

# NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

107921000C

Date In: 21/12/15:04	Job description	Date & Time Completed	Done by
Ref No: 107921000C/194/24	SAS e-filing		
Veh No: 51629133P	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 8/11/20 - 14:30	i-Motor Claim Form	21/12/15:07	21/12/15:07
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: 51629133P

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

## Invoice Preparation Checklist

Amt (\$) Ist 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
- 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 (N-on INC) against INC \$20
- 9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Cat. 1:

Cat. 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 15:04 (SGT)
Date of Accident	08/11/2020 19:30 (SGT)
Exact Location of Accident	Arab St, Singapore
Additional Location Information	carpark
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW9133P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KONG ENG
NRIC No	SXXXX817J
Email Address	johntanke@hotmail.com
Mobile Phone No	(Phone) +65-96665379
Alternative Phone No	+--

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	5090052426-03
Cover Note Number	-

#### DRIVER

Name of Driver	TAN KONG ENG
NRIC No	SXXXX817J
Date Of Birth	15/10/1960
Occupation	Indoor



Date Of Driving Pass .....	12/05/1978
Driving experience .....	42 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96665379
Alt. Phone Number .....	+--
Email Address .....	johntanke@hotmail.com
Address .....	BLK 23 BENDEMEER ROAD
Address complement .....	#09-507
Postcode .....	330023
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	0
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 .....	Thomson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004529999
Alt. Police Station Phone No .....	(Fax) +65-65535740
Police Station Address .....	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201109/2050.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKH6201A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) ..... -



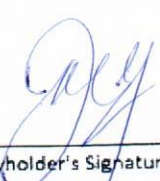
## SKETCH PLAN

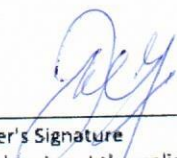
### IMPORTANT NOTICE


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:

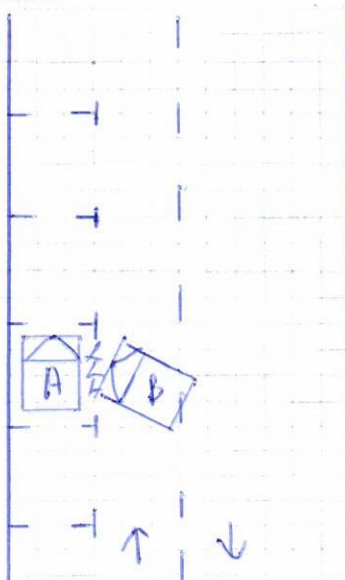
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 : SKW 9133P  
Veh B : SKH 6201A

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No : T/20201109 / 2050

## 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:	SKW9133P			MAKE & MODEL:	Mercedes Benz E200 (AUTO) / MANUAL		
DATE OF ACCIDENT:	8 / 11 / 2020			CC:	1.8		
TIME OF ACCIDENT:	1930 HRS						
LOCATION OF ACCIDENT:	Along Arab Street car park lot						
EXACT PURPOSE USED AT TIME OF ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE						
NAME OF OWNER:	Tan Kong Eng						
TEL NO:	H/P: 96665379			OFFICE:	HOME:		
NRIC:	S1437817J						
ADDRESS:	BLK 23 Bendemeer Road #09-507 S (330023)						
EMAIL:	johnntanke@hotmail.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:	5090052426-03						
NAME OF DRIVER:	AS ABOVE / IF NO:						
NRIC:	ANY PASSENGER: -						
DATE OF BIRTH:	15 / 10 / 1960			LICENCE PASSED DATE: 12 / 5 / 1978			
OCCUPATION:	OUTDOOR / INDOOR						
GENDER:	MALE / FEMALE						
CONTACT NO:	H/P:			OFFICE:	HOME:		
ADDRESS:							
EMAIL:							
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:						
RELATIONSHIP:	INSURER / OTHER: Owner						
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:	SKH6201A			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:	Right portion						
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd						
CONTACT NO:	68420051 / 67440510						
CONTACT PERSON:	Brandon						
FAX NO:	67410510						
WORKSHOP EMAIL:	sales@n51.com.sg						





**SINGAPORE  
POLICE FORCE**



T/20201109/2050

1 of 3

Report No. T/20201109/2050

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/11/2020 13:36	Vide Report No.:	Station Diary No.: 18
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**Informant's Particulars**

Name of Informant: TAN KONG ENG		Address: APT BLK 23 BENDEMEER ROAD #09-507 SINGAPORE 330023	
ID Type / ID No.: NRIC NO / S1437817J		Contact No.: Home/Office: Mobile: 96665379	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 15/10/1960	Type of Informant: Vehicle Owner
Race: Chinese		Language:	Institution / School Name:
Occupation: SEMI RETIRED		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

**General Information of the Accident**

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/11/2020 19:30	Type of Location: Straight Road
Location: ARAB STREET			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKH6201A	Car					0
SKW9133P	Car					0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20201109/2050

2 of 3

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No. T/20201109/2050

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	TAN KONG ENG	ID No.	S1437817J
Related Vehicle	SKW9133P (Car)	Contact No.	96665379
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 08/11/2020 at about 1800hrs, I parked my vehicle (SKW9133P) along the roadside of Arab Street. At around 1930hrs, I came back to my vehicle and someone approached me informing me that there was a vehicle (SKH6201A) who did a three-point turn and collided on to my vehicle. The vehicle then subsequently went off without leaving a note behind.

