

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MANA 915860**

Date In: 21/12/19-14:04	Job description	Date & Time Completed	Done by
Ref No: NA/1151422254	SAS e-filing		
Veh No: SW1692	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/12/19 22:30	i-Motor Claim Form	NA/1073835-001	21/12/19 N:14
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: SW291196	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

NA1909000/NA 1981001	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add 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		
	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:-		
	QJ*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	02/12/2019 14:04
Date Of Accident	01/12/2019 22:30
Exact Location Of Accident	JUNC TOMLINSON RD & ORCHARD BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW169J
Insured/Policyholder	
Name Of Registered Owner	TAN KIA KHYE (CHEN JIAKAI)
NRIC No	S7539301F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96677167
Alternative Phone No	OFFICE-96677167

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1623Q5
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110790545
Cover Note Number	

Driver

Name of Driver	TAN KIA KHYE (CHEN JIAKAI)
NRIC No	S7539301F
Date Of Birth	27/12/1975
Occupation	OUTDOOR
Date Of Driving Pass	01/12/1997
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96677167
Fax Number	
Contact Number	OFFICE-96677167
Email Address	NOEMAIL

Address	BLK 33 BISHAN STREET 11 #22-12
Postcode	579820
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	COLLISION - CROSS JUNCTION
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	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/20191202/7000.

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	SKW9119G
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	TAN KIA KHYE (CHEN JIAKAI)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLW169J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

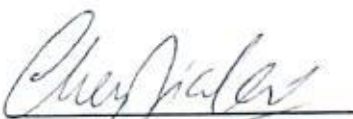
SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**insurers**"), the insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of:
 - (I) Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) Investigations the accident and/or my claims;
 - (III) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (IV) Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of 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' lawyer/law firms, may/are permitted to collect, use, disclose and/or process my personal information for one or more of the above purposes; and
- (c) My personal information may/can be disclosed by any of the insurer and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above purposes.
- (d) My personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) The information so collected under (d) above may be shared / disclosed:
 - (I) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:

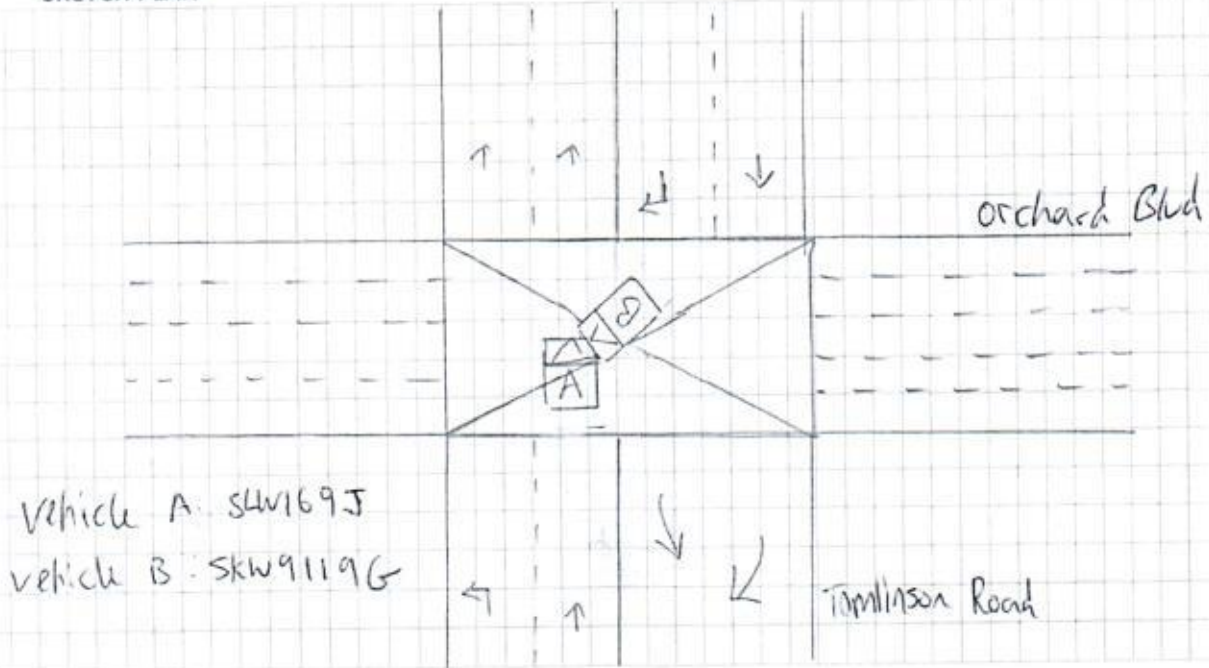


Driver's signature
(If driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report:

T/2019/202/7000

DECLARATION

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

Policy holder's signature
Date & time:


Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	
Date of accident	01/12/19 (DD/MM/YY)
Time of accident	2230 (HH:MM)
Exact location of accident	Tomlinson Road Junction Orchard Blvd

DETAILS OF VEHICLE	
Vehicle registration number	SLW 169 J
Vehicle make and model	Volkswagen Jetta
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	
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	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER	
Name	Tan Kia Khye Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7539301F
Contact	96677167
Address	Blk 33 Bishan Street 11 #22-12 S(579820)

DRIVER	SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B)
Name	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	27/12/1975
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Driving date pass	01/12/1997

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	1 (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input 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 checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	Traffic Police HQ

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SKW 9119 G
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name	TAN Kia hye	
Injuries sustained	Body	
Which vehicle person in?	SLW 1693	
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		
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"/>

INJURED PERSON 3

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"/>

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"/>

INJURED PERSON 5

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"/>

INJURED PERSON 6

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"/>



**SINGAPORE
POLICE FORCE**



T/20191202/7000

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

1 of 3

Report No. T/20191202/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2019 00:14		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN KIA KHYE			Address: BLK 33 BISHAN STREET 11 #22-12 SINGAPORE 579820		
ID Type / ID No.: NRIC NO / S7539301F			Contact No.: Home/Office:		Mobile: 96677167
Nationality: SINGAPORE CITIZEN			Email: mozaat@yahoo.com.sg		
Sex: Male	Age: 43	Date of Birth: 27/12/1975	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Music instructor (extracurriculum)		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/12/2019 22:30	Type of Location: X-Junction
Location: ORCHARD BOULEVARD				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW9119G	Car				Seriously Damaged	5
SLW169J	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1623Q5	Red	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLW169J	NTUC Income Insurance Co-Operative Limited	5110790545	29/06/2019	28/06/2020



**SINGAPORE
POLICE FORCE**



T/20191202/7000

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

2 of 3

Report No. T/20191202/7000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN KIA KHYE	ID No.	S7539301F
Related Vehicle	SLW169J (Car)	Contact No.	96677167
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	05	Degree of Injury	Serious

Brief Details.

On stated time and date, I was the driver of vehicle bearing carplate number SLW169J travelling on Tomlinson Road junction of orchard boulevard.

The traffic light turn green and I was going straight. Suddenly there was a vehicle bearing carplate number SWK9119G turning right and collided into me.

Due to the accident, I suffered from injuries and consult a doctor and get a 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20191202/7000

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

3 of 3

Report No. T/20191202/7000

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:

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:
02/12/2019 00:14

Classification Of Case:

eBaoTech

General Claim

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="01/12/2019 22:30"/>							
Vehicle No.(For Motor)	<input type="text" value="SLW169J"/>	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"/>	S110790545		TAN KIA KHYE (CHEN JIAKAT)	S7539301F	GPC	drivo CLASSIC	SLW169J	SLW169J	29/06/2019	28/06/2020
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5110790545	Policyholder Name	TAN KIA KHYE (CHEN JIAKAI)	Policyholder NRIC	S7539301F
Certificate No.					
Address	33 BISHAN STREET 11 #22-12 BISHAN LOFT SINGAPORE 579820				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/06/2019	Effective Date	29/06/2019 00:00	Expiry Date	28/06/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	JG MOTOR AGENCY	Agent Tel.	63440727	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	33 BISHAN STREET 11	Address 2	#22-12 BISHAN LOFT	Address 3	SINGAPORE 579820
Address 4		Address Type	Singapore address	Post Code	579820
Unit No.	22-12	Related Policy Number	5110763833		

▶ Insured Object: SLW169J

▼ Endorsements

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

Claim Handling

Accident MT/1073835

Policy No.	5110790545	Vehicle No.	SLW169J	GST Registration No.	
Certificate No.					
Policyholder Name	TAN KIA KHYE (CHEN JIAKAI)	Cover Type	drive CLASSIC	Policyholder NRIC	S7539301F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Leading	0
Contact No.(Mobile)	96677167	Special Remark		Contact No.(Home)	0
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(%)	10	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	02/12/2019 14:13	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	01/12/2019	Time of Accident hh:mm	22:30	Country of Accident	Singapore
Reporting Centre		Orangs Force		ICM No.	
Accident Location	JUNC TOMLINSON RD & ORCHARD BLVD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0	Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	2000.00				
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	33 BISHAN STREET 11	Address 2	#22-12 BISHAN LOFT	Address 3	SINGAPORE S79820
Address 4		Address Type	Singapore address	Post Code	S79820
Unit No.	22-12	Related Policy Number	5110783833		
OT Driver Info					
Driver Name	TAN KIA KHYE	Driver Type	Main Driver	Driver DOB	27/12/1975
Unnamed driver Name		Driver NRIC	S7539301F	Driving Experience	22
Register Date of Driver License	01/12/1997	Driver Age	43	Contact No.(Home)	0
Contact No.(Mobile)	96677167	Contact No.(Office)	0	Address 3	SINGAPORE S79820
Address 1	33 BISHAN STREET 11	Address 2	BISHAN LOFT	Post Code	S79820
Address 4		Address Type	Singapore address		
Unit No.	22-12				
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 *	OD-MX	Insured Name	TAN KIA KHYE (CHEN JIAKAI)	Insured NRIC	S7539301F
Contact No.(Mobile)	96677167	Contact No.(Home)	+	Contact No.(Office)	
Email Address	mozeat@yahoo.com.sg	OT Vehicle Number	SLW169J	TP Vehicle Number	SKW9119G
Claimant Type	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLW169J / SKW9119G DN 1 Dec 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	02/12/2019 14:14	Claim Close Date		Date Received	02/12/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1073835	Claim No.	001	
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/12/2019 14:15	
Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="text"/>	Normal	
Browse... Clear	Please Select	<input type="text"/>	Normal	
Browse... Clear	Please Select	<input type="text"/>	Normal	
Browse... Clear	Please Select	<input type="text"/>	Normal	
Browse... Clear	Please Select	<input type="text"/>	Normal	
Browse... Clear	Please Select	<input type="text"/>	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 14:15	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 14:15	SAS		Normal	SAS 2019-12-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 14:15	Photos		Normal	Photos 2019-12-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 14:15	Photos		Normal	Photos 2019-12-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 14:15	Photos		Normal	Photos 2019-12-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 14:15	Photos		Normal	Photos 2019-12-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 14:15	Photos		Normal	Photos 2019-12-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 14:15	Photos		Normal	Photos 2019-12-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 14:15	Photos		Normal	Photos 2019-12-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 14:14	Photos		Normal	Photos 2019-12-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 14:14	Photos		Normal	Photos 2019-12-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 14:14	Photos		Normal	Photos 2019-12-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 14:14	Photos		Normal	Photos 2019-12-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 02 Dec 2019 14:14	Photos		Normal	Photos 2019-12-2

Video List

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