NATIONAL Assessment Centre Services (wef 1 Jan'05) MNB1197136414

Date In: 14/12/19 - 8:33	Job description	Date & Time Completed	Done by
Ref No: NA/INC/1912009/124	SAS e-filing		
Veh No: SKV7148Z	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 14/12/19 - 16.05	i-Motor Claim Form	M7/106685Q-021	14/12/19 18:45
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: SJY8166C 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

NA1507689

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) 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:-			
OD*			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idac Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	14/10/2019 18:33
Date Of Accident	12/10/2019 16:05
Exact Location Of Accident	PIE TWDS AYE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKV7128Z
Insured/Policyholder	
Name Of Registered Owner	CHUA JUN HONG
NRIC No	S8908448B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93853555
Alternative Phone No	OFFICE-93853555
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 180 KOMPRESSOR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106818898
Cover Note Number	
Driver	
Name of Driver	CHUA JUN HONG
NRIC No	S8908448B
Date Of Birth	08/03/1989
Occupation	INDOOR
Date Of Driving Pass	22/09/2014
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93853555
Fax Number	
Contact Number	OFFICE-93853555
EMail Address	NOEMAIL

Address	BLK 124 BISHAN STREET 12 #06-123
Postcode	570124
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	CHAIN COLLISION
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	4
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: : HAN YIZHI CINDY GENDER: : FEMALE

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/20191014/7022.

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	SJY8166C
Vehicle Make/Model/Colour	TOYOTA ESTIMA
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMH3998E
Vehicle Make/Model/Colour	HYUNDAI
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBE1672D
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	CHUA JUN HONG
Approximate Age	
Injuries Sustain	NECK & LOWER BACK
Injured person in which vehicle?	SKV7128Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	HAN YIZHI CINDY
Approximate Age	
Injuries Sustain	NECK & LOWER BACK
Injured person in which vehicle?	SKV7128Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1) Please report **correctly** on the details of the accident to speed up the claims process.
2) This form must **be completed by the policy holder 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 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.
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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :

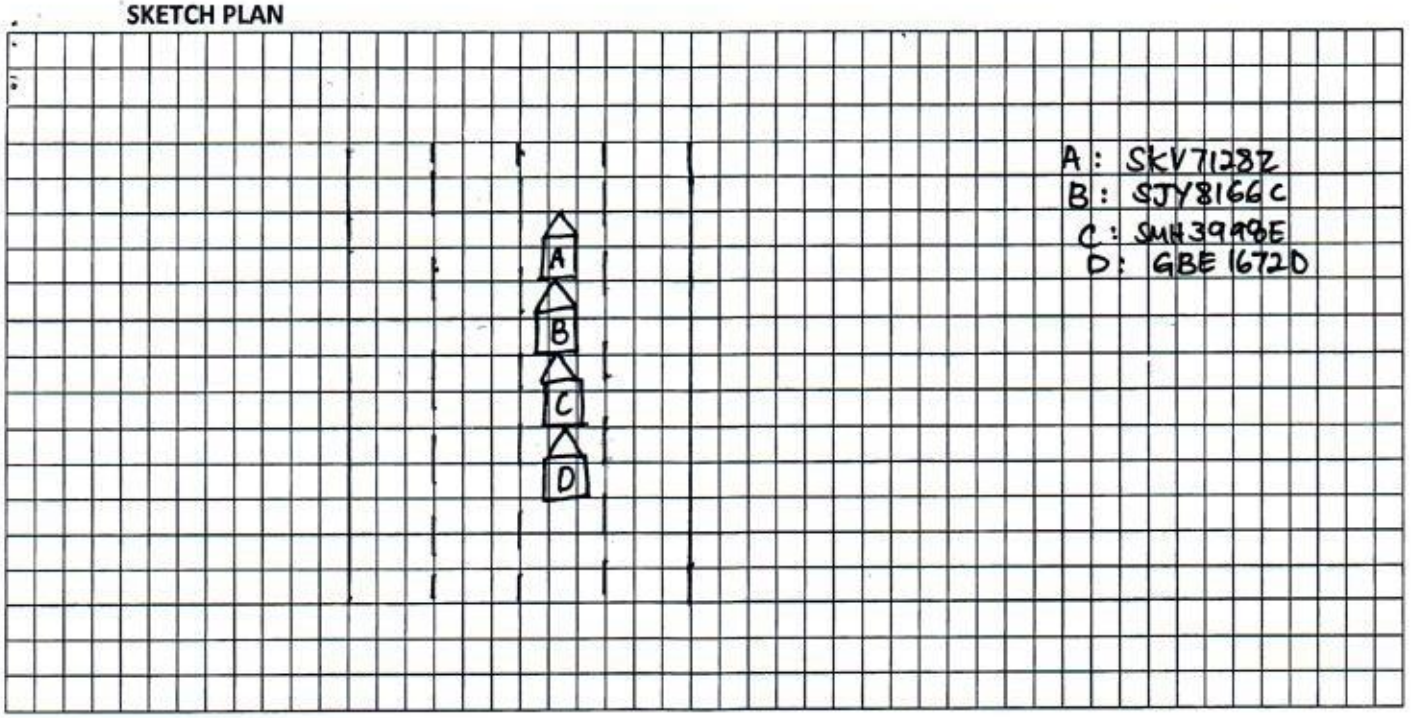
(I) Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(II) Investigations the accident and/or my claims;
(III) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
(IV) Administering my claims (including the mailing of correspondence, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature **Date / time:**	**Driver's signature** **(if driver is not policy holder)** **Date / time:**	**reporting centre personnel's Signature** **Date / time:**

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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

Policy holder's signature	**Driver's signature**	**reporting centre personnel's Signature**
Date & time:	**(if driver is not policy holder)**	**Name:**
	Date & time:	**NRIC/FIN No.:**

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	12/10/2019	(DD/MM/YY)
Time of accident	16:08	(HH:MM)
Exact location of accident	PIE Towards AYE	

DETAILS OF VEHICLE		
Vehicle registration number	SKV 7128Z	
Vehicle make and model	Mercedes C180	
Type of vehicle	Saloon ☑ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ Motorcycle ☐ Others:	
Vehicle category	Private ☑ Commercial ☐ Motorcycle ☐	
Purpose of using at said time		
Are you claiming under your own insurance company?	Yes ☐ No ☐ if no, please select: Third part claim ☑ Reporting only ☐	

INSURANCE INFORMATION		
Insurance company	NTUC	
Policy number		
Type of policy	Comprehensive ☐ Third party fire & theft ☐ TP only ☐	

INSURED / POLICY HOLDER		
Name	Chua Jun Hong	Male ☑ Female ☐
NRIC / Fin / Passport number	S8908448B.	
Contact	93853535	
Address	124 Bishan Street 12 #06-123.	

DRIVER	SAME AS INSURED ABOVE ☑ (SKIP TO D.O.B)	
Name		Male ☐ Female ☐
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	08/03/1989	
Occupation	Indoor ☑ Outdoor ☐	
Driving date pass	22/09/2014	

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes ☐ No ☑ If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes ☐ No ☑
Weather condition	Clear ☑ Raining ☐ Others: _____
Road surface	Dry ☑ Wet ☐
No of passenger	2 (Inclusive of driver)

PASSENGER 1	
Name	Han Yizhi Cindy
Gender	Male ☐ Female ☑

PASSENGER 2	
Name	
Gender	Male ☐ Female ☐

PASSENGER 3	
Name	
Gender	Male ☐ Female ☐

PASSENGER 4	
Name	
Gender	Male ☐ Female ☐

PASSENGER 5	
Name	
Gender	Male ☐ Female ☐

PASSENGER 6	
Name	
Gender	Male ☐ Female ☐

OTHER INFORMATION	
Was anybody injured?	Yes ☑ No ☐
Was other vehicle damaged?	Yes ☑ No ☐

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes ☑ No ☐ If yes, please state which police station.
Police station name	online

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SKV 7128Z
Vehicle make model	Mercedes C180
Name	
NRIC / Fin / Passport number	
Contact	9385 3555

THIRD PARTY VEHICLE 2	
Vehicle registration number	SJV 8166C
Vehicle make model	Toyota Estima
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	SMH 3998E
Vehicle make model	Hyundai
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	GBE 1672D
Vehicle make model	Lorry Nissan
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	Han Yizhi Cindy
Injuries sustained	Neck Lower Back
Which vehicle person in?	SKV 17282
Were seat belts worn?	Yes ☑ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☑

INJURED PERSON 2	
Name	Chua Jun Hong
Injuries sustained	Neck Lower Back.
Which vehicle person in?	SKV 17282
Were seat belts worn?	Yes ☑ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☑

