

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

Date In: 25/06/2019 17:44	Job description	Date & Time Completed	Done by
Ref No: NA/INC19011373/K4	SAS e-illing		
Veh No: EBP 1959U	E-mail (w/oda 3hrs, A/C 3hrs)		
D.O.A: 30/05/2019 16:30	I-Motor Claim Form	107/1049049-002	
OID: 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: Vch No: SGK 6113C. 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 ()

() 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: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury:

NA1905035

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

2/3

1) AR: Accident Reporting (330)	
2) DA: Damage Assessment (5100)	INC (550)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30
Forclaiming against INC Only (wef 10 Jan 2009)	
6) TR: Re-inspection	\$75
7) NI: Idao DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*Nt: Courtesy Car / Transport Allowance	\$5
*Nt: Repair Coordination	\$10
*Nt: Post Repair Inspection	\$25
*Nt: DV / Collect Excess Coordination	\$5
*Nt: NI: Idao DA + SMRT Survey	\$160
*Nt: NI: Idao Mobile	\$30
Invoice dated	Fee Charged
Invoice dated	Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	25/06/2019 17:44
Date Of Accident	30/05/2019 16:30
Exact Location Of Accident	AYE TWDS TUAS NEAR JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP1959U
Insured/Policyholder	
Name Of Registered Owner	SENG JUN MIN ALVIN
NRIC No	S8813743D
Email Address	SENG_ALVIN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90619728
Alternative Phone No	OTHERS-90619728

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150
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	MOTORCYCLE

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	5107716740
Cover Note Number	

Driver

Name of Driver	SENG JUN MIN ALVIN
NRIC No	S8813743D
Date Of Birth	25/04/1988
Occupation	INDOOR
Date Of Driving Pass	04/10/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90619728
Fax Number	
Contact Number	OTHERS-90619728
Email Address	SENG_ALVIN@HOTMAIL.COM

Address	BLK 328 JURONG EAST STREET 31 #13-144
Postcode	600328
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	ROAD WET

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	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190603/2042

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	SGK6113C
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)

DETAILS OF INJURED PERSON 1

Name SENG JUN MIN ALVIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBP1959U

Were seat belts worn?

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.

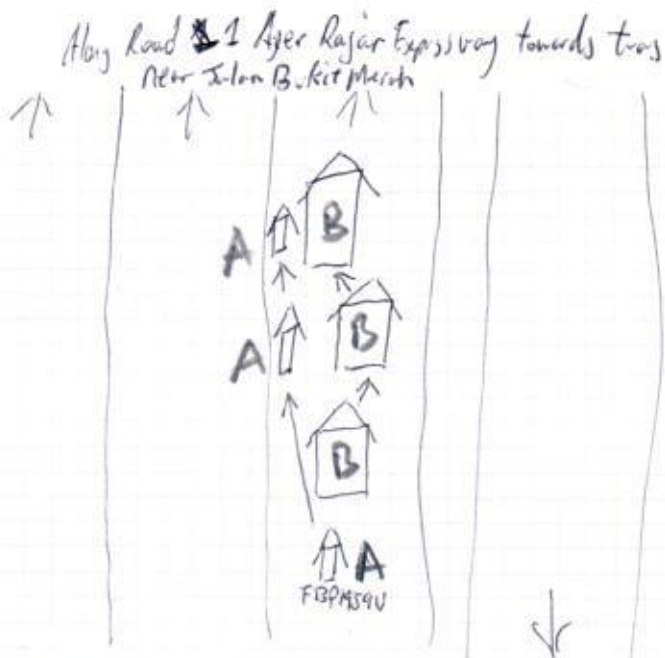
Policyholder's Signature
Date & Time:

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

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

25/6/2019

SKETCH PLAN



A - FBP1959U
B - SGK 6113C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20190603/2042

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:

