

NATIONAL Assessment Centre Services (wef 1 Jan 05) **NA119080177**

Date In: 19/6/19 18:47	Job description	Date & Time Completed	Done by
Ref No: NA119080177	SAS e-filing		
Veh No: 5JW7470R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/6/19 12:12	i-Motor Claim Form	17/1049748-001	19/6/19 14:05
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: 5JW7470R	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

NA1190445	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Dat. 1:			
Dat. 2 / 3:			

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	19/06/2019 18:49
Date Of Accident	18/06/2019 20:10
Exact Location Of Accident	SIMS AVE TWDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW7470R
Insured/Policyholder	
Name Of Registered Owner	CHANG PRIVAUTO
Co Reg No	53366420M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97167740
Alternative Phone No	OFFICE-97167740

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	COLTPLUS 1.5
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5102231153-01
Cover Note Number	

Driver

Name of Driver	ONG TONG LING @ONG TONG LENG
NRIC No	S1327168B
Date Of Birth	01/08/1958
Occupation	INDOOR
Date Of Driving Pass	04/08/1986
Driving Experience	32 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97167740
Fax Number	
Contact Number	OFFICE-97167740
EMail Address	NOEMAIL

Address	BLK 533 PASIR RIS DRIVE 1 #02-254
Postcode	510533
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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: : HUANG YANG SHAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGK575S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH TONG HWA
NRIC/Passport Number	S1508603C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJN9855Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver WU XIN
NRIC/Passport Number S2665778D
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ONG TONG LING @ONG TONG LENG
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SJW7470R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name HUANG YANG SHAN
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SJW7470R
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:

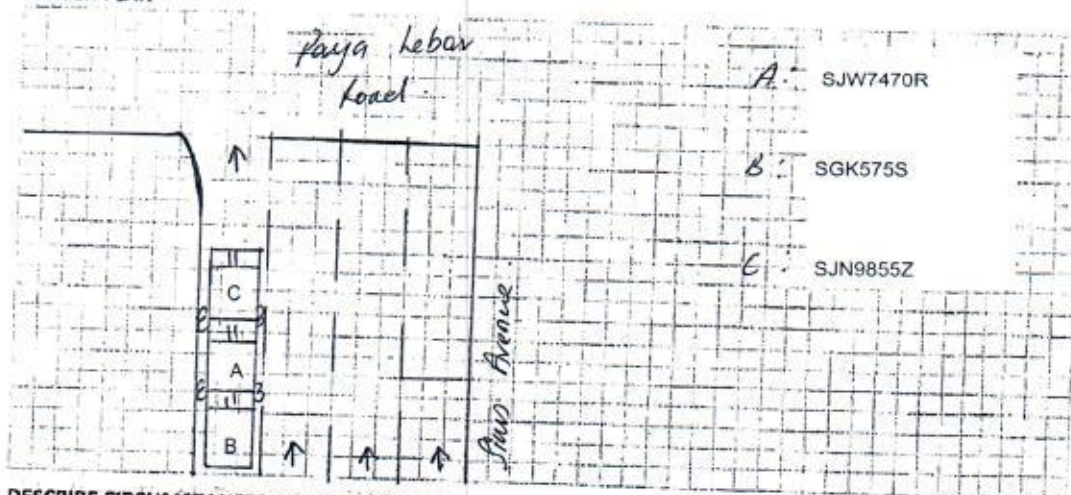
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

6266
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

I WAS TRAVELLING STRAIGHT ALONG SIMS AVENUE TOWARDS PAYA LEBAR ROAD. VEHICLE (C) WHO WAS IN FRONT OF ME SLOW DOWN AND STOP. HENCE I FOLLOW SUIT TO SLOW DOWN AND STOP WITHOUT ANY CONTACT. OUT OF SUDDEN, I FELT AN IMPACT FROM MY VEHICLE REAR PORTION. THE IMPACT WAS SO GREAT THAT IT PUSHES ME FORWARD. WHEN I GOT DOWN, I SAW THAT I WAS INVOLVED IN A 3 CAR CHAIN COLLISION.

DECLARATION

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

Signature

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 ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 18 June 2019 (DD/MM/YY) Time: 2010 (HH:MM)
Exact location of accident	Along Sims Avenue towards Raza Lohar Road.

Details of vehicle

Vehicle registration number	SJW7470R		
Vehicle make and model	MITSUBISHI COLT		
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____		
Vehicle category	Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>		
Purpose of using at said time	Private		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>		

Insurance information

Insurance company	NTUC
Policy number	5102231153-01
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input checked="" type="checkbox"/>

Insured / Policy holder

Name	ONG TONG LENG	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S132768B	
Contact	9716 7740	
Address	BLOCK 533 PASIR RIS DRIVE 1 #02-254 SINGAPORE 51033	

Driver

Same as insured above ☒ (skip to D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	01 AUG 1958	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	04 AUG 1986	

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	2 (Inclusive of driver)

Passenger 1

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 2

Name	HUANG YANG SHAN
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	_____

Third party vehicle 1 (Vehicle B)

Name	GOH TONG HWA
Contact number	
NRIC / Fin / Passport number	S1508603C
Vehicle registration number	SGK575S
Vehicle make model	

Third party vehicle 2 (Vehicle c)

Name	WU XIN
Contact number	
NRIC / Fin / Passport number	S2665778D
Vehicle registration number	SJN9855Z
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	ONG TONG LENG
Injuries sustained	NECK AND BACK
Which vehicle person in?	SJW7470R
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 2

Name	HUANG YANG SHAN
Injuries sustained	NECK AND BACK
Which vehicle person in?	SJW7470R
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 4

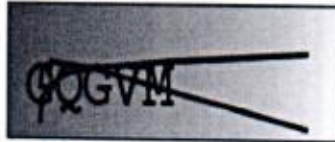
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



Enter Entity Name or Unique Entity Number (UE)

CHANG PRIVAUTO

Search Criteria



Captcha (Enter the above 5 characters) *

Search

Entity

PA

Showing 1 - 1 of 1 Rows

Show

Name : CHANG PRIVAUTO

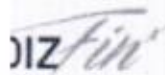
UEN : 53366420M

Status : LIVE

Address : 526 HOUGANG AVENUE 6 #06-147 SINGAPORE 530526

Industry ? : RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR

Financial Statements Filed ? : NOT APPLICABLE

Download
XBRL ToolDownload
Mobile APP

Follow us





REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1327168B

Name

ONG TONG LING
@ONG TONG LENG

王 統 寧

For LKK/NAC Use Only



Race

CHINESE

Date of birth

01-08-1958

Country/Place of birth

SINGAPORE

Sex

M



5407219



NRIC No. S1327168B

For LKK/NAC Use Only



Date of issue

18-12-2014

Address

APT BLK 533 PASIR RIS DRIVE 1
#02-254
SINGAPORE 510533

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1327168B

Name:

ONG TONG LING
@ONG TONG LENG



For LKK/NAC Use Only

Birth Date: 01 Aug 1958

Issue Date: 26 Sep 2016

002613161H



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

Class 3

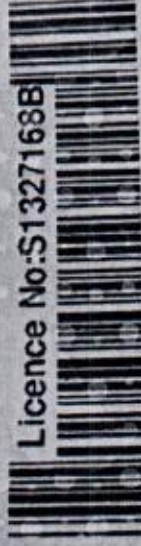
Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE

04 Aug 1986

For LKK/NAC Use Only

NP 428A



eBaoTech

GeneralClaim

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="18/06/2019 20:10"/>
Vehicle No.(For Motor)	<input type="text" value="SJW7470R"/>	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"/>	S102231153-01		CHANG PRIVAUTO	53366420M	GFT	Third Party	SJW7470R	SJW7470R	07/06/2019	
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5102231153-01	Policyholder Name	CHANG PRIVAUTO	Policyholder NRIC	53366420M
Certificate No.					
Address	BLK 526 #06-147 HOUGANG AVENUE 6 SINGAPORE 530526				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/12/2018	Effective Date	28/12/2018 00:00	Expiry Date	27/12/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	1135.92		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	AA INTERNATIONAL INSURANCE	Agent Tel.	64646022	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 526 #06-147	Address 2	HOUGANG AVENUE 6	Address 3	SINGAPORE 530526
Address 4		Address Type	Singapore address	Post Code	530526
Unit No.	01-79	Related Policy Number	5102231153-01		

► Insured Object: SJW7470R

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	07/01/2019 00:00	Basic Information Endorsement	000001286998863	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJN2231U 29-01-2019 \$927.38 In view of this amendment, a refund of \$927.38 (inclusive of GST) will be adjusted against the outstanding premium.
2	07/01/2019 00:00	Basic Information Endorsement	000001286981310	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJM7593Y 04-01-2019 \$1,091.46 In view of this amendment, a refund of \$1,091.46 (inclusive of GST) will be adjusted against the outstanding premium.
3	13/03/2019 00:00	Basic Information Endorsement	000001287026909	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJP3781G 13-03-2019 \$807.63 In view of this amendment, a refund of \$807.63 (inclusive of GST) will be adjusted against the outstanding premium.
					Thank you for giving us the

Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/1049748

Policy No.	S102231153-01	Vehicle No.	SJW7470R	GST Registration No.	
Certificate No.					
Policyholder Name	CHANG PRIVAUTO	Cover Type	Third Party	Policyholder NRIC	S3366420M
Product Code	FLEET INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	97167740	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	#Code	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	#Code Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	19/06/2019 19:03	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	18/06/2019	Time of Accident (hh:mm)	20:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SING AVE TWDS PAYA LEBAR RD				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Uninsured Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 526 #06-147	Address 2	HOUANG AVENUE 6	Address 3	SINGAPORE 530526
Address 4		Address Type	Singapore address	Post Code	530526
Unit No.	01-79	Related Policy Number	S102231153-01		
O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/08/1958
Unnamed driver Name	ONG TONG LING @ONG TONG I	Driver NRIC	S1327168B	Driving Experience	32
Register Date of Driver License	04/08/1986	Driver Age	60	Contact No. (Home)	0
Contact No. (Mobile)	97167740	Contact No. (Office)	0	Address 3	SINGAPORE 510533
Address 1	BLK 533	Address 2	PASIR RIS DRIVE 1	Post Code	510533
Address 4		Address Type	Singapore address		
Unit No.	02-254				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHANG PRIVAUTO	Insured NRIC	S3366420M
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	65671167
Email Address		O1 Vehicle Number	SJW7470R	TP Vehicle Number	SGK5755
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJW7470R / SGK5755 ON 18 Jun 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	19/06/2019 19:05	Claim Close Date		Date Received	19/06/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print Ack letter					
Save Submit					

Attachment

Accident No.	MT/1049748	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/06/2019 19:05
Path *			
Browse...	Clear	Category *	Please Select
Browse...	Clear	Confidential	<input type="radio"/> No <input type="radio"/> Yes
Browse...	Clear	Urgency *	Normal
Description *			

Attachment Lies

Video List

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