

NATIONAL Assessment Centre Services

(wef 1 Jan 2015)

Date In: 13/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19012406/13	SAS e-filing		
Veh No: FBC 41165	E-mail (within 8hrs, AIC 2hrs)		
DOA: 15/06/19 2315	i-Motor Claim Form	MT/1053206-001	
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: (GLOBAL)	Tel: ()	Fax: ()
TP Particulars:	Veh No: SM41000C	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

NA1905318

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 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	13/07/2019 10:40
Date Of Accident	15/06/2019 23:15
Exact Location Of Accident	REPUBLIC BLVD TWDS S'PORE FLYER JUST AFT ERP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC4116J
Insured/Policyholder	
Name Of Registered Owner	LUM KAR KIONG
NRIC No	G8197697Q
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84987818
Alternative Phone No	OTHERS-84987818

Vehicle Particulars

Manufacturer	YAMAHA
Model	FJR1300
Exact Purpose for which vehicle was being used at time of accident	OTW TO WORK
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	5079263616-03
Cover Note Number	

Driver

Name of Driver	LUM KAR KIONG
NRIC No	G8197697Q
Date Of Birth	06/07/1978
Occupation	INDOOR
Date Of Driving Pass	23/09/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84987818
Fax Number	
Contact Number	OTHERS-84987818
EMail Address	NOEMAIL

Address	74 WHAMPOA DRIVE #14-310 WHAMPOA COURT
Postcode	320074
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2507999 - FAX NO: 63554314
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190616/2049

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	SMG1000C
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 LUM KAR KIONG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBC4116J

Were seat belts worn?

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.

Policyholder's Signature

Date & Time: 05/07/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC
BLVD

A - FBC 4116
B - SMG 1000

A-FBC4116J
B-SMG1000C

P/s refer to the attached statement.

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

Date & Time: 05/07/2019

Date & Time:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190616/2049

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

1 of 3

Report No. T/20190616/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2019 14:43	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars			
Name of Informant: LUM KAR KIONG		Address: 74 WHAMPOA DRIVE #14-310 WHAMPOA COURT SINGAPORE 320074	
ID Type / ID No.: FIN NO / G8197697Q		Contact No.: Home/Office: Mobile: 84987818	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 40	Date of Birth: 06/07/1978	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Chef		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: 03/11/2018	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/06/2019 23:15	Type of Location: T-Junction
Location: Along Road 1 REPUBLIC BOULEVARD Republic Boulevard toward Singapore flyer just after ERP				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC4116J	Motorcycle	YAMAHA	FJR1300 ABS	Black		0
SMG1000C	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC4116J	NTUC Income Insurance Co-Operative Limited	5079263616-03	28/02/2019	27/02/2020



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999



T/20190616/2049

2 of 3

Report No. T/20190616/2049

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider		Use of Pedestrian Crossing: NA	
Name	LUM KAR KIONG	ID No.	G8197697Q
Related Vehicle	FBC4116J (Motorcycle)	Contact No.	84987818
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class. 2B,2A,2,3 Date of Expiry: 03/11/2018
Date Treatment	16/06/2019	Date Discharge	16/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 15/06/2019 at about 2312hrs, I was riding my motorbike (FBC4116J) at the extreme left lane along Republic Boulevard toward Singapore flyer just after ERP, subsequently one red colour vehicle (SMG1000C) from my left side, turn out from small road and he hit on to me. And cause me and my motorbike to flew away, from the vehicle (SMG1000C) distance to where I landed is about 2 car length away.

I could see that the red vehicle did not stop his vehicle at the white stopping line, and did not check oncoming vehicle before turning out. After the accident I went to Tan Tock Seng hospital to seek treatment, I was then given 5 days mc. Both me and the driver had exchanged our particular. I got the video footage of the accident.

Driver particulars:
Chai Wei Cheng
S8911000I
Blk 160B Punggol Central #18-115
Contact: 94249641

Report lodge to amendment fact, include address and also include driving license expiry date.



**SINGAPORE
POLICE FORCE**



T/20190616/2049

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

3 of 3

Report No. T/20190616/2049

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:
E /
Sgt 2 WINSOR LIM SHENG HWA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/06/2019 14:43

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP168



511 357



TRAFFIC POLICE
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No.	:	<u>T/20190616/2049</u>	Name	:	<u>Lum Kar Kiong</u>
Accident Date/Time	:	<u>15.06.2019 at 2315hrs</u>	Address	:	<u>74 Whampoa Drive #14-310</u> <u>Whampoa Court S(320074)</u>
Vehicle(s) Involved	:	<u>FBC4116J</u> <u>SMG1000C</u>	NRIC No	:	<u>G8197697Q</u>
			Tel No	:	<u>84987818</u>
			Date	:	<u>03.07.2019</u>

Dear Sir / Madam

Accident involving one motorcycle and one motor car
along Republic Boulevard on 15.06.2019 at 2315 hours

With reference to the above, I have on 16.06.2019 (date) 1443 hours (time) make a
police report at Whampoa NPP (Police Station/NPP/NPC)
In NP 168 – T/20190616/2049

On 03.07.2019 (date), 1650 hours (time) at Whampoa NPP
(Police Station/NPP/NPC), I make the following amendments to the above report;

On 16/06/2019 at 1443hrs, I had lodge a police report for a traffic accident report No.:
T/20190616/2049.

