

NATIONAL Assessment Centre Services

Ref: JAN05/NA140059988

Date In: 16/7/20 - 14:05	Job description	Date & Time Completed	Done by
Ref No: NA/INC2007365/24	SAS e-filing		
Veh No: SMP7403L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/7/20 - 07:35	i-Motor Claim Form	17/10/20 07:35 001	16/7/20 16:16
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: SLW446R	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

NA2003711	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
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:-		
	ON*		
	*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 (N-in INC) against INC \$20		
	9) N12: Idac Mobile \$30		
	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	16/07/2020 14:05
Date Of Accident	16/07/2020 07:35
Exact Location Of Accident	PIE (CHANGI) NEAR PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP7403L
Insured/Policyholder	
Name Of Registered Owner	TAN KOK PENG (CHEN GUOPING)
NRIC No	SXXXX999H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98172935
Alternative Phone No	OFFICE-98172935

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B 200 AT ABS AIRBAGS HID 2WD 5DR(CHROME)
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	5113741599
Cover Note Number	

Driver

Name of Driver	TAN KOK PENG (CHEN GUOPING)
NRIC No	SXXXX999H
Date Of Birth	08/10/1972
Occupation	INDOOR
Date Of Driving Pass	07/07/1993
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98172935
Fax Number	
Contact Number	OFFICE-98172935
Email Address	NOEMAIL

Address	35 ROBIN ROAD #10-05
Postcode	258210
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

REFER TO POLICE REPORT - T/20200716/2035 & T/20200716/2048.

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	SLW4460R
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MI YIN LONG
NRIC/Passport Number	SXXXX347D
Contact Number	96287685
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLJ1880A

Vehicle Make/Model/Colour SUBARU

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHANG GOY HUA

NRIC/Passport Number SXXXX949H

Contact Number 97388788

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name TAN KOK PENG (CHEN GUOPING)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMP7403L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode


SKETCH PLAN

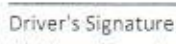
IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

A: SMP7403L
B: SLW4460R
C: SLJ1880A

PIE near pany lebar exit.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to police report - 7/2020 0716/2335.

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:


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

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 7 / 2020) (DD/MM/YYYY), TIME: (7:35) (HH:MM)

LOCATION: PIE near Payar Lebar exit towards Changi

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMP 7403L
b) INSURANCE COMPANY: NIVE
c) POLICY NUMBER: 5113741599
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: MERCEDES B200
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: TO 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: TAN KOK PENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7236999H CONTACT: 98172935
c) ADDRESS: 35 Robin Road, Robin Regalia
#10-05 S258210

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN KOK PENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7236999H CONTACT: 98172935
c) ADDRESS: 35 Robin Road, Robin Regalia
#10-05 S258210

*d) DATE OF BIRTH: (8 / 10 / 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: Since 7 Jul 1993

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLW 4460R MODEL: Honda
b) DRIVER'S NAME: MI YIN LONG
c) NRIC/FIN/PASSPORT: S2655347D CONTACT: 96287681

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLW1880A MODEL: Subaru
e) DRIVER'S NAME: CHANG GOY HUA
f) NRIC/FIN/PASSPORT: S7033949H CONTACT: 97388788

Email = soonson motor@yahoo.com.sg

fax =

video = ✓



SINGAPORE POLICE FORCE



T/20200716/2035

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

1 of 3

Report No. T/20200716/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/07/2020 12:18	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: TAN KOK PENG		Address: APT BLK 35 ROBIN ROAD #10-05 ROBIN REGALIA SINGAPORE 258210	
ID Type / ID No.: NRIC NO / S7236999H		Contact No.: Home/Office: Mobile: 98172935	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 08/10/1972	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Other accounting clerks (eg cost clerk)		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: 16/07/2020 07:35	Type of Location:
Location: Along Road 1 PAN-ISLAND EXPRESSWAY TOWARDS CHANGI NEAR TO PAYA LEBAR EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLJ1880A	Car					0
SLW4460R	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP7403L	NTUC Income Insurance Co-Operative Limited	5113741599	05/11/2019	27/03/2021



**SINGAPORE
POLICE FORCE**



T/20200716/2035

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

2 of 3

Report No. T/20200716/2035

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMP7403L	Car	MERCEDES BENZ	B 200 AT ABS AIRBAGS HID 2WD 5DR(CHRO ME)	Grey		0

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION I WAS TRAVELING ALONG PIE TOWARDS CHANGI ON THE EXTREME LEFT LANE ROAD WHEN THE VEHICLE BEARING (SLW4460R) INFRONT OF ME JAMMED BRAKE, I MANAGED TO STOP IN TIME BUT THE VEHICLE BEHIND(SLJ1880A)COLLIDED ONTO THE REAR PORTION OF MY VEHICLE (SMP7403L) SUBSEQUENTLY I FELT PAIN ON MY RIGHT PALM AND I WENT TO MOUNT ALVERNIA HOSPITAL AND I WAS GIVEN 5 DAYS OF OUTPATIENT SICK LEAVE FROM 16/07/20 TO 20/07/20. I HAVE EXCHANGED PARITICULARS WITH THE INVOLVED PARTIES THATS ALL.



