

NATIONAL Assessment Centre Services.

Part 1 Jan 2021

SN092120006

Date In: 27/02/2021 17:19	Job description	Date & Time Completed	Done by
Ref No: N/A NC21002688/Y	SAS e-filing		
Veh No: SCS 8551T	E-mail (within 3hrs, AIC 2hrs)		
TPA: 25/02/2021 22:52	I-Motor Claim Form	ml/1226/4001	27/02/2021 17:17
TP: Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: SMM 78865 INC () / Non-INC () Tel: ()

Owner / Driver: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date of Injury: ()

Location: ()

Claimant's Particulars: XIA2101453

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Auditors Comments: ()

Ref: ()

2/3

1) AR: Accident Reporting (\$30)	INC (\$30)
2) DA: Damage Assessment (\$100)	\$40/\$45
3) TP: Towing Fee	\$120
4) FT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$75
6) TR: Re-inspection	\$160
7) NI: Idao DA + SMRT Survey	
8) NTUC Additional Services:	
QJ:	
*NS: Courtesy Car / Tpt Allowance	\$3
*NG: Repair Co-ordination	\$10
*NJ: Post Repair Inspection	\$25
*NN: DV / Collect Excess Coordination	\$3
TP (N11): TP (Inc in INC) against INC	\$20
9) N12: Idao Mobile	\$0
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	27/02/2021 17:10 (SGT)
Date of Accident	25/02/2021 22:52 (SGT)
Exact Location of Accident	126 Sims Ave, Singapore 387449
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS8551T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AW LIAN TENG
NRIC No	SXXXX926H
Email Address	seanyj98@gmail.com
Mobile Phone No	(Phone) +65-98243205
Alternative Phone No	+65-98243205

VEHICLE PARTICULARS

Manufacturer	BMW
Model	528i
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	5119832866
Cover Note Number	-

DRIVER

Name of Driver	LIM YONG JUN
NRIC No	SXXXX171F
Date Of Birth	16/02/1998
Occupation	Indoor

Date Of Driving Pass	22/01/2019
Driving experience	2 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98243205
Alt. Phone Number	-
Email Address	seanyj98@gmail.com
Address	BLK 288F BUKIT BATOK STREET 25 #14-90
Address complement	-
Postcode	655288
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	Side Swipe
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ALEX LAU
Gender	Male

PASSENGER 2

Name	CHEW KUO CHOON
Gender	Male

PASSENGER 3

Name	DAO THI THAO UYEN
Gender	Female

PASSENGER 4

Name	TERINE NG
Gender	Female

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

PLEASE REFER TO SKECH PLAN

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	SMM7886S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JAMALUDIN BIN AHMAD
NRIC No	SXXXX278F
Contact Number	(Phone) +65-97820713
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	LIM YONG JUN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SKS8551T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ALEX LAU
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SKS8551T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	DAO THI THAO UYEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SKS8551T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	TERINE NG
Address	-

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SKS8551T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	CHEW KUO CHOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SKS8551T
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

126 SIMS AVENUE

A: SKS8551T
B: SMM7886S

Refer to police report T/2021 0226/7028

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	25/02/2021	(DD/MM/YY)
Time of accident	10:52 pm	(HH:MM)
Exact location of accident	126 Sims Ave	

DETAILS OF VEHICLE

Vehicle registration number	SKS 8551 T
Vehicle make and model	
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 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	Aw Lian Teng	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S0220926H	
Contact	9824 3205	
Address	1 Bukit Batok St 25 #05-15 S(658882)	

DRIVER

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

Name	Lim Yong Jun	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9805171F	
Contact	9824 3205	
Address	Blk 288F Bukit Batok St 25 #14-90 S(655288)	
Email address	seanyj98@gmail.com	
Date of birth	16/02/1998	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	22/01/2019	

INJURED PERSON 1

Name	Alex Lau	
Injuries sustained	B & N	
Which vehicle person in?	SKS 8551 T	
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	Chew Kuo Choon	
Injuries sustained	B & N	
Which vehicle person in?	SKS 8551 T	
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 3

Name	Dao Thi Thao Uyen	
Injuries sustained	B & N	
Which vehicle person in?	SKS 8551 T	
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 4

