

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MHA119080286**

Date In: 17/19-14:31	Job description	Date & Time Completed	Done by
Ref No: HA/INC1901159074	SAS e-filing		
Veh No: JL250687	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 29/6/19-17:30	i-Motor Claim Form	M/10513-6-201	17/19 14:48
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: **JL250687**

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

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Est. 1:

Est. 2 / 3:

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : Towing Fee \$40/\$45
- 4) FT : Follow-Through Survey \$120
- 5) FT : Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR : Re-inspection \$75
- 7) N1 : Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 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

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	01/07/2019 14:31
Date Of Accident	29/06/2019 13:30
Exact Location Of Accident	CTE (AYE) AFTER AMK AVE 5 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ5068T
Insured/Policyholder	
Name Of Registered Owner	KANG POH SOON
NRIC No	S1574300Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81987372
Alternative Phone No	OFFICE-81987372

Vehicle Particulars

Manufacturer	RENAULT
Model	FLUENCE 1.5L DCI 110 AT GEARBOX EURO 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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101070423-01
Cover Note Number	

Driver

Name of Driver	KANG POH SOON
NRIC No	S1574300Z
Date Of Birth	13/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	13/03/1984
Driving Experience	35 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81987372
Fax Number	
Contact Number	OFFICE-81987372
EMail Address	NOEMAIL

Address	BLK 227 YISHUN STREET 21 #12-512
Postcode	760227
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	5
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: : - GENDER: : MALE

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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20190630/7002.

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	SKN9348J
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)
Passenger 1

2

NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

SLG3713C

PRIVATE CAR

6

NAME: :
GENDER: :

Passenger 2

NAME: :
GENDER: :

Passenger 3

NAME: :
GENDER: :

Passenger 4

NAME: :
GENDER: :

Passenger 5

NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 3

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

SKJ1338L

PRIVATE CAR

1

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SLE468R

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) 2

Passenger 1 NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name KANG POH SOON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLZ5068T

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 purposes 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

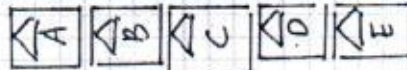
Vehicle A: SLZ 506BT

Vehicle B: SKN 934BJ

Vehicle C: SLG 3713C

Vehicle D: KJ 133BL

Vehicle E: SLE 468R.



(TECAVE) after AMK AVE 5.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A',
 SLZ506BT, was traveling straight along the stated
 route. Front vehicle stopped and I stopped as well.
 Suddenly, I felt an impact on my vehicle's rear
 portion. Shortly followed by another 3 impacts.
 When I got down, I then realised I was
 involved in a chain collision of 5 vehicles.

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: 29 / 06 / 2019 (DD/MM/YYYY), TIME: 13 : 30 (HH:MM)

LOCATION: CTE (AYE) after Ang Mo Kio Ave 5 Exit.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLZ 5068T
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Renault Fluence
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK
 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: Kang Poh Soon (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1574300Z CONTACT: 8198 7372
 c) ADDRESS: 227 Yishun St #12-512 S(760227)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)

- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____

- c) ADDRESS: _____

- *d) DATE OF BIRTH: 13 / 08 / 1963 (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)

7. a) REPORTED TO POLICE (YES / NO)

- IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKN 9348J MODEL: _____

- b) DRIVER'S NAME: _____

- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLG 3713C MODEL: _____

- e) DRIVER'S NAME: _____

- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

SKJ 1338L → male 01

SLG 468R → male 02

Email =

fax =



**SINGAPORE
POLICE FORCE**



T/20190630/7002

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

1 of 3

Report No. T/20190630/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2019 14:45	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KANG POH SOON			Address: APT BLK 227 YISHUN STREET 21 #12-512 SINGAPORE 760227		
ID Type / ID No.: NRIC NO / S1574300Z			Contact No.: Home/Office: Mobile: 81987372		
Nationality: SINGAPORE CITIZEN			Email: simonkang4300@gmail.com		
Sex: Male	Age: 55	Date of Birth: 13/08/1963	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Grab Driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2019 13:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKJ1338L	Car	FORD			Seriously Damaged	0
SKN9348J	Car	BMW			Seriously Damaged	1
SLE468R	Car	TOYOTA			Seriously Damaged	1
SLG3713C	Car	TOYOTA	ESTIMA		Seriously Damaged	5



**SINGAPORE
POLICE FORCE**



T/20190630/7002

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

2 of 3

Report No. T/20190630/7002

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ5068T	Car	RENAULT	FLUENCE 1.5L DCI 110 AT GEARBOX EURO 5	Brown	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ5068T	NTUC Income Insurance Co-Operative Limited	5101070423-01	23/06/2019	22/06/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KANG POH SOON	ID No.	S1574300Z
Related Vehicle	SLZ5068T (Car)	Contact No.	81987372
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/06/2019	Date Discharge	29/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

ON 29/06/2019 AT ABOUT 13:30HR, I WAS DRIVING MY VEHICLE - SLZ5068T, ALONG CTE IN THE DIRECTION OF AYE WITH A MALE PASSENGER. AFTER THE EXIT TO ANG MO KIO AVENUE 5, FRONT VEHICLE BRAKE & I BRAKED AS WELL. SUDDENLY, I FELT AN IMPACT FROM MY VEHICLE'S REAR FOLLOWED BY 3 ANOTHER IMPACTS. WHEN I GOT DOWN OF MY VEHICLE, I THEN REALISED I WAS INVOLVED IN A CHAIN COLLISION OF 5 VEHICLES.