 25/6/2019

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



Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2019 11:33		Vide Report No.:		Station Diary No.: 23
Informant's Particulars				
Name of Informant: SENG JUN MIN, ALVIN		Address: APT BLK 328 JURONG EAST STREET 31 #13-144 SINGAPORE 600328		
ID Type / ID No.: NRIC NO / S8813743D		Contact No.: Home/Office: Mobile: 90619728		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 31	Date of Birth: 25/04/1988	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Counsellor (rehabilitation)		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/05/2019 16:30	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE towards Tuas. Near Jalan Bukit Merah				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1959U	Motorcycle	YAMAHA	SNIPER T150	Green		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1959U	NTUC Income Insurance Co-Operative Limited	5107716740	22/02/2019	21/02/2020



**SINGAPORE
POLICE FORCE**



T/20190603/2042

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20190603/2042

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SENG JUN MIN, ALVIN	ID No.	S8813743D
Related Vehicle	FBP1959U (Motorcycle)	Contact No.	90619728
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/05/2019	Date Discharge	31/05/2019
No. of Days granted Medical Leave	23	Degree of Injury	Slight

Brief Details.

On 30/05/2019 at 1630hrs, I was riding my motorbike, FBP1959U, along AYE. - first lane. I entered AYE somewhere near Bukit Merah and as I was driving towards Tuas, I observed a silver sedan car in front of me. The car then swerved to the right. I figured that the female driver was giving me space to overtake. As such, I signaled and went in-between lane 1 and lane 2 to overtake. Then suddenly, the car swerved back to the left, and bumped onto me. I skidded and suffered a fall. The female driver came out to assist me and subsequently called for ambulance. I was conveyed to NUH in conscious state. I had multiple abrasions on both arms and legs, as well as a deep cut on my left knee. I did not have the opportunity to exchange particulars. I was subsequently instructed by Traffic Police to lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20190603/2042

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20190603/2042

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:
J /
Staff Sgt R VIKNESH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt YUS MASTARI I KHAZALI
Contact No.: 65476214

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
03/06/2019 11:33

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Singapore Police Force
10, Ubi Avenue 3
Singapore 408865
Tel : 6547 0000
Fax : 6547 6259

SGK 6113C

Date : 31 May 2019

Your Ref :
Our Ref : TP/IP/34445/2019

000085

SENG JUN MIN, ALVIN
APT BLK 328 JURONG EAST STREET 31
#13-144
SINGAPORE 600328



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT INVOLVING FBP1959U ALONG AYER RAJAH EXPRESSWAY ON 30
MAY 2019 @ 4.48 PM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer MA JUNXIANG DYLAN at his / her office number: 65476251 or the supervisor NORHIDAWATI BTE AHMAD at 65476310 if you have any further queries.

5 Thank you.

Yours faithfully,

TAN CHEE SING (ASP)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.

Our Ref: MT/CA/TP/059/1049049-001/HT/VU

14 Jun 2019

SENG JUN MIN ALVIN
BLK 328 #13-144
JURONG EAST STREET 31
SINGAPORE 600328

Dear Policyholder

CLAIM NUMBER: MT/1049049-001
ACCIDENT INVOLVING FBP1959U / SGK6113C on 30 May 2019

We would like to inform you that a claim for S\$760.00 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

510 3259379

Bukit merah X

Reported 24/6/2019
@ 1415hrs

ACCIDENT STATEMENT

ACCIDENT DATE: (30/05/2019) (DD/MM/YYYY), TIME: (16:30) (HH:MM)

LOCATION: 1 Ayr Rajar Expressway towards Trus Near Jalan Bukit Merah

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP1959U ✓
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) ✓

2. INSURED / POLICY HOLDER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Seng Jun Min Alvin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8813743D CONTACT: 90619728 ✓
 c) ADDRESS: Tengah East S.T. Bldg 128 413-144

* d) DATE OF BIRTH: (25/04/1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) ✓

f) DATE OF DRIVING PASS

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) floor wet ✓

6. WAS ANYBODY INJURED (YES / NO) ✓

7. a) REPORTED TO POLICE (YES / NO) ✓

IF YES, PLEASE STATE WHICH POLICE STATION: Tengah Police Division HQ

THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGK6113E ✓ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

No of passengers
(including driver)

(1) ✓

No of passengers
(including driver)

(2)

No of passengers
(including driver)

()

26/6/19 @ 1005AM
No Video
Call Driver
He told he
will tell
insurance

email = seng_alvin@hotmail.com

VIDEO seng_alvin@hotmail.com

Sent

From: Bukit Merah to

By Post

Vbi by Email?

