

# NATIONAL Assessment Centre Services

[Ref: 1 Jan 05] **MA11916408**

Date In: <b>13/12/19-10:22</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA11916408/1959/24</b>	SAS e-filing		
Veh No: <b>JKB8413</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>12/12/19-08:20</b>	i-Motor Claim Form	<b>MA11916408-00V</b>	<b>13/12/19 13:34</b>
OD <b>TP</b> 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: <b>JKB8413</b>	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

<b>NA1909369</b>	<b>Invoice Preparation Checklist</b>	<b>Amt (\$)</b>	<b>Amt (\$)</b>
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);	<b>Est Bill</b>	<b>Add Bill</b>
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments:-</b>	For clearing against INC Only (wef 10 Jan 2005)		
<b>Dat 1:</b>	6) TR: Re-inspection \$75		
<b>Dat 2/3:</b>	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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		
	N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	13/12/2019 10:22
Date Of Accident	12/12/2019 08:20
Exact Location Of Accident	SUNGEI RD TWDS OPHIR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB6841J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOH CHAN WAH
NRIC No	S1539794B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91790770
Alternative Phone No	OFFICE-91790770

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5109900704
Cover Note Number	

### Driver

Name of Driver	SOH CHAN WAH
NRIC No	S1539794B
Date Of Birth	04/07/1962
Occupation	OUTDOOR
Date Of Driving Pass	26/10/1982
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91790770
Fax Number	
Contact Number	OFFICE-91790770
Email Address	NOEMAIL

Address	12 DERBYSHIRE ROAD #04-01
Postcode	309466
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	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191212/2073.

#### 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	SMC9252K
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)  
Passenger 1

2

NAME: :

GENDER: :

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

EZ55X

PRIVATE CAR

1

#### DETAILS OF INJURED PERSON 1

Name  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

SOH CHAN WAH

BODY

SKB6841J

YES

NO



## SKETCH PLAN

### IMPORTANT NOTICE

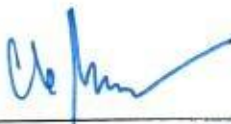
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:



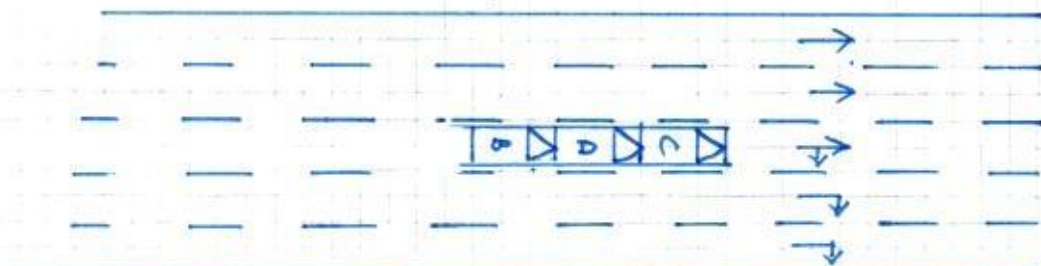
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN

- (A) SKB 6841 J.  
(B) SMC 9252 K.  
(C) E2 SS X.



Sungei Road towards Ophir before Jln Besar.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report

No: T/20191212/2073.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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



<b>Vehicle No.</b>	SKB 6841 J		Model / Make	Toyota Altis
Date of Accident	12/12/19			
Time of Accident	0820 HRS			
Location of Accident	Sungei Road towards Ophir before Jln Besar junction.			
Exact purpose use during accident	Chauffeur			
<b>Name of Owner</b>	Soh Chan Wah			
Telephone No.	H/P : 91790770	Home :	Office :	
NRIC	S1539794B			
Address	12, Derbyshire Road #04-01 (B) 309466			
Claim type	OD	THIRD PARTY REPORTING ONLY		
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	5109900704			
<b>Name of Driver</b>	As Above If No,			
NRIC			Any Passengers :	01 (F)
Date of birth	04/07/1962			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	26/10/1982			
Gender	Male	/	Female	
Contact No.	H/P :	Home :	Office :	
Address				
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.	Soh Chan Wah (H/P: 91790770)			
Name And Contact No.				
Police Report	No,	If Yes, Where?	Thomson NPP	
<b>Vehicle B No.</b>	SMC 9252 K		Any Passengers :	01 (F)
Name of Driver			Contact No. :	
<b>Vehicle C No.</b>	EZ 55 X		Any Passengers :	N.A.
<b>Vehicle D No.</b>			Any Passengers :	
<b>Vehicle E No.</b>			Any Passengers :	
<b>Vehicle F No.</b>			Any Passengers :	
<b>Vehicle G No.</b>			Any Passengers :	
Witness Name	N.A.		Witness Contact :	N.A.
Accident Portion	Front and Rear Portion			
Camera Recorder	Yes / No			
Email Address	sohchanwah@hotmail.com			
<b>PARTICULAR WORKSHOP</b>	Twincar			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Zi Jing			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			