1ST VEHICLE - SLZ5068T
2ND VEHICLE - SKN9348J
3RD VEHICLE - SLG3713C
4TH VEHICLE - SKJ1338L
5TH VEHICLE - SLE468R

I THEN FELT DISCOMFORT AND SEEK MEDICAL ATTENTION AT INTEMEDICAL 24HR CLINIC & WAS GIVEN 5DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20190630/7002

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

3 of 3

Report No. T/20190630/7002

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 /
YEO GEAK ENG CECILIA
Contact No.: 65476404

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:
30/06/2019 14:45

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1574300Z



Name

KANG POH SOON

江 保 諄

Race

CHINESE

For LKK/NAC Use Only

Date of birth

13-08-1963

Sex

M

S1574300Z

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1574300Z

Name:

KANG POH SOON

For LKK/NAC Use Only

Birth Date: 13 Aug 1963

Issue Date: 08 Sep 2003



6003140



NRIC No. **S1574300Z**



For LKK/NAC Use Only

Date of issue

17-08-2018

Address

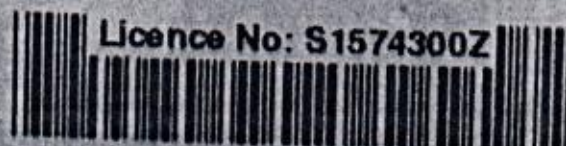
**APT BLK 227 YISHUN STREET 21
#12-512
SINGAPORE 760227**

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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	12 Dec 1981
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	13 Mar 1984
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	29 Jan 1991
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	20 Mar 1991

NP 428A



Licence No: S1574300Z

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101070423-01		KANG POH SOON	S1574300Z	GPC	drive CLASSIC	SLZ5068T	SLZ5068T	23/06/2019	22/06/2020

Policy Information

Policy No.	5101070423-01	Policyholder Name	KANG POH SOON	Policyholder NRIC	S1574300Z
Certificate No.					
Address	BLK 227 #12-512 YISHUN STREET 21 SINGAPORE 760227				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/05/2019	Effective Date	23/06/2019 00:00	Expiry Date	22/06/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	THIS MARKETING INSURANCE / Agent Tel.		63444479	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 227 #12-512	Address 2	YISHUN STREET 21	Address 3	SINGAPORE 760227
Address 4		Address Type	Singapore address	Post Code	760227
Unit No.		Related Policy Number	5101070423-01		

Insured Object: SLZ5068T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	23/06/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 23 Jun 2019, the following amendment(s) is/are made to this policy: PREMIUM: S\$2,214.00 (inclusive of GST) (after 10% NCD and 5% Loyalty Discount) In view of this amendment, a refund of \$246.53 (inclusive of GST) will be adjusted against the outstanding premium.

Continue

Cancel

Claim Handling

Exit

Accident MT/1051306

Policy No.	S101070423-01	Vehicle No.	SLZ5068T	GST Registration No.	
Certificate No.					
Policyholder Name	KANG POH SOON	Cover Type	drive CLASSIC	Policyholder NRIC	S1574300Z
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	81987372	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	1
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	01/07/2019 14:46	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	29/06/2019	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	CTE (AYE) AFTER AMK AVE 5 EXIT				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	2,000.00				
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 227 #12-512	Address 2	YISHUN STREET 21	Address 3	SINGAPORE 760227
Address 4		Address Type	Singapore address	Post Code	760227
Unit No.		Related Policy Number	S101070423-01		
01 Driver Info					
Driver Name	KANG POH SOON	Driver Type	Main Driver	Driver DOB	13/08/1963
Unnamed driver Name		Driver NRIC	S1574300Z	Driving Experience	35
Register Date of Driver License	13/03/1984	Driver Age	55	Contact No. (Home)	0
Contact No. (Mobile)	81987372	Contact No. (Office)	0	Address 3	SINGAPORE 760227
Address 1	BLK 227	Address 2	YISHUN STREET 21	Post Code	760227
Address 4		Address Type	Singapore address		
Unit No.	12-512				
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	KANG POH SOON	Insured NRIC	S1574300Z
Contact No. (Mobile)	81987372	Contact No. (Home)	62572803	Contact No. (Office)	
Email Address		Q1 Vehicle Number	SLZ5068T	TP Vehicle Number	SKN93483
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLZ5068T / SKN93483 ON 29 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	01/07/2019 14:48	Claim Close Date		Date Received	01/07/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1051306	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/07/2019 14:49
Path *		Category *	Confidential
		Urgency *	Normal
		Description *	

Browse

Clear

Please Select



NO

Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="N/A"/>	<input type="text" value="Normal"/>

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Jul 2019 14:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Jul 2019 14:49	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Jul 2019 14:48	SAS	Normal	SAS 2019-7-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Jul 2019 14:48	Photos	Normal	Photos 2019-7-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Jul 2019 14:48	Photos	Normal	Photos 2019-7-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Jul 2019 14:48	Photos	Normal	Photos 2019-7-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Jul 2019 14:48	Photos	Normal	Photos 2019-7-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Jul 2019 14:48	Photos	Normal	Photos 2019-7-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Jul 2019 14:48	Photos	Normal	Photos 2019-7-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Jul 2019 14:48	Photos	Normal	Photos 2019-7-1		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 01 Jul 2019 14:48	Photos	Normal	Photos 2019-7-1		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				