

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA 12001927

Date In: 12/12/15:34	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2002 45274	SAS e-filing		
Veh No: JMK2117P	E-mail (within 3hrs, A/C 2hrs)		
D.O.A : 11/12/15 - 2:00	i-Motor Claim Form	12/12/15 07:08-001	12/12/15 15:34
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: 603 95507	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:-
( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.
( ) Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

NA 200192	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	12/02/2020 15:34
Date Of Accident	11/02/2020 20:00
Exact Location Of Accident	LOYANG WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK7117P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIA KIAN YONG, AARON
NRIC No	SXXXX562E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87777117
Alternative Phone No	OFFICE-87777117

### Vehicle Particulars

Manufacturer	BMW
Model	328I 2.0 AT D/AB 4DR ABS HID NAV
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114794889
Cover Note Number	

### Driver

Name of Driver	REGINALD WOO YI YUN
NRIC No	SXXXX822I
Date Of Birth	08/02/1993
Occupation	INDOOR
Date Of Driving Pass	17/01/2013
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86118818
Fax Number	
Contact Number	OFFICE-86118818
Email Address	NOEMAIL

Address	BLK 100 WHAMPOA DRIVE #25-180
Postcode	320100
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	DRY

#### 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)	4
Passenger 1	NAME: : WEI LING GENDER: : FEMALE
Passenger 2	NAME: : LYNN TOH MIAO SHAN GENDER: : FEMALE
Passenger 3	NAME: : AARON SIA 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/20200212/7004.

#### 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	GBJ9550T
-----------------------------	----------

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJW5208X  
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 REGINALD WOO YI YUN  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SMK7117P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name WEI LING  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SMK7117P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name LYNN TOH MIAO SHAN  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SMK7117P  
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### DETAILS OF INJURED PERSON 4

Name

AARON SIA

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SMK7117P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode


## SKETCH PLAN


### IMPORTANT NOTICE


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

I understand, acknowledge, agree and consent that:

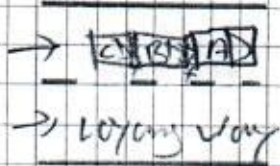
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the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

  
\_\_\_\_\_  
Policy holder's signature  
Date / time:

  
\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
\_\_\_\_\_  
reporting centre personnel's Signature  
Date / time:

# SKETCH PLAN



A: SMK 707P  
B: GRJ 9550 T  
C: SJW 5280 X

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

## DECLARATION

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

Policy holder's signature  
Date & time:

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

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

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

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

## ACCIDENT DETAILS

Date of accident	11-02-2020	(DD/MM/YY)
Time of accident	2000 HRS	(HH:MM)
Exact location of accident	Loyang Way	

## DETAILS OF VEHICLE

Vehicle registration number	SMK 7117P		
Vehicle make and model	BMW 328I		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if no, please select:
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

## INSURANCE INFORMATION

Insurance company	NTUC		
Policy number	5114794889		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	Sia Kian Yong, Aaron	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9340562E		
Contact	8777 7117		
Address	52 Chai Che Street #02-322 (S) 460052		

## DRIVER

## SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Reginald Uoo Yi' Yun	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9304822I		
Contact	8611 8818		
Address	Blk 100 Whampoa Drive #25-180 (S) 320100		
Email address			
Date of birth	08-02-1993		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	17-01-2013		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Friend</u>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>04</u> (Inclusive of driver)

PASSENGER 1	
Name	<u>Wei ling</u>
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 2	
Name	<u>Lynn Toh Miao Shun</u>
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 3	
Name	<u>Aaron Sia</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	4B3 9550T
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	SJW 5208 X
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

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

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

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

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

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

INJURED PERSON 1	
Name	Reginald Woo Yt Yun
Injuries sustained	B & N
Which vehicle person in?	SMK 7117P
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	Wei Ling
Injuries sustained	B & N
Which vehicle person in?	SMK 7117P
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	Lynn Toh Miao Shan
Injuries sustained	B & N
Which vehicle person in?	SMK 7117P
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	Aaron Sia
Injuries sustained	B & N
Which vehicle person in?	SMK 7117P
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



# SINGAPORE POLICE FORCE



T/20200212/7004

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

1 of 3

Report No. T/20200212/7004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/02/2020 01:54		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: REGINALD WOO YI YUN			Address: APT BLK 100 WHAMPOA DRIVE #25-180 SINGAPORE 320100		
ID Type / ID No.: NRIC NO / S93048221			Contact No.: Home/Office: Mobile: 86118818		
Nationality: SINGAPORE CITIZEN			Email: wooyy1993@hotmail.com		
Sex: Male	Age: 27	Date of Birth: 08/02/1993	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Computer engineer		Driving Licence Information: Class:		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/02/2020 20:00	Type of Location: Straight Road
Location:  LOYANG WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBJ9550T	Van					0
SJW5208X	Car					0
SMK7117P	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200212/7004

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

2 of 3

Report No, T/20200212/7004

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	REGINALD WOO YI YUN		ID No.	S9304822I
Related Vehicle	SMK7117P (Car)		Contact No.	86118818
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	

Brief Details.

