

NATIONAL Assessment Centre Services

[ref: 1 Jan 05] MNA119112364

Date In: 26/1/19-15:34	Job description	Date & Time Completed	Done by
Ref No: NA/119112364/15026/24	SAS e-filing		
Veh No: 5JW9649K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/1/19-23:55	i-Motor Claim Form	M7/1059525-201	26/1/19 21:24
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: 5JW9649K

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

Am't (\$)

Int Bill

Am't (\$)

Add Bill

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) 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:-

QD:

*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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2 / 3:

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	26/08/2019 15:34
Date Of Accident	23/08/2019 23:55
Exact Location Of Accident	BLK 146 SERANGOON NORTH AVE 1 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJV9532M
Insured/Policyholder	
Name Of Registered Owner	MENG CHENG TRANSPORT & SERVICES
Co Reg No	53378329A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5099368818-01
Cover Note Number	
Driver	
Name of Driver	LEOW POH LEE (LIAO BAOLI)
NRIC No	S7828696B
Date Of Birth	09/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86959450
Fax Number	
Contact Number	OFFICE-86959450
Email Address	NOEMAIL

Address	BLK 51 TEBAN GARDENS ROAD #04-560
Postcode	600051
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	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190824/2143.

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	SJW9699K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEONG KOK HOM

NRIC/Passport Number	S7029900C
Contact Number	98299600
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LEOW POH LEE (LIAO BAOLI)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJV9532M
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.

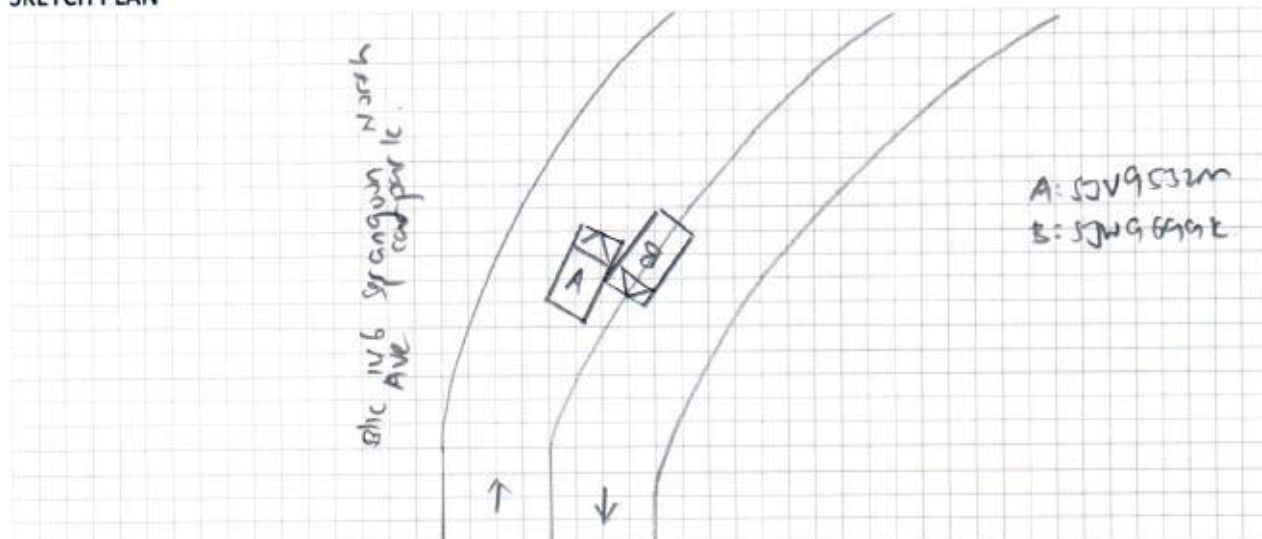


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - Thang 24/2/15.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 8 / 14) (DD/MM/YYYY), TIME: (23 : 55) (HH:MM)

LOCATION: Blk 146 Hengoon Nth Ave 1 carpark.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: J2V9531M
 b) INSURANCE COMPANY: WTA
 c) POLICY NUMBER: 504638818-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 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: Meng Cheng Transport & Services (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Low Poh Hui (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 55828463 CONTACT: 86959500
 c) ADDRESS:

*d) DATE OF BIRTH: (9 / 10 / 1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 3/1/2006

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

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: J2H699K MODEL:

b) DRIVER'S NAME: Cheong Kok Han

c) NRIC/FIN/PASSPORT: 570299006 CONTACT: 98299600

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(including driver)
(3.)
2 male

* No of passenger
(including driver)
(1.)

* No of passenger
(including driver)
()

Email = weehoeauto@hotmail.com

fax = 68580195 (4/p 90088701)

VIDE.O =



**SINGAPORE
POLICE FORCE**



T/20190824/2143

1 of 4

Police Station Of Origin:
Jurong East N.P.C
82 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20190824/2143

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2019 18:12	Vide Report No.:	Station Diary No.: 136
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Informant's Particulars

Name of Informant: LEOW POH LEE			Address: APT BLK 51 TEBAN GARDENS ROAD #04-560 SINGAPORE 600051		
ID Type / ID No.: NRIC NO / S7828696B			Contact No.: Home/Office: Mobile: 86959450		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 09/10/1978	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 23/08/2019 23:55	Type of Location: Car Park
Location: Along Road 1 SERANGOON NORTH AVENUE 1				
At vicinity of Blk 146 Serangoon North Avenue 1 carpark.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: No Traffic	
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
SJV9532M	Car	CHEVROLET	Cruze	Red	Slightly Damaged	2
SJW9699K	Car	TOYOTA		Black	Seriously Damaged	0

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20190824/2143

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Police Station Of Origin:
Jurong East N.P.C.
92 Boon Lay Way SINGAPORE 609962
Tel No. 1800-8999999

Report No. T/20190824/2143

CONTINUATION OF REPORT

Driver			
Name	LEOW POH LEE	ID No.	S7828696B
Related Vehicle	SJV9532M (Car)	Contact No.	86959450
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHEONG KOK HOM	ID No.	S7029900C
Related Vehicle	SJW9699K (Car)	Contact No.	98299600
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	NIL

Brief Details.

On 23/08/2019 at about 2355hrs, after I picked up 2 passengers at Blk 146 Serangoon North Ave 1, I was about to drive out of the carpark of Blk 146 Serangoon North Ave 1 to send the passengers to Geylang Lor 27A. I was driving a Red Chevrolet Cruze bearing registration number SJV 9532M. I was making a right turn towards the exit of the carpark and that was when I saw a vehicle bearing registration number SJW9699K wanted to make a left turn to turn into the carpark. As I noticed that he was making a wider turn I stopped halfway wanting to give him space to do correction. Subsequently I saw that the vehicle also stopped for awhile, and I thought that he wanted to do some correction, however instead he just drive towards me and made the left turn. As he was driving, the right side of his vehicle knocked onto my stationary vehicle and hit the right rear bumper of my vehicle. Subsequently my passenger alighted from the vehicle and wanted to chase after him. I also alighted and tried to chase after him. However, my passenger suddenly said that to use my vehicle and follow him would be faster. While driving into the carpark, I tried to located the vehicle and managed to find the vehicle parking in a car park lot at Blk 146 Serangoon North Ave 1. I noticed that the driver of SJW 9699K was still in the car and I informed him that he knocked into my vehicle but he said that he did not realized. However eventually we still exchanged particulars and took picture of the damage. The driver do not know his vehicle got damaged till he alighted from his vehicle. My passenger smelt that there was alcohol smell from the driver of SJW9699K. My passenger Ryan Choo, 96211099 asked the driver whether he drank and he admitted to my passenger that he did drink a cup of alcohol.



**SINGAPORE
POLICE FORCE**



T/20190824/2143

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20190824/2143

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190824/2143

4 of 4

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No. 1800-8999999

Report No. T/20190824/2143

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:
D /
Sgt 2 KENNETH NG JIAN GUO

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
SI VILTON HIA WEE SIANG
Contact No.: 65476228

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
24/08/2019 18:12

Classification Of Case:

REPUBLIC OF SINGAPORE

LEOW POH LEE
(LIAO BAOLI)

Birth Date: 09 Oct 1978
Issue Date: 20 Aug 2008

001641189H

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7828696B

LEOW POH LEE
(LIAO BAOLI)

Race: CHINESE
Date of birth: 09-10-1978
Country of birth: SINGAPORE

For LKK/NAC Use Only

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

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

PASS DATE: 03 Nov 2006

NP 428A

License No: S7828696B

For LKK/NAC Use Only

4656787

NRIC No: S7828696B

Date of issue: 27-11-2010

Address: APT BLK 51 TEBAN GARDENS ROAD
#04-560
SINGAPORE 600051

For LKK/NAC Use Only

eBaoTech

GeneralClaim

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"/>	5099368818-01		MENG CHENG TRANSPORT & SERVICES	53378329A	GFT	Third Party	SV9532M	SV9532M	25/07/2019	

Policy Information

Policy No.	5099368818-01	Policyholder Name	MENG CHENG TRANSPORT & SE	Policyholder NRIC	53378329A
Certificate No.					
Address	BLK 531A #04-113 UPPER CROSS STREET HONG LIM COMPLEX SINGAPORE 051531				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	25/10/2018	Effective Date	03/11/2018 00:00	Expiry Date	02/11/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	2550.81		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	ALL INS AGENCY PTE. LTD.	Agent Tel.	FAX 64514549	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 531A #04-113	Address 2	UPPER CROSS STREET	Address 3	HONG LIM COMPLEX
Address 4	SINGAPORE 051531	Address Type	Singapore address	Post Code	051531
Unit No.	04-113	Related Policy Number	5099177068-01		

Insured Object: SJV9532M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	03/11/2018 00:00	Basic Information Endorsement	000001286936207	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SFG3688M 03-11-2018 \$973.17 In view of this amendment, a refund of \$973.17 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJN1477J 12-12-2018 \$796.07 2. SLZ9021B 18-12-2018 \$853.19 In view of this amendment, a refund of \$1,649.26 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKM7320G 11-02-2019 \$706.55 In view of this amendment, a refund of \$706.55 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the</p>
2	18/12/2018 00:00	Basic Information Endorsement	000001286965694	Endorsement Take Effective	
3	12/02/2019 00:00	Basic Information Endorsement	000001287005216	Endorsement Take Effective	

Claim Handling

The premium on this policy has not been collected.

[Exit](#)

Accident MT/1059525

Policy No.	5099368918-01	Vehicle No.	SIV9532M	GST Registration No.	
Certificate No.					
Policyholder Name	MENG CHENG TRANSPORT & SERVICES			Policyholder NRIC	S3278329A
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	70
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	Yes

Accident Details

Report Date	26/08/2019 21:27	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	23/08/2019	Time of Accident hh:mm	23:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 146 SERANGOON NORTH AVE 1 CARPARK				

Excess

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

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 531A #04-113	Address 2	UPPER CROSS STREET	Address 3	HONG LIM COMPLEX
Address 4	SINGAPORE 051531	Address Type	Singapore address	Post Code	051531
Unit No.	04-113	Related Policy Number	5099177068-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEOW POH LEE (LIAC BADLI)	Driver NRIC	S7628696B	Driver DOB	09/10/1978
Register Date of Driver License	03/11/2006	Driver Age	40	Driving Experience	12
Contact No.(Mobile)	86959450	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 51	Address 2	TEBAN GARDENS ROAD	Address 3	SINGAPORE 600051
Address 4		Address Type	Singapore address	Post Code	600051
Unit No.	04-560				
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	MENG CHENG TRANSPORT & SE	Insured NRIC	S3278329A
Contact No.(Mobile)	92395579	Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SIV9532M	TP Vehicle Number	SJW9699K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIV9532M / SJW9699K ON 23 Aug 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/08/2019 21:29	Claim Close Date		Date Received	26/08/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter.					

[Save](#) [Submit](#)

Attachment

Accident No.	MT/1059525	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/08/2019 21:30
Path *		Category *	
	Browse... Clear	Please Select	Please Select
	Browse... Clear	Please Select	Please Select
	Browse... Clear	Please Select	Please Select

Browse...	Clear	Please Select	10	Normal
Browse...	Clear	Please Select	10	Normal
Browse...	Clear	Please Select	10	Normal

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Aug 2019 21:30	NRIC/ Driving License	Y	NRIC/ Driving License 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Aug 2019 21:30	SAS		SAS 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Aug 2019 21:30	Photos		Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Aug 2019 21:30	Photos		Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Aug 2019 21:30	Photos		Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Aug 2019 21:30	Photos		Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Aug 2019 21:30	Photos		Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Aug 2019 21:30	Photos		Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Aug 2019 21:29	Photos		Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Aug 2019 21:29	Photos		Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Aug 2019 21:29	Photos		Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Aug 2019 21:29	Photos		Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Aug 2019 21:29	Photos		Photos 2019-8-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 26 Aug 2019 21:29	Photos		Photos 2019-8-26		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"/>				