

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **NA09200005**

Date In: 6/1/11 09:18	Job description	Date & Time Completed	Done by
Ref No: NA/INC2100005/24	SAS e-filing		
Veh No: FW 23135	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/1/12 - 2:30	i-Motor Claim Form	6/1/11 6:29-001	6/1/11 09:23
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No **SLV9455D** 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
(INC hotline: 6788 6616)		
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		
Pat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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	06/01/2021 09:18 (SGT)
Date of Accident	30/12/2020 21:30 (SGT)
Exact Location of Accident	Gateway Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW2313S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OOI CHIN KAY
NRIC No	SXXXX783H
Email Address	chin_kay@hotmail.com
Mobile Phone No	(Phone) +65-97314792
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Honda
Model	WAVE125S
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	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5030282711-11
Cover Note Number	-

DRIVER

Name of Driver	OOI CHIN KAY
NRIC No	SXXXX783H
Date Of Birth	26/12/1966
Occupation	Outdoor

Date Of Driving Pass 05/01/2002
 Driving experience 18 YEARS AND 11 MONTHS
 Gender Male
 Mobile Number (Phone) +65-97314792
 Alt. Phone Number +--
 Email Address chin_kay@hotmail.com
 Address BLK 463B BUKIT BATOK STREET 41
 Address complement #12-37
 Postcode 652463
 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? 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/20201231/7001.

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 SLV9455D
 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	OOI CHIN KAY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FW2313S
Were seat belts worn?	-
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 willful 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:

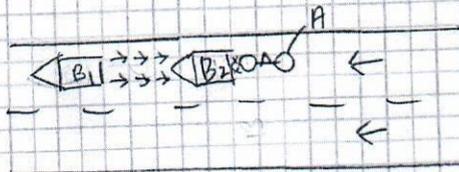
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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: FW 23135

B: SLV 9455D

Describe Circumstances of the Accident

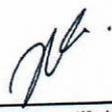
Refer to Police Report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



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	30-12-2020	(DD/MM/YY)
Time of accident	2130 HRS	(HH:MM)
Exact location of accident	Gateway Drive	

DETAILS OF VEHICLE

Vehicle registration number	FW2313S		
Vehicle make and model	Honda Wave		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	Food Ponda		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input 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 checked="" type="checkbox"/>

INSURED / POLICY HOLDER

Name	Ooi Chin kay	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S257878314		
Contact	9731 4792		
Address	Blk 423B Bukit Batok Street #12-37 (S) 652463		

DRIVER

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

Name		Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			
Email address	chin_kay@hotmail.com		
Date of birth	26-12-1966		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	05-01-2002		

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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	01 (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	
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WITNESS 2

Name	
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THIRD PARTY VEHICLE 1	
Vehicle registration number	SLV 943SD
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	
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 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/20201231/7001

1 of 3

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

Report No. T/20201231/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2020 00:35	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: OOI CHIN KAY		Address: 463B BUKIT BATOK STREET 41 #12-37 SINGAPORE 652463	
ID Type / ID No.: NRIC NO / S2578783H		Contact No.: Home/Office:	Mobile: 97314792
Nationality: MALAYSIAN		Email: CHIN_KAY@HOTMAIL.COM	
Sex: Male	Age: 54	Date of Birth: 26/12/1966	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Despatch worker		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/12/2020 21:20	Type of Location:
Location: GATEWAY DRIVE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: REAR TO HEAD				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FW2313S	Motorcycle	HONDA	WAVE125S	Blue		0
SLV9455D	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20201231/7001

2 of 3

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

Report No. T/20201231/7001

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FW2313S	NTUC Income Insurance Co-Operative Limited	5030282711-11	11/02/2020	10/02/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	OOI CHIN KAY		ID No.	S2578783H
Related Vehicle	FW2313S (Motorcycle)		Contact No.	97314792
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight	

Brief Details.

i was stationary along gateway drive before the traffic light waiting for it to turn green where suddenly the vehicle: SLV9455D in front of me suddenly reversed and collided on the the front of my vehicle and caused me to topple to my right side.

The driver then came down and immediately checked on his car first and suggested that we private settled the accident.

I then rejected him and told him that i wanted to proceed via the proper channel of insurance claim.

There was a pedestrian who was waiting to cross the road while standing on the pavement and a vehicle behind me when the said accident happened and they both came down to render assistance and provided me with their contact details to me stating that they will assist me to be the eye witnesses as i do not have any in-car camera or recorder.

I have sustained injuries from the above mentioned accident and was issued 5 days of medical certificate.

I am filing this report for investigation and insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20201231/7001

3 of 3

Report No. T/20201231/7001

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

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
31/12/2020 00:35

Classification Of Case:



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 : 5030282711-11

Cover : Third Party

FW23135

NF125MD0041163

OOI CHIN KAY

11 Feb 2020

10 Feb 2021

1. Index mark and Registration Number of Vehicle
2. Chassis Number
3. Name of Policyholder
4. Effective Date of Insurance
5. Expiry Date of Insurance
6. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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.

7. 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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: OOI CHIN KAY
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : INCOME - JURONG BRANCH (00000600183)
Date of Issue : 09 Jan 2020 14:01 hrs
Reprint : 09 Jan 2020 14:01 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

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"/>	5030282711-11		OOI CHIN KAY	S2578783H	GMC	Third Party	FW2313S	FW2313S	11/02/2020	10/02/2021

Policy Information

Policy No.	5030282711-11	Policyholder Name	OOI CHIN KAY	Policyholder NRIC	S2578783H
Certificate No.					
Address	NIL				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	09/01/2020	Effective Date	11/02/2020 00:00	Expiry Date	10/02/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	INCOME - JURONG BRANCH	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.		Related Policy Number	5030282711-11		

Insured Object: FW2313S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1116239

Policy No.	5030282711-11	Vehicle No.	FW23135	GST Registration No.	
Certificate No.					
Policyholder Name	OOI CHIN KAY	Cover Type	Third Party	Policyholder NRIC	S2578783H
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	97314792	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="N/A"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	06/01/2021 09:14	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	30/12/2020	Time of Accident hh:mm	21:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Gateway Dr				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Not Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess		Total TP Excess Applicable	0.00		
Total OD 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	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.		Related Policy Number	5030282711-11		

OI Driver Info

Driver Name	OOI CHIN KAY	Driver Type	Main Driver	Driver DOB	26/12/1966
Unnamed driver Name		Driver NRIC	S2578783H	Driving Experience	18
Register Date of Driver License	05/01/2002	Driver Age	54	Contact No.(Home)	0
Contact No.(Mobile)	97314792	Contact No.(Office)	0	Address 3	SINGAPORE 652463
Address 1	BLK 463B	Address 2	BUKIT BATOK STREET 41	Post Code	652463
Address 4		Address Type	Singapore address		
Unit No.	12-37			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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	OOI CHIN KAY	Insured NRIC	S2578783H	
Contact No.(Mobile)	97314792	Contact No.(Home)	95903390	Contact No.(Office)		
Email Address	chin_kay@hotmail.com	OI Vehicle Number	FW23135	TP Vehicle Number	SLV9455D	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *	[Redacted]					
Claimant Address	[Redacted]					
Claim Description	FW23135 / SLV9455D ON 30 Dec 2020				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	06/01/2021 00:00	
Date Registered	06/01/2021 09:23	Claim Close Date				
Report Taken By	Jackson					

Print AK letter

Attachment

Accident No.	MT/1116239	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/01/2021 09:25

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	

message:1451d

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Jan 2021 09:25	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Jan 2021 09:24	SAS		Normal	SAS 2021-1-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Jan 2021 09:23	Photos		Normal	Photos 2021-1-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Jan 2021 09:23	Photos		Normal	Photos 2021-1-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Jan 2021 09:23	Photos		Normal	Photos 2021-1-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Jan 2021 09:23	Photos		Normal	Photos 2021-1-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Jan 2021 09:23	Photos		Normal	Photos 2021-1-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Jan 2021 09:23	Photos		Normal	Photos 2021-1-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Jan 2021 09:23	Photos		Normal	Photos 2021-1-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Jan 2021 09:23	Photos		Normal	Photos 2021-1-6	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 06 Jan 2021 09:23	Photos		Normal	Photos 2021-1-6	

Video List

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