

NATIONAL Assessment Centre Services

[Ver 1.2a (07)]

Date In: 15/07/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19012423/13	SAS e-filing		
Veh No: SLF9361A	E-mail (within 8hrs, AIC 2hrs)		
DOA: 12/07/19 1845	i-Motor Claim Form	MT/1053505 - 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: () Tel: () Fax: ()

TP Particulars:	Veh No: FW3855M	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

NA/1905350	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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	15/07/2019 09:32
Date Of Accident	12/07/2019 18:45
Exact Location Of Accident	PIE(CHANGI) B4 THOMSON EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9361A
Insured/Policyholder	
Name Of Registered Owner	HILLARY WIJAYA SUTJIONO TJIOE
NRIC No	S9472379E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96603979
Alternative Phone No	OTHERS-96603979

Vehicle Particulars

Manufacturer	LEXUS
Model	LEXUS
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108779241
Cover Note Number	

Driver

Name of Driver	HILLARY WIJAYA SUTJIONO TJIOE
NRIC No	S9472379E
Date Of Birth	06/06/1994
Occupation	INDOOR
Date Of Driving Pass	17/12/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96603979
Fax Number	
Contact Number	OTHERS-96603979
Email Address	NOEMAIL

Address	7 SIGLAP ROAD #21-58
Postcode	448909
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	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED POLICE REPORT: T/20190712/2183

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FW3855M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MOHAMAD BIN KATTAN
NRIC/Passport Number	S1499433E
Contact Number	97572586
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOHAMAD BIN KATTAN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FW3855M

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.
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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:

15/07/19

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

SKETCH PLAN

Vehicle A: SLF 9361A

Vehicle B: FW 3855M

PIE(changi), before Thomson Exit



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was filtering onto lane 2 with my signal light on when vehicle B, FW 3855M, sped up and collided onto my vehicle's left portion.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 15/07/19

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



SINGAPORE POLICE FORCE



T/20190712/2183

1 of 3

Report No. T/20190712/2183

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2019 21:28	Vide Report No.: E/20190712/0099	Station Diary No.: 79
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Informant's Particulars

Name of Informant: HILLARY WIJAYA SUTJIONO TJIOE		Address: 7 SIGLAP ROAD #21-58 SINGAPORE 448909	
ID Type / ID No.: NRIC NO / S9472379E		Contact No.: Home/Office: Mobile: 96603979	
Nationality: INDONESIAN		Email:	
Sex: Female	Age: 25	Date of Birth: 06/06/1994	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GENERAL MANAGER		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/07/2019 18:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE near Thomson Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW3855M	Motorcycle				Slightly Damaged	0
SLF9361A	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		



**SINGAPORE
POLICE FORCE**



T/20190712/2183

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20190712/2183

CONTINUATION OF REPORT

Rider			
Name	MOHAMAD BIN KATTAN	ID No.	S1499433E
Related Vehicle	FW3855M (Motorcycle)	Contact No.	97572586
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	HILLARY WIJAYA SUTJIONO TJIOE	ID No.	S9472379E
Related Vehicle	SLF9361A (Car)	Contact No.	96603979
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

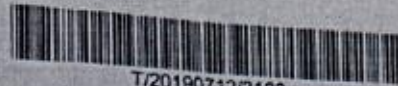
On 12/07/2019, at around 1845hrs, I was driving my vehicle (SLF9361A) on the lane 1 along PIE towards Thomson Exit. While driving, I tried to filter into lane 2, and I checked my blind spot for oncoming traffic, and I saw that there was one motorcycle approaching but it was still quite far away. As such I turned on my left signal and filtered into lane 2. However, the motorcycle (FW3855M) went too fast and hit my vehicle on the front left passenger door while I was filtering.

I would like to inform that I did not sustain any injury and my vehicle only sustained a minor scratch and slight dent on the left side of my vehicle. While the rider had sustained abrasion on both his hands and his left leg. The motorcycle's headlight was also detached from the vehicle, there was also slight crack on the left side of the motorcycle and some oil leakage from the motorcycle's fuel tank. The rider was then subsequently conveyed to Tan Tock Seng Hospital by ambulance.

I would like to inform that I have an in-car camera installed in my vehicle and the memory card has been handed over to Traffic Police Officer (SSS T130075 Tony) for investigation purposes. I would to inform that my insurance company has been notified of the accident, and they were also present at the accident location. I would like to inform that the repair cost for my vehicle's damage is estimated to be about SGD\$300/-.