Photos

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8813743D



Name

SENG JUN MIN, ALVIN

成俊志

Race

CHINESE

Date of birth

25-04-1988

Country/Place of birth

SINGAPORE

Sex

M



For LKK/NAC Use Only

6057887



NRIC No. S8813743D



Date of issue

01-11-2018

Address

APT BLK 328 JURONG EAST STREET 31
#13-144
SINGAPORE 600328

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8813743D

Name

SENG JUN MIN, ALVIN

Birth Date: 25 Apr 1988

Issue Date: 04 Oct 2016



002616109F

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc

04 Oct 2016

NP 428A



Licence No. S8813743D

For LKK/NAC Use Only

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="30/05/2019 16:30"/>
Vehicle No.(For Motor)	<input type="text" value="FBP1959U"/>	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 checked="" type="radio"/>	5107716740		SENG JUN MIN ALVIN	S8813743D	GMC	Third Party, Fire & Theft	FBP1959U	FBP1959U	22/02/2019	21/02/2020

Claim Handling

[Task Transfer](#)
[Exit](#)

▼ Accident MT/1049049

[LOS](#)
[SAL](#)
[SUB](#)

Policy No.	5107716740	Vehicle No.	FBP1959U	GST Registration No.	
Certificate No.					
Policyholder Name	SENG JUN MIN ALVIN			Policyholder NRIC	S8813743D
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No. (Mobile)	NA	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	14/06/2019 15:27	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	30/05/2019	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG AYE TOWARDS TUAS				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	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 328 #13-144	Address 2	JURONG EAST STREET 31	Address 3	SINGAPORE 600328
Address 4		Address Type	Singapore address	Post Code	600328
Unit No.	13-144	Related Policy Number	5107716740		

▼ OI Driver Info

Driver Name	Driver Type		
Unnamed driver Name	Driver NRIC	Driver DOB	
Register Date	Driver Age	Driving	

Claim Handling

Accident MT/1049049

Policy No.	5107716740	Vehicle No.	FBP1959U	GST Registration No.
Certificate No.				
Policyholder Name	SENG JUN MIN ALVIN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	14/06/2019 15:27	Accident Report Within 24 hrs	No	Accident Type
Date of Accident	30/05/2019	Time of Accident hh:mm	17:00	Country of Accident
Reporting Centre	administrator	Orange Force	No	ICM No.
Accident Location	ALONG AYE TOWARDS TUAS			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess		TP Standard Excess	0.00
YIED OD Excess		YIED TP Excess	
Additional Excess			
Total OD Excess Applicable		Total TP Excess Applicable	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 328 #13-144	Address 2	JURONG EAST STREET 31	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	13-144	Related Policy Number	5107716740	

▼ OI Driver Info

Driver Name	SENG JUN MIN ALVIN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8813743D	Driver DOB
Register Date of Driver License	04/10/2016	Driver Age	31	Driving Experience
Contact No.(Mobile)	90619728	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 328 #13-144	Address 2	JURONG EAST STREET 31	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	13-144			
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

Modification History

Claim 002 OD-MX New

Claim Type *	OD-MX	Insured Name	SENG J
Contact No.(Mobile)	90619728	Contact No. (Home)	
Email Address		OI Vehicle Number	FBP195
Claim Description	FBP1959U / SGK6113C ON 30 May 2019		
Preferred Workshop		Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			28/06/2019 15:25
		Claim Close Date	

Report Taken By

ROSLINDA

Workshop
Repairer

Print AK letter

Save

Submit

Attachment

Accident No.	MT/1049049	Claim No.	002	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/06/2019 00:00	
Path *		Category *	Confidential	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 15:25	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 15:25	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 15:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 15:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 15:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 15:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 15:23	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 15:22	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jun 2019 15:22	Photos	Normal	Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading