

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MNA 419126490

Date In: 24/09/2019 14:47	Job description	Date & Time Completed	Done by
Ref No: NBA/INC 19016827/F	SAS e-filing		
Veh No: FBPS022X	E-mail (Vehicle Serv, A/C Serv)		
DOA: 21/09/2019 12:30	I-Motor Claim Form		
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:	Veh No: SHC 71312	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: ()

Repairable / Damage / Repair / Location	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time:	Assessment:

NA1907128	Invoice No: NA1907128
Client's Name:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2005)
Ref 1:	6) TR: Re-inspection \$73
2/3	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance \$5
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	*N9: TP (N11) / TP (N11 INC) against INC \$30
	9) N12: Idao Mobile \$0
	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	24/09/2019 14:47
Date Of Accident	21/09/2019 12:30
Exact Location Of Accident	CHAY YAN STREET BLK 80
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP5022X
Insured/Policyholder	
Name Of Registered Owner	NG CHENG TONG(HUANG ZHENDONG)
NRIC No	S7531118D
Email Address	NCHENGTONG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96816531
Alternative Phone No	OFFICE-96816531

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5108984117
Cover Note Number	

Driver

Name of Driver	NG CHENG TONG(HUANG ZHENDONG)
NRIC No	S7531118D
Date Of Birth	19/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	08/08/1996
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96816531
Fax Number	
Contact Number	OFFICE-96816531
EEmail Address	NCHENGTONG@YAHOO.COM

Address	BLK 472C FERNVALE ST #11-61 SINGAPORE
Postcode	793472
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 - OPENING DOOR OF VEHICLE
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	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

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	SHC7131Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN LIANG CHWEE
NRIC/Passport Number	
Contact Number	82354525
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NG CHENG TONG
Approximate Age	
Injuries Sustain	RIGHT HAND STITCHES AND LEFT LEG BRUISES
Injured person in which vehicle?	FBP5022X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 09 / 2009) (DD/MM/YYYY), TIME: (12 : 30) (HH:MM)

LOCATION: Chay Yan Street BLK 80

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP 3522X
 b) INSURANCE COMPANY:
 c) POLICY NUMBER:
 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: working
 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: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 96816531
 c) ADDRESS:

* 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: () (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) owner

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Right hand strikes / Left leg bumps

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 7131Z MODEL: Taxi
 b) DRIVER'S NAME: Tan Liang chwee
 c) NRIC/FIN/PASSPORT: CONTACT: 82354525

9. THIRD PARTY VEHICLE

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

email = nchengtong@yahoo.com

VIDEO

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:

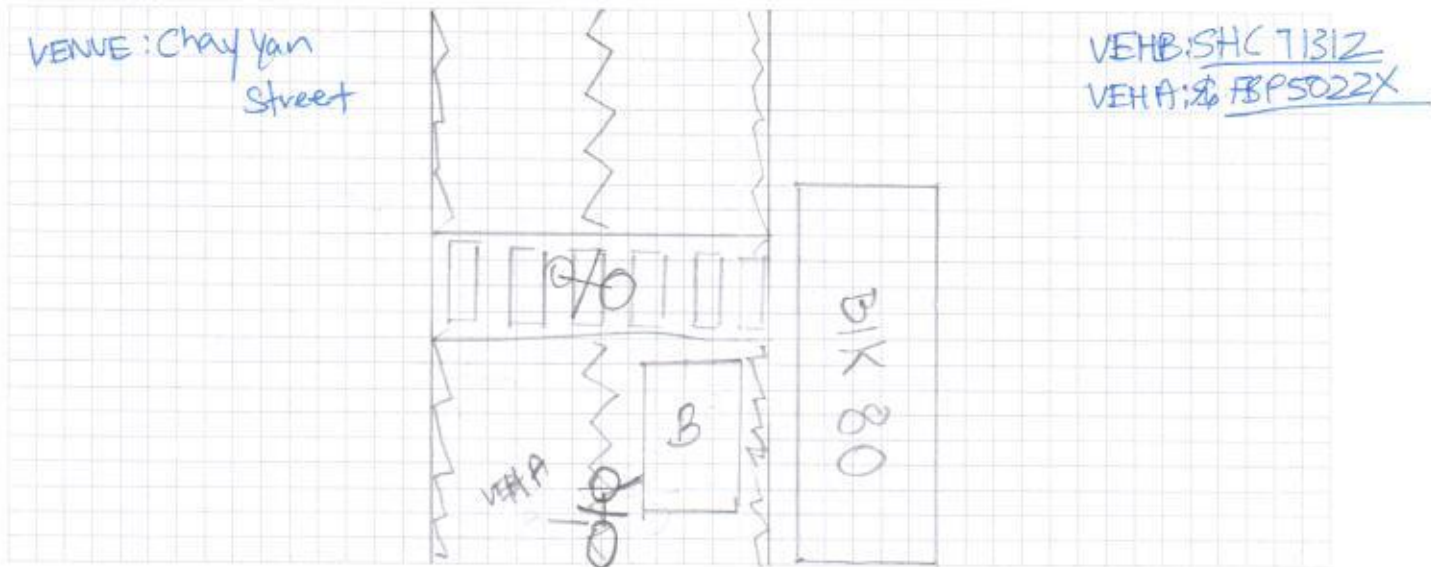


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report
7/2019 0922/2037

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:

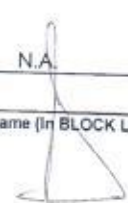
NRIC/FIN No.:



ORIGINAL

MEDICAL CERTIFICATE

HND2019368475


Name NG CHENG TONG -HUANG ZHENDONG		NRIC No. S7531118D
This is to certify that the above-named is unfit for duty for a period of inclusive. <u>8</u> days from <u>30-Sep-2019</u> to <u>07-Oct-2019</u>		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments : _____		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Hand Surgery Singapore General Hospital	Ward No. SGH-SOC Clinic K Date 23-Sep-2019	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  BRYON TEO JUN XION , 18697Z



ORIGINAL

MEDICAL CERTIFICATE

HND2019366368

Name NG CHENG TONG (HUANG ZHENDONG)		NRIC No. S7531118D
This is to certify that the above-named is unfit for duty for a period of <u>9</u> days from <u>21-Sep-2019</u> to <u>29-Sep-2019</u> inclusive.		
Type of medical leave granted : <input checked="" type="checkbox"/> Hospitalization Leave <input type="checkbox"/> Outpatient Sick Leave Admitted on : _____ Discharged on : _____ <input type="checkbox"/> Maternity Leave, <input type="checkbox"/> Sterilization Leave, Delivered on : _____ Operated on : _____		
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u> Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Hand Surgery Singapore General Hospital	Ward No. SGH ED Date 21-Sep-2019	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  TEH HUI YIN, 624821



SINGAPORE POLICE FORCE



T/20190922/2037

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 4

Report No. T/20190922/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2019 11:27	Vide Report No.:	Station Diary No.: 61
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Informant's Particulars

Name of Informant: NG CHENG TONG	Address: APT BLK 472C FERNVALE ST #11-61 SINGAPORE 793472		
ID Type / ID No.: NRIC NO / S7531118D	Contact No.: Home/Office: Mobile: 96816531		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 43	Date of Birth: 19/10/1975	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: FOOD PANDA	Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/09/2019 12:30	Type of Location: Straight Road
Location: Along Road 1 CHAY YAN STREET near block 80 chay yan street, just before the zebra crossing				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: passenger's door hit onto rider's motorcycle, causing injuries				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP5022X	Motorcycle	YAMAHA	SNIPER T150	Blue	Slightly Damaged	0
SHC7131Z	Car	HYUNDAI	i 40	Yellow	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP5022X	NTUC Income Insurance Co-Operative Limited	5108984117	18/04/2019	17/04/2020



SINGAPORE POLICE FORCE



T/20190922/2037

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 4

Report No. T/20190922/2037

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NG CHENG TONG	ID No.	S7531118D
Related Vehicle	FBP5022X (Motorcycle)	Contact No.	96816531
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	21/09/2019	Date Discharge	21/09/2019
No. of Days granted Medical Leave	09	Degree of Injury	Serious
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SHC7131Z (Car)	Contact No.	NIL
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
Driver			
Name	TAN LIANG CHWEE	ID No.	NIL
Related Vehicle	SHC7131Z (Car)	Contact No.	82354525
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 the 21/09/2019, at around 1230hrs, I was riding along the first lane of Chay Yan Street to pick up my deliveries. When I rode pass a stationary taxi (SHC7131Z) on my right, the taxi left rear passenger's car door flunk opened suddenly and hit onto me. As such, I lost control of my motorcycle and fell on my left side. Subsequently, the taxi driver then sent me to Singapore General Hospital A&E for treatment.

I have suffered hand injuries on both my hands and abrasion on my left leg and some bruising on my chest area. My right hand was also given 14 stiches and there were no bone injuries. I was given 9 days of MC.



**SINGAPORE
POLICE FORCE**



T/20190922/2037

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190922/2037

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190922/2037

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

4 of 4

Report No. T/20190922/2037

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:
F /
Sgt 2 PHUA WEN XUE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
22/09/2019 11:27

Classification Of Case:

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 : 5108984117	Cover : Third Party, Fire & Theft
1. Index mark and Registration Number of Vehicle	: FBP5022X
Chassis Number	: MH3UG0740KC152956
2. Name of Policyholder	: NG CHENG TONG (HUANG ZHENDONG)
3. Effective Date of Insurance	: 18 Apr 2019
4. Expiry Date of Insurance	: 17 Apr 2020
5. Persons or Classes of Persons entitled to drive#	
(a) Named Driver(s) Only.	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6. Limitations as to Use#	
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.	
This Policy does not cover	
(a) Use for hire or reward.	
(b) Use for racing, pace-making, reliability trial or speed-testing.	
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.	
(d) Use for any purpose in connection with the Motor Trade.	

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

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: NG CHENG TONG (HUANG ZHENDONG)
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SOUTHERN WIND MOTOR CREDIT & TRADING 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 : ASSURE PTE. LTD. (00000572842)
Date of Issue : 18 Apr 2019 10:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1063799

Policy No.	5108984117	Vehicle No.	FBP5022X
Certificate No.			
Policyholder Name	NG CHENG TONG (HUANG ZHENDONG)		
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft
Contact No.(Mobile)	96816531	Contact No.(Office)	
Email Address		Special Remark	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes
NCD Protection	No	NCD Entitlement(%)	0

▼ Accident Details

Report Date	24/09/2019 15:39	Accident Report Within 24 hrs	Yes
Date of Accident	21/09/2019	Time of Accident hh:mm	12:30
Reporting Centre		Orange Force	
Accident Location	CHAY YAN STREET BLK 80		

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 472C #11-61	Address 2	FERNVALE STREET
Address 4	SINGAPORE 793472	Address Type	Singapore address
Unit No.	11-61	Related Policy Number	5082752006-03

▼ OI Driver Info

Driver Name	NG CHENG TONG (HUANG ZHENDONG)	Driver Type	Main Driver
Unnamed driver Name		Driver NRIC	S7531118D
Register Date of Driver License	08/08/1996	Driver Age	43
Contact No.(Mobile)		Contact No.(Office)	
Address 1	BLK 472C #11-61	Address 2	FERNVALE STREET
Address 4	SINGAPORE 793472	Address Type	Singapore address
Unit No.	11-61		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

Claim 001

New

Claim Type *	OD-MX
Contact No.(Mobile)	96816531
Email Address	

Claim Description

FBP5022X ON

Preferred
Workshop
Contact No.
Finalisation

Yes

Insured Liability

Not at Fault

Preferred
Repair
Option

Preferred Workshop, Name unknown

GIA
report

Received

Date Registered

24/09/2019 1

Report Taken By

☒ Print AK letter

Save

Submit

Attachment

Accident No.

MT/1063799

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

24/09/2019 15:4

Path *

Cat

Choose File No file chosen

Clear

Please Select

Choose File No file chosen

Clear

Please Select

Choose File No file chosen

Clear

Please Select

Choose File No file chosen

Clear

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Please Select

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency
 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Sep 2019 15:46		Photos	Normal
 NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Sep 2019 15:46		Photos	Normal
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