

NATIONAL Assessment Centre Services. (wef 1 Jan 05) **MNA12002618**

Date In: <b>28/12-16:56</b>	Job description	Date & Time Completed	Done by
Ref No: <b>40/INC 200335/24</b>	SAS e-filing		
Veh No: <b>JKV5874</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>28/12-07:45</b>	i-Motor Claim Form	<b>M7/1086249-001</b>	<b>28/12 17:07</b>
OD: <b>(TP)</b> 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: <b>JKV5874</b>	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

	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
Contact No:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	QD:		
Auditors' Comments:-	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
Cat. 1:	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
Cat. 2 / 3:	TP (N11): TP (N:n 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 16:56
Date Of Accident	28/02/2020 07:45
Exact Location Of Accident	AIRPORT TERMINAL 2 DEPARTURE HALL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV568H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO LYE CHUAN
NRIC No	SXXXX290I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85695439
Alternative Phone No	OFFICE-85695439

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA 2.4X A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108692829
Cover Note Number	

### Driver

Name of Driver	TEO LYE CHUAN
NRIC No	SXXXX290I
Date Of Birth	16/04/1979
Occupation	OUTDOOR
Date Of Driving Pass	03/03/1999
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85695439
Fax Number	
Contact Number	OFFICE-85695439
Email Address	NOEMAIL

Address	33 TAMPINES CENTRAL 7 #03-47
Postcode	528614
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 6 TAMPINES AVE 4 , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5871999 - <b>FAX NO:</b> 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200228/2076.

#### 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	SJA6889P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG TENG HUAT
NRIC/Passport Number	
Contact Number	97549188

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

## 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.

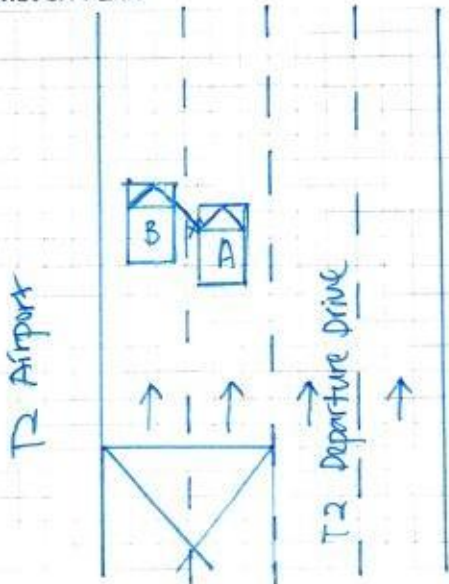
2

\_\_\_\_\_  
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**



Veh A: SKV568H  
Veh B: SJA 6889P

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to police report

Report No: T/20200218/2076

**DECLARATION**

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

2

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.:

Vehicle No.	SKV568H	Model / Make	Toyota Estima
Date of Accident	28/2/2020		
Time of Accident	0745	HRS	
Location of Accident	Along Airport Terminal 2 Departure Hall between Door 1 & 2		
Exact purpose use during accident	Work		
Name of Owner	Teo Lye Chuan		
Telephone No.	H/P : 85695439	Home :	Office :
NRIC	S7911290I		
Address	33 Tampines Central 7 #03-47 S(528614)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	508692829		
Name of Driver	As Above If No,		
NRIC		Any Passengers :	1 (m)
Date of birth	16/4/1979		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	3/3/1999		
Gender	Male	/	Female
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Owner	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	Tampines N.P.C
Vehicle B No.	SJA 6889P	Any Passengers :	2
Name of Driver	Ong Teng Huat	Contact No. :	9754 9188
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Left side portion		
Camera Recorder	Yes / No	collapsed	
Email Address	terryteo07@gmail.com		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/02/2020 15:18	Vide Report No.: P/20200228/0006	Station Diary No.: 87
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Informant's Particulars				
Name of Informant: TEO LYE CHUAN		Address: 33 TAMPINES CENTRAL 7 #03-47 SINGAPORE 528614		
ID Type / ID No.: NRIC NO / S7911290I		Contact No.: Home/Office:		Mobile: 85695439
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 40	Date of Birth: 16/04/1979	Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:
Occupation: PRIVATE HIRER - GRAB		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 28/02/2020 07:40	Type of Location: Straight Road
Location: AIRPORT BOULEVARD TERMINAL 2 DEPARTURE DRIVE BETWEEN GATE 1 AND GATE 2.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA6889P	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO		Slightly Damaged	2
SKV568H	Car	TOYOTA	ESTIMA 2.4X A	Silver	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKV568H	NTUC Income Insurance Co-Operative Limited	5108692829	05/04/2019	27/07/2020





**SINGAPORE  
POLICE FORCE**



T/20200228/2076

2 of 3

Report No. T/20200228/2076

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

CONTINUATION OF REPORT

**Brief Details.**

On 28/02/2020 at about 0740hrs, I was driving along Singapore Changi Airport Terminal 2 Boulevard in my Silver Toyota Estima (Reg No: SKV568H) with one passenger.

