

NATIONAL Assessment Centre Services.

(wef 1 Jan'05) MNA126026347

Date In: 28/1/2015: 15:59	Job description	Date & Time Completed	Done by
Ref No: NA/INC126026347/24	SAS e-filing		
Veh No: SICL46644	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/1/2015-23:35	i-Motor Claim Form	27/1/2015 16:12	28/1/2015 16:12
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: SICL46644	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

MNA126026347	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$90)		
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 2005)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2/3:	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 (N'm INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	28/02/2020 15:59
Date Of Accident	27/02/2020 20:35
Exact Location Of Accident	JALAN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL4069H
Insured/Policyholder	
Name Of Registered Owner	HO YUE TING
NRIC No	SXXXXX019H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87234234
Alternative Phone No	OFFICE-87234234

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA200 (R18)
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	5111016913
Cover Note Number	

Driver

Name of Driver	HO YUE TING
NRIC No	SXXXXX019H
Date Of Birth	29/04/1993
Occupation	INDOOR
Date Of Driving Pass	14/10/2015
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87234234
Fax Number	
Contact Number	OFFICE-87234234
EEmail Address	NOEMAIL

Address	BLK 297A COMPASSVALE STREET #10-26
Postcode	541297
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)	2
Passenger 1	NAME: : NYON MENG WEI GENDER: : FEMALE

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/20200228/7028.

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	SGC786S
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD NAOFAL BIN HABIBALLA
NRIC/Passport Number	SXXXX366E
Contact Number	91132207

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NYON MENG WEI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKL4069H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NYON MENG WEI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKL4069H

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 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.:

A
A
A
B

↑ Jalan Ennos

VEN A: SK 4069H

VEN B: SG C7865

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refr To Police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Date of Accident : 27/2/2020 Accident Time: 2035 (24-HR-Format)
 Accident Place : JALAN EUNJOS
 Vehicle Reg. No. (Car Plate No.) : SKL 4069E 4
 Vehicle Make/Model : CLA 200
 Insurance Company : Ntuc Policy No. _____
 Owner or Company Name / IC No. : HO Yue Ting / S931501914
 Owner or Company Contact No. : 87234234 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : AS Above
 DRIVER'S Date Of Birth : 29/4/93 DRIVER'S License Pass Date 14/10/15
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address : 297A Compressurales tree #10-26
 DRIVER'S Contact No. / Alt No. : 1) AS Above 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : admin@ny.com.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): 2 (1 female)
 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

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SGC 786S</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>ICIA</u>	Vehicle Make/Model: _____
Name Driver: <u>Muhammad naofal Bin Habibulla</u>	Name Driver: _____
IC No. Driver: <u>S9914366E</u>	IC No. Driver: _____
Driver's Contact & Add: <u>9113 2207</u>	Driver's Contact & Add: _____



SINGAPORE POLICE FORCE



T/20200228/7028

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

1 of 3

Report No. T/20200228/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2020 15:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HO YUE TING			Address: APT BLK 297A COMPASSVALE STREET #10-26 SINGAPORE 541297		
ID Type / ID No.: NRIC NO / S9315019H			Contact No.: Home/Office: Mobile: 87234234		
Nationality: SINGAPORE CITIZEN			Email: edward_salvatoreho@hotmail.com		
Sex: Male	Age: 26	Date of Birth: 29/04/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: INTERIOR DESIGNER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/02/2020 20:35	Type of Location: Straight Road
Location: JALAN EUNOS				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two 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
SGC786S	Car			White	Slightly Damaged	1
SKL4069H	Car	MERCEDES BENZ	CLA200 (R18)	White	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKL4069H	NTUC Income Insurance Co-Operative Limited	5111016913	10/07/2019	09/07/2020



**SINGAPORE
POLICE FORCE**



T/20200228/7028

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

2 of 3

Report No. T/20200228/7028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	NYON MENG WEI	ID No.	S9314081H
Related Vehicle	SKL4069H (Car)	Contact No.	88180832
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/02/2020	Date Discharge	28/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Driver			
Name	HO YUE TING	ID No.	S9315019H
Related Vehicle	SKL4069H (Car)	Contact No.	87234234
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/02/2020	Date Discharge	28/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

ON THE STATED TIME, DATE AND LOCATION, I WAS DRIVING MY CAR BEARING THE PLATE SKL4069H.

I WAS TRAVELLING STRAIGHT ON THE SAID ROAD WHEN SUDDENLY I FELT A HUGE IMPACT FROM THE REAR.

I ALIGHTED TO MAKE A CHECK AND REALISE IT WAS A CAR BEARING THE PLATE SGC786S THAT COLLIDED ONTO THE REAR OF MY VEHICLE.

