

NATIONAL Assessment Centre Services

(Ref: JAR02)

Date In: 24/03/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20004454/13	SAS e-filing		
Veh No: FBM9028U	E-mail (within 3hrs, A/C 2hrs)	MT/1088896-002	
D.O.A: 13/03/20 1050	i-Motor Claim Form	MT/1089458-001	
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: SLA5625M	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

NA2002403	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	On:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	24/03/2020 15:30
Date Of Accident	13/03/2020 10:50
Exact Location Of Accident	PIE EXIT 12 TWDS KALLANG BAHRU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBM9028U
Insured/Policyholder	
Name Of Registered Owner	RONALDO RAMOS BALANLAY
Passport No/FIN	GXXXX941N
Email Address	RONALDOBAL273@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97227342
Alternative Phone No	OTHERS-97227342
Vehicle Particulars	
Manufacturer	HONDA
Model	CB150
Exact Purpose for which vehicle was being used at time of accident	WORK
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5116588638
Cover Note Number	
Driver	
Name of Driver	RONALDO RAMOS BALANLAY
Passport No/FIN	GXXXX941N
Date Of Birth	14/08/1974
Occupation	OUTDOOR
Date Of Driving Pass	18/06/2012
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97227342
Fax Number	
Contact Number	OTHERS-97227342
EMail Address	RONALDOBAL273@GMAIL.COM

Address	BLK 4 HOLLAND CLOSE #06-21
Postcode	271004
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?	YES
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	ALEXANDRA NPP
Police Station Address	ROAD: BLK 46 TANGLIN HAIT RD #01-328 , POSTCODE: 140462 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:

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	SLP5625M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GUO MEI TING
NRIC/Passport Number	SXXXX142J
Contact Number	82233886
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	RONALDO RAMOS BALANLAY
Approximate Age	
Injuries Sustain	BLEEDING RIGHT HAND & LEFT FOREARM
Injured person in which vehicle?	FBM9028U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.

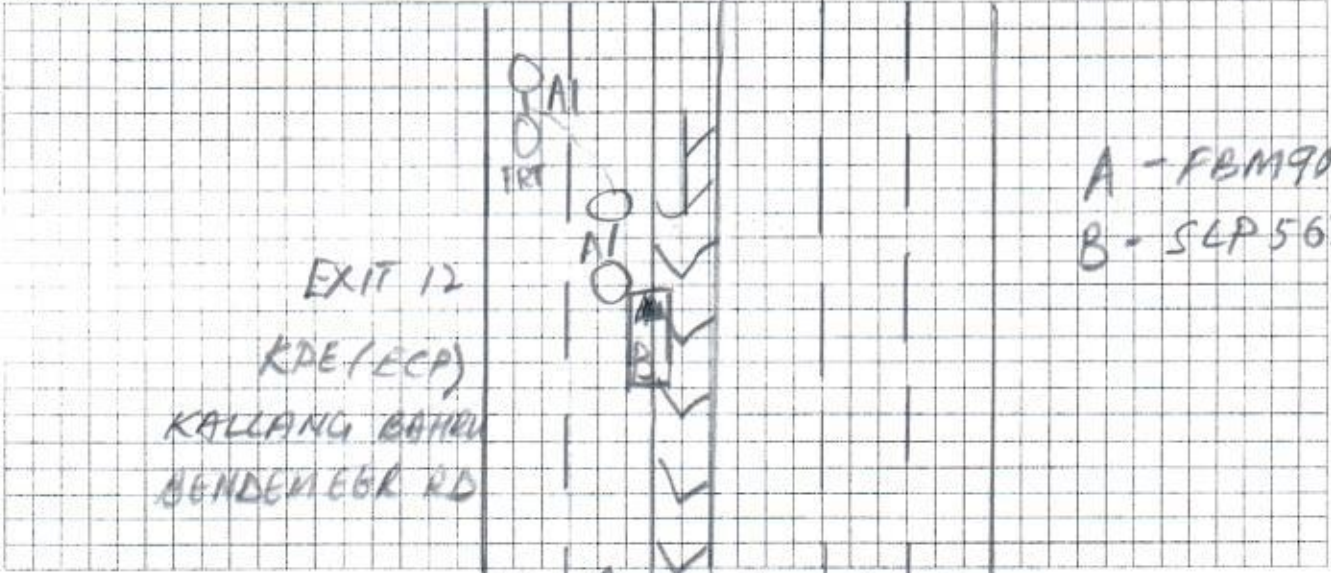

RONALDO

Policyholder's Signature
Date & Time:

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


24/05/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Pls refer to the police report: T/20200314/2087

