

NATIONAL Assessment Centre Services

[wef 1 Jan 05] **NA19090921**

Date In: 21/1/19-17:56	Job description	Date & Time Completed	Done by
Ref No: NA190909212906124	SAS e-filing		
Veh No: 6052192X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/1/19-14:50	i-Motor Claim Form	27/1/05 4500-001	21/2/19 18:08
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **SL2192E** 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Est. 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			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Cat 1:	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
Cat 2 / 3:	8) NTUC Additional Services:-			
	9) N12: Idao Mobile 30			
	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 (N-in INC) against INC \$20			
	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	22/07/2019 17:56
Date Of Accident	22/07/2019 14:50
Exact Location Of Accident	HAMPSHIRE RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB2196X
Insured/Policyholder	
Name Of Registered Owner	PH AUTO PTE LTD
Co Reg No	201330831N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97158930
Alternative Phone No	OFFICE-97158930
Vehicle Particulars	
Manufacturer	FIAT
Model	FIORINO 1.3MJTD (225.2L20)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5096457694-01
Cover Note Number	
Driver	
Name of Driver	JIANG HOGWEI
NRIC No	S8874243E
Date Of Birth	27/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2010
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97158930
Fax Number	
Contact Number	OFFICE-97158930
E-Mail Address	NOEMAIL

Address	302D ANCHORVALE LINK #02-28
Postcode	544302
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	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/20190722/7017.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ190E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	93842465
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	JIANG HOGWEI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBB2196X
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 willful misrepresentation or withholding of material facts may allow insurance companies to revisit policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as (the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

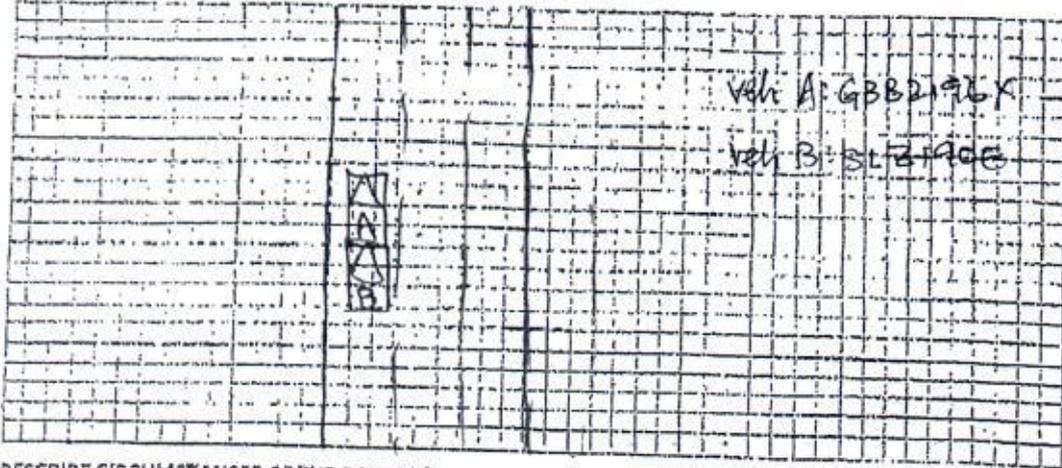


Policyholder's Signature:
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police report -

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/PIN No.:

Date of Accident : 22 July 2019 Accident Time: 250pm (24-HR-Format)
 Accident Place : Hampshire Road
 Vehicle Reg. No. (Car Plate No.) : 9BB2196X
 Vehicle Make/Model : Fiat Fiorino
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : PH Auto Pte Ltd 201330831N
 Owner or Company Contact No. : 97158930 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Jiang Hongwei 88874243E
 DRIVER'S Date Of Birth : 27-05-1988 DRIVER'S License Pass Date 10 May 2010
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 302D Anchorvale Link #02-286 (544302)
 DRIVER'S Contact No./ Alt No. : 1) 97158930 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Admin@MyCar.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SLZ190E</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: <u>93842465</u>	Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20190722/7017

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

1 of 3

Report No. T/20190722/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2019 16:46		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JIANG HONGWEI			Address: 302D ANCHORVALE LINK #02-28 SINGAPORE 544302		
ID Type / ID No.: NRIC NO / S8874243E			Contact No.:		Mobile: 97158930
Nationality: SINGAPORE CITIZEN			Email: davidhongwei0@gmail.com		
Sex: Male	Age: 31	Date of Birth: 27/05/1988	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Other attendants (eg swimming pool attendant)		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/07/2019 14:50	Type of Location: Straight Road
Location: HAMPSHIRE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
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
GBB2196X	Van				Slightly Damaged	0
SLZ190E	Car		Jaguar			0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190722/7017

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

2 of 3
Report No. T/20190722/7017

CONTINUATION OF REPORT

Driver			
Name	JIANG HONGWEI	ID No.	S8874243E
Related Vehicle	GBB2196X (Van)	Contact No.	97158930
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	03	Degree of Injury	Slight

Brief Details.

On the stated time and date I was driving my vehicle GBB2196X on hampshire rd, i was moving off suddenly i felt a great impact from my rear, and realise SLZ190E had collided to my rear. I felt uncomfortable and consult a doctor and get 3 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20190722/7017

3 of 3

Report No. T/20190722/7017

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 / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 22/07/2019 16:46
Classification Of Case:

Authentication Stamp
NP168

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8874243E



Name

JIANG HONGWEI

姜 宏 伟

Race

CHINESE

For LKK/NAC Use Only

Date of birth

27-05-1988

Sex

M

S8874243E

Country of birth

CHINA

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number

S 8874243E

Name

For LKK/NAC Use Only
JIANG HONGWEI

Birth Date 27 May 1988

Issue Date 10 May 2010



001855079A

4528703



NRIC No: S8874243E

For LKK/NAC Use Only

Date of issue
12-02-2010

302D ANCHORVALE LINK #02-28
SINGAPORE 544302

NRIC No: S8874243E

Date: 26/09/2012

No: 72.10.2

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

Class	M of	VEHICLE CLASSIFICATION	PASS DATE
3	1	Cars <= 3000kg with <= 7 passengers, exclusive driver; and other motor vehicles <= 2500kg	10 May 2010

For LKK/NAC Use Only



License No: S8874243E

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 : 5096457694-01

Cover : Comprehensive

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Index mark and Registration Number of Vehicle | : GBB2196X |
| Chassis Number | : ZFA2250000035416 |
| 2. Name of Policyholder | : PH AUTO PTE LTD |
| 3. Effective Date of Insurance | : 10 Nov 2018 |
| 4. Expiry Date of Insurance | : 09 Nov 2019 |
| 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 or Hirer's business. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

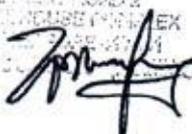
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN 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 : ABWIN PTE LTD (00000614234)
Date of Issue : 01 Nov 2018 15:51 hrs

ABWIN PTE LTD
100, JALAN IMPERIA ROAD 2
IMPERIA MEX
MEX
MEX



For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer

Chief Executive

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"/>	5096457694-01		PH AUTO PTE LTD	201330831N	GFT	Comprehensive	GBB2196X	GBB2196X	10/11/2018	

Policy Information

Policy No.	5096457694-01	Policyholder Name	PH AUTO PTE LTD	Policyholder NRIC	201330831N
Certificate No.					
Address	2 KAKI BUKIT AVENUE 2 #01-06 KAKI BUKIT AUTOHUB SINGAPORE 417921				
Product Name	FLEET INSURANCE	Plan			
Group Policy Flag	N				
Policy issue Date	01/11/2018	Effective Date	10/11/2018 00:00	Expiry Date	09/11/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	OS Premium		0		
Outside Singapore OD Excess	Outside Singapore TP Excess			Young/Inexperience Driver Excess	
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-06 KAKI BUKIT AUTOHUB	Address 3	SINGAPORE 417921
Address 4		Address Type	Singapore address	Post Code	417921
Unit No.		Related Policy Number	5105688690		

Insured Object: GBB2196X

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	10/11/2018 00:00	Basic Information Endorsement	000001286937390	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 10 Nov 2018, the Original Registration Date is amended as follows for Vehicle Number GBB2196X: ORIGINAL REGISTRATION DATE: 06 Oct 2008</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. YM9792Z 11-12-2018 \$1,730.26 In view of this amendment, an additional premium of \$1,730.26(Inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER</p>
2	30/11/2018 00:00	Basic Information Endorsement	000001286954155	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER</p>

Claim Handling

[Exit](#)

Accident MT/1054500

Policy No.	5096457694-01	Vehicle No.	GBB2196X	GST Registration No.	201330831N
Certificate No.					
Policyholder Name	PH AUTO PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	201330831N
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97158930	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	PL
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	22/07/2019 18:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/07/2019	Time of Accident hh:mm	14:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HAMPSHIRE RD				
Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore DO Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	16/02/2018		
GST Registration No.	201330831N	GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-06 KAKI BUKIT AUTOHUB	Address 3	SINGAPORE 417921
Address 4		Address Type	Singapore address	Post Code	417921
Unit No.		Related Policy Number	5105688690		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/05/1988
Unnamed driver Name	JISANG HOGWEE	Driver NRIC	58874243E	Driving Experience	9
Register Date of Driver License	10/05/2010	Driver Age	31	Contact No.(Home)	0
Contact No.(Mobile)	97158930	Contact No.(Office)	0	Address 3	ANCHORVALE COURT
Address 1	BLK 302D	Address 2	ANCHORVALE LINK	Post Code	544302
Address 4	SINGAPORE 544302	Address Type	Singapore address		
Unit No.	02-08				
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
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Modification History

Claim 001 [New](#)

Claim Type *	OD-MX	Insured Name	PH AUTO PTE LTD	Insured NRIC	201330831N
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	GBB2196X	TP Vehicle Number	SLZ190E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBB2196X / SLZ190E ON 22 Jul 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	22/07/2019 18:08	Claim Close Date		Date Received	22/07/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print A4 letter					
Save Submit					

Attachment

Accident No.	MT/1054500	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/07/2019 18:09
Path *		Category *	
	Browse...		Clear
	Browse...		Clear
	Browse...		Clear
	Browse...		Clear

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sem? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 18:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 18:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 18:09	SAS	Normal	SAS 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 18:08	Photos	Normal	Photos 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 18:08	Photos	Normal	Photos 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 18:08	Photos	Normal	Photos 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 18:08	Photos	Normal	Photos 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 18:08	Photos	Normal	Photos 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 18:08	Photos	Normal	Photos 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 18:08	Photos	Normal	Photos 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 18:08	Photos	Normal	Photos 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 18:08	Photos	Normal	Photos 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 18:08	Photos	Normal	Photos 2019-7-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 18:08	Photos	Normal	Photos 2019-7-22		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"/>				