**SINGAPORE
POLICE FORCE**



T/20190712/2183

3 of 3

Report No. T/20190712/2183

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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:

G/
Sgt 2 JEREMY GOH ZEN KIAT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/07/2019 21:28

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 07 / 2019 (DD/MM/YYYY), TIME: 18 : 45 (HH:MM)

LOCATION: PIEC Changi), before Thomson exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF9361A
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5108779241
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: LEXUS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Hilman Wijaya Sutijono Tjoe (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 99472579E CONTACT: 9660 3979
 c) ADDRESS: 7 Sgarp Road #21-56 C(448909)

* 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: 06 / 06 / 1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: < 1 year

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: FW 3855M MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(01)

* No of passenger
 (including driver)
(01) male

* No of passenger
 (including driver)
()

email =

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9472379E**



Name

**HILLARY WIJAYA SUTJIONO
TJIOE**

For LKK/NAC Use Only

Race

CHINESE

Date of birth

06-06-1994

Sex

F

Country/Place of birth

INDONESIA



S9472379E

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S9472379E**

Name:

**HILLARY WIJAYA SUTJIONO
TJIOE**

For LKK/NAC Use Only

Birth Date: **06 Jun 1994**

Issue Date: **17 Dec 2018**



9493056



NRIC No. **S9472379E**



Nationality

INDONESIAN

Date of Issue

24-07-2018

Address

**7 SIGLAP ROAD
#21-58
SINGAPORE 448909**

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3A	Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg	17 Dec 2018
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For LKK/NAC Use Only

NP 428A



Licence No: S9472379E

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: 5108779241

Cover : drive PREMIUM

- | | |
|---|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLF9361A |
| Chassis Number | : JTJYARBZ702048239 |
| 2. Name of Policyholder | : HILLARY WIJAYA SUTJIONO TJIOE |
| 3. Effective Date of Insurance | : 17 Apr 2019 |
| 4. Expiry Date of Insurance | : 16 Apr 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: HILLARY WIJAYA SUTJIONO TJIOE
NAMED DRIVER (1)	: TJIOE PETER SUTJIONO
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

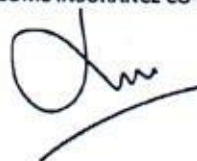
I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 16 Apr 2019 10:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Authorised Officer



Chief Executive

Countersigned By:

Claim Handling

Accident MT/1053505

Policy No.	5108779241	Vehicle No.	SLF9361A	GST Registration No.
Certificate No.				
Policyholder Name	HILLARY WIJAYA SUTJIONO TJIOE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	96603979	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input 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	15/07/2019 19:41	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	12/07/2019	Time of Accident hh:mm	18:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE(CHANGI) B4 THOMSON EXIT			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
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	7 SIGLAP ROAD	Address 2	#21-58 MANDARIN GARDENS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	21-58	Related Policy Number	5108779241	

▼ OI Driver Info

Driver Name	HILLARY WIJAYA SUTJIONO TJIOE	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S9472379E	Driver DOB
Register Date of Driver License	01/01/2011	Driver Age	25	Driving Experience
Contact No.(Mobile)	96603979	Contact No.(Office)	0	Contact No.(Home)
Address 1	7 SIGLAP ROAD	Address 2	MANDARIN GARDENS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#21-58			
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 *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Repair No.

Finalisation

Date Registered

OD-MX	Insured Name	HILLARY
	Contact No. (Home)	NIL
	OI Vehicle Number	SLF936

SLF9361A / FW3855M ON 12 Jul 2019

Insured Liability	Fully at Fault
Preferred Repair Option	Preferred Workshop, Name unknown

GIA report

Received

15/07/2019 19:47

Claim Close Date

Report Taken By

ROSILINDA

Workshop
Repairer

Print AK letter

Save Submit

Attachment



Accident No.	MT/1053505	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/07/2019 00:00

Choose File	No file chosen	<div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div>	Category *	Confidential
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Message Read				

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 19:47	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 19:47	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 19:47	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 19:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 19:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 19:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 19:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 19:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 19:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 19:46	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jul 2019 19:46	Photos	Normal	Photos

Video List

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File Name



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