FOLLOWING, I FELT PAIN ON MY NECK, BACK, SHOULDER, CHEST AREA HENCE I WENT TO SEE A DOCTOR AND WAS GIVEN 5 DAYS OF MC FROM THE DOCTOR.

I AM MAKING THIS REPORT FOR INSURANCE CLAIM PURPOSES.

I WISH TO STATE THAT I HAVE 1 FEMALE PASSENGER ON BOARD MY CAR.



**SINGAPORE
POLICE FORCE**



T/20200228/7028

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

3 of 3

Report No. T/20200228/7028

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 /
YEO GEAK ENG CECILIA
Contact No.: 65476404

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:
28/02/2020 15:09

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5111016913

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKL4069H |
| Chassis Number | : WDD1173432N033748 |
| 2. Name of Policyholder | : HO YUE TING |
| 3. Effective Date of Insurance | : 10 Jul 2019 |
| 4. Expiry Date of Insurance | : 09 Jul 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 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)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: HO YUE TING
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : B.A.S. INSURANCE AGENCY (00000573236)
Date of Issue : 10 Jul 2019 12:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5111016913		HO YUE TING	S9315019H	GPC	drive CLASSIC	SKL4069H	SKL4069H	10/07/2019	09/07/2020

Policy Information

Policy No.	5111016913	Policyholder Name	HO YUE TING	Policyholder NRIC	S9315019H
Certificate No.					
Address	BLK 308B #13-80 ANCHORVALE ROAD SINGAPORE 542308				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	10/07/2019	Effective Date	10/07/2019 00:00	Expiry Date	09/07/2020 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	B.A.S. INSURANCE AGENCY	Agent Tel.	67492112	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 297A #10-26	Address 2	COMPASSVALE STREET	Address 3	COMPASSVALE GREEN
Address 4	SINGAPORE 541297	Address Type	Singapore address	Post Code	541297
Unit No.	10-26	Related Policy Number	5094390534-01		

Insured Object: SKL4069H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident MT/1086232

Policy No.	511016913	Vehicle No.	SKL4069H	GST Registration No.	
Certificate No.					
Policyholder Name	HO YUE TING			Policyholder NRIC	S9315019H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	87234234	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	1/
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(%)	10	Private Hire	No

Accident Details

Report Date	28/02/2020 16:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - head to Rear
Date of Accident	27/02/2020	Time of Accident hh:mm	20:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN EUNOS				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

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 297A #10-26	Address 2	COMPASSVALE STREET	Address 3	COMPASSVALE GREEN
Address 4	SINGAPORE 541297	Address Type	Singapore address	Post Code	541297
Unit No.	10-26	Related Policy Number	5094390534-01		

Q1 Driver Info

Driver Name	HO YUE TING	Driver Type	Main Driver	Driver DOB	29/04/1993
Unnamed driver Name		Driver NRIC	S9315019H	Driving Experience	4
Register Date of Driver License	14/10/2015	Driver Age	26	Contact No.(Home)	0
Contact No.(Mobile)	87234234	Contact No.(Office)	0	Address 3	COMPASSVALE GREEN
Address 1	BLK 297A	Address 2	COMPASSVALE STREET	Post Code	541297
Address 4	SINGAPORE 541297	Address Type	Singapore address		
Unit No.	10-26				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser 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	HO YUE TING	Insured NRIC	S9315019H
Contact No.(Mobile)	87234234	Contact No.(Home)		Contact No.(Office)	
Email Address	EDWARD_SALVATOREHO@HOTI	O1 Vehicle Number	SKL4069H	TP Vehicle Number	SGC786S
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKL4069H / SGC786S ON 27 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	28/02/2020 16:12	Claim Close Date		Date Received	28/02/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Attachment

Save Submit

Accident No.	MT/1086232	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/02/2020 16:17

Path *	Category *	Confidential	Urgency *	Description *
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	

☐ Send Message

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV I CES) on 28 Feb 2020 16:17	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-28		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV I CES) on 28 Feb 2020 16:17	SAS		SAS 2020-2-28		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV I CES) on 28 Feb 2020 16:16	Photos		Photos 2020-2-28		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV I CES) on 28 Feb 2020 16:13	Photos		Photos 2020-2-28		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV I CES) on 28 Feb 2020 16:13	Photos		Photos 2020-2-28		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV I CES) on 28 Feb 2020 16:13	Photos		Photos 2020-2-28		
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV I CES) on 28 Feb 2020 16:13	Photos		Photos 2020-2-28		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV I CES) on 28 Feb 2020 16:12	Photos		Photos 2020-2-28		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV I CES) on 28 Feb 2020 16:12	Photos		Photos 2020-2-28		
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV I CES) on 28 Feb 2020 16:12	Photos		Photos 2020-2-28		
Video List						
Uploaded By/Date	Folder Date	File Name	Source	Action		
		Display in New Window	Scan and uploading			