

NATIONAL Assessment Centre Services

[Ref: JAR05] MNA19092602

Date In: 25/1/19-18:40	Job description	Date & Time Completed	Done by
Ref No: 40/INC 192344/24	SAS e-filing		
Veh No: M200624	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 25/1/19-15:10	i-Motor Claim Form	M/1054433-002	25/1/19 19:16
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: JKU28372

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

[Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: (

Warranty: YES (

)/ NO (

Excess: (\$

) Loading: \$1,000 (

)/ \$2,000 (

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In (

) / Towed-In (

); Invoice: YES (

) / NO (

); Towing Co: (

Remarks:

(INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Est Bill

Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Pat. 1:

Pat. 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) 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:-

OP*

*N5: Courtesy Car / Tpl Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

TE (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 willful 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	25/07/2019 18:40
Date Of Accident	18/07/2019 13:10
Exact Location Of Accident	REPUBLIC AVE TWDS REPUBLIC BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2062H
Insured/Policyholder	
Name Of Registered Owner	EHB LIMOUSINE PTE LTD
Co Reg No	201536531R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5075309111-03
Cover Note Number	

Driver

Name of Driver	TAN KIT MUN, SHANICE
NRIC No	S9438380C
Date Of Birth	25/10/1994
Occupation	INDOOR
Date Of Driving Pass	08/10/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98334654
Fax Number	
Contact Number	OFFICE-98334654
EMail Address	NOEMAIL

Address	BLK 289 TAMPINES STREET 22 #04-444
Postcode	520289
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190718/2175.

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	SKU2837Z
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

TAN KIT MUN, SHANICE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLK2062H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

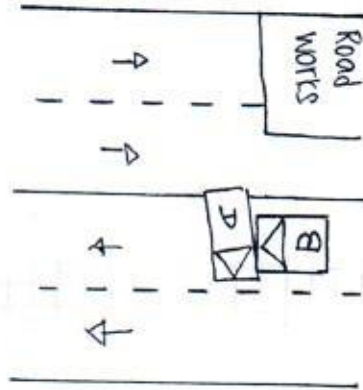
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the 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 Person's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A - SLK2062H

B - SKW2837Z

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:



[Handwritten signature]

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

[Handwritten signature]

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

[Handwritten signature]

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	18/07/2019	(DD/MM/YY)
Time of accident	1310	(HH:MM)
Exact location of accident	Republic Ave towards Republic Boulevard	

DETAILS OF VEHICLE

Vehicle registration number	SLK 2062H		
Vehicle make and model	Toyota A143		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select:
	Third part claim <input type="checkbox"/>	Reporting only <input checked="" type="checkbox"/>	

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	EHB LIMOUSINE PTE LTD	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	201536531R		
Contact			
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570		

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Shanice Tan Kit Mun	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	S9438380C		
Contact	9833 4654		
Address	Blk 289 Tampines St 22 #04-444 S(520289)		
Email address			
Date of birth	25/10/1994		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	08/10/2015		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Hirer</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>2</u> (Inclusive of driver)

PASSENGER 1	
Name	<u>Passenger</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SKU 28372
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



**SINGAPORE
POLICE FORCE**



T/20190718/2175

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20190718/2175

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2019 20:15		Vide Report No.: G/20190718/0099		Station Diary No.: 123	
Informant's Particulars					
Name of Informant: TAN KIT MUN, SHANICE			Address: APT BLK 289 TAMPINES STREET 22 #04-444 SINGAPORE 520289		
ID Type / ID No.: NRIC NO / S9438380C			Contact No.: Home/Office: Mobile: 98334654		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 24	Date of Birth: 25/10/1994	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Sales			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/07/2019 12:00	Type of Location: Straight Road
Location: Along Road 1 REPUBLIC BOULEVARD REPUBLIC AVE TWDS REPUBLIC BLVD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKU2837Z	Car					0
SLK2062H	Car				Totally Damaged	1



**SINGAPORE
POLICE FORCE**



T/20190718/2175

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20190718/2175

CONTINUATION OF REPORT



Brief Details.

On the 18/07/2019 at around 1200hrs, I was driving along Republic Avenue towards Republic Boulevard. It is a two lanes two ways traffic road. As I was driving, I then realized that there is a road work construction in front. I then wanted to change to the right lane and I then turned my steering wheel to the right. My vehicle then swerved all the way to the right two lanes. Suddenly, there was a vehicle SKU2837Z from the another lane (opposite direction), then self-skidded. The left of my vehicle had collided onto the front of the other vehicle and the right side of my vehicle then collided onto the curb and a tree nearby.

There is in-car camera inside my vehicle and has been taken by the Traffic police at scene.

Traffic police and ambulance were also at scene and the other driver was conveyed to the hospital. Subsequently, I felt pain on my neck and bruises on my knees, back and the hip and went to seek medical treatment from Changi General Hospital and was given two days of medical leave from 18/07/2019 to 19/07/2019.

The details of the passenger on board SKU2062H is:
Ko Snel Sang, S8533783A, HP: 9420722.


Tampines NPC
No. 6 Tampines Avenue 4
Singapore 529682
Tel: 1800-5871999




**SINGAPORE
POLICE FORCE**



T/20190718/2175

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20190718/2175

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 1 LAM XUE TING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/07/2019 20:15

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEEN

Contact No.: 65476206

Classification Of Case

Authentication Stamp

NP168



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9438380C

Name: TAN KIT MUN, SHANICE

Birth Date: 25 Oct 1994

Issue Date: 08 Oct 2015

002481297A

SG 50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9438380C

Name: TAN KIT MUN, SHANICE

陈洁敏

Race: CHINESE

Date of birth: 25-10-1994

Sex: F

Country of birth: SINGAPORE

S9438380C

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg 08 Oct 2015

Licence No: S9438380C

NP 428A

4452061

Barcode

NRIC No: S9438380C

Date of issue: 25-08-2009

APT BLK 289 TAMPINES STREET 22

#04-444

SINGAPORE 520289

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="18/07/2019 13:10"/>
Vehicle No. (For Motor)	<input type="text" value="SLK2062H"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5075309111-03		EHB LIMOUSINE PTE LTD	201536531R	GFT	drive CLASSIC	SLK2062H	SLK2062H	01/11/2018	

Claim Handling

• Exit

The premium on this policy has not been collected.

Accident MT/1054933

Policy No.	5075309111-02	Vehicle No.	SLK2062H	GST Registration No.	201536531R
Certificate No.					
Policyholder Name	EHB LIMOUSINE PTE LTD			Policyholder NRIC	201536531R
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
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(%)	0	Private Hire	Not available

Report Date	25/07/2019 11:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	18/07/2019	Time of Accident (hh:mm)	12:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG RD 1 REPUBLIC AVE				

Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	1,000.00		
Third Party Excess	3,500.00	Outside Singapore TP Excess	3,500.00		

GST Registered Information			
GST Registered	Yes	GST Registration Date	01/06/2017
GST Registration No.	201536531R	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address			
Address 1	70 UBI CRESCENT	Address 2	#01-12
Address 4		Address Type	Singapore address
Unit No.	01-12	Related Policy Number	5074680813-03
Address 3	SINGAPORE 408570	Post Code	408570

D1 Driver Info			
Driver Name		Driver Type	
Unnamed driver Name		Driver NRIC	
Register Date of Driver License		Driver Age	
Contact No.(Mobile)		Contact No.(Office)	
Address 1		Address 2	
Address 4		Address Type	Foreign address
Unit No.		Post Code	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	
		Driver Insurer Company	

Modification History

Claim 002 **NEW**

Claim Type *	OD-MX	Insured Name	EHB LIMOUSINE PTE LTD	Insured NRIC	201536531R
Contact No.(Mobile)	86991313	Contact No.(Home)	NIL	Contact No.(Office)	+
Email Address	benjamin@ehblimousine.com.sg	D1 Vehicle Number	SLK2062H	TP Vehicle Number	SKU2837Z
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLK2062H / SKU2837Z ON 18-Jul-2019				
Preferred Workshop Contact No.		Insured Liability *	Fully At Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/07/2019 19:18	Claim Close Date		Date Received	25/07/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment					
Accident No.	MT/1054933	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/07/2019 19:19		
Path *	Category *	Confidential	Urgency *	Description *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:19	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:18	SAS	Normal	SAS 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:18	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:18	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:18	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:18	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:18	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:18	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:18	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:18	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:18	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:18	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:18	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:17	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:17	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:17	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:17	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:17	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:17	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:17	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:17	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:17	Photos	Normal	Photos 2019-7-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 25 Jul 2019 19:16	Photos	Normal	Photos 2019-7-25		Edit
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NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 25 Jul 2019 19:16

Photos

Normal

Photos 2019-7-25

Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
<div>Display in New Window</div> <div>Scan and uploading</div>					