

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MHA120044759

Date In: 4/12/16:18	Job description	Date & Time Completed	Done by
Ref No: NA120044759	SAS e-filing		
Veh No: JBL 2998P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/12/16:00	i-Motor Claim Form	4/12/16:00	4/12/16:30
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: JBL 2998P

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

NA 1202828	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 (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	04/05/2020 16:18
Date Of Accident	04/05/2020 03:00
Exact Location Of Accident	SEBBAWANG RD OUTSIDE SEBBAWANG AIR BASE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBL3998P
Insured/Policyholder	
Name Of Registered Owner	CHENG MUON THONN
NRIC No	SXXXX740D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92717802
Alternative Phone No	OFFICE-92717802

Vehicle Particulars

Manufacturer	BMW
Model	318I SEDAN LED NAV
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?	YES
If No, Please state action to be taken	
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	5076587011-04
Cover Note Number	

Driver

Name of Driver	CHENG MUON THONN
NRIC No	SXXXX740D
Date Of Birth	10/06/1959
Occupation	INDOOR
Date Of Driving Pass	19/03/1981
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92717802
Fax Number	
Contact Number	OFFICE-92717802
Email Address	NOEMAIL

Address	BLK 475B UPPER SERANGOON CRESCENT #14-531
Postcode	532475
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?	YES
Foreign Vehicle Registration Number	JLT3267 (MOTORCYCLE)
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200504/2008.

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	JLT3267
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.

X



Policyholder's Signature
Date & Time:

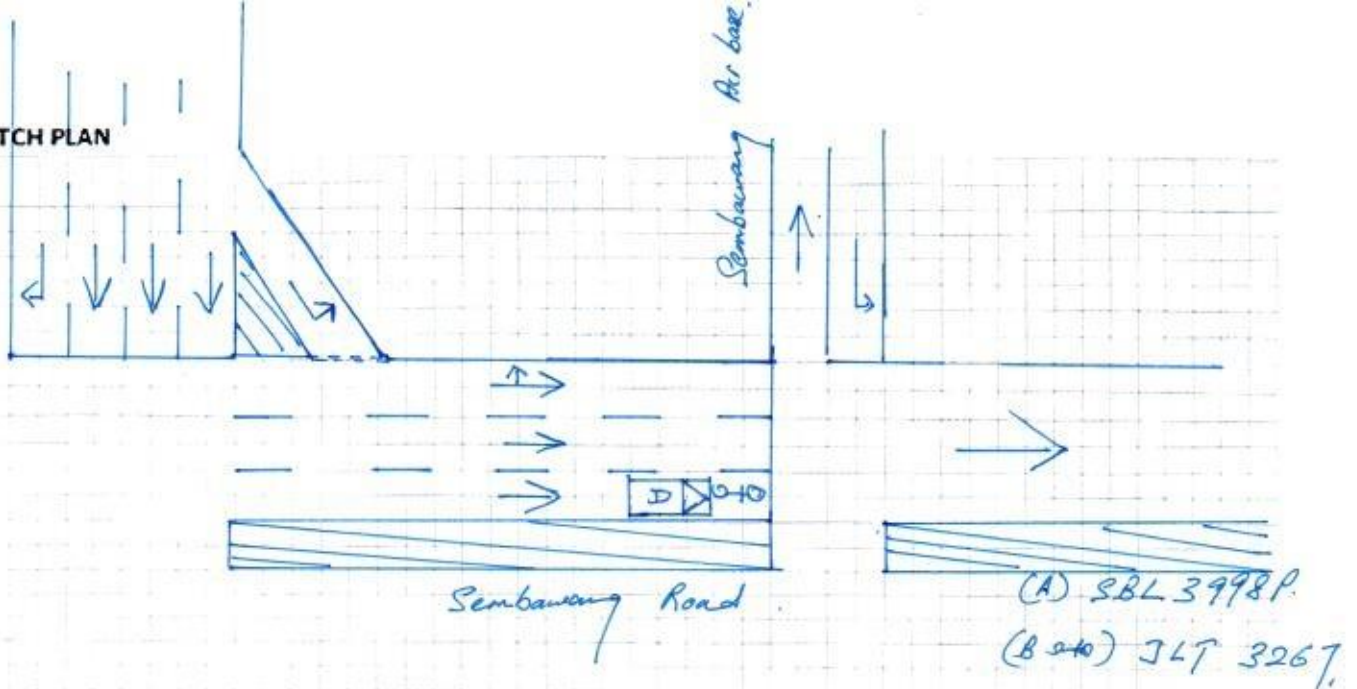


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to Police Report
No: T/20200504/2008.