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:

 24/03/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20200314/2087

1 of 3

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Report No. T/20200314/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2020 15:45		Vide Report No.:		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: RONALDO RAMOS BALANLAY			Address: APT BLK 4 HOLLAND CLOSE #06-21 BOON LAY AVENUE SINGAPORE 271004		
ID Type / ID No.: FIN NO / G5048941N			Contact No.: Home/Office: Mobile: 97227342		
Nationality: FILIPINO			Email:		
Sex: Male	Age: 45	Date of Birth: 14/08/1974	Type of Informant: Rider		
Race: Others			Language:		Institution / School Name:
Occupation: FIELD SERVICE TECHNICIAN			Driving Licence Information: Class: 2B,3C Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/03/2020 10:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 EAST COAST PARKWAY <i>Die</i> KALLANG BAHRU				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM9028U	Motorcycle	HONDA	CB150R MANUAL	Red	Seriously Damaged	0
SLP5625M	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM9028U	NTUC Income Insurance Co-Operative Limited	5116588638	06/03/2020	05/03/2021



Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RONALDO RAMOS BALANLAY	ID No.	G5048941N
Related Vehicle	NIL	Contact No.	97227342
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GUO MEI TING	ID No.	S8808142J
Related Vehicle	NIL	Contact No.	82233886
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 13/3/2020 at about 1050hrs, I am the Rider of the Vehicle FBM9028U(V1). I was riding along ECP exiting into Kallang Bahru on Lane 1. While I was in the Exit to Kallang Bahru, I felt an impact on the rear of my motorcycle and lost control of my vehicle and skidded into Lane 2 and fell. I discovered that the vehicle SLP5625M(V2) was the one who collided into my motorcycle. The Driver of V2 then came out of her vehicle and asked if I was alright and she informed me that she did not see me. We then exchanged particulars and subsequently the Traffic Police and Ambulance arrived. My Motorcycle was towed by the Police and I was then conveyed to Raffles Hospital as I was in pain and bleeding from my right hand and left forearm due to the incident. I was given Medical Leave from 13/3/2020 to 15/3/2020 by the Doctor. I am making this report because the Traffic Police informed me to lodge a report regarding this incident.



**SINGAPORE
POLICE FORCE**



T/20200314/2087

3 of 3

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

Report No. T/20200314/2087

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:

D /

Sgt 2 ANG KHENG HAOU, THAWAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/03/2020 15:45

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65476433

Classification Of Case:

Authentication Stamp

NP168





SINGAPORE POLICE FORCE



T/20200319/2050

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

1 of 3

Report No. T/20200319/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2020 13:35	Vide Report No.: T/20200314/2087	Station Diary No.: 13
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Informant's Particulars				
Name of Informant: RONALDO RAMOS BALANLAY			Address: APT BLK 4 HOLLAND CLOSE #06-21 BOON LAY AVENUE SINGAPORE 271004	
ID Type / ID No.: FIN NO / G5048941N			Contact No.: Home/Office:	Mobile: 97227342
Nationality: FILIPINO			Email:	
Sex: Male	Age: 45	Date of Birth: 14/08/1974	Type of Informant: Rider	
Race: Others			Language:	Institution / School Name:
Occupation: FIELD SERVICE TECHNICIAN			Driving Licence Information: Class: 2B,3C	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/03/2020 10:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY KALLANG BAHRU PIE EXIT 12 TOWARDS KALLANG BAHRU				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
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
FBM9028U	Motorcycle	HONDA	CB150R MANUAL	Red	Seriously Damaged	0
SLP5625M	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM9028U	NTUC Income Insurance Co-Operative Limited	5116588638	06/03/2020	05/03/2021



Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RONALDO RAMOS BALANLAY	ID No.	G5048941N
Related Vehicle	FBM9028U (Motorcycle)	Contact No.	97227342
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GUO MEI TING	ID No.	S8808142J
Related Vehicle	SLP5625M (Car)	Contact No.	82233886
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 13/3/2020 at about 1050hrs, I am the rider of vehicle FBM9028U(V1). I was riding along PIE exiting into Kallang Bahru on lane 1. while I was in the exit to Kallang Bahru, I felt an impact on the rear of my motorcycle and lost control of my vehicle and skidded into Lane 2 and fell. I discovered that the vehicle SLP5625M(V2) was the one who collided into my motorcycle. The driver of V2 then came out of her vehicle and asked if I was alright and she informed me that she did not see me. We then exchanged particulars and subsequently the Traffic Police and Ambulance arrived. My Motorcycle was towed by the Police and I was then conveyed to Raffles Hospital as I was in pain and bleeding from my right hand and left forearm due to the incident. I was given medical Leave from 13/3/2020 to 15/3/2020 by the doctor. I am making this report because the Traffic Police informed me to lodge a report regarding this incident.



SINGAPORE
POLICE FORCE



T/20200319/2050

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

3 of 3

Report No. T/20200319/2050

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:

D /

Sgt 2 KELVIN LAUW JIA MING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65476433

SH47

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

19/03/2020 13:35

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 13/03/20 (DD/MM/YYYY), TIME: 10:50 (HH:MM)
LOCATION: SIC EXT 12 TPA TWA5 KALLANG BAHRU

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM9028U
b) INSURANCE COMPANY: NFUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA CB150
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: RONALDO RAMOS BALANLAY (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9722 7342
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABUUC (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 14/08/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) CONVEY

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLP5625M MODEL: _____
b) DRIVER'S NAME: GUO MEI TING
c) NRIC/FIN/PASSPORT: 88081421 CONTACT: 82233886

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

19/03/20

Email =

fax = Ronaldoba1273@gmail.com

VIDEO =

waiting for
veh. Amended
police report

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="13/03/2020 10:50"/>
Vehicle No.(For Motor)	<input type="text" value="FBM9028U"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116588638		RONALDO RAMOS BALANLAY	G5048941N	GMC	Third Party, Fire & Theft	FBM9028U	FBM9028U	06/03/2020	05/03/2021

Continue

LKK Paya Ubi

From: Ignatius Koh <Ignatius.koh@income.com.sg>
Sent: Tuesday, 24 March 2020 6:47 PM
To: rspu@lkkauto.com
Cc: Desmond Foo Guo Hui
Subject: MT/1089458 , Vehicle: FBM9028U , Date of Accident: 13/03/2020, To re-create file

Hi,

This MX (Ref: MT/1089458) created was for a duplicate accident.
With that, we will reject this MX file.

There is an existing file MT/1088396, pertaining to the same accident.
Please assist to re-create the MX under MT/1088396, thank you.

	Accident No.	OD Claim	
<input type="radio"/>	<u>MT/1088396</u>		FBM9028U / SLP5625M on 13 M
<input type="radio"/>	<u>MT/1089458</u>	OD-MX	FBM9028U / SLP5625M ON 13 M

Do you want to open a new accident or add a

Open a new accident

Cre

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Claim Handling

Accident MT/1088396

Policy No.	5116588638	Vehicle No.	FBM9028U	GST Registration No.	
Certificate No.					
Policyholder Name	RONALDO RAMOS BALANLAY			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	NIL	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
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(%)	20	Private Hire	
▼ Accident Details					
Report Date	16/03/2020 16:13	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	13/03/2020	Time of Accident hh:mm	10:50	Country of Accident	
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	PIE EXIT 12 TWDS KALLANG BAHRU				

▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	0.00	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	16/03/2020 16:14:12 System auto update fail: The format of the UEN is incorrect or UEN is invalid. 16/03/2020 17:23:46 Clement Ng changed GST Registered from Yes to No 16/03/2020 17:23:46 Clement Ng changed GST Registration No. from NA to null				

▼ Policyholder Mailing Address					
Address 1	59 UBI AVENUE 1	Address 2	#03-02	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	03-02	Related Policy Number	5116588638		

▼ OI Driver Info					
Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	RONALDO RAMOS BALANLAY	Insured NRIC	
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	FBM9028U	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBM9028U / SLP5625M ON 13 Mar 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	02/04/2020 11:21	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.

MT/1088396

Claim No.

002

Last Doc. Received

Yes No

Upload Date

02/04/2020 00:00

Path *

Browse...

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Please Select

NO

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Upload Photo

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 11:21	NRIC/ Driving License	Y	NRIC/ Driving License 2020-4-
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 11:21	SAS		SAS 2020-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 11:21	Photos		Photos 2020-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 11:21	Photos		Photos 2020-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 11:21	Photos		Photos 2020-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 11:21	Photos		Photos 2020-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 11:19	Photos		Photos 2020-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 11:19	Photos		Photos 2020-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 11:19	Photos		Photos 2020-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 11:19	Photos		Photos 2020-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 11:19	Photos		Photos 2020-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 11:19	Photos		Photos 2020-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 11:19	Photos		Photos 2020-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 11:19	Photos		Photos 2020-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 11:19	Photos		Photos 2020-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 11:19	Photos		Photos 2020-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 11:19	Photos		Photos 2020-4-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 02 Apr 2020 11:19	Photos		Photos 2020-4-2

Video List

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