

NATIONAL Assessment Centre Services: (wef 1 Jan'05) **LN 0921140010**

Date In: 4/1/11-19:32	Job description	Date & Time Completed	Done by
Ref No: NA/INC21000103/114	SAS e-filing		
Veh No: 5JL 7187J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 1/1/11-12:00	i-Motor Claim Form	4/1/11 16:44 WJ	4/1/11 19:36
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: 6001378J	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:-	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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QN*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	04/01/2021 19:32 (SGT)
Date of Accident	01/01/2021 02:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL2175J
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY SOO NANG RICHARD
NRIC No	SXXXX755C
Email Address	rt57safari@gmail.com
Mobile Phone No	(Phone) +65-91878089
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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 hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113898977-01
Cover Note Number	-

DRIVER

Name of Driver	TAY SOO NANG RICHARD
NRIC No	SXXXX755C
Date Of Birth	18/02/1957
Occupation	Outdoor

Date Of Driving Pass	24/08/1999
Driving experience	21 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91878089
Alt. Phone Number	+--
Email Address	rt57safari@gmail.com
Address	38 LENGKONG TUJOH
Address complement	#04-10
Postcode	417392
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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/20210101/7015.

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	GBD1378J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAY SOO NANG RICHARD
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SJL2175J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in 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.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

A: SJL 2175J
B: GBD 1378J

The sketch plan shows a grid representing a road. Two vehicles are involved in an accident. Vehicle A is a car, and Vehicle B is a van. They are positioned on the grid, facing each other. The diagram is a simple line drawing on a grid background.

Refer to police report

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT DETAILS

Date of accident	01/01/2021	(DD/MM/YY)
Time of accident	0200	(HH:MM)
Exact location of accident	PIE	

DETAILS OF VEHICLE

Vehicle registration number	S1L 2175J		
Vehicle make and model	Honda Civic		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>	

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Tay Soo Nang	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1234755C	
Contact	9187 8089	
Address	38 Lengkong Tujoh #04-10 S(417 392)	

DRIVER

SAME AS INSURED ABOVE ☒ (SKIP TO D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address	rt57safari@gmail.com	
Date of birth	18/02/1957	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	24/08/1999	

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Owner</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>01</u> (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	QBD1378J
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

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

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

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

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

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

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

INJURED PERSON 1	
Name	Tay Soo Nang
Injuries sustained	Back & neck
Which vehicle person in?	8JL 2175 J
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



SINGAPORE POLICE FORCE



T/20210101/7015

1 of 3

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

Report No. T/20210101/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2021 21:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAY SOO NANG			Address: 38 LENGKONG TUJOH #04-10 SINGAPORE 417392		
ID Type / ID No.: NRIC NO / S1234755C			Contact No.: Home/Office: Mobile: 91878089		
Nationality: SINGAPORE CITIZEN			Email: rt57safari@gmail.com		
Sex: Male	Age: 63	Date of Birth: 18/02/1957	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Driver		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: 01/01/2021 02:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBD1378J	Van					0
SJL2175J	Car	HONDA	CIVIC IMA 1.3L CVT	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20210101/7015

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

2 of 3

Report No. T/20210101/7015

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJL2175J	NTUC Income Insurance Co-Operative Limited	5113898977-01	19/11/2020	18/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY SOO NANG		ID No. S1234755C
Related Vehicle	SJL2175J (Car)		Contact No. 91878089
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		05	Degree of Serious

Brief Details.

On the stated date and time, i was driving my car (SJL2175J) on PIE towards Changi before Paya Lebar Exit on lane 3. Out of a sudden, i felt a huge impact from the rear of my car. I got down my car and found out that a van (GBD1378J) did not brake in time and as hit onto the rear portion of my car. I felt some discomfort and seek for medical attention after the accident and was granted 5days MC.



**SINGAPORE
POLICE FORCE**



T/20210101/7015

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

3 of 3

Report No. T/20210101/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
01/01/2021 21:09

Classification Of Case:

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"/>	5113898977-01		TAY SOO NANG RICHARD	S1234755C	GPC	drive CLASSIC	SJL2175J	SJL2175J	19/11/2020	18/11/2021

 Policy Information

Policy No.	5113898977-01	Policyholder Name	TAY SOO NANG RICHARD	Policyholder NRIC	S1234755C
Certificate No.					
Address	38 LENGKONG TUJOH #04-10 VACANZA @ EAST SINGAPORE 417392				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	06/11/2020	Effective Date	19/11/2020 00:00	Expiry Date	18/11/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	COSMO INSURANCE AGENCY PT	Agent Tel.	64651090	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	38 LENGKONG TUJOH	Address 2	#04-10 VACANZA @ EAST	Address 3	SINGAPORE 417392
Address 4		Address Type	Singapore address	Post Code	417392
Unit No.		Related Policy Number	5113898977-01		

 Insured Object: SJL2175J

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div style="text-align: center;"> <div>Continue</div> <div>Cancel</div> </div>				

Claim Handling

Accident MT/1116044

Policy No.	5113898977-01	Vehicle No.	SJL2175J	GST Registration No.	
Certificate No.					
Policyholder Name	TAY SOO NANG RICHARD			Policyholder NRIC	S1234755C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	91878089	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NK
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	04/01/2021 19:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/01/2021	Time of Accident hh:mm	02:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

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

Policyholder Mailing Address					
Address 1	38 LENGKONG TUJOH	Address 2	#04-10 VACANZA @ EAST	Address 3	SINGAPORE 417392
Address 4		Address Type	Singapore address	Post Code	417392
Unit No.		Related Policy Number	5113898977-01		
OI Driver Info					
Driver Name	TAY SOO NANG	Driver Type	Main Driver	Driver DOB	18/02/1957
Unnamed driver Name		Driver NRIC	S1234755C	Driving Experience	21
Register Date of Driver License	24/08/1999	Driver Age	63	Contact No.(Home)	0
Contact No.(Mobile)	91878089	Contact No.(Office)	0	Address 3	SINGAPORE 417392
Address 1	38 LENGKONG TUJOH	Address 2	VACANZA @ EAST	Post Code	417392
Address 4		Address Type	Singapore address		
Unit No.	04-10				
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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAY SOO NANG RICHARD	Insured NRIC	S1234755C
Contact No.(Mobile)	91878089	Contact No.(Home)	67674843	Contact No.(Office)	62733700
Email Address	rt57safari@gmail.com	OI Vehicle Number	SJL2175J	TP Vehicle Number	GBD1378J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJL2175J / GBD1378J ON 1 Jan 2021				
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	04/01/2021 19:36	Claim Close Date		Date Received	04/01/2021 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1116044	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/01/2021 19:38			
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	

Message Read

☐
Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Jan 2021 19:38	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Jan 2021 19:37	SAS		Normal	SAS 2021-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Jan 2021 19:37	Photos		Normal	Photos 2021-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Jan 2021 19:37	Photos		Normal	Photos 2021-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Jan 2021 19:36	Photos		Normal	Photos 2021-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Jan 2021 19:36	Photos		Normal	Photos 2021-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Jan 2021 19:36	Photos		Normal	Photos 2021-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Jan 2021 19:36	Photos		Normal	Photos 2021-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Jan 2021 19:36	Photos		Normal	Photos 2021-1-4	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 04 Jan 2021 19:36	Photos		Normal	Photos 2021-1-4	

Video List

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