

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MA120014329

Date In: 11/12/09-09:49	Job description	Date & Time Completed	Done by
Ref No: NA/NCW0017874	SAS e-filing		
Veh No: 6H0327P.	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/12/09-19:15	i-Motor Claim Form	17/1082468-001	11/12/09 10:05
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: 5B56233L	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: 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

11A200965	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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) RT: 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:-		
	OD*		
	*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: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
Dat 1:			
Dat 2 / 3:			

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	01/02/2020 09:49
Date Of Accident	15/01/2020 19:15
Exact Location Of Accident	TAMPINES AVE 2 BEFORE TAMPINES ST 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ3272P
Insured/Policyholder	
Name Of Registered Owner	EMPIRE LEASING SERVICES PTE LTD
Co Reg No	2XXXXX373M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94554546
Alternative Phone No	OFFICE-94554546

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5115622104
Cover Note Number	

Driver

Name of Driver	CHEANG JEREMY CHRISTOPHER
NRIC No	SXXXX664Z
Date Of Birth	10/10/1984
Occupation	INDOOR
Date Of Driving Pass	21/05/2008
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94554546
Fax Number	
Contact Number	OFFICE-94554546
EMail Address	NOEMAIL

Address	BLK 499C TAMPINES AVENUE 9 #09-244
Postcode	523499
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 - HEAD TO REAR
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)	3
Passenger 1	NAME: : SWYNY TARYN-ANN RAE GENDER: : FEMALE
Passenger 2	NAME: : - 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 - 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/20200117/7017.

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	SBS6233G
Vehicle Make/Model/Colour	MERCEDES CITARO
Details Of Properties	
Vehicle Category	BUS
Name of Driver	YONG CHUNG LUNG

NRIC/Passport Number GXXXX127Q
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHEANG JEREMY CHRISTOPHER
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGQ3272P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SWYNY TARYN-ANN RAE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGQ3272P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

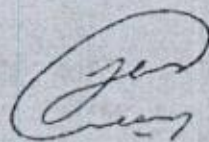
IMPORTANT NOTICE

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

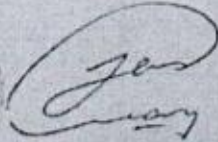
8. Consent under the Personal Data Protection Act (PDPA)

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:

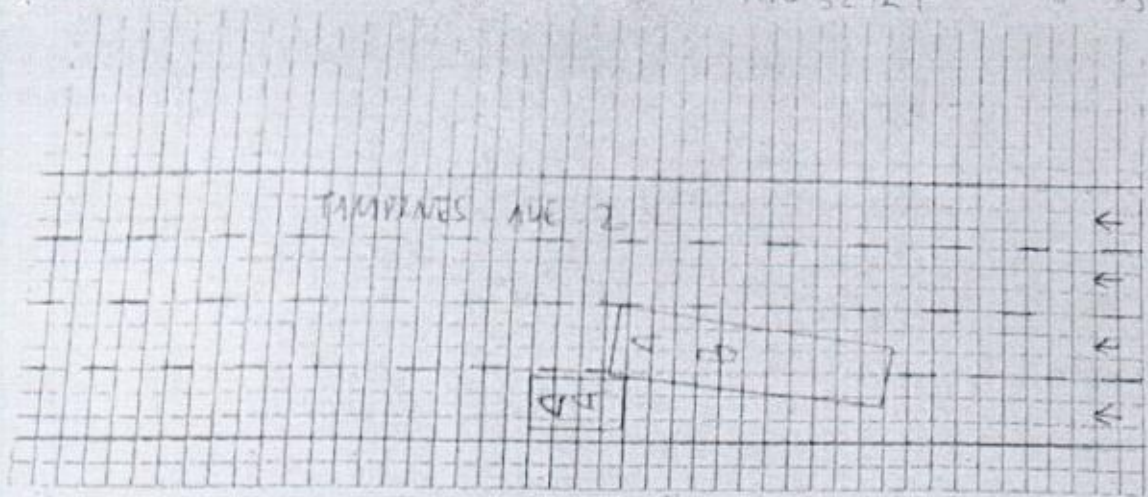
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

VEN A 116 3272 P VEN B 58562334



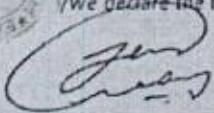
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Base on Police Report T/20200117/707



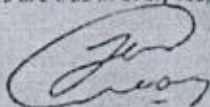
DECLARATION

(We declare the foregoing particulars are true in every respect.)



Policyholder's Signature

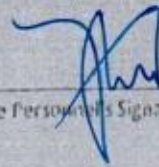
Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

Date of Accident: 15/1/2020 Accident Time: 1915 (24-HR-Format)
Accident Place: Tampines Ave 2 before Tampines Street 11
Vehicle Reg. No. (Car Plate No.): SGR 3272 P
Vehicle Make/Model: Toyota wish
Insurance Company: NTUC Policy No. 5115622104
Owner or Company Name / IC No.: Cheang Jeremy Christopher S84326642
Owner or Company Contact No.: 9455 4546 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No.: Cheang Jeremy Christopher S84326642
DRIVER'S Date Of Birth: 10/10/1984 DRIVER'S License Pass Date _____
Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address: 499C Tampines Ave 9 #09-244 SG 523499
DRIVER'S Contact No./ Alt No.: 1) 9455 4546 2) _____
DRIVER'S Occupation: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address: Admin@mycar.sg
Weather & Road Surface: CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including Driver): 3 1 female, 1 male.
Was there any video Captured by car camera: YES NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose Private use

Other Party Driver's Particular (if any)

Vehicle Reg. No.: SBS 6233 G
Vehicle Make/Model: Merc Citaro
Name Driver: Yong Chung Lung
IC No. Driver: G8560127 Q
Driver's Contact & Add: _____

Vehicle Reg. No.: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____



SINGAPORE POLICE FORCE



T/20200117/7017

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

1 of 3

Report No. T/20200117/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/01/2020 13:51	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHEANG JEREMY CHRISTOPHER			Address: APT BLK 499C TAMPINES AVENUE 9 #09-244 SINGAPORE 523499		
ID Type / ID No.: NRIC NO / S8432664Z			Contact No.: Home/Office: Mobile: 94554546		
Nationality: SINGAPORE CITIZEN			Email: Jeremycheang@hotmail.com		
Sex: Male	Age: 35	Date of Birth: 10/10/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/01/2020 19:15	Type of Location: Straight Road
Location: TAMPINES AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS6233G	Bus/Coach/Minibus				Slightly Damaged	0
SGQ3272P	Car	TOYOTA	WISH	Grey	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGQ3272P		NTUC		



**SINGAPORE
POLICE FORCE**



T/20200117/7017

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

2 of 3

Report No. T/20200117/7017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	SWYNY TARYN-ANN RAE	ID No.	S8833714Z
Related Vehicle	SGQ3272P (Car)	Contact No.	NIL
Hospital/Clinic	OUR FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/01/2020	Date Discharge	15/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	CHEANG JEREMY CHRISTOPHER	ID No.	S8432664Z
Related Vehicle	SGQ3272P (Car)	Contact No.	94554546
Hospital/Clinic	OUR FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/01/2020	Date Discharge	15/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the stated time and date,
I was driving my car (Veh A:SGQ3272P) on lane 3 along Tampines Ave 2 before Tampines 11. Suddenly, I felt an impact from my rear and realised a SBS bus (Veh B:SBS6233G) had collided onto my rear. We alighted from our vehicles to exchanged particulars. The SBS driver explained to me that he tried to overtake me from my right but collided onto my bumper accidentally. My wife (SWYNY TARYN-ANN RAE s8833714z) felt pain on her hips and I felt pain on my neck and back thus we went to see a doctor.