I wish to state that my vehicle has a 24hrs camera installed at the front and rear. However, I have yet to check the camera. Nobody was injured at that point of time.

I am lodging this report for police investigation purposes.





**SINGAPORE  
POLICE FORCE**



T/20201109/2050

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

3 of 3

Report No. T/20201109/2050

**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:

E /

Sgt 2 HO BOON KIAT, DARON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/11/2020 13:36

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt NEO ZHI YUAN

Contact No: 65476079

SN 070

Classification Of Case:

Authentication Stamp

NP168

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:** 5090052426-03

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKW9133P**  
 Chassis Number : WDD2120482A575318
2. Name of Policyholder : TAN KONG ENG
3. Effective Date of Insurance : 23 Apr 2020
4. Expiry Date of Insurance : 22 Apr 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN KONG ENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : B.A.S. INSURANCE AGENCY (00000573236)  
 Date of Issue : 13 Apr 2020 11:35 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



**Chief Executive**



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"/>	5090052426-03		TAN KONG ENG	S1437817J	GPC	drivo CLASSIC	SKW9133P	SKW9133P	23/04/2020	22/04/2021



## ▼ Policy Information

Policy No.	5090052426-03	Policyholder Name	TAN KONG ENG	Policyholder NRIC	S1437817J
Certificate No.					
Address	BLK 23 #09-507 BENDEMEER ROAD SINGAPORE 330023				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	13/04/2020	Effective Date	23/04/2020 00:00	Expiry Date	22/04/2021 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	B.A.S. INSURANCE AGENCY	Agent Tel.	67492112	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 23 #09-507	Address 2	BENDEMEER ROAD	Address 3	SINGAPORE 330023
Address 4		Address Type	Singapore address	Post Code	330023
Unit No.		Related Policy Number	5111704516-01		

► Insured Object: SKW9133P

## ▼ Endorsements

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



## Claim Handling

## Accident MT/1114435

Policy No.	5090052426-03	Vehicle No.	SKW9133P	GST Registration No.	
Certificate No.					
Policyholder Name	TAN KONG ENG			Policyholder NRIC	S1437817J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	96665379	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value="N"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>Accident Details</b>					
Report Date	21/12/2020 15:05	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	08/11/2020	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Arab St				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
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	BLK 23 #09-507	Address 2	BENDEMEER ROAD	Address 3	SINGAPORE 330023
Address 4		Address Type	Singapore address	Post Code	330023
Unit No.		Related Policy Number	5111704516-01		

## OI Driver Info

Driver Name	TAN KONG ENG	Driver Type	Main Driver	Driver DOB	15/10/1960
Unnamed driver Name		Driver NRIC	S1437817J	Driving Experience	42
Register Date of Driver License	12/05/1978	Driver Age	60	Contact No.(Home)	0
Contact No.(Mobile)	96665379	Contact No.(Office)	0	Address 3	SINGAPORE 330023
Address 1	BLK 23	Address 2	BENDEMEER ROAD	Post Code	330023
Address 4		Address Type	Singapore address		
Unit No.	09-507			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	TAN KONG ENG	Insured NRIC	S1437817J
Contact No.(Mobile)	96665379	Contact No.(Home)	63927051	Contact No.(Office)	
Email Address		OI Vehicle Number	SKW9133P	TP Vehicle Number	SKH6201A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					Name of Preferred Workshop
Claim Description	SKW9133P / SKH6201A ON 8 Nov 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	21/12/2020 00:00
Date Registered	21/12/2020 15:07	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

## Attachment










Accident No.	MT/1114435	Claim No.	001																																			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/12/2020 15:09																																			
<table border="1"> <thead> <tr> <th>Path *</th> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td>Browse...</td> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse...</td> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse...</td> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse...</td> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse...</td> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse...</td> <td>Clear Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </tbody> </table>				Path *	Category *	Confidential	Urgency *	Description *	Browse...	Clear Please Select	NO	Normal		Browse...	Clear Please Select	NO	Normal		Browse...	Clear Please Select	NO	Normal		Browse...	Clear Please Select	NO	Normal		Browse...	Clear Please Select	NO	Normal		Browse...	Clear Please Select	NO	Normal	
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1600091403

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## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Dec 2020 15:09	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Dec 2020 15:09	SAS		Normal	SAS 2020-12-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Dec 2020 15:08	Photos		Normal	Photos 2020-12-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Dec 2020 15:08	Photos		Normal	Photos 2020-12-21	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Dec 2020 15:08	Photos		Normal	Photos 2020-12-21	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 21 Dec 2020 15:08	Photos		Normal	Photos 2020-12-21	

## Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>		