# SINGAPORE POLICE FORCE



T/20191212/2073

1 of 4

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No. T/20191212/2073

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/12/2019 13:05	Vide Report No.:	Station Diary No.: 20
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**Informant's Particulars**

Name of Informant: SOH CHAN WAH			Address: 12 DERBYSHIRE ROAD #04-01 SINGAPORE 309466		
ID Type / ID No.: NRIC NO / S1539794B			Contact No.: Home/Office: Mobile: 91790770		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 04/07/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/12/2019 08:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SUNGEI ROAD OPHIR ROAD Along Sungei Road towards Ophir Road				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EZ55X	Car	HONDA	ODYSSEY 2.4 EXV-S CVT SR	Grey	Slightly Damaged	0
SKB6841J	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Slightly Damaged	1
SMC9252K	Car	TOYOTA	NOAH HYBRID 7-SEATER 1.8X CVT	Brown	Slightly Damaged	1





# SINGAPORE POLICE FORCE



T/20191212/2073

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20191212/2073

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKB6841J	NTUC Income Insurance Co-Operative Limited	5109900704	27/05/2019	21/06/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Driver</b>				
Name	TONG TAI YEE		ID No.	S2222987G
Related Vehicle	EZ55X (Car)		Contact No.	96822938
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
<b>Driver</b>				
Name	SOH CHAN WAH		ID No.	S1539794B
Related Vehicle	SKB6841J (Car)		Contact No.	917907770
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	12/12/2019		Date Discharge	12/12/2019
No. of Days granted Medical Leave	05		Degree of Injury	Slight
<b>Driver</b>				
Name	FONG CHOON PENG (PENG JUNPING)		ID No.	S7838668A
Related Vehicle	SMC9252K (Car)		Contact No.	97907609
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



**SINGAPORE  
POLICE FORCE**



T/20191212/2073

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20191212/2073

**CONTINUATION OF REPORT**

**Brief Details.**

On 12/12/2019 at about 0821hrs, I was driving my vehicle, SKB6841J, along Sungei Road towards Ophir Road when a vehicle, EZ55X, filtered into my lane, slowed down and came to a stop. As such, I followed suited, I slowed down and came to a stop. Suddenly, I felt an impact from the rear portion of my vehicle. The impact caused my vehicle to move forward, hence causing my vehicle to collide onto the vehicle that was ahead of mine. I alighted from my vehicle and noticed that a vehicle, SMC9252K, had collided onto the rear portion of my vehicle. We then took a few photos of the accident, exchanged particulars and went our separate ways. I wish to state that I do have an in-built car camera.

I then felt pain on shoulders and my neck portion as such I went to Mount Alvernia Hospital and was given 5 days of medical certificate.





**SINGAPORE  
POLICE FORCE**



T/20191212/2073

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20191212/2073

**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: E / Sgt 2 MOHAMAD FAIZAL BIN HASHIM TOH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/12/2019 13:05
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No: 65476151 SN 070	Classification Of Case:
Authentication Stamp NP168  ATURE	

## 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:** 5109900704

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKB6841J**  
Chassis Number : **MR053REE104117512**
2. Name of Policyholder : **SOH CHAN WAH**
3. Effective Date of Insurance : **27 May 2019**
4. Expiry Date of Insurance : **21 Jun 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SOH CHAN WAH
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 : SENG LEE HONG VEHICLE TRADING (00000613455)  
Date of Issue : 27 May 2019 11:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



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="12/12/2019 08:20"/>							
Vehicle No.(For Motor)	<input type="text" value="SKB6841J"/>	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"/>	5109900704		SOH CHAN WAH	S1539794B	GPC	drive CLASSIC	SKB6841J	SKB6841J	27/05/2019	21/06/2020
<input type="button" value="Continue"/>										

## Claim Handling

Accident MT/1075535

Policy No.	S109900704	Vehicle No.	SKB68411	GST Registration No.	
Certificate No.					
Policyholder Name	SOH CHAN WAH			Policyholder NRIC	S15397948
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		sCode	<input type="checkbox"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	sCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Not available

## Accident Details

Report Date	13/12/2019 09:33	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	12/12/2019	Time of Accident hh:mm	08:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SUNGET ROAD				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YED OD Excess		YED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	12 DERBYSHIRE ROAD	Address 2	#04-01 ADRIA	Address 3	SINGAPORE 309466
Address 4		Address Type	Singapore address	Post Code	309466
Unit No.		Related Policy Number	S109900704		

## OI Driver Info

Driver Name	Unnamed driver Name	Driver Type	Driver NRIC	Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
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 *	DD-MX	Insured Name	SOH CHAN WAH	Insured NRIC	S15397948
Contact No.(Mobile)	91790770	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SKB68411	TP Vehicle Number	SMC9252K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKB68411 / SMC9252K ON 12 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	13/12/2019 10:34	Claim Close Date		Date Received	13/12/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1075535	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/12/2019 10:35

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?
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[illegible]