**SINGAPORE
POLICE FORCE**



T/20200716/2035

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

3 of 3

Report No. T/20200716/2035

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:
TP /
BERNARD KOH REN JUN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Signature Of Informant:

Date/Time:
16/07/2020 12:18

Classification Of Case:

Authentication Stamp
NP168



T/20200716/2048

1 of 3

Report No. T/20200716/2048

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20200716/2035

Report Number T/20200716/2048

Vide Report Number

Date/Time of Report Made 16/07/2020 13:17

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant TAN KOK PENG

ID Type / ID No. NRIC NO / S7236999H

Home Office

Mobile 98172935

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 16/07/2020 07:35

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SLJ1880A	Car					0
SLW4460R	Car					0



T/20200716/2048

2 of 2

Report No. T/20200716/2048

Continuation of CSF For NP168

Brief Facts.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION I WAS TRAVELING ALONG PIE TOWARDS CHANGI ON THE EXTREME RIGHT OF 4 LANES ROAD WHEN THE VEHICLE BEARING (SLW4460R) IN FRONT OF ME JAMMED BRAKE, I MANAGED TO STOP IN TIME BUT THE VEHICLE BEHIND BEARING (SLJ1880A) COLLIDED ONTO THE REAR PORTION OF MY VEHICLE (SMP7403L) SUBSEQUENTLY I FELT PAIN ON MY RIGHT PALM AND I WENT TO MOUNT ALVERNIA HOSPITAL AND I WAS GIVEN 5 DAYS OF OUTPATIENT SICK LEAVE FROM 16/07/20 TO 20/07/20. I HAVE EXCHANGED PARITICULARS WITH THE INVOLVED PARTIES THATS ALL.



1-2006-1-16/2048

3 of 3

Report No. T-20200716/2048

Continuation of CSF For NP168

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.

Case Secretary	No
Officer-In-Charge of Case	TP / AET / JUREMAH BUNTE AHMAD
Classification of Case	GENERIC / OTHERS

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="16/07/2020 07:35"/>							
Vehicle No. (For Motor)	<input type="text" value="SMP7403L"/>	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"/>	5113741599		TAN KOK PENG (CHEN GUOPING)	S7236999H	GPC	drive CLASSIC	SMP7403L	SMP7403L	05/11/2019	27/03/2021
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5113741599	Policyholder Name	TAN KOK PENG (CHEN GUOPING)	Policyholder NRIC	S7236999H
Certificate No.					
Address	35 ROBIN ROAD #10-05 ROBIN REGALIA SINGAPORE 258210				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/11/2019	Effective Date	05/11/2019 00:00	Expiry Date	27/03/2021 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	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	35 ROBIN ROAD	Address 2	#10-05 ROBIN REGALIA	Address 3	SINGAPORE 258210
Address 4		Address Type	Singapore address	Post Code	258210
Unit No.	10-05	Related Policy Number	5113741599		

▶ Insured Object: SMP7403L

▼ Endorsements

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

Claim Handling

Accident MT/1097038

Policy No.	5113741599	Vehicle No.	SMP7403L	GST Registration No.	
Certificate No.					
Policyholder Name	TAN KOK PENG (CHEN GUOPING)	Cover Type	drive CLASSIC	Policyholder NRIC	S7236999H
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	98172935	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(%)	90	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	16/07/2020 16:14	Accident Report Within 24 hrs.	Yes	Accident Type	Chain Collision
Date of Accident	16/07/2020	Time of Accident hh:mm	07:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (CHANGE) NEAR PAYA LEBAR EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	600.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
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	35 ROBIN ROAD	Address 2	#10-05 ROBIN REGALIA	Address 3	SINGAPORE 258210
Address 4		Address Type	Singapore address	Post Code	258210
Unit No.	10-05	Related Policy Number	5113741599		

OT Driver Info

Driver Name	TAN KOK PENG (CHEN GUOPING)	Driver Type	Main Driver	Driver DOB	08/10/1972
Unnamed driver Name		Driver NRIC	S7236999H	Driving Experience	27
Register Date of Driver License	07/07/1993	Driver Age	47	Contact No. (Home)	0
Contact No. (Mobile)	98172935	Contact No. (Office)	0	Address 3	SINGAPORE 258210
Address 1	35 ROBIN ROAD	Address 2	ROBIN REGALIA	Post Code	258210
Address 4		Address Type	Singapore address		
Unit No.	10-05				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MK	Insured Name	TAN KOK PENG (CHEN GUOPING)	Insured NRIC	S7236999H
Contact No. (Mobile)	98172935	Contact No. (Home)	67946101	Contact No. (Office)	
Email Address	reykptan@gmail.com	O1 Vehicle Number	SMP7403L	TP Vehicle Number	SLW4460R
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMP7403L / SLW4460R ON 16 Jul 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	16/07/2020 16:16	Claim Close Date		Date Received	16/07/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1097038	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/07/2020 16:18

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

