

NATIONAL Assessment Centre Services

Ref: 1 Jan 2019 MHA 4914132

Date In: 20/10/19 11:24	Job description	Date & Time Completed	Done by
Ref No: MHA/NC/1901892/124	SAS e-filing		
Veh No: GSD 12966	E-mail (within 3hrs, W/C 2hrs)		
D.O.A: 20/10/19 10:32	i-Motor Claim Form	M/1066208-222	20/10/19 13:27
OD / TP: Reporting Only	i-Motor W/O (within 24hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment Survey Report		
	Ass't Report by Fax / E-mail to Owner/VK		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:	Veh No: GSD 12966	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () %	(Note: Est. Status: N: 0-20%; P: 21-79%; F: 80-100%)	
Year of Registration: ()	Warranty: YP () / 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 Claim 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

MHA 1908122

Claimant's Particulars:	Item	Description	Unit (\$)	Amount (\$)	Amount (\$)
Driver/Owner:	1	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
Contact No:	2	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
Damaged Portion:	3	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
QC Checked by (Engr-In-Charge):	4	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
Auditor's Comments:	5	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
Cat. 1:	6	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
Cat. 2/3:	7	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	8	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	9	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	10	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	11	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	12	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	13	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	14	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	15	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	16	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	17	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	18	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	19	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	20	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	21	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	22	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	23	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	24	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	25	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	26	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	27	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	28	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	29	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	30	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	31	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	32	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	33	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	34	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	35	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	36	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	37	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	38	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	39	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	40	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	41	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	42	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	43	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	44	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	45	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	46	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	47	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	48	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	49	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	50	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	51	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	52	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	53	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	54	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	55	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	56	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	57	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	58	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	59	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	60	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	61	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	62	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	63	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	64	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	65	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	66	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	67	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	68	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	69	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	70	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	71	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	72	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	73	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	74	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	75	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	76	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	77	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	78	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	79	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	80	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	81	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	82	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	83	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	84	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	85	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	86	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	87	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	88	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	89	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	90	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	91	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	92	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	93	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	94	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	95	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	96	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	97	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	98	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	99	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		
	100	DA: 1st - 3rd Assessment (1st 1st - 3rd 1st 1st)	INC 1st 1st		

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	25/10/2019 11:24
Date Of Accident	05/10/2019 10:30
Exact Location Of Accident	AMK AVE 5 TWDS AMK AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1296L
Insured/Policyholder	
Name Of Registered Owner	SF INVESTMENT HOLDING PTE LTD
Co Reg No	200923298G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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	REPORTING ONLY
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	5109549489
Cover Note Number	

Driver

Name of Driver	LEOW HOO SER
NRIC No	S1773413Z
Date Of Birth	17/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1986
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82622121
Fax Number	
Contact Number	OFFICE-82622121
Email Address	NOEMAIL

Address	BLK 986A BUANGKOK CRESCENT #07-32
Postcode	531986
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	NO
Was any injured conveyed to hospital by ambulance?	
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?	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	SLN4660C
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)	

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.

SF INVESTMENT HOLDING PTE LTD

17B KAKI BUKIT ROAD 3

EAST POINT TERRACE

SINGAPORE 415882

TEL: 6509 0777 FAX: 6634 0777

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

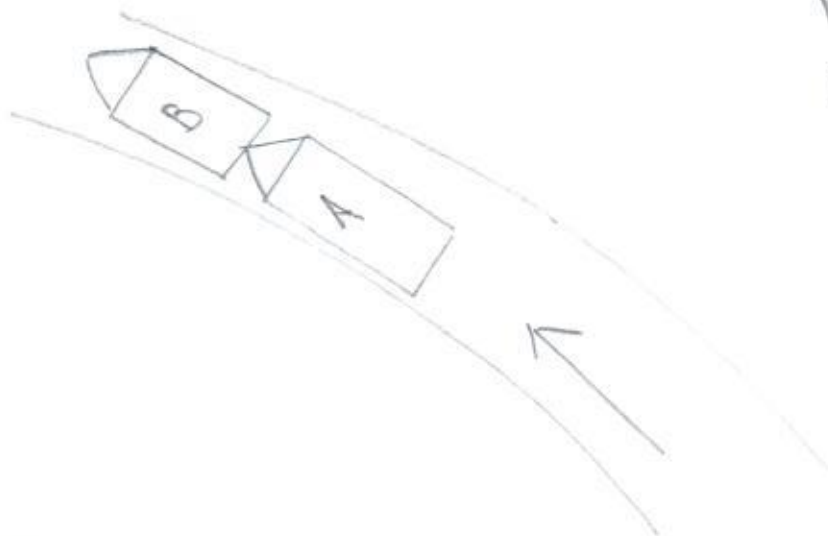
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A : GBD 1296 K
B : SHU H660 C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/10/2019 @ 1030Pm, Vehicle B in front suddenly brake and I couldn't stop on time and hit into it.

DECLARATION

I/We declare the information provided are true in every respect.

SE INVESTMENT HOLDING PTE LTD

17B KAKI BUKIT ROAD 3

PASIR POINT TERRACE

SINGAPORE 415882

TEL: 6509 0777 FAX: 6634 0777

Driver's Signature

(If driver is not the policyholder)

Date & Time:

10/10/2019
(200PM)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

VEHICLE NO: GBD 1296

MAKE & MODEL: Toyota Prius

DATE OF ACCIDENT	05 / 10 / 2019
TIME OF ACCIDENT	1030 (AM) PM
LOCATION OF ACCIDENT	Ang Mo Kio Avenue 5 & 8
Exact Purpose use during accident	
NAME OF OWNER	SF INVESTMENT HOLDINGS PTE LTD
TELP NO	201282722
NRIC	
CLAIM TYPE	OD / THIRD PARTY / (Reporting Only)
PRIVATE HIRE	YES (NO)
INSURANCE CO.	AXA INSURANCE NTUC
TYRE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	CV1 / GA365435
NAME OF DRIVER	As above / If No: KEOH HEO S2R
NRIC	S1773413X Any passengers: --
DATE OF BIRTH	17 / 09 / 1966
OCCUPATION	(Outdoor) Indoor
DATE OF DRIVING PASS	29 / 09 / 1986
GENDER	(Male) Female
CONTACT NO.	8262 2121 Office: Home:
ADDRESS	BLK 984A BUANGKOK CRESSENT #01-32 SINGAPORE 531986
DRIVER HAVE ANY OWN VEHICLE	(NO) / If yes: Reg No:
RELATIONSHIP	(Employee) Hirer / Spouse / Parent / Friend / If No:
WEATHER CONDITION	(Clear) / Raining / Dizzling / Other:
ROAD SURFACE	(Dry) / Wet / Other:
ANY INJURIES	(NO) / If yes: Who?
CONTACT NO.	
POLICE REPORT	(NO) / If yes: Where?
VEHICLE B NO.	SUN HEO C Any passengers: 01 (Daughter)
NAME	
CONTACT NO.	
VEHICLE C NO.	Any passengers:
VEHICLE D NO.	Any passengers:
VEHICLE E NO.	Any passengers:
VEHICLE F NO.	Any passengers:
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s)/	
Referring accident claims assistance?	YES (NO)
PARTICULAR WORKSHOP	Focus Auto Pte Ltd
TELP NO.	1 Kaki Bukit Avenue 6
CONTACT PERSON	Autobay @ kaki bukit
FAX NO.	#02-48/50 Singapore 417883
	Tel : 6886 9097
	Fax: 6844 4625

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"/>	5109549489		SF INVESTMENT HOLDING PTE. LTD.	200923298G	GCV	Comprehensive	GBD1296L	GBD1296L	27/06/2019	26/06/2020

Claim Handling

Accident MT/1066208

Policy No.	S109549489	Vehicle No.	GBD1296L	GST Registration No.	200923298G
Certificate No.					
Policyholder Name	SF INVESTMENT HOLDING PTE. LTD.	Cover Type	Comprehensive	Policyholder NRIC	200923298G
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NA	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	10/10/2019 09:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	05/10/2019	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	FILTERING LANE ANG MO KIO AVE 5 INTO ANG MO KIO AVE 8				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YSED OD Excess		YSED TP Excess			
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	11/04/2011
GST Registration No.	200923298G	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	17B KAKI BUKIT ROAD 3	Address 2	EASTPOINT TERRACE	Address 3	SINGAPORE 415882
Address 4		Address Type	Singapore address	Post Code	415882
Unit No.	05-05/07	Related Policy Number	S109549489		

DI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 3		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	SF INVESTMENT HOLDING PTE.	Insured NRIC	200923298G
Contact No. (Mobile)	81820020	Contact No. (Home)		Contact No. (Office)	65090777
Email Address		DI Vehicle Number	GBD1296L	TP Vehicle Number	SLN4660C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBD1296L / SLN4660C ON 5 Oct 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	25/10/2019 13:27	Claim Close Date		Date Received	25/10/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1066208	Claim No.	002																																																	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/10/2019 13:28																																																	
<table border="0"> <tr> <th>Path *</th><th>Browse...</th><th>Clear</th><th>Category *</th><th>Confidential</th><th>Urgency *</th><th>Description *</th></tr> <tr> <td></td><td></td><td></td><td>Please Select</td><td><input type="radio"/> No <input type="radio"/> Yes</td><td>Normal</td><td></td></tr> <tr> <td></td><td></td><td></td><td>Please Select</td><td><input type="radio"/> No <input type="radio"/> Yes</td><td>Normal</td><td></td></tr> <tr> <td></td><td></td><td></td><td>Please Select</td><td><input type="radio"/> No <input type="radio"/> Yes</td><td>Normal</td><td></td></tr> <tr> <td></td><td></td><td></td><td>Please Select</td><td><input type="radio"/> No <input type="radio"/> Yes</td><td>Normal</td><td></td></tr> <tr> <td></td><td></td><td></td><td>Please Select</td><td><input type="radio"/> No <input type="radio"/> Yes</td><td>Normal</td><td></td></tr> <tr> <td></td><td></td><td></td><td>Please Select</td><td><input type="radio"/> No <input type="radio"/> Yes</td><td>Normal</td><td></td></tr> </table>				Path *	Browse...	Clear	Category *	Confidential	Urgency *	Description *				Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal					Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal					Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal					Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal					Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal					Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal	
Path *	Browse...	Clear	Category *	Confidential	Urgency *	Description *																																														
			Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal																																															
			Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal																																															
			Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal																																															
			Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal																																															
			Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal																																															
			Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal																																															
<input type="button" value="Download Attachment"/> <input type="checkbox"/> Send Message																																																				
Attachment List																																																				
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?																																															

					(CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Oct 2019 13:28	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Oct 2019 13:28	SAS		Normal	SAS 2019-10-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Oct 2019 13:27	Photos		Normal	Photos 2019-10-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Oct 2019 13:27	Photos		Normal	Photos 2019-10-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Oct 2019 13:27	Photos		Normal	Photos 2019-10-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Oct 2019 13:27	Photos		Normal	Photos 2019-10-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Oct 2019 13:27	Photos		Normal	Photos 2019-10-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Oct 2019 13:27	Photos		Normal	Photos 2019-10-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Oct 2019 13:27	Photos		Normal	Photos 2019-10-25
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 25 Oct 2019 13:27	Photos		Normal	Photos 2019-10-25

Video List

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