I was continuing driving till Terminal 2 Departure Drive and was finding a space to alight my passenger when I managed to locate the slot between Gate 1 and Gate 2. I proceeded to the said slot while driving along lane 3 out of the four lane, when suddenly a Toyota Corolla Altis Vehicle (Reg No: SJA6889P) driver opened the door and grazed on to my left passenger door.

The left passenger door sustained dents and deep scratches.

The passenger in my vehicle did not sustained any injuries and alighted to proceed for their flight.

I alighted for my vehicle to exchange particulars however the other party not willing to do so. I managed to note down his vehicle registration number before moving off.



**SINGAPORE  
POLICE FORCE**



T/20200228/2076

3 of 3

Report No. T/20200228/2076



Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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: G / Staff Sgt MUHAMMAD FIRDAUS BIN MISWAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/02/2020 15:18
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: 
Authentication Stamp NP168	  SIGNATURE

## 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:** 5108692829

**Cover :** drivo CLASSIC

- |  |                 |
|--|-----------------|
| 1. Index mark and Registration Number of Vehicle | : SKV568H       |
| Chassis Number                                   | : ACR500056851  |
| 2. Name of Policyholder                          | : TEO LYE CHUAN |
| 3. Effective Date of Insurance                   | : 05 Apr 2019   |
| 4. Expiry Date of Insurance                      | : 27 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 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	: S\$1,500
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: NO
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TEO LYE CHUAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)  
 Date of Issue : 05 Apr 2019 10:28 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



\_\_\_\_\_  
 Chief Executive

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108692829		TEO LYE CHUAN	S79112901	GPC	drive CLASSIC	SKV568H	SKV568H	05/04/2019	27/07/2020

Continue

▼ Policy Information

Policy No.	5108692829	Policyholder Name	TEO LYE CHUAN	Policyholder NRIC	S7911290I
Certificate No.					
Address	33 TAMPINES CENTRAL 7 #03-47 THE TAMPINES TRILLIANT SINGAPORE 528614				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	05/04/2019	Effective Date	05/04/2019 00:00	Expiry Date	27/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	64250080	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	33 TAMPINES CENTRAL 7	Address 2	#03-47 THE TAMPINES TRILLIA	Address 3	SINGAPORE 528614
Address 4		Address Type	Singapore address	Post Code	528614
Unit No.	03-47	Related Policy Number	5108692829		

► Insured Object: SKV568H

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	20/01/2020 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 05 Apr 2019 TO 27 Jul 2020 In view of this amendment, an additional premium of \$321.43 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Continue Cancel

**Claim Handling**

Accident MT/1086247

Policy No.	S108692829	Vehicle No.	SKV568H	GST Registration No.	
Certificate No.					
Policyholder Name	TEO LYE CHUAN	Policyholder NRIC	S79112901		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	85695439	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	71
KPK	<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(%)	40	Private Hire	Yes
<b>▼ Accident Details</b>					
Report Date	28/02/2020 17:05	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	28/02/2020	Time of Accident hh:mm	07:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AIRPORT TERMINAL 2 DEPARTURE HALL				
<b>▼ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	1500	Total TP Excess Applicable	1,500.00		
Total OD Excess Applicable	3500.00				

**▼ GST Registered Information**

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

Modification History

**▼ Policyholder Mailing Address**

Address 1	33 TAMPINES CENTRAL 7	Address 2	#03-47 THE TAMPINES TRILLIA	Address 3	SINGAPORE 528614
Address 4		Address Type	Singapore address	Post Code	528614
Unit No.	03-47	Related Policy Number	S108692829		

**▼ OI Driver Info**

Driver Name	TEO LYE CHUAN	Driver Type	Main Driver	Driver DOB	15/04/1979
Unnamed driver name		Driver NRIC	S79112901	Driving Experience	20
Register Date of Driver License	03/03/1999	Driver Age	40	Contact No.(Home)	0
Contact No.(Mobile)	85695439	Contact No.(Office)	0	Address 3	SINGAPORE 528614
Address 1	33 TAMPINES CENTRAL 7	Address 2	THE TAMPINES TRILLIANT	Post Code	528614
Address 4		Address Type	Singapore address		
Unit No.	03-47			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

**Declaration**

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

Claim 001 **Next**

Claim Type *	OD-MX	Insured Name	TEO LYE CHUAN	Insured NRIC	S79112901
Contact No.(Mobile)	85695439	Contact No.(Home)		Contact No.(Office)	
Email Address	TERRYTEO07@GMAIL.COM	OI Vehicle Number	SKV568H	TP Vehicle Number	S146889P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKV568H / SJAG889P DN 28 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 17:07	Claim Close Date		Data Received	28/02/2020 00:00
Report Taken By	Jackson				

Print AK letter

**Save** **Submit**

**Attachment**

Accident No.	MT/1086247	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/02/2020 17:08

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) CES) on 28 Feb 2020 17:08	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Feb 2020 17:08	SAS	Normal	SAS 2020-2-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Feb 2020 17:07	Photos	Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Feb 2020 17:07	Photos	Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Feb 2020 17:07	Photos	Normal	Photos 2020-2-28	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Feb 2020 17:07	Photos	Normal	Photos 2020-2-28	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Feb 2020 17:07	Photos	Normal	Photos 2020-2-28	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in new Window"/>	<input type="button" value="Scan and uploading"/>	