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

SINGAPORE POLICE FORCE

T/20191014/7022

Report No. T/20191014/7022

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
14/10/2019 14:43		

Informant's Particulars

Name of Informant: CHUA JUN HONG			Address: APT BLK 124 BISHAN STREET 12 #06-123 SINGAPORE 570124	
ID Type / ID No.: NRIC NO / S8908448B			Contact No.: Home/Office: Mobile: 93853555	
Nationality: SINGAPORE CITIZEN			Email: initialtrueno_89@hotmail.com	
Sex: Male	Age: 30	Date of Birth: 08/03/1989	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SALES MANAGER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/10/2019 16:05	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
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
GBE1672D	Van				Seriously Damaged	0
SJY8166C	Car				Slightly Damaged	0
SKV7128Z	Car	MERCEDES BENZ	C 180 KOMPRESSOR	Grey	Slightly Damaged	1
SMH3998E	Car				Seriously Damaged	0

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKV7128Z	NTUC Income Insurance Co-Operative Limited	5106818898	10/01/2019	09/01/2020

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Passenger					
Name	HAN YIZHI CINDY		ID No.	S8534634B	
Related Vehicle	SKV7128Z (Car)		Contact No.	96521318	
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	
Driver					
Name	CHUA JUN HONG		ID No.	S8908448B	
Related Vehicle	SKV7128Z (Car)		Contact No.	93853555	
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 stated time and date, I was the driver of vehicle carplate number bearing SKV7128Z was travelling at PIE JURONG towards AYE at lane 2.

Suddenly, I felt an impact on my rear. I got down and realised that it was a chain collision whereby GBE1672D (last vehicle) collided into SMH3998E (3rd vehicle) and then collided into SJY8166C (2nd vehicle) and collided into my vehicle SKV7128Z.

Due to the accident, I suffered injuries and consult a doctor and get a 3 days MC.

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/10/2019 14:43
Officer In Charge Of Case: TP / TPIB / MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case:

Authentication Stamp

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: 12/10/2019 16:05
Vehicle No.(For Motor): SKV7128Z | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5106818898		CHUA JUN HONG	S8908448B	GPC	drivo CLASSIC	SKV7128Z	SKV7128Z	10/01/2019	09/01/2020

Continue

Policy Information

Policy No.	5106818898	Policyholder Name	CHUA JUN HONG	Policyholder NRIC	S8908448B
Certificate No.					
Address	BLK 124 #06-123 BISHAN STREET 12 SINGAPORE 570124				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/01/2019	Effective Date	10/01/2019 00:00	Expiry Date	09/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 null	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 124 #06-123	Address 2	BISHAN STREET 12	Address 3	SINGAPORE 570124
Address 4		Address Type	Singapore address	Post Code	570124
Unit No.		Related Policy Number	5106818898		

Insured Object: SKV7128Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1066850

Policy No.	5106818898	Vehicle No.	SKV7128Z	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA JUN HONG			Policyholder NRIC	S8908448B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93853555	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	14/10/2019 18:44	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	12/10/2019	Time of Accident hh:mm	16:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS AYE				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 124 #06-123	Address 2	BISHAN STREET 12	Address 3	SINGAPORE 570124
Address 4		Address Type	Singapore address	Post Code	570124
Unit No.		Related Policy Number	5106818898		

OI Driver Info

Driver Name	CHUA JUN HONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8908448B	Driver DOB	08/03/1989
Register Date of Driver License	22/09/2014	Driver Age	30	Driving Experience	5
Contact No.(Mobile)	93853555	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 124	Address 2	BISHAN STREET 12	Address 3	SINGAPORE 570124
Address 4		Address Type	Singapore address	Post Code	570124
Unit No.	06-123				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	◉ Yes ○ No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHUA JUN HONG	Insured NRIC	S8908448B
Contact No.(Mobile)		Contact No.(Home)	62589106	Contact No.(Office)	
Email Address		OI Vehicle Number	SKV7128Z	TP Vehicle Number	SJY8166C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKV7128Z / SJY8166C ON 12 Oct 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	14/10/2019 18:45	Claim Close Date		Date Received	14/10/2019 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1066850	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	14/10/2019 18:46

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
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Attachment	Uploaded By/Date	Category		Urgency	Description	(CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Oct 2019 18:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Oct 2019 18:46	SAS		Normal	SAS 2019-10-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Oct 2019 18:45	Photos		Normal	Photos 2019-10-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Oct 2019 18:45	Photos		Normal	Photos 2019-10-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Oct 2019 18:45	Photos		Normal	Photos 2019-10-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Oct 2019 18:45	Photos		Normal	Photos 2019-10-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Oct 2019 18:45	Photos		Normal	Photos 2019-10-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Oct 2019 18:45	Photos		Normal	Photos 2019-10-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Oct 2019 18:45	Photos		Normal	Photos 2019-10-14	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Oct 2019 18:45	Photos		Normal	Photos 2019-10-14	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Actio

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