

NATIONAL Assessment Centre Services. [ver 1 Jan'05] NIA20070767

Date In: 19/08/2020 15:34	Job description	Date & Time Completed	Done by
Ref No: NIA20070767	SAS e-illing		
Veh No: SM 35904	E-mail (3 days 2hrs, A/C 2hrs)		
O.O.A: 19/08/2020 06:50	I-Motor Claims Form	mm/1100500-001	19/08/2020
OD: TP Reporting Only	I-Motor W/O (with/od 2hrs, TP 4hrs)		15:57
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Vic		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMG 5663M	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 ()	

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repair.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date: _____

NIA2004363	Driver/Owner:	1) Alt: Accident Reporting (\$30)	
Contact No:		2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:		3) TP: Towing Fee \$40/\$45	
IC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey \$110	
		5) PT: Follow-Through Survey (Resurvey) \$30	
		6) TR: Re-inspection \$75	
		7) NI: Idea DA + SMRT Survey \$160	
		8) NTUC Additional Services	
		ON:	
		• NI: Courtesy Car / Tpl Allowance \$3	
		• NI: Repairs Coordination \$10	
		• NI: Post Repair Inspection \$25	
		• NI: DV / Collect Licenses Coordination \$3	
		TP (NI): TP (NI) INC: \$20	
		2) NI: Idea 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	19/08/2020 15:34
Date Of Accident	19/08/2020 06:50
Exact Location Of Accident	SLE SLIP ROAD TOWARDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM3590H
Insured/Policyholder	
Name Of Registered Owner	CHIA WEI YONG
NRIC No	SXXXX945F
Email Address	CHIAWEIYONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96206638
Alternative Phone No	OTHERS-96206638

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used at time of accident	FETCHING SON TO SCHOOL
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	5098996247-02
Cover Note Number	

Driver

Name of Driver	CHIA WEI YONG
NRIC No	SXXXX945F
Date Of Birth	17/09/1967
Occupation	INDOOR
Date Of Driving Pass	06/09/1993
Driving Experience	26 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96206638
Fax Number	
Contact Number	OTHERS-96206638
Email Address	CHIAWEIYONG@GMAIL.COM

Address	BLK 637 WOODLANDS RING ROAD #01-65
Postcode	730637
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?	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: : JAVIER CHIA ZHI-EAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20200819/2127

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG5663M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LI YUCUN
NRIC/Passport Number	SXXXX838F

Contact Number 92749875
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHIA WEI YONG
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLM3590H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name JAVIER CHIA ZHI-EAN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLM3590H
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:

19/8/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

19/08/2020

Res. C. [Signature]

SKETCH PLAN

- A) SLM 3590H
B) SMG 5663M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/8/20, 6:50am, while driving along SLR slip road towards BKE, my vehicle SLM 3590H was hit from the rear by vehicle SMG 5663M.

The driver of SMG 5663M was driving at high speed and tailgating me.

My son and my body are badly in pain after the hit of my car from the rear. My son and I are in state of shock for a few hours since then.

POLICE REPORT 1/20200819/2127

DECLARATION

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

Policyholder's Signature

Date & Time: 19/8/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

19/08/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT

ACCIDENT STATEMENT

ACCIDENT DATE: 19/08/2020 (DD/MM/YYYY) TIME: 06:50 (HH:MM)

LOCATION: SLR slip road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLM35904
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Jazz
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: fetching son to school
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: CHIA WEI YONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S18139452 CONTACT: 91206638
c) ADDRESS: Blk 637 Woodlands Ring Road
5730637

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 17/09/1967 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMG5663M MODEL: Mazda 2
b) DRIVER'S NAME: L. YUEN
c) NRIC/FIN/PASSPORT: 57283838F CONTACT: 92749875

9. THIRD PARTY VEHICLE

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

email = chiawei.yong@gmail.com

VIDEO = Yes with Honda

Stixik G. Houn. com. Sr.



**SINGAPORE
POLICE FORCE**



T/20200819/2127

1 of 4

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20200819/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2020 19:35		Vide Report No.:		Station Diary No.: 99	
Informant's Particulars					
Name of Informant: CHIA WEI YONG			Address: APT BLK 637 WOODLANDS RING ROAD #01-65 SINGAPORE 730637		
ID Type / ID No.: NRIC NO / S1813945F			Contact No.: Home/Office: Mobile: 96206638		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 17/09/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRISONS OFFICER			Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/08/2020 06:50	Type of Location: SLIP ROAD
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SLM3590H	Car	HONDA	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD	Blue	Seriously Damaged	1
SMG5663M	Car				No Damage	0



Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20200819/2127

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM3590H	NTUC Income Insurance Co-Operative Limited	5098996247-02	28/03/2020	27/03/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	JAVIER CHIA ZHI-EAN		ID No.	T0315091C
Related Vehicle	SLM3590H (Car)		Contact No.	97704092
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/08/2020		Date Discharge	19/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	CHIA WEI YONG		ID No.	S1813945F
Related Vehicle	SLM3590H (Car)		Contact No.	96206638
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	19/08/2020		Date Discharge	19/08/2020
No. of Days granted Medical Leave	07	Degree of Injury	Serious	
Driver				
Name	LI YUCUN		ID No.	S7283838F
Related Vehicle	SMG5663M (Car)		Contact No.	92749875
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	



**SINGAPORE
POLICE FORCE**



T/20200819/2127

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 4

Report No. T/20200819/2127

CONTINUATION OF REPORT

Brief Details.

On the abovementioned date, time and location, I was driving along BKE towards the slip road towards SLE. As I was approaching a downhill road, I pressed the brakes to slow down. Subsequently, a vehicle crashed into the back of my vehicle. We then stopped our vehicles and exchanged particulars with one another. No police or ambulance came to scene. Subsequently, I proceeded to Khoo Teck Puat Hospital along with my son. I received a 7-day Medical Certificate (MC), while my son received a 3-day MC. I was then advised to make a police report.

I wish to state that I believe that the other driver was driving recklessly at a very fast speed, which led to the accident.



**SINGAPORE
POLICE FORCE**



T/20200819/2127

4 of 4

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20200819/2127

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:

L /

SCSGT(1) CHEONG TZE SUNG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/08/2020 19:35

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

SN 130

Classification Of Case:

Authentication Stamp
NP168

Signature:

Singapore Police Force

MEDICAL CERTIFICATE

ORIGINAL

KHANE201855498

NAME : CHIA WEI YONG
NRIC : S1813945F

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named attended Examination/Treatment from 19-Aug-2020 14:51 to 19-Aug-2020 16:37.

The above named is unfit for duty for a period of 7 day(s), from 19-Aug-2020 to 25-Aug-2020 inclusive.

This certificate is not valid for absence from court attendance.

Remarks :

19 Aug 2020 Dr Cen, Xiaoping Dawn (17996E)

Date Issuing Doctor

A&E

Location

Doctor's Signature

Reg No. : 200717564H

..... Tear Along Here

MEDICAL CERTIFICATE

DUPLICATE

KHANE201855498

NAME : CHIA WEI YONG
NRIC : S1813945F

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named attended Examination/Treatment from 19-Aug-2020 14:51 to 19-Aug-2020 16:37.

The above named is unfit for duty for a period of 7 day(s), from 19-Aug-2020 to 25-Aug-2020 inclusive.

This certificate is not valid for absence from court attendance.

Remarks :

19 Aug 2020 Dr Cen, Xiaoping Dawn (17996E)

Date Issuing Doctor

A&E

Location

Doctor's Signature

Reg No. : 200717564H

MEDICAL CERTIFICATE

ORIGINAL

KHANE201855503

NAME : JAVIER CHIA ZHI-EAN
NRIC : T0315091C

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named attended Examination/Treatment from 19-Aug-2020 14:51 to 19-Aug-2020 16:45.

The above named is unfit for duty for a period of 3 day(s), from 19-Aug-2020 to 21-Aug-2020 inclusive.

This certificate is not valid for absence from court attendance.

Remarks :

19 Aug 2020 Dr Cen, Xiaoping Dawn (17996E)

A&E

Date

Issuing Doctor

Location

Doctor's Signature

Reg No. : 200717564H

----- Tear Along Here -----

MEDICAL CERTIFICATE

DUPLICATE

KHANE201855503

NAME : JAVIER CHIA ZHI-EAN
NRIC : T0315091C

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named attended Examination/Treatment from 19-Aug-2020 14:51 to 19-Aug-2020 16:45.

