

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MNA11914V55

Date In: 21/12/19 - 18:35	Job description	Date & Time Completed	Done by
Ref No: 100/INC19019025/24	SAS e-filing		
Veh No: SF88360K	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 21/12/19 - 23:50	i-Motor Claim Form	21/12/19 18:51	26/12/19 13:51
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: JH991705	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

Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Sat 1: Sat 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Est Bill	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:-				
9) N12: Idac Mobile				
10) N11: TP (N-in INC) against INC				
11) N12: Idac Mobile				
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	26/10/2019 13:35
Date Of Accident	24/10/2019 23:50
Exact Location Of Accident	BRAS BASAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFX8360K
Insured/Policyholder	
Name Of Registered Owner	ONG CHWEE POH CONTRACTOR
Co Reg No	34233900A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93860633
Alternative Phone No	OFFICE-93860633

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
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 HIRE

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	5102935450-01
Cover Note Number	

Driver

Name of Driver	ONG YEE SUAN (WANG YIXUAN)
NRIC No	S9043325C
Date Of Birth	10/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-81813119
Fax Number	
Contact Number	OFFICE-81813119
EMail Address	NOEMAIL

Address	BLK 833 YISHUN STREET 81 #09-408
Postcode	760833
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 - 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?	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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191025/2124.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9170S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 ONG YEE SUAN (WANG YIXUAN)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SFX8360K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorized 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 rescind 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 lodging 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:

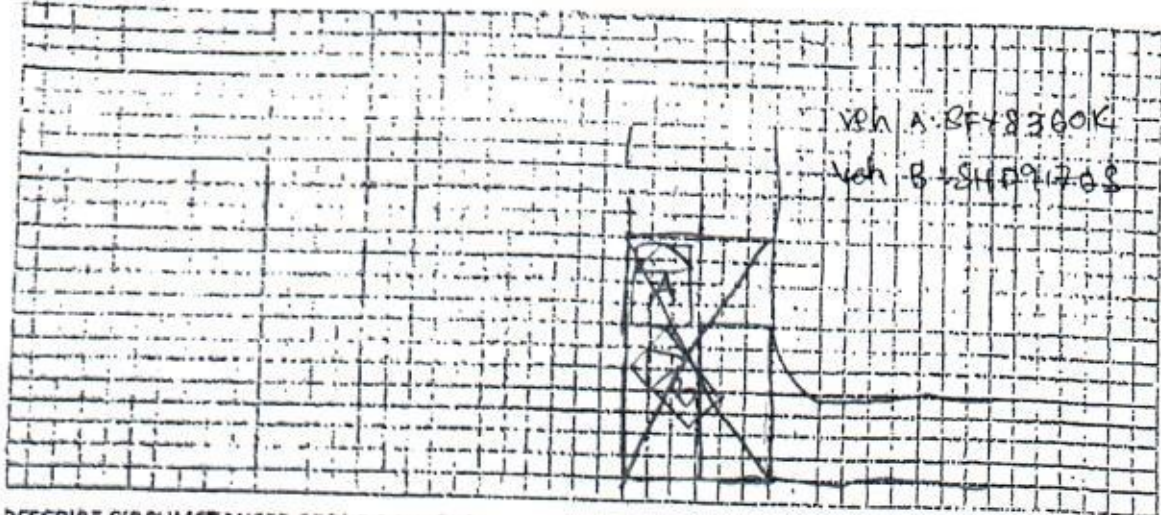
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the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

DECLARATION

I 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 Person's Signature
Name:
NRIC/FIN No.:

Date of Accident : 24 Oct 2019 Accident Time: 1150pm (24-HR-Format)
Accident Place : Bras Basah Road
Vehicle Reg. No. (Car Plate No.) : SFX 8360K
Vehicle Make/Model : Toyota Wish
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : Ong Chwee Poh Contractor
Owner or Company Contact No. : 93860633 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Ong Yee Suan S9043325C
DRIVER'S Date Of Birth : 10-11-1990 DRIVER'S License Pass Date 10 Sep 2009
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 833 Vishnu street 81 #09-408 s'(760833)
DRIVER'S Contact No. / Alt No. : 1) 81813119 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Admin@mycar.sg
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SHD9170S</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



SINGAPORE POLICE FORCE



T/20191025/2124

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

1 of 3

Report No. T/20191025/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2019 16:55		Vide Report No.:		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: ONG YEE SUAN			Address: APT BLK 833 YISHUN STREET 81 #09-408 SINGAPORE 760833		
ID Type / ID No.: NRIC NO / S9043325C			Contact No.: Home/Office: Mobile: 81813119		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 28	Date of Birth: 10/11/1990	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/10/2019 23:50	Type of Location:
Location: Along Road 1 BRAS BASAH ROAD Outside Fairmont Hotel				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFX8360K	Car				Slightly Damaged	0
SHD9170S	Car				Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20191025/2124

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No. 1800-7449999

2 of 3

Report No. T/20191025/2124

CONTINUATION OF REPORT

Driver				
Name	ONG YEE SUAN		ID No.	S9043325C
Related Vehicle	SFX8360K (Car)		Contact No.	81813119
Hospital/Clinic	YEO ORTHOPAEDIC CENTRE		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	25/10/2019		Date Discharge	25/10/2019
No. of Days granted Medical Leave	09		Degree of Injury	Slight
Driver				
Name	JASON CHARLES FRANCISCO		ID No.	S0018086F
Related Vehicle	SHD9170S (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

Brief Details.

On 24/10/2019 at about 11.50pm, I was driving along Bras Basah Road just at the front of the Fairmont Hotel entrance. The driveway along the entrance of the Fairmont Hotel was a roundabout, I was driving slowly as there was another vehicle in front of me and I wanted to enter the said hotel. As the vehicle in front of me had moved forward, I followed together from a distance and I stopped and my car was stationary. Suddenly, I felt that a vehicle had hit onto my rear. I then alight and noticed that a taxi which was exiting the roundabout had hit onto the center of my vehicle.

We exchanged particulars and took photos of the damages. The other driver then entered his vehicle and reversed and subsequently took photos of the damages on his vehicle and then he drove off.

My vehicle's rear door is dented and due to that, it cannot be closed properly. My vehicle's rear bumper is also dislodged.

After the accident, I felt pain on my neck and my chest area. I then called someone to drive me back and I rested. On 25/10/2019, when I woke up, I felt pain on my upper back to my lower back, my right knee and right calf, my right shoulder and my neck and I also have been having headache since the accident. I then went to get myself checked and subsequently received a total of nine days of hospitalization leave from 25/10/2019 to 02/11/2019.



**SINGAPORE
POLICE FORCE**



T/20191025/2124

Police Station Of Origin
MacPherson NPP
54 Pipl Road #01-82/84 SINGAPORE
370054
Tel No. 1800-7449999

3 of 3

Report No. T/20191025/2124

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:

G /

Sgt 3 MUHAMMAD NASRUL AMIRUDDIN BIN
SULAIMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

25/10/2019 16:55

Classification Of Case:

Authentication Stamp

NP168

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: 5102935450-01

Cover : Third Party, Fire & Theft

- | | |
|---|----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SFX8360K |
| Chassis Number | : ZNE100256796 |
| 2. Name of Policyholder | : ONG CHWEE POH CONTRACTOR |
| 3. Effective Date of Insurance | : 23 Aug 2019 |
| 4. Expiry Date of Insurance | : 22 Aug 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : AVA INSURANCE BROKERS PTE LTD (00000690850)

Date of Issue : 08 Aug 2019 18:42 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.	<input type="text"/>	Date of Accident	<input type="text" value="24/10/2019 23:50"/>
Vehicle No. (For Motor)	<input type="text" value="SFX8360K"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102935450-01		ONG CHWEE POH CONTRACTOR	34233900A	GPC	Third Party, Fire & Theft	SFX8360K	SFX8360K	23/08/2019	22/08/2020

▼ Policy Information

Policy No.	5102935450-01	Policyholder Name	ONG CHWEE POH CONTRACTOR	Policyholder NRIC	34233900A
Certificate No.					
Address	BLK 833 #09-408 YISHUN STREET 81 SINGAPORE 760833				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	08/08/2019	Effective Date	23/08/2019 00:00	Expiry Date	22/08/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	1534.48		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	AVA INSURANCE BROKERS PTE	Agent Tel.	65356838	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 833 #09-408	Address 2	YISHUN STREET 81	Address 3	SINGAPORE 760833
Address 4		Address Type	Singapore address	Post Code	760833
Unit No.	09-408	Related Policy Number	5102935450-01		

▶ Insured Object: SFX8360K

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

The premium on this policy has not been collected.

Accident MT/1068692

Policy No.	S102935450-01	Vehicle No.	SFX8360K	GST Registration No.	
Certificate No.					
Policyholder Name	ONG CHWEE POH CONTRACTOR			Policyholder NRIC	34233900A
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	93860633	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	Yes

Accident Details

Report Date	26/10/2019 13:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/10/2019	Time of Accident hh:mm	23:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BRAS BASAH RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00	Driver is Covered?	
YIED OD Excess	500.00	YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	500.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	26/10/2019 13:50:50 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 833 #09-408	Address 2	YISHUN STREET 81	Address 3	SINGAPORE 760833
Address 4		Address Type	Singapore address	Post Code	760833
Unit No.	09-408	Related Policy Number	S102935450-01		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ONG YEE SUAN (WANG YIXUAN)	Driver NRIC	S9043325C	Driver DOB	10/11/1990
Register Date of Driver License	10/09/2009	Driver Age	28	Driving Experience	10
Contact No.(Mobile)	81813119	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 833	Address 2	YISHUN STREET 81	Address 3	SINGAPORE 760833
Address 4		Address Type	Singapore address	Post Code	760833
Unit No.	09-408				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ONG CHWEE POH CONTRACTOR	Insured NRIC	34233900A
Contact No.(Mobile)	93860633	Contact No.(Home)		Contact No.(Office)	+
Email Address		DI Vehicle Number	SFX8360K	TP Vehicle Number	SHD9170S
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SFX8360K / SHD9170S ON 24 Oct 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/10/2019 13:51	Claim Close Date		Date Received	26/10/2019 13:51
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1068692	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/10/2019 16:04
Path *		Category *	
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal

Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 16:04	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 16:03	SAS	Normal	SAS 2019-10-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 13:51	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 13:51	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 13:51	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 13:51	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 13:51	Photos	Normal	Photos 2019-10-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 13:51	Photos	Normal	Photos 2019-10-26	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 13:51	Photos	Normal	Photos 2019-10-26	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 26 Oct 2019 13:51	Photos	Normal	Photos 2019-10-26	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				