

# NATIONAL Assessment Centre Services

Date In: 22/5/2019 15:29	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19009012/K4	E-mail (within 8hrs, A/C 2hrs)		
Veh No: SGX 4872 P	i-Motor Claim Form	MT/1045660-001	23/5/19 1030
DOA: 22/05/2019 08:10	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	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: UNKNOWN INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) 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 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

NA1903759

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$90)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	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:-		
	ON*		
	*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 \$0		
	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	22/05/2019 15:29
Date Of Accident	22/05/2019 08:10
Exact Location Of Accident	JUNC OF UPPER SERANGOON RD AND HOUGANG AVENUE 7
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGX4872P
Insured/Policyholder	
Name Of Registered Owner	TAY HUI SAN (ZHENG HUISHAN)
NRIC No	S7125760F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96696471
Alternative Phone No	OTHERS-96696471
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS G AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102185423
Cover Note Number	
Driver	
Name of Driver	TAY HUI SAN (ZHENG HUISHAN)
NRIC No	S7125760F
Date Of Birth	03/08/1971
Occupation	INDOOR
Date Of Driving Pass	26/02/2001
Driving Experience	18 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96696471
Fax Number	
Contact Number	OTHERS-96696471
Email Address	NOEMAIL

Address	BLK 409A FERNVALE ROAD #13-48
Postcode	791409
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190522/2092

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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	TAY HUI SAN (ZHENG HUI SHAN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGX4872P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

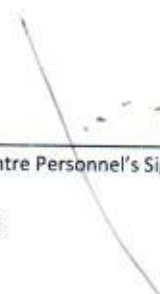
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

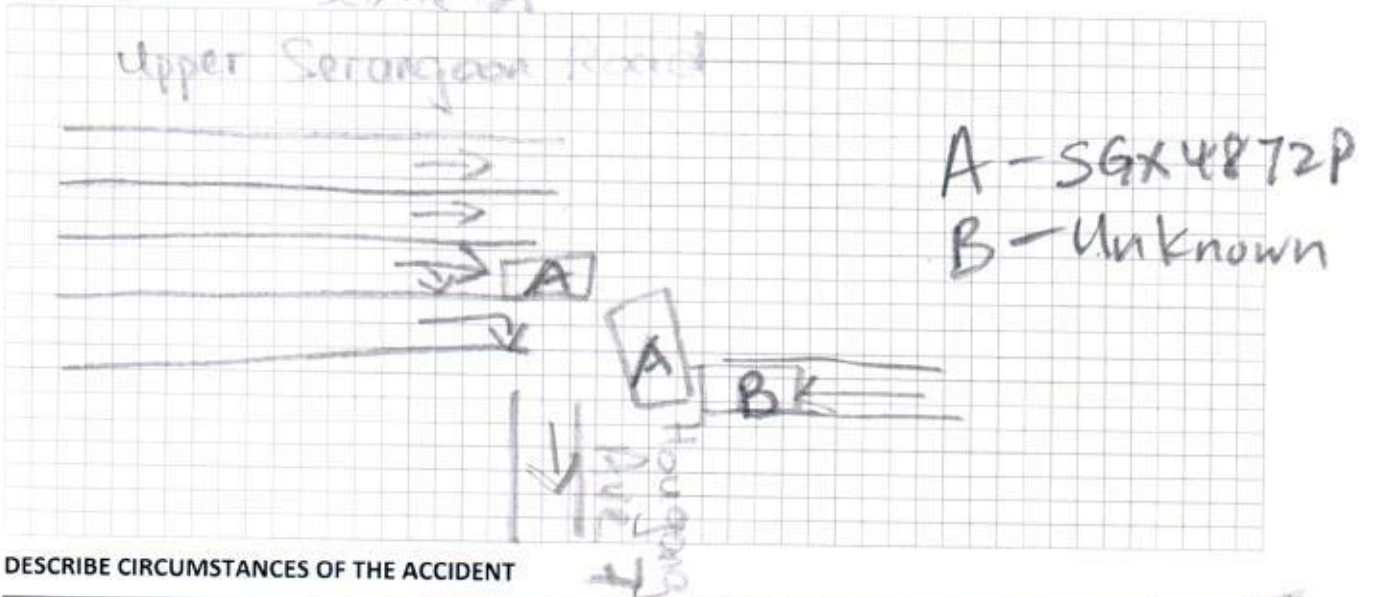
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.

