

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA/20051630

Date In: 12/3/20-14:53	Job description	Date & Time Completed	Done by
Ref No: N91423002926/24	SAS e-filing		
Veh No: 5JA909P	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 11/3/20-18:50	i-Motor Claim Form	M/1087940-001	12/3/20 15:07
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: JMS838E	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:-	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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Ref. 1:			
Ref. 2 / 3:			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	12/03/2020 14:53
Date Of Accident	11/03/2020 18:50
Exact Location Of Accident	BKE TWDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ1909P
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	LEE CHEE LEONG
NRIC No	SXXXX950B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81337698
Alternative Phone No	OFFICE-81337698

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108550602
Cover Note Number	

Driver

Name of Driver	LEE CHEE LEONG (LI ZHILIANG)
NRIC No	SXXXX950B
Date Of Birth	01/11/1988
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2018
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81337698
Fax Number	
Contact Number	OFFICE-81337698
Email Address	NOEMAIL

Address	BLK 20 BALAM ROAD #01-164
Postcode	370020
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	WET

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)	2
Passenger 1	NAME: : LEE YI CHING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200311/2182.

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	SJM5838E
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 SJX3938E
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 SLM9810J
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 LEE CHEE LEONG (LI ZHILIANG)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJQ1909P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LEE YI CHING
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJQ1909P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:

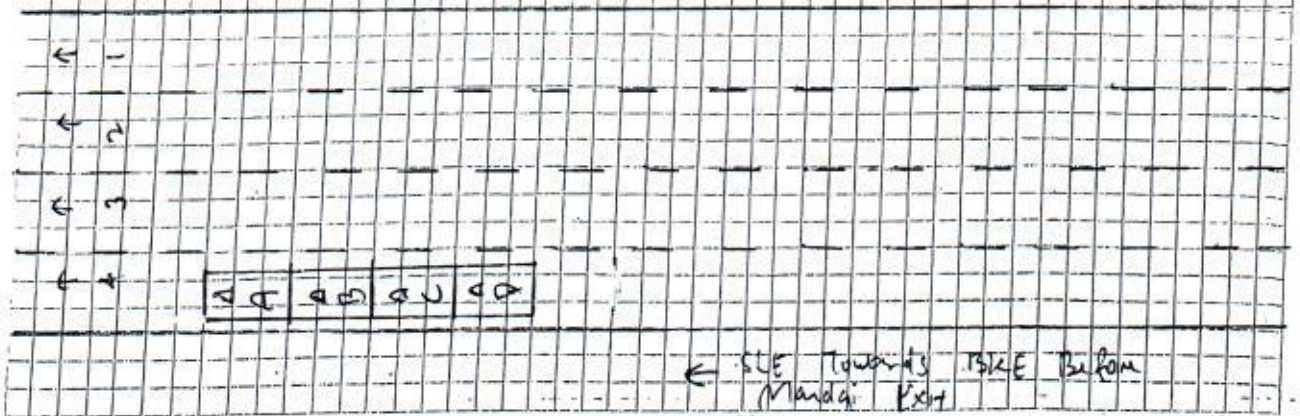


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Veh A: SJQ1909D
 Veh B: SJM 5838E
 Veh C: SJX 3938E
 Veh D: SLM 9810J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

[Signature]

Policyholder's Signature
 Date & Time:

[Signature]

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

[Signature]

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

Date of Accident : 11/3/2020 Accident Time: 1850pm (24-HR-Format)
Accident Place : BIC E C Towards Woodlands.
Vehicle Reg. No. (Car Plate No.) : SJQ 1909P
Vehicle Make/Model : Avenue
Insurance Company : N+IC Policy No. 5108550602
Owner or Company Name / IC No. : LEE CHEE LEONG 5885-2950B
Owner or Company Contact No. : 81337698 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : "
DRIVER'S Date Of Birth : 01/11/1988 DRIVER'S License Pass Date 10/05/2018
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : BLK 20 Balam Road #01-164 S(370020)
DRIVER'S Contact No. / Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : ADMIN@MYCAR.SG
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 2 → Driver Male
Passenger 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: SJM 5838E (B)
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Vehicle Reg. No: SJX 3938E (C)
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

SLM 9810J (D)



SINGAPORE POLICE FORCE



T/20200311/2182

1 of 4

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20200311/2182

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2020 23:34		Vide Report No.:		Station Diary No.: 100	
Informant's Particulars					
Name of Informant: LEE CHEE LEONG			Address: APT BLK 20 BALAM ROAD #01-164 SINGAPORE 370020		
ID Type / ID No.: NRIC NO / S8852950B			Contact No.: Home/Office: Mobile: 81337698		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 01/11/1988	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: Engineering outdoor sales			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: 11/03/2020 18:50	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY Along BKE towards Woodlands exit Mandai Road				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Chain collision between 4 vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM5838E						1
SJQ1909P		HYUNDAI	HD AVANTE 1.6 A	White		1
SJX3938E						0
SLM9810J						1



**SINGAPORE
POLICE FORCE**



T/20200311/2182

2 of 4

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20200311/2182

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ1909P	NTUC Income Insurance Co-Operative Limited	5108550602	08/04/2019	27/04/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Alex Varghese		ID No.	S9570103E
Related Vehicle	SJM5838E		Contact No.	90236570
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		NIL	Degree of Injury	NIL
Driver				
Name	LEE CHEE LEONG		ID No.	S8852950B
Related Vehicle	SJQ1909P		Contact No.	81337698
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/03/2020		Date Discharge	11/03/2020
No. of Days granted Medical Leave		04	Degree of Injury	NIL
Passenger				
Name	Lee Yi Ching		ID No.	S8847582H
Related Vehicle	SJQ1909P		Contact No.	96456665
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/03/2020		Date Discharge	11/03/2020
No. of Days granted Medical Leave		04	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20200311/2182

3 of 4

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20200311/2182

CONTINUATION OF REPORT

Driver			
Name	Saleha Binte Rohani	ID No.	S7715097H
Related Vehicle	SJX3938E	Contact No.	97625166
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	NIL	Degree of Injury	NIL
Driver			
Name	Benjamin Lim Wee Han	ID No.	S9534889J
Related Vehicle	SLM9810J	Contact No.	96283909
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	NIL	Degree of Injury	NIL

Brief Details.

On the 11 March 2020 at about 1850hrs I was driving my vehicle SJQ1909P along BKE towards Woodlands on the extreme left lane as I was intending to exit to Mandai. The traffic volume at the point of time was heavy and my vehicle was stationary. Suddenly I felt a collision from behind and when I make check I was involved in a chain collision.

There were 3 other vehicles involved in this accident. My vehicle is the first vehicle, the vehicle behind me is SJM5838E, followed by SJX3938E and the last vehicle SLM9810J.

I had managed to take the contact details of the 3 vehicle drivers. No police attended to this accident.

There is no government property damage in this accident, my wife and I proceeded to Raffles hospital for medical treatment and was given 4 days each.



**SINGAPORE
POLICE FORCE**



T/20200311/2182

4 of 4

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20200311/2182

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 /

Sr Staff Sgt LOI JUN FENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

11/03/2020 23:34

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/03/2020 18:50"/>							
Vehicle No.(For Motor)	<input type="text" value="SJQ1909P"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108550602		LEE CHEE LEONG	S8852950B	GPC	driveo CLASSIC	SJQ1909P	SJQ1909P	08/04/2019	27/04/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5108550602	Policyholder Name	LEE CHEE LEONG	Policyholder NRIC	S88529508
Certificate No.					
Address	BLK 20 #01-164 BALAM ROAD BALAM GARDENS SINGAPORE 370020				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	08/04/2019	Effective Date	08/04/2019 00:00	Expiry Date	27/04/2020 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	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 20 #01-164	Address 2	BALAM ROAD	Address 3	BALAM GARDENS
Address 4	SINGAPORE 370020	Address Type	Singapore address	Post Code	370020
Unit No.	01-164	Related Policy Number	5108550602		

Insured Object: SJQ1909P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	29/10/2019 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: 08 Apr 2019 TO 27 Apr 2020 In view of this amendment, an additional premium of \$94.51 (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/1087940

Policy No.	5108550602	Vehicle No.	SJQ1909P	GST Registration No.	
Certificate No.					
Policyholder Name	LEE CHEE LEONG	Cover Type	drive CLASSIC	Policyholder NRIC	S8852950B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	81337698	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	12/03/2020 15:05	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	11/03/2020	Time of Accident hh:mm	18:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	8KE TWDS WOODLANDS				

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 20 #01-164	Address 2	BALAM ROAD	Address 3	BALAM GARDENS
Address 4	SINGAPORE 370020	Address Type	Singapore address	Post Code	370020
Unit No.	01-164	Related Policy Number	5108550602		

01 Driver Info

Driver Name	LEE CHEE LEONG	Driver Type	Main Driver	Driver DOB	01/11/1988
Unnamed driver Name		Driver NRIC	S8852950B	Driving Experience	1
Register Date of Driver License	10/05/2018	Driver Age	31	Contact No.(Home)	0
Contact No.(Mobile)	81337698	Contact No.(Office)	0	Address 3	BALAM GARDENS
Address 1	BLK 20	Address 2	BALAM ROAD	Post Code	370020
Address 4	SINGAPORE 370020	Address Type	Singapore address		
Unit No.	01-164				
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
-------------------------------------	------	-------------	---

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LEE CHEE LEONG	Insured NRIC	S8852950B
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		01 Vehicle Number	SJQ1909P	TP Vehicle Number	SJM5838E
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJQ1909P / SJM5838E ON 11 Mar 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	12/03/2020 15:07	Claim Close Date		Date Received	12/03/2020 00:00
Report Taken By					

☒ Print AK letter

Save Submit

Attachment


Accident No.	MT/1087940	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/03/2020 15:09

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

message.html

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Mar 2020 15:09	NRIC/ Driving License	Y	NRIC/ Driving License 2020-3-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Mar 2020 15:08	SAS	Normal	SAS 2020-3-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Mar 2020 15:08	Photos	Normal	Photos 2020-3-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Mar 2020 15:08	Photos	Normal	Photos 2020-3-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Mar 2020 15:08	Photos	Normal	Photos 2020-3-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Mar 2020 15:08	Photos	Normal	Photos 2020-3-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Mar 2020 15:08	Photos	Normal	Photos 2020-3-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Mar 2020 15:08	Photos	Normal	Photos 2020-3-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Mar 2020 15:08	Photos	Normal	Photos 2020-3-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Mar 2020 15:08	Photos	Normal	Photos 2020-3-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Mar 2020 15:08	Photos	Normal	Photos 2020-3-12	

Video List

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