

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

UN926004

Date In: 21/12/11:07	Job description	Date & Time Completed	Done by
Ref No: 14/INC2004/17674	SAS e-filing		
Veh No: JKL8897H	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 19/12/11:20	i-Motor Claim Form	21/12/11 11:08	
OD : TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: F01M98336

INC () / Non-INC ()

Tel:

Owner / Driver: (

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

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Int Bill

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
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile

- *N5: Courtesy Car / Tpl 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

Invoice dated

Fee Charged

Fee Charged

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Pat. 1:

Pat. 2 / 3:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date of Submission	21/12/2020 11:03 (SGT)
Date of Accident	19/12/2020 22:50 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	twds sengkang east dr
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL8897H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YIN SIEW MOI
NRIC No	SXXXX150A
Email Address	ysiewmoi@yahoo.com
Mobile Phone No	(Phone) +65-82823774
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Previa
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113593637
Cover Note Number	-

DRIVER

Name of Driver	CHEW ENG CHAI (ZHOU YINCAI)
NRIC No	SXXXX533A
Date Of Birth	28/03/1985
Occupation	Outdoor

Date Of Driving Pass	28/09/2005
Driving experience	15 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91372959
Alt. Phone Number	-
Email Address	ysiewmoi@yahoo.com
Address	BLK 433B SENGKANG WEST WAY
Address complement	#16-535
Postcode	792433
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201220/2005.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN9833G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.

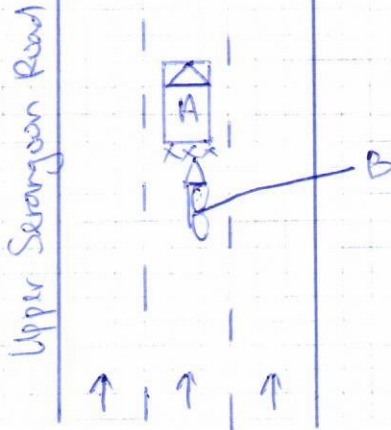
X

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



Veh A: SKL 8897H
Veh B: FBN 9833G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report


Report No: T/20201220/2005

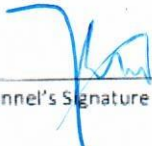
DECLARATION

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:	SKL8897H		MAKE & MODEL:	Toyota Estima		AUTO / MANUAL
DATE OF ACCIDENT:	19 / 12 / 2020		CC:	2.4		
TIME OF ACCIDENT:	2250 HRS					
LOCATION OF ACCIDENT:	Along Upper Serangoon Road towards Sengbang East Drive					
EXACT PURPOSE USED AT TIME OF ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	Yin Siew Moi					
TEL NO:	H/P: 82823779		OFFICE:	HOME:		
NRIC:	S7583150A					
ADDRESS:	BLK 954 Hougang Avenue 9 #16-538 S(530954)					
EMAIL:	ystewmoi@yahoo.com					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO?					
INSURANCE COMPANY:	NTUC					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	5113593637					
NAME OF DRIVER:	AS ABOVE / IF NO:		Chew Eng Chai			
NRIC:	S8509533A		ANY PASSENGER: -			
DATE OF BIRTH:	28 / 3 / 1985		LICENCE PASSED DATE: 28 / 9 / 2005			
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	MALE / FEMALE					
CONTACT NO:	H/P: 91372959		OFFICE:	HOME:		
ADDRESS:	BLK 433B Sengbang West Way #16-535 S(792433)					
EMAIL:	cheandevan@gmail.com					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:					
RELATIONSHIP:	INSURER / OTHER: Sister in law					
WEATHER CONDITION N:	CLEAR / RAINING / OTHERS:					
ROAD SURFACE:	DRY / WET / OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:						
NAME & CONTACT:						
POLICE REPORT:	NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	FBN9833G		ANY PASSENGERS: -			
NAME OF DRIVER:			CONTACT NO:			
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:					
WAS THERE ANY VIDEO CAPTURE?	YES / NO					
WAS THERE ANY AUDIO RECORDED?	YES / NO					
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO					
ACCIDENT PORTION:	Rear portion					
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Brandon					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2020 01:57	Vide Report No.: F/20201219/0351	Station Diary No.:
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Informant's Particulars

Name of Informant: CHEW ENG CHAI			Address: APT BLK 433B SENGKANG WEST WAY #16-535 FERNVALE PALMS SINGAPORE 792433		
ID Type / ID No.: NRIC NO / S8509533A			Contact No.: Home/Office: Mobile: 91372959		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 28/03/1985	Type of Informant: Driver		
Race:			Language:	Institution / School Name:	
Occupation: OTHERS			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/12/2020 22:50	Type of Location:
Location: UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN9833G	Motorcycle					0
SKL8897H	Car					0

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20201220/2005

2 of 3

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

Report No. T/20201220/2005

CONTINUATION OF REPORT

Driver			
Name	CHEW ENG CHAI	ID No.	S8509533A
Related Vehicle	SKL8897H (Car)	Contact No.	91372959
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 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 ABOVE MENTIONED DATE AND TIME,

I WAS ON THE WAY HOME, WHEN I STOPPED AT THE RED LIGHTS, I SUDDENLY FELT AN IMPACT FROM THE REAR, I ALIGHTED FROM MY VEHICLE AND REALISED THAT A MOTORCYCLIST HAD COLLIDED INTO THE REAR OF MY VEHICLE. TOGETHER WITH A FEW OTHER PASSER BYS, WE HELPED TO LIFT THE MOTORBIKE OFF THE RIDER'S LEGS AS WELL AS HELPED HIM TO THE ROAD SIDE AND CALLED FOR AN AMBULANCE. THE OTHER PARTY WAS LATER CONVEYED TO THE HOSPITAL, I DID NOT MANAGE TO EXCHANGE PARTICULARS WITH THE OTHER PARTY. I MANAGED TO TAKE SOME PHOTOS OF AFTER THE ACCIDENT, THE IO IN CHARGE HAS ALREADY TAKEN THE SD CARD FROM MY IN CAR CAMERA.

IO IN CHARGE IS IO ABDILLAH

THAT IS ALL



SINGAPORE
POLICE FORCE



T/20201220/2005

3 of 3

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

Report No. T/20201220/2005

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 /
LEE CHEN EN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
20/12/2020 01:57

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: _____

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: 5113593637

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKL8897H**
Chassis Number : JTEGD52M00A040505
2. Name of Policyholder : YIN SIEW MOI
3. Effective Date of Insurance : 01 Nov 2019
4. Expiry Date of Insurance : 01 Jan 2021
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.

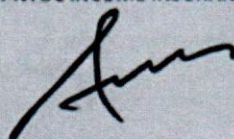
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
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	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: YIN SIEW MOI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HUI HUA CREDIT PTE 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 : HUI HUA CREDIT PTE LTD (00000571762)
Date of Issue : 01 Nov 2019 12:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

滙華貸款私人有限公司

Hui Hua Credit Pte Ltd

ROC 199301638D

No. 1 Bukit Batok Crescent

#02-22 WCEGA Plaza

Singapore 658064

Tel: 64696611 (5 Lines) Fax: 64698353

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

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113593637		YIN SIEW MOI	S7583150A	GPC	drivo CLASSIC	SKL8897H	SKL8897H	01/11/2019	01/01/2021

Policy Information

Policy No.	5113593637	Policyholder Name	YIN SIEW MOI	Policyholder NRIC	S7583150A
Certificate No.					
Address	BLK 954 #16-538 HOUGANG AVENUE 9 SINGAPORE 530954				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	01/11/2019	Effective Date	01/11/2019 00:00	Expiry Date	01/01/2021 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	HUI HUA CREDIT PTE LTD	Agent Tel.	64696611	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 954 #16-538	Address 2	HOUGANG AVENUE 9	Address 3	SINGAPORE 530954
Address 4		Address Type	Singapore address	Post Code	530954
Unit No.		Related Policy Number	5113593637-01		

Insured Object: SKL8897H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	01/07/2020 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 01 Nov 2019 TO 01 Jan 2021 In view of this amendment, an additional premium of \$272.29 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Continue Cancel

Claim Handling

Accident MT/1114376

Policy No.	5113593637	Vehicle No.	SKL8897H	GST Registration No.	
Certificate No.					
Policyholder Name	YIN SIEW MOI	Cover Type	drivo CLASSIC	Policyholder NRIC	S7583150A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	82823774	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="Nc"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	21/12/2020 11:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/12/2020	Time of Accident hh:mm	22:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Upper Serangoon Rd				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	1100.00	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 954 #16-538	Address 2	HOUANG AVENUE 9	Address 3	SINGAPORE S30954
Address 4		Address Type	Singapore address	Post Code	530954
Unit No.		Related Policy Number	5113593637-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	28/03/1985
Unnamed driver Name	CHEW ENG CHAI (ZHOU YINCAI)	Driver NRIC	S8509533A	Driving Experience	15
Register Date of Driver License	28/09/2005	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	91372959	Contact No.(Office)	0	Address 3	FERNVALE PALMS
Address 1	BLK 433B	Address 2	SENGKANG WEST WAY	Post Code	792433
Address 4	SINGAPORE 792433	Address Type	Singapore address		
Unit No.	16-535			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	YIN SIEW MOI	Insured NRIC	S7583150A
Contact No.(Mobile)	82823774	Contact No.(Home)	63156183	Contact No.(Office)	
Email Address	ysiewmoi@yahoo.com	OI Vehicle Number	SKL8897H	TP Vehicle Number	FBN9833G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address	SKL8897H / FBN9833G ON 19 Dec 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	21/12/2020 11:08	Claim Close Date		Date Received	21/12/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					













Attachment

Accident No.	MT/1114376	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/12/2020 11:10
Path *		Category *	
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO

Message Read

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Dec 2020 11:10	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-21		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Dec 2020 11:09	SAS		Normal	SAS 2020-12-21		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Dec 2020 11:09	Photos		Normal	Photos 2020-12-21		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Dec 2020 11:09	Photos		Normal	Photos 2020-12-21		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Dec 2020 11:09	Photos		Normal	Photos 2020-12-21		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Dec 2020 11:09	Photos		Normal	Photos 2020-12-21		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Dec 2020 11:08	Photos		Normal	Photos 2020-12-21		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Dec 2020 11:08	Photos		Normal	Photos 2020-12-21		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Dec 2020 11:08	Photos		Normal	Photos 2020-12-21		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Dec 2020 11:08	Photos		Normal	Photos 2020-12-21		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Dec 2020 11:08	Photos		Normal	Photos 2020-12-21		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Dec 2020 11:08	Photos		Normal	Photos 2020-12-21		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 21 Dec 2020 11:08	Photos		Normal	Photos 2020-12-21		

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
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Display in New Window

Scan and uploading