

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] MHA 119139393

Date In: 21/12/19-18:31	Job description	Date & Time Completed	Done by
Ref No: NA/119139393/124	SAS e-filing		
Veh No: 1M843346	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 19/12/19-18:32	i-Motor Claim Form	21/12/19 14:15	
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: 1M843346

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

Ant (\$)
In Bill

Ant (\$)
Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 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) 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

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	21/10/2019 15:31
Date Of Accident	19/10/2019 17:30
Exact Location Of Accident	BARTLEY VIADUCT TWDS TAMPINES AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK4734C
Insured/Policyholder	
Name Of Registered Owner	ZHEN HE JIA HUAN HAND MADE NOODLE
Co Reg No	53098112B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82230970
Alternative Phone No	OFFICE-82230970

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD 8-SEATER 2.5X CVT
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108779223
Cover Note Number	

Driver

Name of Driver	LEE BING RU
NRIC No	S9305713I
Date Of Birth	11/02/1993
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2017
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91559302
Fax Number	
Contact Number	OFFICE-91559302
Email Address	NOEMAIL

Address	BLK 722 JURONG WEST AVENUE 5 #03-126
Postcode	640722
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	3
Passenger 1	NAME: : SOONG JIA YI GENDER: : FEMALE
Passenger 2	NAME: : LEE CHENG WEI WAYNVIER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SKG1656J
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	LEE BING RU
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SMK4734C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SOONG JIA YI
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SMK4734C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	LEE CHENG WEI WAYNVIER
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SMK4734C
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:

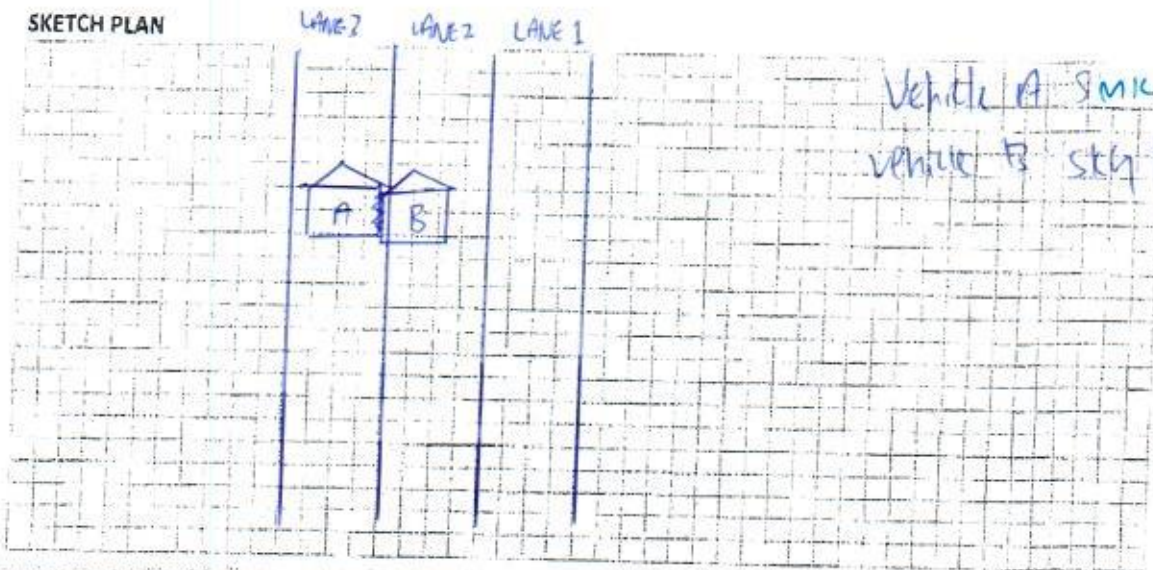
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

I was travelling straight on BARTLEY VIADUCT toward TANJUN PRAHA AVENUE 10. Traffic was light and suddenly vehicle B cut into my lane and hit onto the side of my vehicle. I got down and realised I was involved in an accident.

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.:



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 and time of accident	Date: 19/10/19 (DD/MM/YY) Time: 5:30 PM (HH:MM)
Exact location of accident	BARTLEY VIANET TURNS TAMPINES AVE 10

Details of vehicle

Vehicle registration number	SMK 4734C			
Vehicle make and model	Toyota ALPHARD			
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 checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	
Purpose of using at said time	Private use			
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 checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>		

Insurance information

Insurance company	NTUC		
Policy number	5105779223		
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

Insured / Policy holder

Name	ZHEN HE JIA HUAN HAN MADEA		Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	53098112B			
Contact	82230970			
Address	BLK 636A #11-313 SENJA ROAD, SENJA PARK VIEW S(671636)			

Driver

Same as insured above ☐ (skip to D.O.B)

Name	LEE BING RU	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9305713I		
Contact	91559302		
Address	BLK 722 Jurong West Ave 5 H03-126		
Email address	LBINGRU93@gmail.com		
Date of birth	11/02/1993		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	29/03/2017		

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	3 (Inclusive of driver)

Passenger 1

Name	Soong Jia Yi
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 2

Name	LEE CHENH WEI WAYNEER
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	LEE RINNY RUT
Gender	Male <input type="checkbox"/> Female <input checked="" 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 type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of police action

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

Third party vehicle 1

Name	SKG 1656J
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	LEE BINH KY	
Injuries sustained	NECK & BACK	
Which vehicle person in?	DRIVER	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Injured person 2

Name	SOONH TIA UT	
Injuries sustained	NECK & BACK	
Which vehicle person in?	PASSENGER	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Injured person 3

Name	LEE CHENH WGI WAYNVIER	
Injuries sustained		
Which vehicle person in?	PASSENGER	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" 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"/>

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: 5108779223

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **To Be Advised**
Chassis Number : AGH300215473
2. Name of Policyholder : ZHEN HE JIA HUAN HAND MADE NOODLE
3. Effective Date of Insurance : 11 Apr 2019
4. Expiry Date of Insurance : 10 Apr 2020
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEE SIEW BOON
NAMED DRIVER (1)	: LEE YONG ZE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GENIE FINANCIAL SERVICES 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 : I INSURANCE AGENCY (00000572538)
Date of Issue : 11 Apr 2019 09:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5108779223		ZHEN HE JIA HUAN HAND MADE NOODLE	530981128	GPC	drive PREMIUM	SMK4734C	SMK4734C	11/04/2019	10/04/2020

▼ Policy Information

Policy No.	5108779223	Policyholder Name	ZHEN HE JIA HUAN HAND MADE	Policyholder NRIC	53098112B
Certificate No.					
Address	BLK 636A #11-313 SENJA ROAD SENJA PARC VIEW SINGAPORE 671636				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	11/04/2019	Effective Date	11/04/2019 00:00	Expiry Date	10/04/2020 23:59
Excess Type	Per Accident	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	I INSURANCE AGENCY	Agent Tel.	67026779	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 636A #11-313	Address 2	SENJA ROAD	Address 3	SENJA PARC VIEW
Address 4	SINGAPORE 671636	Address Type	Singapore address	Post Code	671636
Unit No.	11-313	Related Policy Number	5108779223		

► Insured Object: SMK4734C

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	11/04/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 11 Apr 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: GENIE FINANCIAL SERVICES PTE LTD CHASSIS NUMBER: AGH300215473 ENGINE NUMBER: 2ARJ208854 VEHICLE REGISTRATION NUMBER: SMK4734C ORIGINAL REGISTRATION DATE: 11 Apr 2019</p>

Continue

Cancel

Claim Handling

Accident MT/1067866

Policy No.	S108779223	Vehicle No.	SMK4734C	GST Registration No.	
Certificate No.					
Policyholder Name	ZHEN HE JIA HUAN HAND MADE NOODLE			Policyholder NRIC	53098112B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	82230970	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<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	No
▼ Accident Details					
Report Date	21/10/2019 19:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	19/10/2019	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BARTLEY VIADUCT TWOS TAMPINES AVE 10				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	2500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	3100.00	Total TP Excess Applicable			

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 636A #11-313	Address 2	SENJA ROAD	Address 3	SENJA PARC VIEW
Address 4	SINGAPORE 671636	Address Type	Singapore address	Post Code	671636
Unit No.	11-313	Related Policy Number	S108779223		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE BING RU	Driver NRIC	S9305713I	Driver DOB	11/02/1993
Register Date of Driver License	29/03/2017	Driver Age	26	Driving Experience	2
Contact No.(Mobile)	91559302	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 722	Address 2	JURONG WEST AVENUE 5	Address 3	SINGAPORE 640722
Address 4		Address Type	Singapore address	Post Code	640722
Unit No.	03-126				
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
-------------------------------------	------	-------------	---

Modification History

Claim 001 **New**

Claim Type *	CO-MX	Insured Name	ZHEN HE JIA HUAN HAND MADE	Insured NRIC	53098112B
Contact No.(Mobile)	97271093	Contact No.(Home)		Contact No.(Office)	68737235
Email Address		OI Vehicle Number	SMK4734C	TP Vehicle Number	SKG16563
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMK4734C / SKG16563 ON 19 Oct 2019				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Not at Fault		
Date Registered	21/10/2019 19:15	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Report Taken By	Jackson	Claim Close Date		Date Received	21/10/2019 00:00
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1067866	Claim No.	001																																			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/10/2019 19:15																																			
<table border="0"> <thead> <tr> <th>Path *</th> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="checkbox"/> NO <input type="checkbox"/> YES</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="checkbox"/> NO <input type="checkbox"/> YES</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="checkbox"/> NO <input type="checkbox"/> YES</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="checkbox"/> NO <input type="checkbox"/> YES</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="checkbox"/> NO <input type="checkbox"/> YES</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="checkbox"/> NO <input type="checkbox"/> YES</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				Path *	Category *	Confidential	Urgency *	Description *	Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal		Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal		Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal		Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal		Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal		Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal	
Path *	Category *	Confidential	Urgency *	Description *																																		
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal																																			
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal																																			
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal																																			
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal																																			
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal																																			
Browse... Clear	Please Select	<input type="checkbox"/> NO <input type="checkbox"/> YES	Normal																																			

1. *Introduction*

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:16	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:16	SAS	Normal	SAS 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:15	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:15	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:15	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:15	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:15	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:15	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:15	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:15	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:15	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:15	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:15	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:15	Photos	Normal	Photos 2019-10-21	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 21 Oct 2019 19:15	Photos	Normal	Photos 2019-10-21	

📺 Video List

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