

NATIONAL Assessment Centre Services

(part 1 of 2)

MNA 120012548

Date In: 28/01/2020 20:58	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 2000/54719	E-mail (within 2hrs, AIC 2hrs)		
Vehicle No: SLF 363SA	1-Motor Claims Forfeiture	MT/1081996-001	
Date: 23/01/2020 17:30	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP: (1) Reporting Only	1-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: EG 2228B	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 repolter.

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

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

Remarks: (INC 1 to 1000 4016)	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 2000 938	Invoice Preparation Checklist	Ant (5)	SPAR (5)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	121	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: 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 2023)		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt 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: Idas Mobile \$10		
	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 20:58
Date Of Accident	23/01/2020 17:30
Exact Location Of Accident	LOR 8 TOA PAYOH TWDS LOR 7 TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF3635A
Insured/Policyholder	
Name Of Registered Owner	ONG KOK HUA
NRIC No	SXXXX993C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86707077
Alternative Phone No	OFFICE-86707077

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098498353-01
Cover Note Number	

Driver

Name of Driver	ONG KOK HUA
NRIC No	SXXXX993C
Date Of Birth	23/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2011
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86707077
Fax Number	
Contact Number	OFFICE-86707077
Email Address	NOEMAIL

Address	BLK 612C PUNGGOL DRIVE #04-881
Postcode	823612
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : SUGUNTHAN A/L GOPALKRISHNAM GENDER: : MALE

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
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 NO. T/202000124/2023

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	EG2228B
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

ONG KOK WAH

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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

A = SLF 3635 A
B = EG 2228 B.

Lor 8 Tan Payoh tower's Lor 7
Tan Payoh

Refer to Police Report T/20200124/2023.

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

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 1 / 20) (DD/MM/YYYY), TIME: (17:30) (HH:MM)

LOCATION: Lor 8 Toa Payoh tws Lor 7 Toa Payoh.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S2F 3635A
b) INSURANCE COMPANY: IMC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Shuttle
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use commercial
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: ong Kok Hui (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 86707077
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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) Driver & Passenger.

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: EG 2228B. MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passengers
(Including driver)
(2)

/
M.

Sugunthan AIL
Gopal Krishnan.

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

writing car photo
on Tuesday.

Email = Mervin.
fax =
VIDEO = Yes.



SINGAPORE POLICE FORCE



T/20200124/2023

1 of 4

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

Report No. T/20200124/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/01/2020 11:07	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ONG KOK HUA			Address: APT BLK 612C PUNGGOL DRIVE #04-881 DAMAI GROVE SINGAPORE 823612	
ID Type / ID No.: NRIC NO / S1737993C			Contact No.: Home/Office:	Mobile: 86707077
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 53	Date of Birth: 23/04/1966	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/01/2020 17:30	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 LORONG 8 TOA PAYOH LORONG 7 TOA PAYOH ALONG LORONG 8 TOA PAYOH TOWARDS LORONG 7 TOA PAYOH, NEAR TO TOA PAYOH SOUTH CC				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
EG2228B	Car				Slightly Damaged	0
SLF3635A	Car	HONDA	SHUTTLE 1.5G CVT	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20200124/2023

2 of 4

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

Report No. T/20200124/2023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF3635A	NTUC Income Insurance Co-Operative Limited	5098498353-01	12/03/2019	11/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Ho Kok Wah		ID No.	S0452693G
Related Vehicle	EG2228B (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	ONG KOK HUA		ID No.	S1737993C
Related Vehicle	SLF3635A (Car)		Contact No.	86707077
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ PUNGGOL DAMAI PTE LTD		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	24/01/2020		Date Discharge	24/01/2020
No. of Days granted Medical Leave		03	Degree of Injury	NIL

Brief Details.

On 23/1/20 at about 1730hrs, I was driving my vehicle bearing vehicle number SLF3635A with 1 passenger onboard along Lorong 8 Toa Payoh towards Lorong 7 Toa Payoh. As I was driving on the said road, I saw a vehicle bearing vehicle number EG2228B approaching from Toa Payoh Industrial Park. As it was my right of way, I proceeded on. However, the mentioned vehicle did not stop at the said junction and proceeded on also, colliding onto the left rear side and left rear tyre. After the collision, we alighted from the vehicle. My passenger informed me that he was injured. I then called for the police and informed that my passenger was injured. About 20 minutes later, the ambulance and the traffic police arrived at scene. I was then informed to lodge a report regarding this incident. As a result of the collision, my vehicle's left rear passenger door was dented and could not operate. The left rear tyre rim was also damaged.

On 24/1/20, I woke up feeling pain at my back area hence consulted the doctor and was granted 3 days mc.

That is all.



**SINGAPORE
POLICE FORCE**



T/20200124/2023

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

3 of 4

Report No. T/20200124/2023

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200124/2023

4 of 4

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

Report No. T/20200124/2023

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:

F /

Sgt 3 LOUIS SEAH ZHENG LIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/01/2020 11:07

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Classification Of Case:

Authentication Stamp

NP168



Certificate of Insurance

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

Certificate Number: 5098498353-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLF3635A**
Chassis Number : GK81004136
2. Name of Policyholder : **ONG KOK HUA**
3. Effective Date of Insurance : **12 Mar 2019**
4. Expiry Date of Insurance : **11 Mar 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	: ONG KOK HUA
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE LTD
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 : 18 Feb 2019 16:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1081996

Policy No.	5098498353-01	Vehicle No.	SLF3635A	GST Registration No.	
Certificate No.					
Policyholder Name	ONG KOK HUA	Cover Type	drive CLASSIC	Policyholder NRIC	S1737993C
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	86707077	Special Remark		Contact No. (Home)	0
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	29/01/2020 13:27	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	23/01/2020	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOR 8 TOA PAYOH TWDS LOR 7 TOA PAYOH				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
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

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 612C #04-881	Address 2	PUNGGOL DRIVE	Address 3	SINGAPORE 823612
Address 4		Address Type	Singapore address	Post Code	823612
Unit No.	04-881	Related Policy Number	5098498353-01		

01 Driver Info

Driver Name	ONG KOK HUA	Driver Type	Main Driver	Driver DOB	23/04/1966
Unnamed driver Name		Driver NRIC	S1737993C	Driving Experience	8
Register Date of Driver License	16/12/2011	Driver Age	53	Contact No. (Home)	
Contact No. (Mobile)	86707077	Contact No. (Office)		Address 3	SINGAPORE 823612
Address 1	BLK 612C #04-881	Address 2	PUNGGOL DRIVE	Post Code	823612
Address 4		Address Type	Singapore address		
Unit No.	04-881			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ONG KOK HUA	Insured NRIC	S173
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		GT Vehicle Number	SLF3635A	TP Vehicle Number	EG22
Claim Description	SLF3635A / EG22288 ON 23 Jan 2020				
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Submit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	29/01/2020 13:33
Date Registered				Workshop Repairer	BEH SWEE YANG SHERWIN
Report Taken By				Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1081996	Claim No.	001
Last Doc. Received	Yes No	Upload Date	29/01/2020 13:30
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 13:33	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 13:33	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 13:33	Photos		Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 13:33	Photos		Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 13:33	Photos		Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 13:33	Photos		Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 13:33	Photos		Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 13:32	Photos		Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 13:32	Photos		Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 13:32	Photos		Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 13:32	Photos		Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 13:32	Photos		Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 13:32	Photos		Normal	Photos 2020-1-29
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 13:32	SAS		Normal	SAS 2020-1-29

Video List

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