

NATIONAL Assessment Centre Services. [ver 1 Jan 2003] MMA 1200 26781

Date In: 2/3/20 08:52	Job description	Date & Time Completed	Done by
Ref No: MA/INC 20003379/h4	SAS e-filing		
Veh No: SLT 2742J	E-mail (within 2hrs, AIC 2hrs)		
ICFA: 28/2/20 00:20.	I-Motor Claim Form	MT/1086381 <sup>022</sup>	2/3/20 09:14
OD: <input checked="" type="radio"/> 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 Assgn Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLA 9225C.	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 repoler.

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

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

Reminders: (INC Ref No: 6788 0616)	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

MA 2001732		Invoice/Registration Charge	Amo (\$)	PAID (\$)
Claimants Particulars		1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$50)		
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 (ver 10 Jan 2003)		
Tel: 11		6) TR: Re-Inspection \$75		
		7) NI: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:		
		ON:		
		*N5: Courtesy Car / Tpt Allowance \$5		
		*N6: Repair Coordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
		TE (N11): TP (\$5 on INC) against INC \$20		
		9) N12: Idao Mobile \$0		
		Invoice dated	Fax Charged	
		Invoice dated	Fax 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	02/03/2020 08:52
Date Of Accident	28/02/2020 00:20
Exact Location Of Accident	BEF KALLANG BAHRU FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2742J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HENG CHUU KIAT
NRIC No	SXXXX679D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96256908
Alternative Phone No	OFFICE-96256908

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 5
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	5113673327
Cover Note Number	

### Driver

Name of Driver	HENG CHUU KIAT
NRIC No	SXXXX679D
Date Of Birth	31/08/1948
Occupation	INDOOR
Date Of Driving Pass	29/10/1971
Driving Experience	48 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96256908
Fax Number	
Contact Number	OFFICE-96256908
Email Address	NOEMAIL

Address	BLK 293 BISHAN ST 22 #18-87
Postcode	570293
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	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	4
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200228/7004

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ9225C
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKZ4703L

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SGZ5913M

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

HENG CHUU KIAT

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLJ2742J

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:

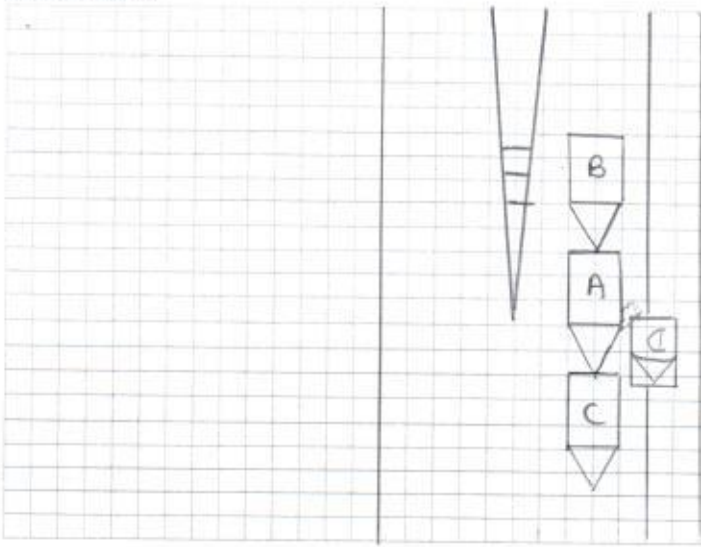
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 = SLI27423  
B = SLQ9225C  
C = SK24703L  
D = SG25913m



On the stated date & time, I, vehicle A was travelling straight on the stated verge. When the front vehicle slowed down & stop I followed suit. After few seconds I felt an huge impact from the rear portion of my stationary vehicle & the impact causing my vehicle to propel forward & hit onto vehicle C rear portion, vehicle D rear right portion.

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

Date &amp; Time:

NRIC/FIN No.:

HA



Date of Accident : 28/02/2020 Accident Time: 1220 HRS (24-HR-Format)  
 Accident Place : BEF KALLANG BAHRU FLYOVER  
 Vehicle No. (Car Plate No.) : SLJ27423 Make/Model: MAZDA 5  
 Insurance Company : NTUC Policy No: 5113673327  
 Owner or Company Name / IC No. : HENG CHU KAT (S0355679D)  
 Owner or Company Contact No. : 9625 6908 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : AS ABOVE  
 DRIVER'S Date Of Birth : 31-08-1948 DRIVER'S License Pass Date 29 Oct 1971  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
 DRIVER'S Address : 293 BISHAN ST. 22 #02-44 (BISHAN HEIGHTS) (S570293)  
 DRIVER'S Contact No / Alt No. : 1) AS ABOVE 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
 Email Address : \_\_\_\_\_  
 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): 01  
 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  
 Any Injury (If YES, Pls state): \_\_\_\_\_

**Other Party Driver's Particular (if any)**

Vehicle No: <sup>B</sup> SLQ 9225C	Vehicle No: SK24703L
Vehicle Make/Model: HONDA CR-V	Vehicle Make/Model: MAZDA 3
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

D - SGZ 5913m

\* NEW - Passenger's name & gender:



# SINGAPORE POLICE FORCE



T/20200228/7004

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

1 of 3

Report No. T/20200228/7004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/02/2020 03:37		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: HENG CHUU KIAT			Address: APT BLK 293 BISHAN STREET 22 #18-87 SINGAPORE 570293		
ID Type / ID No.: NRIC NO / S0355679D			Contact No.: Home/Office: Mobile: 96256908		
Nationality: SINGAPORE CITIZEN			Email: chuukiat@gmail.com		
Sex: Male	Age: 71	Date of Birth: 31/08/1948	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/02/2020 00:20	Type of Location: Straight Road
Location:  SIMS WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
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
SKZ4703L	Car	MAZDA	3		Seriously Damaged	0
SLJ2742J	Car	MAZDA	MAZDA5 5-DOOR WAGON 2.0L SP 6EAT	Grey	Seriously Damaged	0
SLQ9225C	Car	HONDA	CR-V		Seriously Damaged	0





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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ2742J	NTUC Income Insurance Co-Operative Limited	5113673327	01/12/2019	30/11/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HENG CHUU KIAT		ID No. S0355679D
Related Vehicle	SLJ2742J (Car)		Contact No. 96256908
Hospital/Clinic	24 HOUR WALK-IN CLINIC		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 DATE AND TIME, VEHICLE C, BEARING CAR PLATE SKZ4703L IN FRONT OF ME BRAKED. I, VEHICLE A BEARING CAR PLATE SLJ2742J WAS COMING TO A STOP BEHIND VEHICLE C IN A STRAIGHT ROAD. SUDDENLY, I FELT A POWERFUL IMPACT FROM THE REAR OF MY VEHICLE AND CAUSED MY CAR TO FLEW FORWARD AND COLLIDED ONTO THE REAR PORTION OF VEHICLE C. I WENT DOWN THE SCENE AND REALIZED VEHICLE B, BEARING CAR PLATE SLQ9225C HAD COLLIDED ONTO THE REAR OF MY VEHICLE.

I LIKE TO STATE THAT AFTER THE ACCIDENT, I SUFFERED PAIN ON MY NECK, BACK AND LOWER LIMB SO I WENT TO INTEMEDICAL 24 HR CLINIC AND RECEIVED 5 DAYS OF MC.



**SINGAPORE  
POLICE FORCE**



T/20200228/7004

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

3 of 3

Report No. T/20200228/7004

**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 / TPIB /  
MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

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 03:37

Classification Of Case:



Officer- In -Charge	TP/ TPIB/ Mohammad Abdillah Bin Palil	Name: Heng Chuu Kiat
Investigation Section		NRIC No: S0355679D
Traffic Police Department	TPIB	Add: 293 Bishan st 22 #18-87
10 Ubi Avenue 3		Singapore 570293
Singapore 408865		Hp: 96256908

Dear Sir/Mdm,

**Report of an accident involving SKZ4703L, SLJ2742J and SLQ9225C along Sims Way on 28/02/2020 at 0020hrs**

On 28/02/2020 (date) at 0020 hours (time), I lodged a traffic accident report vide: T/20200228/7004


I wish to add an additional vehicle in the brief details as follows:

1) There was a fourth vehicle(SGZ5913M) involved in the accident as well as I collided onto his vehicle's rear right wheel side upon impact. I wish to state that the vehicle was slightly damaged. I did not get to exchange the particulars with the driver at the scene as I did not realised I hit on to him, I only noticed after I review my dashboard camera.

Yours faithfully,



Signature

If a police officer records this amendment, please complete the following;	
Name / Rank No: SGT Alvin Koh	Station Diary No. eSD 52 dated on 28/02/2020
<p>Signature</p>  <p><b>BISHAN NPC</b>  <b>20 BISHAN STREET 2</b>  <b>SINGAPORE 579757</b>  <b>TEL: 1800-5529006</b></p>	

## 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:** 5113673327

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLJ2742J**  
 Chassis Number : JM6CW107G0124750
2. Name of Policyholder : HENG CHUU KIAT
3. Effective Date of Insurance : 01 Dec 2019
4. Expiry Date of Insurance : 30 Nov 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	: HENG CHUU KIAT
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE 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 : LOW KIM SUAN (00000534547)  
 Date of Issue : 27 Oct 2019 16:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Task Transfer Exit

## Accident MT/1086381

LOS SAL SUB

Policy No.	5113673327	Vehicle No.	SLJ2742J	GST Registration No.	
Certificate No.					
Policyholder Name	HENG CHUU KIAT			Policyholder NRIC	S03556790
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFX	<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(%)	50	Private Hire	No

## Accident Details

Report Date	01/03/2020 16:18	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	28/02/2020	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	TCM No.	
Accident Location	KPE				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
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 293 #02-44	Address 2	BISHAN STREET 22	Address 3	BISHAN HEIGHTS
Address 4	SINGAPORE 570293	Address Type	Singapore address	Post Code	570293
Unit No.	02-44	Related Policy Number	5113673327		

## 01 Driver Info

Driver Name	Heng Chuu Kiat	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S03556790	Driver DOB	31/08/1948
Register Date of Driver License	29/10/1971	Driver Age	71	Driving Experience	48
Contact No.(Mobile)	96256908	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 293 #02-44	Address 2	BISHAN STREET 22	Address 3	BISHAN HEIGHTS
Address 4	SINGAPORE 570293	Address Type	Singapore address	Post Code	570293
Unit No.	02-44				
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 type="radio"/> Yes <input checked="" type="radio"/> No
Modification History	03/03/2020 17:03 s018940 Modify Private Hire(Not available-->No) 03/03/2020 17:03 s018940 Modify Driver Name(-->Heng Chuu Kiat) 03/03/2020 17:03 s018940 Modify Driver Type(-->Main Driver)		

## Investigation

## Claim 002 OD-MX New

## Claim Case Officer

LOS SAL SUB

Claim Type	OD-MX	Insured Name	HENG CHUU KIAT	Insured NRIC	S03556790
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address	CHUUKIAT@GMAIL.COM	Of Vehicle Number	SLJ2742J	TP Vehicle Number	SLQ9225C
Claim Description	SLJ2742J / SLQ9225C ON 28 Feb 2020	Name of Preferred Workshop			0
Preferred Workshop	0	Preferred Repair Option			
Preferred Workshop, Name unknown		Insured Liability report			
Not at fault					
Date Registered	02/03/2020 09:15	Claim Close Date		Date Received	02/03/2020 00:00
Report Taken By	LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	
Print AK letter					

## Modification History

## Special Claim Creation Approval

Approval	Reason
Remarks	

## Attachment

Accident No.	MT/1086381	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/03/2020 00:00
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select

Choose File No file chosen

Clear

Please Select

NO

Normal

Choose File No file chosen

Clear

Please Select

NO

Normal

Message Read

Send Message Upload

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Mar 2020 09:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Mar 2020 09:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Mar 2020 09:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Mar 2020 09:14	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Mar 2020 09:14	SAS		Normal	SAS 2020-3-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Mar 2020 09:14	Photos		Normal	Photos 2020-3-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Mar 2020 09:13	Photos		Normal	Photos 2020-3-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Mar 2020 09:13	Photos		Normal	Photos 2020-3-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Mar 2020 09:13	Photos		Normal	Photos 2020-3-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Mar 2020 09:13	Photos		Normal	Photos 2020-3-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Mar 2020 09:13	Photos		Normal	Photos 2020-3-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Mar 2020 09:13	Photos		Normal	Photos 2020-3-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Mar 2020 09:13	Photos		Normal	Photos 2020-3-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Mar 2020 09:13	Photos		Normal	Photos 2020-3-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Mar 2020 09:13	Photos		Normal	Photos 2020-3-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Mar 2020 09:13	Photos		Normal	Photos 2020-3-2		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SER VICES) on 02 Mar 2020 09:13	Photos		Normal	Photos 2020-3-2		<a href="#">Edit</a>

## Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>		