

# NATIONAL Assessment Centre Services

Date In: 05/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19011906/13	SAS e-filing		
Veh No: FBG2429Z	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 03/07/19 1240	i-Motor Claim Form	MT/1052094-001	
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: ( 1070 51	Tel:	Fax:
TP Particulars:	Veh No: EQ138M	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%; 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

NA1905243	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
	3) TP : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) RT : 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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments :-</b>	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	05/07/2019 11:28
Date Of Accident	03/07/2019 12:40
Exact Location Of Accident	JUNC OF WHITLEY RD & BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG2429Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FOO CHAI AAN
NRIC No	S0213797F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81619989
Alternative Phone No	OTHERS-81619989

#### Vehicle Particulars

Manufacturer	SUZUKI
Model	AN125
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
Fleet Policy	NO
Policy Number	5098642217-01
Cover Note Number	

#### Driver

Name of Driver	FOO CHAI AAN
NRIC No	S0213797F
Date Of Birth	07/07/1953
Occupation	INDOOR
Date Of Driving Pass	31/01/1977
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81619989
Fax Number	
Contact Number	OTHERS-81619989
Email Address	NOEMAIL

Address	BLK 524 JURONG WEST STREET 52 #08-257
Postcode	640524
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	COLLISION - CHANGE/CROSS LANE
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?	YES
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190704/2101

#### 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 Witness 1

Name	JOSEPH
Phone Number	97473598
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EQ138M
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	FOO CHAI AAN
Approximate Age	
Injuries Sustain	RIGHT SHOULDER PAIN & FRACTURED AND ABRASION OVER LIMBS
Injured person in which vehicle?	FBG2429Z
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:

 05/07/19

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

**SKETCH PLAN**

BUKIT TIMAH RD

WHITES RD

VEHICLE A  
- FOS 2429Z

VEHICLE B  
- EQ 138M

[illegible]

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/20190704/2101

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

1 of 4

Report No. T/20190704/2101

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/07/2019 16:13	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: FOO CHAI AAN			Address: APT BLK 524 JURONG WEST STREET 52 #08-257 SINGAPORE 640524		
ID Type / ID No.: NRIC NO / S0213797F			Contact No.: Home/Office: Mobile: 81619989		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 07/07/1953	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/07/2019 12:40	Type of Location:
Location: Along Road 1 BUKIT TIMAH ROAD  BUKIT TIMAH ROAD, JUNCTION OF WHITELY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EQ138M	Car	FORD	MUSTANG CONVERTIB LE 2.3 GTDI AT	Blue		0
FBG2429Z	Motorcycle	SUZUKI	AN125HK	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20190704/2101

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

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Report No. T/20190704/2101

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG2429Z	NTUC Income Insurance Co-Operative Limited	5098642217-01	15/05/2019	14/05/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	FOO CHAI AAN		ID No. S0213797F
Related Vehicle	FBG2429Z (Motorcycle)		Contact No. 81619989
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	03/07/2019		Date Discharge 03/07/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

ON THE STATED DATE, TIME AND LOCATION

I WAS RIDING ON MY MOTORBIKE OF PLATE NUMBER FBG2429Z ALONG BUKIT TIMAH ROAD WHEN A CAR OF PLATE NUMBER EQ138M CHANGED TO MY LANE OUT OF THE SUDDEN AND KNOCKED ONTO ME. I WAS DRAGGED BY THE CAR FOR A DISTANCE BEFORE FALLING OFF TO THE GROUND. I SUFFERED FROM RIGHT SHOULDER PAIN, FRACTURE AS WELL AS MULTIPLE ABRASION OVER LIMBS. I WAS LATER CONVEYED TO TAN TOCK SENG HOSPITAL. ALONG THE JUNCTION OF WHITELY ROAD, THERE WAS A TAXI OF PLATE NUMBER SHD2357X WHO WITNESS THE ENTIRE ACCIDENT.

MY INVESTIGATION OFFICER HAVE A COPY OF MY HOSPITAL MEDICAL FORM. FOR MORE DETAILS, PLEASE CONTACT THE INVESTIGATION OFFICER.

WITNESS:

NAME: JOSEPH  
HP: 97473598  
TAXI PLATE NUMBER: SHD2357X

HOSPITAL MEDICAL DETAIL:

INJURIES: RIGHT SHOULDER PAIN AND FRACTURE, MULTIPLE ABRASION OVER LIMBS.