I was driving Vehicle A: SMK7117P along Loyang way where suddenly I felt a collision on the rear of my vehicle.

When I went down to check I realized it was a chain accident caused by Vehicle C: SJW5208X as he has collided on to Vehicle B: GBJ9550T and hence causing Vehicle B to collide on to my Vehicle.

We all agreed to file our own insurance report and we exchanged particulars.

I have sustained injuries from the above mentioned accident and was issued 5 days of medical leave.



**SINGAPORE  
POLICE FORCE**



T/20200212/7004

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

3 of 3

Report No. T/20200212/7004

**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 /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

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:  
12/02/2020 01:54

Classification Of Case:

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S114794889		SIA KIAN YONG, AARON	S9340562E	GPC	drivo CLASSIC	SMK7117P	SMK7117P	13/12/2019	12/12/2020

### Policy Information

Policy No.	5114794889	Policyholder Name	SIA KIAN YONG, AARON	Policyholder NRIC	S9340562E
Certificate No.					
Address	BLK 52 #02-322 CHAI CHEE STREET SINGAPORE 460052				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	13/12/2019	Effective Date	13/12/2019 00:00	Expiry Date	12/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	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	BLK 52 #02-322	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE 460052
Address 4		Address Type	Singapore address	Post Code	460052
Unit No.		Related Policy Number	5114794889		

### Insured Object: SMK7117P

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	20/12/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 20 Dec 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: OCBC BANK LTD CHASSIS NUMBER: WBA3A52080F254117 ENGINE NUMBER: A1840134N20B20A VEHICLE REGISTRATION NUMBER: SMK7117P ORIGINAL REGISTRATION DATE: 31 Aug 2012

Continue

Cancel

## Claim Handling

Accident MT/1084078

Policy No.	5114794889	Vehicle No.	SMK7117P	GST Registration No.	
Certificate No.					
Policyholder Name	SIA KIAN YONG, AARON	Cover Type	drive CLASSIC	Policyholder NRIC	S9340562E
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	87777117	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	12/02/2020 15:52	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	11/02/2020	Time of Accident hh:mm	20:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOYANG WAY				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0	Total TP Excess Applicable			
Total OD Excess Applicable	1100.00				
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 52 #02-322	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE 460052
Address 4		Address Type	Singapore address	Post Code	460052
Unit No.		Related Policy Number	5114794889		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/02/1993
Unnamed driver Name	REGINALD WOO YI YUN	Driver NRIC	SXXXX822I	Driving Experience	7
Register Date of Driver License	17/01/2013	Driver Age	27	Contact No.(Home)	0
Contact No.(Mobile)	86118018	Contact No.(Office)	0	Address 3	WHAMPOA VIEW
Address 1	BLK 100	Address 2	WHAMPOA DRIVE	Post Code	320100
Address 4	SINGAPORE 320100	Address Type	Singapore address		
Unit No.	25-180	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **NEW**

Claim Type *	OD-MIX	Insured Name	SIA KIAN YONG, AARON	Insured NRIC	S9340562E
Contact No.(Mobile)	84487673	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SMK7117P	TP Vehicle Number	GB9550T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMK7117P / GB9550T ON 11 Feb 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	12/02/2020 15:54	Claim Close Date		Date Received	12/02/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1084078	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/02/2020 15:55
Path *	Category *	Confidential	Urgency *
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal

URGENT

☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Feb 2020 15:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Feb 2020 15:55	SAS		Normal	SAS 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Feb 2020 15:54	Photos		Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Feb 2020 15:54	Photos		Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Feb 2020 15:54	Photos		Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Feb 2020 15:54	Photos		Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Feb 2020 15:54	Photos		Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Feb 2020 15:54	Photos		Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Feb 2020 15:54	Photos		Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Feb 2020 15:54	Photos		Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Feb 2020 15:54	Photos		Normal	Photos 2020-2-12	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Feb 2020 15:54	Photos		Normal	Photos 2020-2-12	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 12 Feb 2020 15:54	Photos		Normal	Photos 2020-2-12	

## Video List

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