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.	SBL 3998P	Model / Make	Bmw 318i.
Date of Accident	04/05/2020.		
Time of Accident	0300 HRS		
Location of Accident	Sembawang Road (Outside Sembawang Air Base.		
Exact purpose use during accident	Private Used.		
Name of Owner	Cheng Mun Thonn.		
Telephone No.	H/P : 9271 7802.	Home :	Office :
NRIC	S 13797400.		
Address	BLK 475B Upper Serangoon Crescent #14-531 @ S32475.		
Claim type	<input checked="" type="radio"/> OD THIRD PARTY REPORTING ONLY		
Insurance Company	NTUC.		
Type of Coverage	<input checked="" type="radio"/> Comprehensive Third Party Third Party / Fire / Theft		
Policy No.	5076587011-04.		
Name of Driver	<input checked="" type="radio"/> As Above If No,		
NRIC	Any Passengers : N.A.		
Date of birth	10/06/1959.		
Occupation	Outdoor / <input checked="" type="radio"/> Indoor		
Driving License Pass Date	19/03/1981		
Gender	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> Clear Raining Other		
Road Surface	<input checked="" type="radio"/> Dry Wet Other		
Any Injuries	<input checked="" type="radio"/> No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, <input checked="" type="radio"/> If Yes, Where? Hougang N.P.C.		
Vehicle B No.	JLT 3267. Any Passengers :		
Name of Driver	Contact No. :		
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	N.A. Witness Contact : N.A.		
Accident Portion	Front Portion.		
Camera Recorder	Yes <input checked="" type="radio"/> No		
Email Address	-		
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	JOSEPH TAN.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2020 05:03	Vide Report No.: L/20200504/0034	Station Diary No.: 16
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: CHENG MUON THONN			Address: APT BLK 475B UPPER SERANGOON CRESCENT #14-531 SINGAPORE 532475		
ID Type / ID No.: NRIC NO / S1379740D			Contact No.: Home/Office: Mobile: 92717802		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 10/06/1959	Type of Informant: Rider		
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 Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/05/2020 03:00	Type of Location: Straight Road
Location: Along Road 1 SEMBAWANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
JLT3267	Motorcycle					0
SBL3998P	Car	BMW	318i SEDAN LED NAV	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBL3998P	NTUC Income Insurance Co-Operative Limited	5076587011-04	29/12/2019	28/12/2020



**SINGAPORE
POLICE FORCE**



T/20200504/2008

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20200504/2008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Unknown	ID No.	NIL
Related Vehicle	JLT3267 (Motorcycle)	Contact No.	NIL
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
Rider			
Name	CHENG MUON THONN	ID No.	S1379740D
Related Vehicle	SBL3998P (Car)	Contact No.	92717802
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/05/2020 at about 0300hrs, I was driving my car(Registration No. SBL3998P) along Yishun Avenue 1 when I made a right turn into the 1st lane of Sembawang Road. Suddenly, I notice another Malaysian motorcycle(Registration No. JLT3267) in front of me which I applied emergency brake however I collided onto the rear of the motorcycle and the motorist fell on the road. I immediately alighted from my car to render assistance. Ambulance and Police was called in reference incident L/20200504/0034 and the motorist was conveyed to unknown hospital. There is a dashcamera in my car however it was not recording. I was advised to lodge a Traffic Accident report.



**SINGAPORE
POLICE FORCE**



T/20200504/2008

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20200504/2008

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:

F /

Sgt 2 BOH YONG SENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD FARHAN BIN SAIRI

Contact No.: 65476224

Signature Of Informant:

Date/Time:

04/05/2020 05:03

Classification Of Case:

Authentication Stamp

NP168

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: 5076587011-04

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SBL3998P**
Chassis Number : WBA8E36010NT39198
2. Name of Policyholder : CHENG MUON THONN
3. Effective Date of Insurance : 29 Dec 2019
4. Expiry Date of Insurance : 28 Dec 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)	: N/A
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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: CHENG MUON THONN
NAMED DRIVER (1)	: GER LIAN ENG
NAMED DRIVER (2)	: GERALDINE CHENG
HIRE PURCHASE COMPANY	: DBS BANK LTD
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 : JUN SHI INSURANCE AGENCY (00000572596)
Date of Issue : 20 Nov 2019 15:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="04/05/2020 03:00"/>							
Vehicle No.(For Motor)	<input type="text" value="SBL3998P"/>	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"/>	5076587011-04		CHENG MUON THONN	S1379740D	GPC	drive PREMIUM	SBL3998P	SBL3998P	29/12/2019	28/12/2020
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5076587011-04	Policyholder Name	CHENG MUON THONN	Policyholder NRIC	S1379740D
Certificate No.					
Address	BLK 475B #14-531 UPPER SERANGOON CRESCENT SINGAPORE 532475				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	20/11/2019	Effective Date	29/12/2019 00:00	Expiry Date	28/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	JUN SHI INSURANCE AGENCY	Agent Tel.	65320118	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 475B #14-531	Address 2	UPPER SERANGOON CRESCENT	Address 3	SINGAPORE 532475
Address 4		Address Type	Singapore address	Post Code	532475
Unit No.		Related Policy Number	5076587011-04		

Insured Object: SBL3998P

Endorsements

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

Claim Handling

Accident MT/1092166

Policy No.	5076587011-04	Vehicle No.	SBL3998P	GST Registration No.	
Certificate No.					
Policyholder Name	CHENG MUON THONN	Cover Type	drive PREMIUM	Policyholder NRIC	S13797400
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	92717802	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(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	04/05/2020 16:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	04/05/2020	Time of Accident hh:mm	03:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SEBBAWANG RD OUTSIDE SEBBAWANG AIR BASE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
Benefits					
Coverage		Sum Insured	9999999.99		
Excess Waiver			9999999.99		
Transport Allowance			9999999.99		
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address					
Address 1	BLK 475B #14-531	Address 2	UPPER SERANGOON CRESCENT	Address 3	SINGAPORE 532475
Address 4		Address Type	Singapore address	Post Code	532475
Unit No.		Related Policy Number	5076587011-04		
01 Driver Info					
Driver Name	CHENG MUON THONN	Driver Type	Main Driver	Driver DOB	10/06/1959
Uninsured Driver Name		Driver NRIC	S13797400	Driving Experience	39
Register Date of Driver License	19/03/1981	Driver Age	60	Contact No.(Home)	0
Contact No.(Mobile)	92717802	Contact No.(Office)	0	Address 3	SINGAPORE 532475
Address 1	BLK 475B	Address 2	UPPER SERANGOON CRESCENT	Post Code	532475
Address 4		Address Type	Singapore address		
Unit No.	14-531				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	CD-MD	Insured Name	CHENG MUON THONN	Insured NRIC	S13797400
Contact No.(Mobile)	92717802	Contact No.(Home)	87566733	Contact No.(Office)	
Email Address		DI Vehicle Number	SBL3998P	TP Vehicle Number	3LT3267
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SBL3998P / 3LT3267 ON 4 May 2020				Name of Preferred Workshop
Preferred Workshop Contact No.	68420051	Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	04/05/2020 16:32	Claim Close Date		Date Received	04/05/2020 00:00
Report Taken By	Jackson			OD Excess Collected by Workshop	
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1092166	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/05/2020 16:33
Path *		Category *	Confidential
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal

Browse...	Clear	Please Select	N/C	Normal	
Browse...	Clear	Please Select	N/C	Normal	
Browse...	Clear	Please Select	N/C	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 May 2020 16:33	NRIC/ Driving License	Y	NRIC/ Driving License 2020-5-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 May 2020 16:33	SAS	Normal	SAS 2020-5-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 May 2020 16:32	Photos	Normal	Photos 2020-5-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 May 2020 16:32	Photos	Normal	Photos 2020-5-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 May 2020 16:32	Photos	Normal	Photos 2020-5-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 May 2020 16:32	Photos	Normal	Photos 2020-5-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 May 2020 16:32	Photos	Normal	Photos 2020-5-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 May 2020 16:32	Photos	Normal	Photos 2020-5-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 May 2020 16:32	Photos	Normal	Photos 2020-5-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 May 2020 16:32	Photos	Normal	Photos 2020-5-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 04 May 2020 16:32	Photos	Normal	Photos 2020-5-4	

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"/>				