MC: 7 DAYS

LIGHT DUTY: 10 JULY TO 16 JULY





**SINGAPORE  
POLICE FORCE**



T/20190704/2101

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 4

Report No. T/20190704/2101

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20190704/2101

4 of 4

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

Report No. T/20190704/2101

**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:  
TP /  
EUGENE AW WEI XUAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

Contact No.:

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
04/07/2019 16:13

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: \_\_\_\_\_



<b>Vehicle No.</b>	FBG 2429Z	Model / Make	SUZUKI AN125
Date of Accident	03/07/19		
Time of Accident	1240	HRS	
Location of Accident	JUNCTION OF WHITELEY ROAD AND DUKIT TIMAH ROAD		
Exact purpose use during accident	PRIVATE USE		
<b>Name of Owner</b>	FOD CHAI AAN		
Telephone No.	H/P : 81619989	Home :	Office :
NRIC	S 0213797F		
Address	BLK 524 JUNCTION WEST ST 52 #08-257 S(640524)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5098642217-01		
<b>Name of Driver</b>	As Above If No,		
NRIC	Any Passengers : <input type="radio"/> NIL		
Date of birth	07/07/1953		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	31 JAN 1977		
Gender	Male	/	Female
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state owner	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	FOD CHAI AAN, 81619989		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
<b>Vehicle B No.</b>	EQ 138M	Any Passengers :	
Name of Driver		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name	JOSEPH (SHD 2357X)	Witness Contact : 9747 3598	
Accident Portion	HIT ON RIGHT AND FALL ON THE RIGHT		
Camera Recorder	Yes / <input checked="" type="checkbox"/> NO		
Email Address			
PARTICULAR WORKSHOP	MOTO 51 PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n51.com.sg		

Driver / owner

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S0213797F**  
Name: **FOO CHAI AAN**  
Birth Date: **07 Jul 1953**  
Issue Date: **01 Jul 2003**

000612839G

**For LKK/NAC Use Only**

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S0213797F**



Name: **FOO CHAI AAN**

Race: **CHINESE**

Date of birth: **07-07-1953**

Sex: **M**

Country of birth: **SINGAPORE**

**S0213797F**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	31 Jan 1977
Class 2A	Motorcycles between 201 cc and 400 cc	31 Jan 1977
Class 2	Motorcycles exceeding 400 cc	31 Jan 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Sep 1973
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	22 Jul 1977
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	19 Dec 1979

NP 428A



Licence No: **S0213797F**



4705669

NRIC No: **S0213797F**



Date of issue: **13-04-2011**

Address:  
**APT BLK 524 JURONG WEST STREET 52**  
**#08-257**  
**SINGAPORE 640524**

**For LKK/NAC Use Only**



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5098642217-01

**Cover** : Third Party

1. Index mark and Registration Number of Vehicle

: FBG2429Z

Chassis Number

: LC6TCJC92C0006547

2. Name of Policyholder

: FOO CHAI AAN

3. Effective Date of Insurance

: 15 May 2019

4. Expiry Date of Insurance

: 14 May 2020

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: FOO CHAI AAN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TAN KIM TECK (00000311045)

Date of Issue : 15 Mar 2019 14:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

## Accident MT/1052094

Policy No.	5098642217-01	Vehicle No.	FBG2429Z	GST Registration No.
Certificate No.				
Policyholder Name	FOO CHAI AAN			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	81619989	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	No	NCD Entitlement(%)	20	Private Hire

## ▼ Accident Details

Report Date	05/07/2019 17:14	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/07/2019	Time of Accident hh:mm	12:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF WHITLEY RD & BUKIT TIMAH RD			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess		TP Standard Excess	0.00	
YIED OD Excess		YIED TP Excess	0.00	Driver Is Covered?
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 524 #08-257	Address 2	JURONG WEST STREET 52	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5098642217-01	

## ▼ OI Driver Info

Driver Name	FOO CHAI AAN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S0213797F	Driver DOB
Register Date of Driver License	31/01/1977	Driver Age	65	Driving Experience
Contact No.(Mobile)	81619989	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 524	Address 2	JURONG WEST STREET 52	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#08-257			
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 checked="" type="radio"/> Yes <input type="radio"/> No
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## Modification History

## Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	FOO CHAI AAN
Contact No.(Mobile)		Contact No. (Home)	923799
Email Address		Vehicle Number	FBG242
Claim Description	FBG2429Z / EQ138M ON 3 Jul 2019		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No.		Preferred	Preferred Workshop (refer below)
Finalisation	Yes	Repair Option	Received
Date Registered	05/07/2019 17:19	Claim Close Date	



Report Taken By

ROSLINDA

Workshop  
Repairer

Print AK letter

Save

Submit

## Attachment



Accident No.	MT/1052094	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/07/2019 00:00	
Path *		Category *	Confidential	
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
Message Read		<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:19	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:19	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2019 17:18	Photos	Normal	Photos

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