The above named is unfit for duty for a period of 3 day(s), from 19-Aug-2020 to 21-Aug-2020 inclusive.

This certificate is not valid for absence from court attendance.

Remarks :

19 Aug 2020 Dr Cen, Xiaoping Dawn (17996E)

A&E

Date

Issuing Doctor

Location

Doctor's Signature

Reg No. : 200717564H

Claim Handling

Accident HY/1100500

Policy No.	00000000000000000000	Vehicle No.	SLM1550H	GST Registration No.	
Cardholder No.					
Policyholder Name	CHIA WEI YONG			Policyholder NRIC	S1813945P
Product Code	PRIVATE CAR INSURANCE	Coat Type	DRIVE CLASSIC	Leasing	0
Contact No.(Mobile)	96206638	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
eFax	No Yes	TCA	No Yes	eCase Reason	
NCD Protection	Yes	NCD Endorsement(%)	50	Private Hire	No

Accident Details

Report Date	19/08/2020 15:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Third to Third
Date of Accident	18/08/2020	Time of Accident (HH:MM)	08:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	G.T SLIP ROAD TOWARDS BEE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,000.00		
RED OD Excess	0.00	RED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,000.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	BLK 527 #01-05	Address 2	WOODLANDS RING ROAD	Address 3	SINGAPORE 730637
Address 4		Address Type	Singapore address	Post Code	730637
Unit No.		Related Policy Number	00000000000000000000		

OI Driver Info

Driver Name	CHIA WEI YONG	Driver Type	Non-Driver		
Uninsured Driver Name		Driver NRIC	S1813945P	Driver DOB	27/09/1967
Register Date of Driver License	01/01/1990	Driver Age	52	Driving Experience	30
Contact No.(Mobile)	96206638	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 527 #01-05	Address 2	WOODLANDS RING ROAD	Address 3	SINGAPORE 730637
Address 4		Address Type	Singapore address	Post Code	730637
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLM1550H	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001

New

Claim Type *	OD-PR	Insured Name	CHIA WEI YONG	Insured NRIC	S1813945P
Contact No.(Mobile)	96206638	Contact No. (Home)	63666728	Contact No. (Office)	84786157
Email Address	CHIAWEIYONG@GMAIL.COM	OI Vehicle Number	SLM1550H	TP Vehicle Number	SHG5663H
Claim Description	SLM1550H / SHG5663H On 18 Aug 2020				
Preferred Workshop	Yes	Insured Liability	Not at fault	GA report	Received
Preferred Repair Option	Preferred	Preferred Workshop Name unknown			
Date Registered	19/08/2020 15:56	Claim Date	19/08/2020 15:57	Date Received	19/08/2020 15:57
Report Taken By	ROSLI WANAH				

Print & Enter

Save Submit

Attachment

Accident No.	HY/1100500	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	19/08/2020 15:57		
Path *		Category *		Confidential	Urgency *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Send Mail

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
WAC_BUKIT MERAH_0000781 NATIONAL ASSESSMENT CENTRE SERVICE 1 (BUKIT MERAH) on 19 Aug 2020 15:57		Photo	Normal	Photo 2020-08-19	

212

Hello, NAC_BUKIT_MERAH_800676

[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="19/08/2020 11:17"/>
Vehicle No. (For Motor)	<input type="text" value="SLM3590H"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098996247-02		CHIA WEI YONG	S1813945F	GPC	Drive CLASSIC	SLM3590H	SLM3590H	28/03/2020	27/03/2021

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNAY20070767 Vehicle Registration No: SLM 3590H
Name (as shown in NRIC) : CHIA WEI YONG NRIC/FIN/Passport No : Sxxx945F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 96206638
Email Address : _____
Date of Accident : 19/08/2020 Time of Accident : 06:50
Place of Accident : SLK SUP ROAD TOWARDS BKE
Insurance Company : NTHC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To INSERT POLICE REPORT T/20200815/2127 & MEDICAL
SUP

Policyholder / Driver's Signature:
Date:

20/08/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: