

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MA1191544W

Date In: 20/11/19-15:57	Job description	Date & Time Completed	Done by
Ref No: NA/INC192072/2/4	SAS e-filing		
Veh No: 5J12570J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/11/19-19:30	i-Motor Claim Form	21/11/19 15:57	
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: JMC6889A	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

NA 192072	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add'l Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
at 1:	6) TR: Re-inspection \$75		
at 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*N5: Courtesy Car / Tpl 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 \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	22/11/2019 15:37
Date Of Accident	21/11/2019 19:30
Exact Location Of Accident	COMMONWEALTH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT2570J
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Insured/Policyholder

Name Of Registered Owner	SIMON BEH YEOW MENG
NRIC No	S1666605Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93896860
Alternative Phone No	OFFICE-93896860

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
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	5096935255-02
Cover Note Number	

Driver

Name of Driver	SIMON BEH YEOW MENG
NRIC No	S1666605Z
Date Of Birth	31/10/1964
Occupation	INDOOR
Date Of Driving Pass	22/10/1985
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93896860
Fax Number	
Contact Number	OFFICE-93896860
EEmail Address	NOEMAIL

Address	BLK 357 CLEMENTI AVENUE 2 #23-273
Postcode	120357
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: : LOO AY TYNG 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/20191122/7010.

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	SMG8589A
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)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJW5258B
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)

1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SDY5533S
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)

1

DETAILS OF INJURED PERSON 1

Name SIMON BEH YEOW MENG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJT2570J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LOO AY TYNG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJT2570J
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:

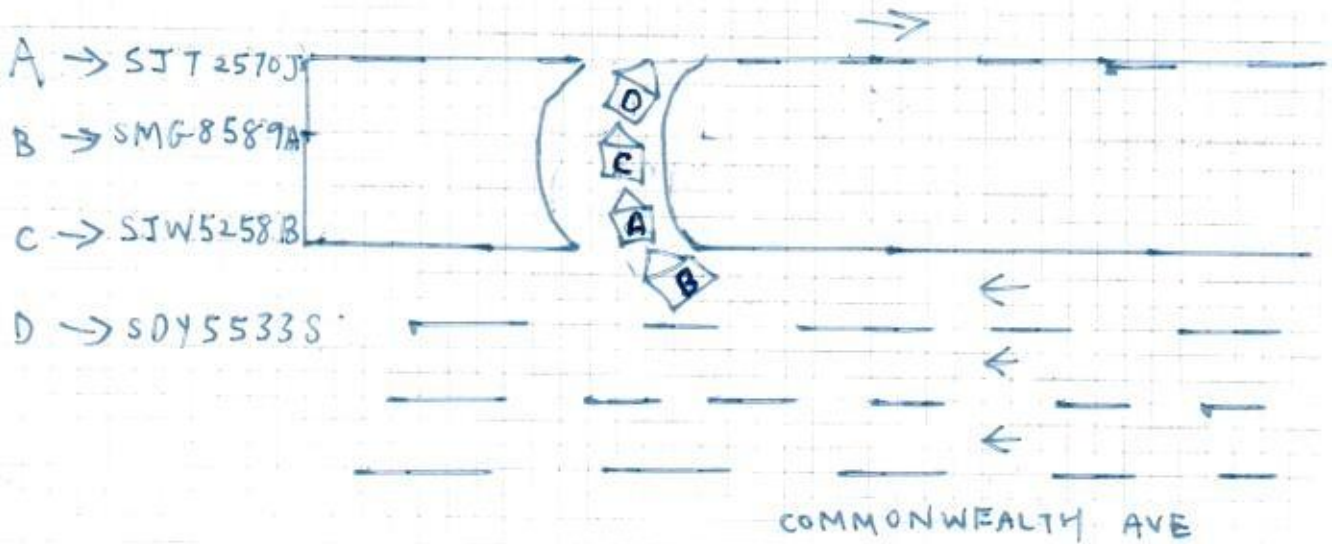


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

No: T/20191122/7010.

DECLARATION

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

4. Sewing

Policyholder's Signature
Date & Time:

1.000

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Fire Personnel's Signature

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SJT2570J	Model / Make	KIA Cerato Fork 1.6
Date of Accident	21/11/19		
Time of Accident	1930	HRS	
Location of Accident	Commonwealth Ave	(U-Turn below MRT)	
Exact purpose use during accident	Private Used		
Name of Owner	Simon beh Yeow Meng		
Telephone No.	H/P : 9389 6860	Home :	Office :
NRIC	S1666605Z		
Address	Blk 357 Clementi Ave 2	#23-273 (S)120357	
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5096935255-02		
Name of Driver	As Above If No,		
NRIC	S1666605Z	Any Passengers :	01 (F).
Date of birth	31/10/1964		
Occupation	Outdoor / Indoor		
Driving License Pass Date	22 October 1985		
Gender	Male / Female		
Contact No.	H/P : 9389 6860	Home :	Office :
Address	Blk 357 Clementi Ave 2	#23-273 (S)120357	
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	Owner	
Weather condition	Clear	Raining Other	
Road Surface	Dry	Wet Other	
Any Injuries	No, If Yes, Who?		
Name And Contact No.	Simon Beh Yeow Meng	(H/P: 9389 6860)	
Name And Contact No.	LOO AY TYNG	(H/P: 9187 1721)	
Police Report	No, If Yes, Where?	Traffic Police (On line)	
Vehicle B No.	SMG 8589 A	Any Passengers :	N.A
Name of Driver		Contact No. :	
Vehicle C No.	SJW 5258 B	Any Passengers :	N.A
Vehicle D No.	30Y 5533 B	Any Passengers :	N.A
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N.A.	Witness Contact :	N.A.
Accident Portion	Front and Rear Portion		
Camera Recorder	Yes <input checked="" type="checkbox"/> No		
Email Address	-		
PARTICULAR WORKSHOP	Towmotor		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Peng		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n51.com.sg		



SINGAPORE POLICE FORCE



T/20191122/7010

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

1 of 3

Report No. T/20191122/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2019 13:07		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SIMON BEH YEOW MENG			Address: APT BLK 357 CLEMENTI AVENUE 2 #23-273 SINGAPORE 120357		
ID Type / ID No.: NRIC NO / S1666605Z			Contact No.: Home/Office:		Mobile: 93896860
Nationality: SINGAPORE CITIZEN			Email: simonbeh@yahoo.com.sg		
Sex: Male	Age: 55	Date of Birth: 31/10/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PROPERTY AGENT			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/11/2019 19:30	Type of Location: U - Turn
Location: COMMONWEALTH AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SDY5533S	Car	TOYOTA	Altis	Black	Slightly Damaged	0
SJT2570J	Car	KIA	Cerato Forte	Silver	Seriously Damaged	1
SJW5258B	Car	HONDA	Stream	Grey	Slightly Damaged	0
SMG8589A	Car	HONDA	Vezel	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20191122/7010

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

2 of 3

Report No. T/20191122/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LOO AY TYNG	ID No.	S7262761Z
Related Vehicle	SJT2570J (Car)	Contact No.	91871721
Hospital/Clinic	HO MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	SIMON BEH YEOW MENG	ID No.	S1666605Z
Related Vehicle	SJT2570J (Car)	Contact No.	93896860
Hospital/Clinic	HO MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I was driving along Commonwealth Avenue and was going to make a U-Turn. All of a sudden the vehicle(SMG8589A) behind collided into me which causes me to collide onto the front vehicle (SJW5258B). The front vehicle of me then collided onto another vehicle(SDY5533S). Total 4 vehicle involved. Me and my wife felt a very big impact, was feeling pain and went to see a doctor. I was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20191122/7010

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

3 of 3

Report No. T/20191122/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
22/11/2019 13:07

Classification Of Case:

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5096935255-02

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJT2570J**
Chassis Number : KNAFW411MA5124145
2. Name of Policyholder : SIMON BEH YEOW MENG
3. Effective Date of Insurance : 30 Sep 2019
4. Expiry Date of Insurance : 29 Sep 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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SIMON BEH TEOW MENG
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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of issue : 23 Sep 2019 21:13 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="21/11/2019 19:30"/>
Vehicle No.(For Motor)	<input type="text" value="SJT2570J"/>	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"/>	5096935255-02		SIMON BEH YEOW MENG	S1666605Z	GAC	drive CLASSIC	SJT2570J	SJT2570J	30/09/2019	29/09/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5096935255-02	Policyholder Name	SIMON BEH YEOW MENG	Policyholder NRIC	S16666052				
Certificate No.									
Address	BLK 357 #23-273 CLEMENTI AVENUE 2 CLEMENTI SPRING SINGAPORE 120357								
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N				
Policy Issue Date	23/09/2019	Effective Date	30/09/2019 00:00	Expiry Date	29/09/2020 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	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

Policyholder Mailing Address

Address 1	BLK 357 #23-273	Address 2	CLEMENTI AVENUE 2	Address 3	CLEMENTI SPRING
Address 4	SINGAPORE 120357	Address Type	Singapore address	Post Code	120357
Unit No.		Related Policy Number	5096935255-02		

 Insured Object: **SJT2570J**

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1072560

Policy No.	5096935255-02	Vehicle No.	SJT25701	GST Registration No.	
Certificate No.					
Policyholder Name	SIMON BEH YEOW MENG	Cover Type	drive CLASSIC	Policyholder NRIC	S166605Z
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	93896860	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

➤ **Accident Details**

Report Date	22/11/2019 15:49	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	21/11/2019	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	COMMONWEALTH AVE				

➤ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00		
CO Standard Excess	600.00	TP Standard Excess	0.00		
YIED CO Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total CO Excess Applicable	600.00	Total TP Excess Applicable	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 357 #23-273	Address 2	CLEMENTI AVENUE 2	Address 3	CLEMENTI SPRING
Address 4	SINGAPORE 120357	Address Type	Singapore address	Post Code	120357
Unit No.		Related Policy Number	5096935255-02		

➤ **OT Driver Info**

Driver Name	SIMON BEH YEOW MENG	Driver Type	Main Driver	Driver DOB	31/10/1954
Unnamed driver Name		Driver NRIC	S166605Z	Driving Experience	34
Register Date of Driver License	22/10/1985	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	93896860	Contact No.(Office)	0	Address 3	CLEMENTI SPRING
Address 1	BLK 357	Address 2	CLEMENTI AVENUE 2	Post Code	120357
Address 4	SINGAPORE 120357	Address Type	Singapore address		
Unit No.	23-273				
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 **New**

Claim Type *	CO-MX	Insured Name	SIMON BEH YEOW MENG	Insured NRIC	S166605Z
Contact No.(Mobile)	93896860	Contact No.(Home)		Contact No.(Office)	
Email Address	simonbeh@yahoo.com.sg	OT Vehicle Number	SJT25701	TP Vehicle Number	SMG8589A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	<input type="text"/>	Claimant NRIC *			
Claimant Address	<input type="text"/>				
Claim Description	SJT25701 / SMG8589A DN 21 Nov 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	22/11/2019 15:52	Claim Close Date		Date Received	22/11/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1072560	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/11/2019 15:53

Path *	Category *	Confidential	Urgency *	Description *
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