-23
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Apr 2019 13:50	Photos	Normal	Photos 2019-4-23
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Video List

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