I wish to state that I am updating my driving license information and date of expiry is from Class
2B, 2A, 2, 3 and date of expiry 03/11/2018 to current Class 2B, 2A, 2, 3C and date of expiry is
16/06/2024.

I am lodging a report to update the case officer in charge.

Yours Faithfully,


(Signature)

ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 06 / 19 (DD/MM/YYYY), TIME: 23 : 15 (HH:MM)

LOCATION: REPUBLIC BLVD TWDS S'PORE FLYER JUST AFT ERP

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 4116J
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5079263616-05
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: YAMAHA FJR1300
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: OTW TO 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: FABE LUM KAR KIONG (MALE / FEMALE) 818
 b) NRIC/FIN/PASSPORT: G8197697Q CONTACT: 84987151
 c) ADDRESS: 74 WHAMPON DRIVE
#14-310 WHAMPON COURT. 320074

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 06 / 07 / 1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 23/09/2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: SMG 1000C 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)
()

* No of passengers
 (including driver)
()

05/07/19
 waiting for veh
 waiting old license

Email = hps1178@gmail.com
 fax =
 VIDEO = yes

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G8197697Q**

Name: **LUM KAR KIONG**

Birth Date: **06 Jul 1978**

Issue Date: **17 Jun 2019**

Valid Till: **16/06/2024**

002945741J

For LKK/NAC Use Only

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **MARINA BAY SANDS PTE. LTD.**

Name: **LUM KAR KIONG**

Work Permit No.: **4 02753145**

Sector: **SERVICE**

K0347750

For LKK/NAC Use Only

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	04 Nov 2009
Class 2A	Motorcycles between 201 cc and 400 cc	15 Dec 2009
Class 2	Motorcycles > 400 cc	23 Sep 2011
Class 3C	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver	17 Jun 2019

For LKK/NAC Use Only



NP 428A

VISIT PASS
Immigration Regulations

07-05-2016

Name: **LUM KAR KIONG**

FIN: **G8197697Q**

Date of Birth: **06-07-1978** Sex: **M**

Nationality: **MALAYSIAN**

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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 : 5079263616-03

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBC4116J

Chassis Number

: JYARP13A000000449

2. Name of Policyholder

: LUM KAR KIONG

3. Effective Date of Insurance

: 28 Feb 2019

4. Expiry Date of Insurance

: 27 Feb 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
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: LUM KAR KIONG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GLOBAL MOTOR PTE. LTD.
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : KIMBERLEY INSURANCE AGENCY (00000571380)

Date of Issue : 27 Feb 2019 10:07 hrs

Reprint : 27 Feb 2019 10:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/1053206

Policy No.	5079263616-03	Vehicle No.	FBC4116J	GST Registration No.
Certificate No.				
Policyholder Name	LUM KAR KIONG			Policyholder NRIC
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	84987818	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	13/07/2019 11:34	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	15/06/2019	Time of Accident hh:mm	23:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	REPUBLIC BLVD TWDS S'PORE FLYER JUST AFT ERP			

▼ Excess

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

▼ 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 74 #14-310	Address 2	WHAMPOA DRIVE	Address 3
Address 4	SINGAPORE 320074	Address Type	Singapore address	Post Code
Unit No.	14-310	Related Policy Number	5079263616-03	

▼ OI Driver Info

Driver Name	LUM KAR KIONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	G8197697Q	Driver DOB
Register Date of Driver License	04/11/2008	Driver Age	41	Driving Experience
Contact No.(Mobile)	84987818	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 74	Address 2	WHAMPOA DRIVE	Address 3
Address 4	SINGAPORE 320074	Address Type	Singapore address	Post Code
Unit No.	#14-310			
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	LUM KA
Contact No.(Mobile)	84987818	Contact No. (Home)	NIL
Email Address		OI Vehicle Number	FBC411
Claim Description	FBC4116J / SMG1000C ON 15 Jun 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Yes	Preferred Workshop (refer below)	GIA report
Date Registered	13/07/2019 11:38	Received	
Report Taken By	ROSINDA	Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter		Workshop Repairer	

Save Submit

Attachment



Accident No.	MT/1053206	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/07/2019 00:00
Path *		Category *	
Choose File No file chosen		Clear	Please Select <input type="text"/> NO
Choose File No file chosen		Clear	Please Select <input type="text"/> NO
Choose File No file chosen		Clear	Please Select <input type="text"/> NO
Choose File No file chosen		Clear	Please Select <input type="text"/> NO
Choose File No file chosen		Clear	Please Select <input type="text"/> NO
Choose File No file chosen		Clear	Please Select <input type="text"/> NO
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2019 11:38	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2019 11:38	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2019 11:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2019 11:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2019 11:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2019 11:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2019 11:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2019 11:37	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2019 11:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2019 11:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2019 11:37	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2019 11:37	Photos	Normal	Photos

Video List

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

