

NATIONAL Assessment Centre Services. [ver 1 Jan 00]

MAIA 420012315

Date In: 28/01/2020 16:28	Job description	Date & Time Completed	Done by
Ref No: NAIA 4200149214	SAS e-illing		
Veh No: SKR 28576	E-mail (4 jobs this, AIC 2hrs)		
DOA: 28/01/2020 12:30	I-Motor Claims Form	mrdue81855-001	28/01/2020
OD / TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:01
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assgn Wkep / QW: () Tel: () Fax: ()

TP Particulars: Vch No: PRODUCTION 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%; F: 80-100%]

Year of Registration: () Warranty: YBS () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

NA 2001075	1) AIL: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$120	
Damaged Portion:	4) PT: Follow-Through Survey \$30	
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey) For claim against INC Only (ver 10 Jan 200)	
Warranty Commitment:	6) TR: Re-inspection \$75	
Date:	7) NI: Use DA + SMRT Survey \$160	
	8) INUC Additional Services:	
	OD:	
	* NS: Courtesy Car / Tpl Allowance \$5	
	* NS: Repair Coordination \$10	
	* TP: Post Repair Inspection \$25	
	* ND: DV / Collect Excess Coordination \$5	
	TP (NI) / TP (NS in INC) against LAG \$20	
	9) NI: Id. 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	28/01/2020 16:28
Date Of Accident	24/01/2020 12:30
Exact Location Of Accident	REDHILL CLOSE T-JUNCTION NEAR REDHILL MARKET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR2857G
Insured/Policyholder	
Name Of Registered Owner	MAH CHAO HOCK
NRIC No	SXXXX221E
Email Address	WILLIAMSMH8@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87199002
Alternative Phone No	OTHERS-87199002

Vehicle Particulars

Manufacturer	HONDA
Model	CITY
Exact Purpose for which vehicle was being used at time of accident	HEADING TOWARDS SHENTON WAY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103645651
Cover Note Number	

Driver

Name of Driver	MAH CHAO HOCK
NRIC No	SXXXX221E
Date Of Birth	11/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	15/01/2001
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87199002
Fax Number	
Contact Number	OTHERS-87199002
EMail Address	WILLIAMSMH8@GMAIL.COM

Address	BLK 77A REDHILL ROAD #28-16
Postcode	151077
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	COLLIDED INTO PEDESTRIAN
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	1
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	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200124/2108 AND T/20200129/2033

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
Name of Driver	NG CHONG HONG
NRIC/Passport Number	SXXXX970C
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG CHONG HONG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle?

Were seat belts worn?

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.

Witi

Policyholder's Signature
Date & Time:

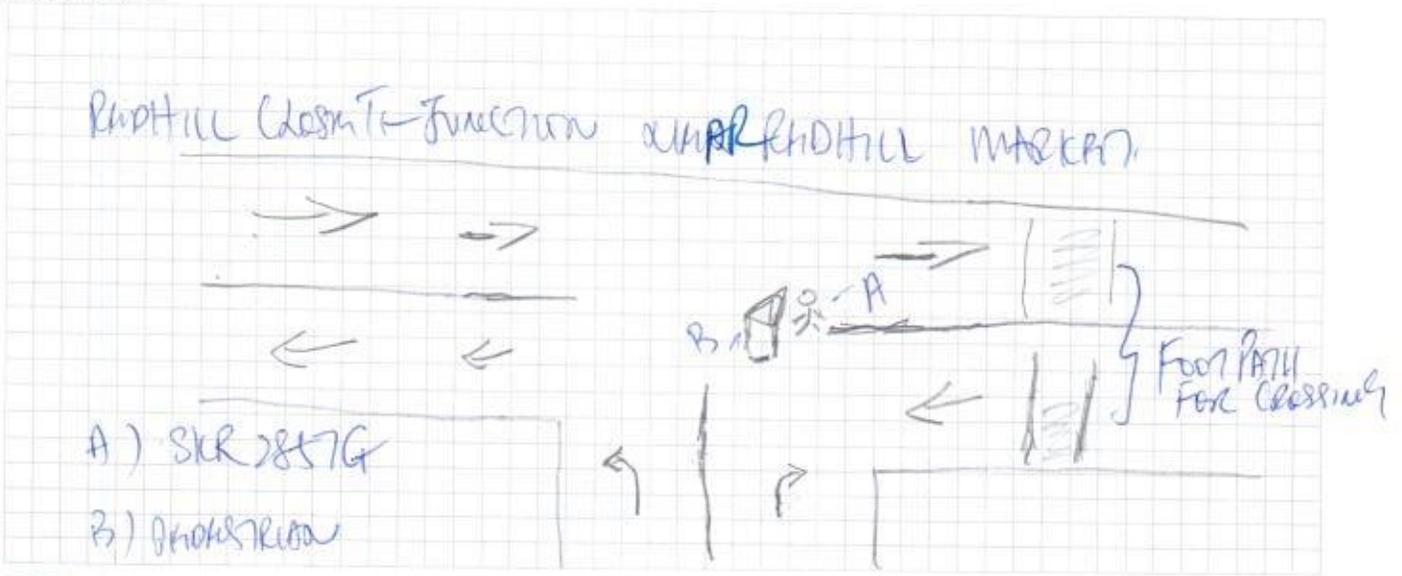
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.: *Resdi UOT0023*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On day 24.01.2020 at about 12.30pm, I was driving my vehicle (SKR28576) along Redhill close towards Shenton way. While I was driving along Redhill close approaching towards a T-Junction. The T-junction was not controlled by any traffic lights. After checking on my right to make sure there is no on coming traffic I started to move out of the lane and at the same time checking on my left to ensure there is no on coming traffic approaching towards me, there was then a senior citizen jaywalking crossing the road at the point that I was turning. I did not see him crossing the road and as a result, my vehicle's left mirror hit against his right arm of the senior citizen. The senior citizen fell on the road and hurt his right foot. I then brought him over to the Singapore General Hospital Emergency department for treatment.

Police Report 7/2020024/2020

DECLARATION

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

Wti
Policyholder's Signature
Date & Time:

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

28/01/2020
Reporting Centre Personnel's Signature
Name: Redi W. Hoo
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 24/01/2020 (DD/MM/YYYY), TIME: 12:30pm (HH:MM)

LOCATION: Redhill close T Junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR2857G
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: S103645651-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA CITY
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Heading towards shenton way
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Mah Chao Huck (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S72322212 CONTACT: 87199002
C) ADDRESS: Blk 77A Redhill Road #28-16 S151077

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: P. S. APRAHA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 11/9/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15/01/2001

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: PROK57RDM MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
(including driver)
()

No of passengers
(including driver)
()

No of passengers
(including driver)
()

email = Williamsmah2@gmail.com
VIDEO yes



Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20200124/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/01/2020 18:45	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars			
Name of Informant: MAH CHAO HOCK		Address: APT BLK 77A REDHILL ROAD #28-16 SINGAPORE 151077	
ID Type / ID No.: NRIC NO / S7232221E		Contact No.: Home/Office: Mobile: 87199002	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 11/09/1972	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Grab Driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 24/01/2020 12:30	Type of Location: T-Junction
Location: Along Road 1 REDHILL CLOSE T-junction near Redhill Market				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKR2857G	Car	HONDA	CITY 1.5 SV CVT	Blue	No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR2857G	NTUC Income Insurance Co-Operative Limited	5103645651	13/09/2018	28/01/2020



Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes			
No. of Pedestrians Injured: 1		Use of Pedestrian Crossing: Not Available	
Driver			
Name	MAH CHAO HOCK	ID No.	S7232221E
Related Vehicle	SKR2857G (Car)	Contact No.	87199002
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
Pedestrian			
Name	NG CHONG HONG	ID No.	S1231970C
Related Vehicle	NIL	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 the 24.01.2020 at about 12.30PM, I was driving my vehicle (SKR2857G) along Redhill Close towards Shenton Way. I was travelling along Redhill Close towards a T-junction. The T-junction was not controlled by any traffic lights. I was turning right and I was looking out for the oncoming traffic from my right and left.

As I was turning right and looking left to ensure that there was no other vehicle coming towards me, there was then a senior citizen crossing the road at the point that I was turning.

I did not see him crossing the road and as a result, my vehicle's left mirror hit the right arm of the senior citizen.

The senior citizen fell on the road and hurt his right foot.

I then brought him over to the Singapore General Hospital Emergency department for treatment.

I am therefore lodging this report for record and assistance purposes.



**SINGAPORE
POLICE FORCE**



T/20200124/2108

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20200124/2108

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200124/2108

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

4 of 4

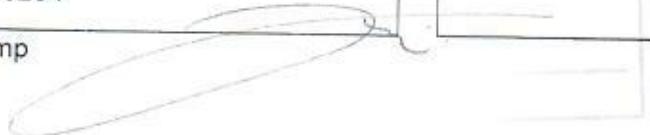
Report No. T/20200124/2108

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 / Sr Staff Sgt MUHAMMAD AZRI KHAIRUDDIN BIN AZAHAR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/01/2020 18:45
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999



T/20200129/2033

1 of 3

Report No. T/20200129/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
29/01/2020 12:12

Vide Report No.:

Station Diary No.:
8

Informant's Particulars

Name of Informant:
MAH CHAO HOCK

Address:
APT BLK 77A REDHILL ROAD #28-16 SINGAPORE 151077

ID Type / ID No.:
NRIC NO / S7232221E

Contact No.:
Home/Office: Mobile: 87199002

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 47 11/09/1972

Type of Informant:
Driver

Race:
Chinese

Language:

Institution / School Name:

Occupation:
GRAB DRIVER

Driving Licence Information:
Class: Date of Expiry:

General Information of the Accident

Type of Accident: Injury
Pedestrian / Cyclist

Drink Drive:
No

Date/Time of Accident:
24/01/2020 12:30

Type of Location:
T-Junction

Location:
Along Road 1
REDHILL CLOSE

T-junction near Redhill Market

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
Two Way

Traffic Control:
Not Controlled

Traffic Volume:

Type of Collision:
Moving Vehicle Against - Pedestrian

Anyone conveyed by ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKR2857G	Car	HONDA	CITY 1.5 SV CVT	Blue	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR2857G	NTUC Income Insurance Co-Operative Limited	5103645651-01	29/01/2020	28/01/2021



SINGAPORE
POLICE FORCE



T/20200129/2033

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

3 of 3
Report No. T/20200129/2033

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 1 CHAN JUN MIN, STANLEY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/01/2020 12:12

Officer In Charge Of Case:

TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

SN 069

Authentication Stamp

NP168





**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999



T/20200129/2033

2 of 3

Report No. T/20200129/2033

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: Yes		Use of Pedestrian Crossing: Not Available	
No. of Pedestrians Injured: 1			
Driver			
Name	MAH CHAO HOCK	ID No.	S7232221E
Related Vehicle	SKR2857G (Car)	Contact No.	87199002
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
Pedestrian			
Name	NG CHONG HONG	ID No.	S1231970C
Related Vehicle	NIL	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 day 24/01/2020 at about 1230hrs, I was driving my vehicle (SKR2857G) along Redhill Close towards Shenton way while I was driving along Redhill Close approaching a T-Junction. The T-Junction was not controlled by any traffic lights.

After checking on my right to make sure there is no oncoming traffic, I started to move out of the lane and at the same time checking on my left to ensure there is no oncoming traffic approaching towards me. There was then a senior citizen jaywalking crossing the road at the point that I was turning.

I did not see him crossing the road and as a result, my vehicle's right mirror hit against his right arm of the senior citizen.

The senior citizen fell on the road and hurt his right foot. I then brought him over to the Singapore General Hospital emergency department for treatment.

Claim Handling

Accident MT/1061855

Policy No.	5103645651	Vehicle No.	SKR2857G	GST Registrati
Certificate No.				
Policyholder Name	MAH CHAO HOCK			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	87199002	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	28/01/2020 16:40	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/01/2020	Time of Accident hh:mm	12:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	REDHILL CLOSE T-JUNCTION NEAR REDHILL MARKET			

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Ex
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

Benefits

Coverage	Sum Insured
Transport Allowance	99999999.99

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 77A #28-16	Address 2	REDHILL ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	28-16	Related Policy Number	5103645651-01	

OI Driver Info

Driver Name	MAH CHAO HOCK	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S7232221E	Driver DOB
Register Date of Driver License	15/01/2001	Driver Age	47	Driving Experi
Contact No.(Mobile)	87199002	Contact No.(Office)		Contact No.(H
Address 1	BLK 77A #28-16	Address 2	REDHILL ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	28-16			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKR2857G	Driver Insurer

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	MA
Contact No.(Mobile)	87199002	Contact No. (Home)	NIL
Email Address	williamsmah8@gmail.com	OI Vehicle Number	SKI
Claim Description	SKR2857G / PEDESTRIAN ON 24 Jan 2020		
Preferred Workshop		Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	28/01/2020 17:00
<input checked="" type="checkbox"/> Print AK letter		Report Taken By	ROSLI WAHAB

Save Submit

Hello, NAC_BUKIT_MERAH_800676

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="24/01/2020 10:34"/>
Vehicle No.(For Motor)	<input type="text" value="SKR2857G"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103645651		MAH CHAO HOCK	S7232221E	GPC	drive CLASSIC	SKR2857G	SKR2857G	13/09/2018	28/01/2020

Continue

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MUA4200123 Vehicle Registration No: SKR 2857G

Name (as shown in NRIC) : MAH LITA HACK NRIC/FIN/Passport No : SXXX221E

(*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 8799002

Email Address : _____

Date of Accident : 24/01/2020 Time of Accident : 12:30

Place of Accident : BUOHILL CREEK T-JUNCTION NEAR BUOHILL MARKET?

Insurance Company : XITUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① To insert new Police Report #/20200129/2033
- ② IT SHOULD BE RIGHT MIRROR INSTEAD OF LEFT MIRROR THAT HIT THE PROTRUSION

Policyholder / Driver's Signature
Date:

[Signature] 20/01/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: [Signature]
Date: