NATIONAL Assessment Centre Services (wef 1 Jan'05) MHA/2005/7710

Date In: 7/7/20-17:23	Job description	Date & Time Completed	Done by
Ref No: NA/INC/20007084/14	SAS e-filing		
Veh No: SJK6179C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 5/7/20-14:20	i-Motor Claim Form	M7/1096303-01	7/2/20 17:45
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: SLW1489 - INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : (*Date:* *Time:*)

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading : $1,000 ( ) / $2,000 ( )

General Remarks:-

( ) **Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.**

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

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

Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Date/Time	Actions

NA/0035778

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
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:-			
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	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 07/07/2020 17:39

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 witholding 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	07/07/2020 17:23
Date Of Accident	05/07/2020 14:20
Exact Location Of Accident	GEYLANG EAST AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6179C
Insured/Policyholder	
Name Of Registered Owner	KOH YONG HENG
NRIC No	SXXXX964A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83558833
Alternative Phone No	OFFICE-83558833
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E AUTO
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	5113072357
Cover Note Number	
Driver	
Name of Driver	CHANG SHAO LEONG
Passport No/FIN	GXXXX211T
Date Of Birth	14/07/1994
Occupation	INDOOR
Date Of Driving Pass	29/08/2019
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82683707
Fax Number	
Contact Number	OFFICE-82683707
EMail Address	NOEMAIL

Address	524A MACPHERSON ROAD SENNETT ESTATE
Postcode	368215
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 ON 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	2
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: : CHOW CHUN YEW GENDER: : MALE

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/20200705/2053.

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	SLW1468P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RESHAM JHAMANDAS GANGLANI
NRIC/Passport Number	SXXXX794F

Contact Number	94898019
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHANG SHAO LEONG
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJK6179C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHOW CHUN YEW
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJK6179C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1) Please report **correctly** on the details of the accident to speed up the claims process.
2) This form must **be completed by the policy holder 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 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.
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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :

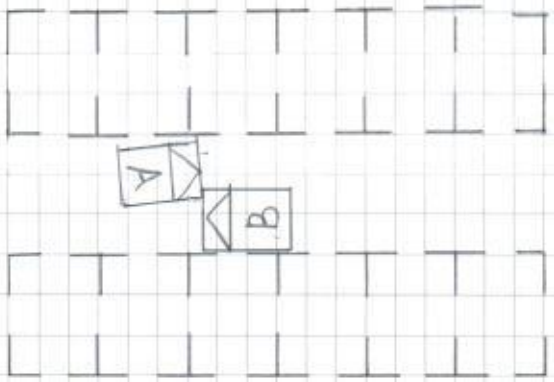
(I) Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(II) Investigations the accident and/or my claims;
(III) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
(IV) Administering my claims (including the mailing of correspondence, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature **Date / time:**	**Driver's signature** **(if driver is not policy holder)** **Date / time:**	**reporting centre personnel's Signature** **Date / time:**

SKETCH PLAN



A: SJK6179C
B: SLW1468P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

Policy holder's signature	**Driver's signature**	**reporting centre personnel's Signature**
Date & time:	**(if driver is not policy holder)**	**NRIC/FIN No.:**
	Date & time:	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS		
Date of accident	05/07/2020	**(DD/MM/YY)**
Time of accident	1420	**(HH:MM)**
Exact location of accident	Geylang East Ave 1	

DETAILS OF VEHICLE	
Vehicle registration number	SJK6179C
Vehicle make and model	Toyota Vios
Type of vehicle	Saloon ☑ MPV ☐ CRV ☐ Van ☐ Lorry ☐ Bus ☐ Motorcycle ☐ Others:_____
Vehicle category	Private ☑ Commercial ☐ Motorcycle ☐
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes ☐ No ☑ if no, please select: Third part claim ☑ Reporting only ☐

INSURANCE INFORMATION	
Insurance company	NTUC
Policy number	
Type of policy	Comprehensive ☐ Third party fire & theft ☐ TP only ☐

INSURED / POLICY HOLDER		
Name	Koh Yong Heng	Male ☐ Female ☐
NRIC / Fin / Passport number	S1373964A	
Contact	8355 8833	
Address		

DRIVER	SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)	
Name	Chang Shao Leong	Male ☑ Female ☐
NRIC / Fin / Passport number	G8667211T	
Contact	8268 3707	
Address	524A Macpherson Road Sennett Estate S(368 215)	
Email address		
Date of birth	14/07/1994	
Occupation	Indoor ☑ Outdoor ☐	
Driving date pass	29/08/2019	

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes ☐ No ☑ If no, relationship of the driver and insured: friend
Accident captured by camera?	Yes ☑ No ☐
Weather condition	Clear ☑ Raining ☐ Others: _____
Road surface	Dry ☑ Wet ☐
No of passenger	02 (Inclusive of driver)

PASSENGER 1	
Name	Chow Chun Yew
Gender	Male ☑ Female ☐

PASSENGER 2	
Name	
Gender	Male ☐ Female ☐

PASSENGER 3	
Name	
Gender	Male ☐ Female ☐

PASSENGER 4	
Name	
Gender	Male ☐ Female ☐

PASSENGER 5	
Name	
Gender	Male ☐ Female ☐

PASSENGER 6	
Name	
Gender	Male ☐ Female ☐

OTHER INFORMATION	
Was anybody injured?	Yes ☑ No ☐
Was other vehicle damaged?	Yes ☑ No ☐

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes ☐ No ☐ If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SLW1468P
Vehicle make model	Mercedes E200
Name	Resham Thamandas Ganglani
NRIC / Fin / Passport number	S8038794F
Contact	9489 8019

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	Chang Shao Leong
Injuries sustained	Back and neck
Which vehicle person in?	SJK 6179C
Were seat belts worn?	Yes ☑ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☑

INJURED PERSON 2	
Name	Chow Chun Yew
Injuries sustained	Back and neck
Which vehicle person in?	SJK 6179C
Were seat belts worn?	Yes ☑ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☑

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes ☐ No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐ No ☐

SINGAPORE POLICE FORCE

T/20200705/2053

Report No. T/20200705/2053

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
05/07/2020 16:57		33

Informant's Particulars

Name of Informant: CHANG SHAO LEONG			Address: 524A MACPHERSON ROAD SENNETT ESTATE SINGAPORE 368215	
ID Type / ID No.: FIN NO / G8667211T			Contact No.: Home/Office:	Mobile: 82683707
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 25	Date of Birth: 14/07/1994	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: PROJECT COORDINATOR			Driving Licence Information: Class: 3C	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/07/2020 14:20	Type of Location: Car Park
Location: Along Road 1 GEYLANG EAST AVENUE 1				

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK6179C	Car	TOYOTA	VIOS E AUTO	Red	Seriously Damaged	1
SLW1468P	Car	MERCEDES BENZ	E200 EXCLUSIVE (R18 LED)	Blue	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20200705/2053

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

Report No. T/20200705/2053

CONTINUATION OF REPORT

Driver			
Name	CHANG SHAO LEONG	ID No.	G8667211T
Related Vehicle	NIL	Contact No.	82683707
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3C Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver			
Name	RESHAM JHAMANDAS GANGLANI	ID No.	S8038794F
Related Vehicle	NIL	Contact No.	94898019
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 the 05/07/2020 at about 1420hrs, I was entering the carpark of this Blk 125 Geylang East Avenue 1, and was driving at about 25km/hrs and noticed an oncoming blue car approaching opposite of me. The driver then drove closer to me and I tried to keep to the left and decided to brake, but the driver did not managed to brake on time and collided onto my vehicle on the right front bumper area. He then reversed his car slightly and both of us stepped out of the vehicle. I then checked the front of my vehicle and saw that the front right area bumper was cracked and seriously damaged. No one suffered any injuries. The driver then told me that he has a front in car camera and subsequently sent me a video of the accident. We then exchanged particulars and subsequently left the area.

SINGAPORE POLICE FORCE

SIGNATURE

SINGAPORE POLICE FORCE

T/20200705/2053

Report No. T/20200705/2053

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

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 / Sgt 1 CHUA KUN ER	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/07/2020 16:57
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	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. | Date of Accident: 05/07/2020 14:20
Vehicle No.(For Motor): SJK6179C | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	S113072357		KOH YONG HENG	S1373964A	GPC	drivo CLASSIC	SJK6179C	SJK6179C	29/10/2019	28/10/2020

Continue

Policy Information

Policy No.	5113072357	Policyholder Name	KOH YONG HENG	Policyholder NRIC	S1373964A
Certificate No.					
Address	BLK 496F #05-508 TAMPINES AVE 9 SINGAPORE 522496				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	02/10/2019	Effective Date	29/10/2019 00:00	Expiry Date	28/10/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 496F #05-508	Address 2	TAMPINES AVE 9	Address 3	SINGAPORE 522496
Address 4		Address Type	Singapore address	Post Code	522496
Unit No.		Related Policy Number	5113072357		

Insured Object: SJK6179C

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1096323

Policy No.	5113072357	Vehicle No.	SJK6179C	GST Registration No.	
Certificate No.					
Policyholder Name	KOH YONG HENG			Policyholder NRIC	S1373964A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	81558833	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	(•) No ( ) Yes	TCA	(•) No ( ) Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	07/07/2020 17:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	05/07/2020	Time of Accident hh:mm	14:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GEYLANG EAST AVE 1				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	2500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	1500				
Total OD Excess Applicable	4600.00	Total TP Excess Applicable			

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 496F #05-508	Address 2	TAMPINES AVE 9	Address 3	SINGAPORE 522496
Address 4		Address Type	Singapore address	Post Code	522496
Unit No.		Related Policy Number	5113072357		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHANG SHAO LEONG	Driver NRIC	GXXXX211T	Driver DOB	14/07/1994
Register Date of Driver License	29/08/2019	Driver Age	25	Driving Experience	0
Contact No.(Mobile)	82683707	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	524A MACPHERSON ROAD	Address 2	SINGAPORE 368215	Address 3	SINGAPORE 522496
Address 4		Address Type	Singapore address	Post Code	368215
Unit No.					
Does he own a Singapore Registered car?	( ) Yes (•) No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	(•) Yes ( ) No

Modification History

Claim 001 **New**

Claim Type *	DO-MX	Insured Name	KOH YONG HENG	Insured NRIC	S1373964A
Contact No.(Mobile)		Contact No.(Home)	67898663	Contact No.(Office)	
Email Address		OI Vehicle Number	SJK6179C	TP Vehicle Number	SLW1468P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJK6179C / SLW1468P ON 5 Jul 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	Received
Date Registered	07/07/2020 17:45	Claim Close Date		Date Received	07/07/2020 00:00
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1096323	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	07/07/2020 17:46

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	
	Browse...	Clear	Please Select		Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 17:46	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 17:46	SAS		Normal	SAS 2020-7-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 17:45	Photos		Normal	Photos 2020-7-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 17:45	Photos		Normal	Photos 2020-7-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 17:45	Photos		Normal	Photos 2020-7-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 17:45	Photos		Normal	Photos 2020-7-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 17:45	Photos		Normal	Photos 2020-7-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 17:45	Photos		Normal	Photos 2020-7-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 17:45	Photos		Normal	Photos 2020-7-7	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2020 17:45	Photos		Normal	Photos 2020-7-7	

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading