

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA90100001**

Date In: 12/1/11 - 09:28	Job description	Date & Time Completed	Done by
Ref No: NA90100000974	SAS e-filing		
Veh No: 6052438M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 12/1/11 - 10:30	i-Motor Claim Form	12/1/11 12:16-01	12/1/11 09:32
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: **JRE7064**

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

NA90100461

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int Bill

Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Pat. 1:

Pat. 2 / 3:

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		
For claiming against INC Only (wef 10 Jan 2005)		
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 (N'n 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	13/01/2021 09:28 (SGT)
Date of Accident	12/01/2021 10:30 (SGT)
Exact Location of Accident	Woodlands Ave 10, Singapore
Additional Location Information	twds woodlands ave 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7433M
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BLUEFLAME ENGINEERING PTE LTD
Company Reg No	1XXXXXX136C
Email Address	admin@blueframe.com.sg
Mobile Phone No	(Phone) +65-96259508
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5088033644-03
Cover Note Number	-

DRIVER

Name of Driver	SIM TA TJEH (SHEN DAZHI)
NRIC No	SXXXX362A
Date Of Birth	10/11/1973
Occupation	Outdoor

Date Of Driving Pass	23/02/1994
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96259508
Alt. Phone Number	-
Email Address	admin@blueframe.com.sg
Address	BLK 236 PASIR RIS STREET 21
Address complement	#06-03
Postcode	510236
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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?	Yes
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

FOREIGN VEHICLE 1

Vehicle Registration Number	JRE7064
Vehicle Category	Private car

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210112/2031.

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	JRE7064
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	YAP CHEE WEI
Contact Number	(Phone) +65-86174772
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 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.

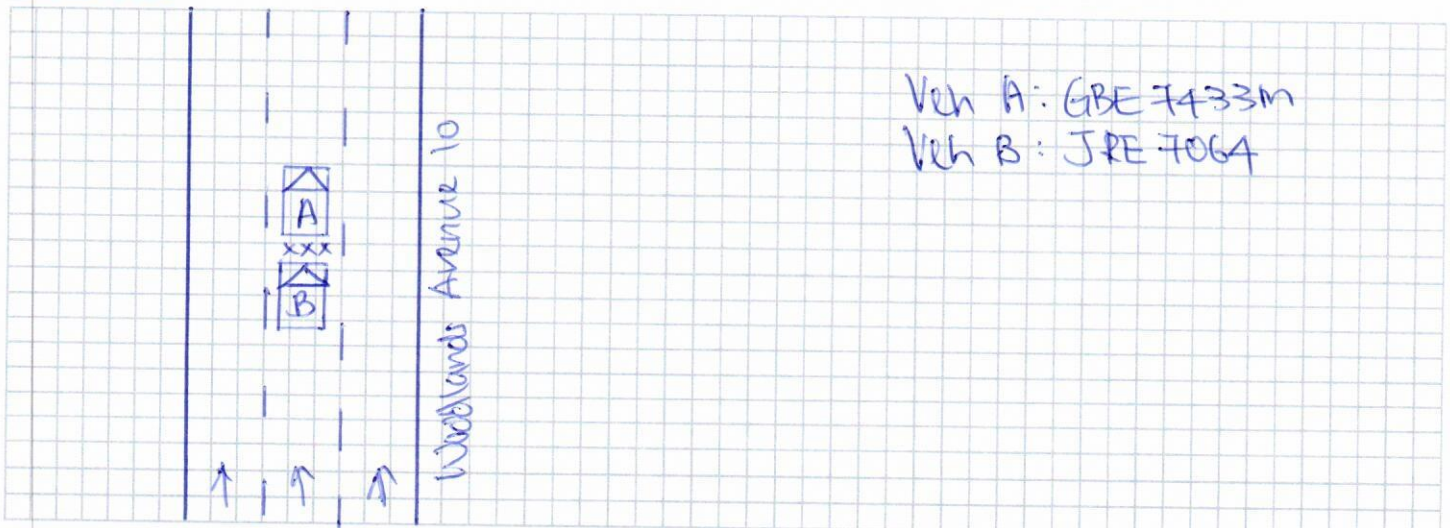


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On above date & time, I was driving my vehicle A (GBE7433M) traveling along Woodlands Avenue 10 towards Woodlands Avenue 12 on second lane of a 3-lanes, road. Somewhere before Hambro Avenue, vehicle ahead slowed down and stopped due to the heavy traffic flow. As such, I applied brake and stopped behind vehicle ahead. Out of sudden, vehicle B (JRE7064) come from rear and collided onto the rear portion of my vehicle.

Refer to police report

Report No : T/20210112 / 2031

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature in blue ink, written over a horizontal line.

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

A handwritten signature in blue ink, written over a horizontal line.

Witnessed by Reporting Centre Personnel

A handwritten signature in blue ink, written over a horizontal line.

VEHICLE NO:	GBE7433M	MAKE & MODEL:	Nissan NV350	AUTO / MANUAL	
DATE OF ACCIDENT:	12 / 1 / 2021	CC:	2.5		
TIME OF ACCIDENT:	1030	HRS			
LOCATION OF ACCIDENT:	Along Woodlands Avenue 10 towards Woodlands Ave 12				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	Blueflame Engineering Pte Ltd				
TEL NO:	H/P: 96259508	OFFICE:		HOME:	
NRIC:	199404136C				
ADDRESS:	1045 Eunos Ave 4 #01-112 S(409795)				
EMAIL:	admin@blueflame.com.sg				
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY				
FLEET POLICY:	YES / <u>NO</u>				
INSURANCE COMPANY:	NTUC				
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	5088033644-03				
NAME OF DRIVER:	AS ABOVE / IF NO: Sim Ta Tjeh				
NRIC:	S7341362A		ANY PASSENGER:	1 (m)	
DATE OF BIRTH:	10 / 11 / 1973		LICENCE PASSED DATE:	23 / 2 / 1994	
OCCUPATION:	<u>OUTDOOR</u> / INDOOR				
GENDER:	<u>MALE</u> / FEMALE				
CONTACT NO:	H/P: 96259508	OFFICE:		HOME:	
ADDRESS:	BLK 236 Pasir Ris Street 21 #06-03 S(510236)				
EMAIL:	admin@blueflame.com.sg				
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Owner				
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:				
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:				
ANY INJURIES:	<u>NO</u> / IF YES, WHO?				
NAME & CONTACT:					
NAME & CONTACT:					
POLICE REPORT:	NO / <u>IF YES, WHERE?</u> Sembawang N.P.C				
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?				
VEHICLE B REG NO:	JRE 7064	ANY PASSENGERS:	-		
NAME OF DRIVER:	Yap Chee Wei	CONTACT NO:	86174772		
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?	<u>YES</u> / NO				
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>				
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO				
ACCIDENT PORTION:	Rear portion				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / <u>NO</u>					
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Brandon				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				



SINGAPORE POLICE FORCE



T/20210112/2031

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20210112/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2021 12:04		Vide Report No.:		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: SIM TA TJEH			Address: APT BLK 236 PASIR RIS STREET 21 #06-03 SINGAPORE 510236		
ID Type / ID No.: NRIC NO / S7341362A			Contact No.: Home/Office: Mobile: 96259508		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 10/11/1973	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: GAS PIPE PLUMBER		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 12/01/2021 10:30	Type of Location: Straight Road
Location: WOODLANDS AVENUE 10 Lamp Post Number: 10				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE7433M	Van				Slightly Damaged	1
JRE7064	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210112/2031

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20210112/2031

CONTINUATION OF REPORT

Driver			
Name	SIM TA TJEH	ID No.	S7341362A
Related Vehicle	GBE7433M (Van)	Contact No.	96259508
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/01/2021 at about 1030hrs, I was travelling along Woodlands Avenue 10 and was heading towards Woodlands Avenue 12. During the period of time, the road was congested with other road users and also the road was wet as the weather was drizzling.

While I was travelling along the said road, one vehicle in front of mine, bearing the registration number of GBD1305U did an emergency brake. Upon seeing it, I was to slow down to avoid any collision. However I heard a loud bang coming from the rear of my vehicle. I made a check and discovered that one car had hit onto the rear of my vehicle.

I came down to make a check on the damages and subsequently proceeded down to the nearest Police station to lodge a report. I would like to state that during the period of the accident no one was injured.



**SINGAPORE
POLICE FORCE**



T/20210112/2031

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20210112/2031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
L /
Staff Sgt MUHAMMAD ZAMRI BIN ABDULLAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/01/2021 12:04

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

Classification Of Case:

Authentication Stamp
NP168



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 : 5088033644-03

Cover : Comprehensive

- | | |
|--|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBE7433M |
| Chassis Number | : JN1MC2E26Z0005121 |
| 2. Name of Policyholder | : BLUEFLAME ENGINEERING PTE LTD |
| 3. Effective Date of Insurance | : 23 Mar 2020 |
| 4. Expiry Date of Insurance | : 22 Mar 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.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
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 : TAN AI KER (00000631908)

Date of Issue : 14 Feb 2020 17:29 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.	<input type="text"/>	Date of Accident	<input type="text" value="12/01/2021 10:30"/>
Vehicle No. (For Motor)	<input type="text" value="GBE7433M"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088033644-03		BLUEFLAME ENGINEERING PTE LTD	199404136C	GCV	Comprehensive	GBE7433M	GBE7433M	23/03/2020	22/03/2021

▼ Policy Information

Policy No.	5088033644-03	Policyholder Name	BLUEFLAME ENGINEERING PTE	Policyholder NRIC	199404136C
Certificate No.					
Address	BLK 1045 #01-112 EUNOS AVENUE 4 SINGAPORE 409795				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	14/02/2020	Effective Date	23/03/2020 00:00	Expiry Date	22/03/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	TAN AI KER AILEEN	Agent Tel.	62221500	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 1045 #01-112	Address 2	EUNOS AVENUE 4	Address 3	SINGAPORE 409795
Address 4		Address Type	Singapore address	Post Code	409795
Unit No.		Related Policy Number	5099866211-02		

▶ Insured Object: GBE7433M

▼ Endorsements

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

Claim Handling

Accident MT/1117161

Policy No.	5088033644-03	Vehicle No.	GBE7433M	GST Registration No.	
Certificate No.					
Policyholder Name	BLUEFLAME ENGINEERING PTE LTD	Cover Type	Comprehensive	Policyholder NRIC	199404136C
Product Code	COMMERCIAL VEHICLE INSURAI	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	96259508	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(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	13/01/2021 09:30	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	12/01/2021	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Woodlands Ave 10				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	600.00	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 1045 #01-112	Address 2	EUNOS AVENUE 4	Address 3	SINGAPORE 409795
Address 4		Address Type	Singapore address	Post Code	409795
Unit No.		Related Policy Number	5099866211-02		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SIM TA TJEH (SHEN DAZHI)	Driver NRIC	S7341362A	Driver DOB	10/11/1973
Register Date of Driver License	23/02/1994	Driver Age	47	Driving Experience	26
Contact No.(Mobile)	96259508	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 236	Address 2	PASIR RIS STREET 21	Address 3	SINGAPORE 510236
Address 4		Address Type	Singapore address	Post Code	510236
Unit No.	06-03				
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 type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	BLUEFLAME ENGINEERING PTE	Insured NRIC	199404136C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	67457838
Email Address		OI Vehicle Number	GBE7433M	TP Vehicle Number	JRE7064
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBE7433M / JRE7064 ON 12 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	13/01/2021 09:32	Claim Close Date		Date Received	13/01/2021 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1117161	Claim No.	001						
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/01/2021 09:33						
Path *		Category *		Confidential		Urgency *		Description *	
	Browse...	Clear	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value="Normal"/>			
	Browse...	Clear	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value="Normal"/>			
	Browse...	Clear	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value="Normal"/>			
	Browse...	Clear	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value="Normal"/>			
	Browse...	Clear	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value="Normal"/>			
	Browse...	Clear	Please Select	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value="Normal"/>			

Memory Used

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 09:33	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 09:33	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 09:33	SAS		Normal	SAS 2021-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 09:33	Photos		Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 09:33	Photos		Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 09:32	Photos		Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 09:32	Photos		Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 09:32	Photos		Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 09:32	Photos		Normal	Photos 2021-1-13	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 13 Jan 2021 09:32	Photos		Normal	Photos 2021-1-13	
Video List						
Uploaded By/Date	Folder Date	File Name		Source	Action	
		Display in New Window	Scan and uploading			