Name	Terine Ng	
Injuries sustained	B & N	
Which vehicle person in?	SKS 8551 T	
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 5

Name	Lim Yong Jun	
Injuries sustained	B & N	
Which vehicle person in?	SKS 8551 T	
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 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"/>

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input 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	05 (Inclusive of driver)

PASSENGER 1

Name	Alex Lau
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	Chew Kuo Choon
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	DAO THI THAO UYEN
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 4

Name	TERINE NG
Gender	Male <input type="checkbox"/> Female <input checked="" 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	3MM7886S
Vehicle make model	
Name	Jamaludin Bin Ahmad
NRIC / Fin / Passport number	S1430278F
Contact	9182 0713

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	



SINGAPORE POLICE FORCE



T/20210226/7028

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

1 of 4

Report No. T/20210226/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2021 18:03		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM YONG JUN			Address: 288F BUKIT BATOK STREET 25 #14-90 SINGAPORE 655288		
ID Type / ID No.: NRIC NO / S9805171F			Contact No.: Home/Office: Mobile: 98243205		
Nationality: SINGAPORE CITIZEN			Email: SEANYJ98@GMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 16/02/1998	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/02/2021 22:50	Type of Location:
Location: SIMS AVENUE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKS8551T	Car					0
SMM7886S	Car					0

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



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

Report No. T/20210226/7028

CONTINUATION OF REPORT

Driver				
Name	LIM YONG JUN		ID No.	S9805171F
Related Vehicle	SKS8551T (Car)		Contact No.	98243205
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	ALEX LAU		ID No.	NIL
Related Vehicle	SKS8551T (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight
Passenger				
Name	TERINE NG		ID No.	NIL
Related Vehicle	SKS8551T (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight
Passenger				
Name	DAO THI THAO UYEN		ID No.	NIL
Related Vehicle	SKS8551T (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight

Claim Handling

Accident MT/1122614

Policy No.	5119832866	Vehicle No.	SKS8551T	GST Registration No.	
Certificate No.					
Policyholder Name	AW LIAN TENG			Policyholder NRIC	S0220926H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98243205	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input 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

▼ Accident Details

Report Date	27/02/2021 17:11	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	25/02/2021	Time of Accident hh:mm	22:52	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	126 SIMS AVENUE				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	2500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	3100.00	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	1 BUKIT BATOK STREET 25	Address 2	#05-15 PARKVIEW TOWER 1	Address 3	SINGAPORE 658882
Address 4		Address Type	Singapore address	Post Code	658882
Unit No.		Related Policy Number	5119832866		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM YONG JUN	Driver NRIC	S9805171F	Driver DOB	16/02/1998
Register Date of Driver License	22/01/2019	Driver Age	23	Driving Experience	2
Contact No.(Mobile)	98243205	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	665288
Unit No.	14-90				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SKS8551T	Driver Insurer Company	NTUC

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	AW LIAN TENG	Insured NRIC	S0220926H
Contact No.(Mobile)	97366120	Contact No.(Home)	65690312	Contact No.(Office)	
Email Address		OI Vehicle Number	SKS8551T	TP Vehicle Number	SMM7886S
Claim Description	SKS8551T / SMM7886S ON 25 Feb 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	27/02/2021 17:16	Claim Close Date		Date Received	27/02/2021 00:00
Report Taken By					

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1122614	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/02/2021 17:17		
Path *		Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	A
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 17:17	Photos		Normal	Photos 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 17:17	Photos		Normal	Photos 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 17:17	Photos		Normal	Photos 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 17:17	Photos		Normal	Photos 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 17:17	Photos		Normal	Photos 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 17:17	Photos		Normal	Photos 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 17:16	Photos		Normal	Photos 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 17:16	Photos		Normal	Photos 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 17:16	Photos		Normal	Photos 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 17:16	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 17:16	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 17:16	SAS		Normal	SAS 2021-2-27		!

Video List

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

Hello, NAC_PAYA_UBI_800601

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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"/>	5119832866		AW LIAN TENG	S0220926H	GPC	drivo CLASSIC	SKS8551T	SKS8551T	12/11/2020	11/11/2021