Policyholder's Signature  
Date & Time:

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

 22/5/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:


SKETCH PLAN





Pls Refer to the Police Report  
T/20190522/2092

DECLARATION

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

  
Policyholder's Signature  
Date & Time:

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

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





**SINGAPORE  
POLICE FORCE**



T/20190522/2092

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

1 of 3

Report No: T/20190522/2092

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/05/2019 14:30	Vide Report No.:	Station Diary No.: 15
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**Informant's Particulars**

Name of Informant: TAY HUI SAN			Address: APT BLK 409A FERNVALE ROAD #13-48 SINGAPORE 791409		
ID Type / ID No.: NRIC NO / S7125760F			Contact No.: Home/Office: Mobile: 96696471		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 47	Date of Birth: 03/08/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES EXECUTIVE			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: 22/05/2019 08:10	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 UPPER SERANGOON ROAD HOUGANG AVENUE 7 Junction of Upper Serangoon Road and Hougang Avenue 7				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX4872P	Car	TOYOTA	VIOS G AUTO	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGX4872P	NTUC Income Insurance Co-Operative Limited	5102185423	20/07/2018	26/08/2019





# SINGAPORE POLICE FORCE



T/20190522/2092

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

2 of 3

Report No. T/20190522/2092

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY HUI SAN	ID No.	S7125760F
Related Vehicle	SGX4872P (Car)	Contact No.	96696471
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/05/2019	Date Discharge	22/05/2019
No. of Days granted Medical Leave	06	Degree of Injury	Slight

### Brief Details.

On the 22/05/2019 at about 0810hrs, I was driving my vehicle - One black Toyota Vios (Registration Plate Number: SGX4872P) along Upper Serangoon Road (2nd lane from the right). I wish to state that the lane I was on permitted me to make a right turn. I had wanted to make a right turn towards Hougang Avenue 7. As such, I queued up at the junction of Upper Serangoon Road and Hougang Avenue 7. When the traffic light on the opposite side turned red and the green arrow appeared, I made a right turn. Upon making the right turn and almost reaching Hougang Avenue 7, One green bus (unknown Registration Plate Number, Bus Service 136) collided into the left side of my vehicle.

I recalled that after collision, someone had assisted me to get out of my vehicle and called for the ambulance. I recalled that another person had passed me tissue as my face was bleeding. They had accompanied me at the side of the road until the ambulance arrived. One passenger of the Bus involved was injured as well. I recalled 2 ambulance came to the accident location. Upon ambulance arrival, they made a check and conveyed me to Sengkang General Hospital. I was given 6 days MC for my injuries which is chest pain as well as abrasions on my face and left hand.

I wish to state that before I was conveyed the traffic police officer passed me my car key.

I do not know what the damages are to my vehicle or the bus, However, I do have an in-vehicle CCTV facing front and back which may capture footage of the accident. I am not aware if there is any CCTV securing the vicinity of the accident location. I was not able to obtain particulars of the driver of the said bus.





**SINGAPORE  
POLICE FORCE**



T/20190522/2092

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

3 of 3

Report No. T/20190522/2092

**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 MOHAMAD ZULHIZWAN AQMA BIN  
MOHD ZULKEFLEE

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

22/05/2019 14:30

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt NG YONG HOCK

Contact No: 63476436

SN 085

Authentication Stamp

NP168

Signature:

**Singapore Police Force**

Reported on 22/5/2019 @ 1540 HRS.

## ACCIDENT STATEMENT

ACCIDENT DATE: (22/5/2019) (DD/MM/YYYY); TIME: (08:10) (HH:MM)

LOCATION: Junc of Upper Serangoon Road and Hougang Avenue 7.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGX 4872P  
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:   
b) NRIC/FIN/PASSPORT: (MALE / FEMALE)  
c) ADDRESS:   
CONTACT:   
\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME:   
b) NRIC/FIN/PASSPORT: (MALE / FEMALE)  
c) ADDRESS:   
CONTACT: 96696471  
\*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) OWNER  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)  
6. WAS ANYBODY INJURED (YES / NO) Body  
7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

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

### 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

on 22/5/2019  
Vehicle was  
Towed to  
idac  
on

Key given to  
idac

Email =

fax =

VIDEO =

Door & Engine  
cannot open or on?

(TP to OD)  
to Amend?

Driver  
belonging  
Taken  
by driver  
OK.

for further  
instructions  
from Driver.



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7125760F



Name  
TAY HUI SAN  
(ZHENG HUIZHAN)  
郑惠珊

Race  
CHINESE

Date of Birth  
03-08-1971

Sex  
F

Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensee's Identification Number S7125760F

Name  
TAY HUI SAN (ZHENG HUIZHAN)

Birth Date 03 Aug 1971

Issue Date 24 Feb 2003





0381982



NRIC No. S7125760F



Blood Group B+ Date of issue 14-06-1992

APT BLK 409A FERNVALE ROAD #13-48  
SINGAPORE 791408

NRIC No: S7125760F Date: 13/04/2018

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 7500 kilograms

PASS DATE 26 Feb 2001



NP 428A

Licensee No: S7125760F



Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

22/05/2019 08:10

Vehicle No.(For Motor)

SGX4872P

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"/>	5102185423		TAY HUI SAN (ZHENG HUISHAN)	S7125760F	GPC	drivo CLASSIC	SGX4872P	SGX4872P	20/07/2018	26/08/2019



## ▼ Policy Information

Policy No.	5102185423	Policyholder Name	TAY HUI SAN (ZHENG HUISHAN)	Policyholder NRIC	S7125760F
Certificate No.					
Address	BLK 2 #06-288 HOUGANG AVENUE 3 SINGAPORE 530002				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	20/07/2018	Effective Date	20/07/2018 00:00	Expiry Date	26/08/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 409A #13-48	Address 2	FERNVALE ROAD	Address 3	CORAL VALE
Address 4	SINGAPORE 791409	Address Type	Singapore address	Post Code	791409
Unit No.	13-48	Related Policy Number	5102185423		

## ▶ Insured Object: SGX4872P

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	07/02/2019 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: 20 Jul 2018 TO 26 Aug 2019 In view of this amendment, an additional premium of \$34.87 (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>

## Claim Handling

Accident MT/1045660

Policy No.	5102185423	Vehicle No.	SGX4872P	GST Registration No.
Certificate No.				
Policyholder Name	TAY HUI SAN (ZHENG HUI SHAN)			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96696471	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	Yes	NCD Entitlement(%)	50	Private Hire

## ▼ Accident Details

Report Date	23/05/2019 10:25	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/05/2019	Time of Accident hh:mm	08:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF UPPER SERANGOON RD AND HOUGANG AVENUE 7			

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	BLK 409A #13-48	Address 2	FERNVALE ROAD	Address 3
Address 4	SINGAPORE 791409	Address Type	Singapore address	Post Code
Unit No.	13-48	Related Policy Number	5102185423	

## ▼ OI Driver Info

Driver Name	TAY HUI SAN (ZHENG HUI SHAN)	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S7125760F	Driving Experience
Register Date of Driver License	26/02/2001	Driver Age	47	Contact No.(Home)
Contact No.(Mobile)	96696471	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 409A	Address 2	FERNVALE ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#13-48			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

## Declaration

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

Claim 001 OD-MX

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Repair No.

Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX

Insured Name

TAY HU

Contact No.

628141

(Home)

OI Vehicle Number

SGX487

SGX4872P / UNKNOWN ON 22 May 2019

Insured Liability

Partially at Fault

Preferred Workshop, Name unknown

GIA report

Received

23/05/2019 10:35

Claim Close Date

Workshop Repairer



## Attachment

Accident No.	MT/1045660	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/05/2019 10:30

Choose File	No file chosen	<input type="button" value="Clear"/> <input type="button" value="Clear"/> <input type="button" value="Clear"/> <input type="button" value="Clear"/> <input type="button" value="Clear"/> <input type="button" value="Clear"/>	Category *	Confidential
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Message Read				

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2019 10:34	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2019 10:31	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2019 10:30	Photos	Normal	Photos
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