**SINGAPORE
POLICE FORCE**



T/20200117/7017

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

3 of 3

Report No. T/20200117/7017

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

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:
17/01/2020 13:51

Classification Of Case:

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5115622104-000001

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SGQ3272P**
Chassis Number : **ZNE100345257**
2. Name of Policyholder : **EMPIRE LEASING SERVICES PTE. LTD.**
3. Effective Date of Insurance : **15 Jan 2020**
4. Expiry Date of Insurance : **14 Jan 2021**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)
Date of Issue : 16 Jan 2020 08:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



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" value="5115622104"/>	Date of Accident	<input type="text" value="15/01/2020 19:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SGQ3272P"/>	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"/>	5115622104	5115622104-000001	EMPIRE LEASING SERVICES PTE. LTD.	201538373M	GFM	Third Party	SGQ3272P	SGQ3272P	15/01/2020	02/06/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5115622104	Policyholder Name	EMPIRE LEASING SERVICES PTE	Policyholder NRIC	201538373M
Certificate No.	5115622104-000001				
Address	50 CHIN SWEE ROAD #09-04 THONG CHAI BUILDING SINGAPORE 169874				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	16/01/2020	Effective Date	15/01/2020 00:00	Expiry Date	02/06/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	384.73		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	50 CHIN SWEE ROAD	Address 2	#09-04 THONG CHAI BUILDING	Address 3	SINGAPORE 169874
Address 4		Address Type	Singapore address	Post Code	169874
Unit No.	09-04	Related Policy Number	5115622104		

Insured Object: 5115622104-000001

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	15/01/2020 00:00	Basic Information Endorsement	000001287227975	Endorsement Take Effective	Update address

Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
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[Continue](#) [Cancel](#)

Claim Handling

Accident MT/1082468

Policy No.	5115622104	Vehicle No.	SGQ3272P	GST Registration No.	
Certificate No.	5115622104-000001				
Policyholder Name	EMPIRE LEASING SERVICES PTE. LTD.			Policyholder NRIC	201538373M
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	94554546	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	01/02/2020 10:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/01/2020	Time of Accident hh:mm	19:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE 2 BEFORE TAMPINES ST 11				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00
OD Standard Excess	0.00	TP Standard Excess	0.00
YIED OD excess	0.00	YIED TP Excess	
Additional Excess	0		
Total OD Excess Applicable	0.00	Total TP Excess Applicable	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	01/02/2020 10:05:12 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	50 CHIN SWEE ROAD	Address 2	#09-04 THONG CHAI BUILDING	Address 3	SINGAPORE 169874
Address 4		Address Type	Singapore address	Post Code	169874
Unit No.	09-04	Related Policy Number	5115622104		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/10/1984
Unnamed driver Name	CHEANG JEREMY CHRISTOPHER	Driver NRIC	SXXXX664Z	Driving Experience	11
Register Date of Driver License	21/05/2008	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	94554546	Contact No.(Office)	0	Address 3	TAMPINES RIA
Address 1	BLK 499C	Address 2	TAMPINES AVENUE 9	Post Code	523499
Address 4	SINGAPORE 523499	Address Type	Singapore address		
Unit No.	09-244				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	EMPIRE LEASING SERVICES PTE	Insured NRIC	201538373M
Contact No.(Mobile)	93881918	Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	SGQ3272P	TP Vehicle Number	S856233G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGQ3272P / S856233G ON 15 Jan 2020				
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	01/02/2020 10:05	Claim Close Date		Date Received	01/02/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit









Attachment

Accident No.	MT/1082468	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/02/2020 10:06

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? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 01 Feb 2020 10:06	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 01 Feb 2020 10:06	SAS		SAS 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 01 Feb 2020 10:06	Photos		Photos 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 01 Feb 2020 10:06	Photos		Photos 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 01 Feb 2020 10:06	Photos		Photos 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 01 Feb 2020 10:06	Photos		Photos 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 01 Feb 2020 10:06	Photos		Photos 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 01 Feb 2020 10:06	Photos		Photos 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 01 Feb 2020 10:06	Photos		Photos 2020-2-1	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 01 Feb 2020 10:06	Photos		Photos 2020-2-1	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Scan and uploading