

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA117153132

Date In: 20/11/17 - 11:09	Job description	Date & Time Completed	Done by
Ref No: NA/INC17022131/24	SAS e-filing		
Veh No: GBA8334 E	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 20/12/17-16:05	i-Motor Claim Form	M7/0970465	20/11/17 18:02
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: SL9594R	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

NA1707142	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	Q1*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*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 ability.
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 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 Report	20/11/2017 11:09
Date Of Accident	20/10/2017 16:05
Exact Location Of Accident	51 UBI AVE 1 BEFORE THE GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA8334E
Insured/Policyholder	
Name Of Registered Owner	SIN HOCK LEE MOTOR REPAIR
Co Reg No	24928500B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62826184

Vehicle Particulars

Manufacturer	OPEL
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5014682962-11
Cover Note Number	

Driver

Name of Driver	LI XIONG QIANG
Passport No/FIN	G8242234Q
Date Of Birth	20/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83989792
Fax Number	
Contact Number	OFFICE-83989792
Email Address	NOEMAIL

Address	BLK 302 UBI AVENUE 1 #03-41
Postcode	400302
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171103/2031.

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	SL9594B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

LI Xiang Qian
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A: GBA8334E
Vehicle B: SL915948
51 UBI AVE
before ganky

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20171123

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Li xian yu king
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 10 / 17) (DD/MM/YYYY), TIME: (16 : 05) (HH:MM)

LOCATION: Ubi Avenue 1 before exiting the gantry

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G1A8334E
 b) INSURANCE COMPANY: NTU
 c) POLICY NUMBER: 5014682962-11
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Commercial
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Sin Hock Lee Motor Repair (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 62826184
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Li Xiongqiang (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 682422342 CONTACT: 83989792
 c) ADDRESS: B11c 302 Ubi Avenue 1 #02-41 (400302)

*d) DATE OF BIRTH: (20 / 3 / 1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12/11/2009 (C/1915 3)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SL59594B MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers (including d) (1)

* No of passengers (including d) (—)

* No of passengers (including d) (—)

Email = sinhocklee@yahoo.com.sg

fax =



**SINGAPORE
POLICE FORCE**



T/20171103/2031

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

1 of 3

Report No. T/20171103/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2017 11:23		Vide Report No.:		Station Diary No.: 50	
Informant's Particulars					
Name of Informant: LI XIONGQIANG			Address: APT BLK 302 UBI AVENUE 1 #03-41 SINGAPORE 400302		
ID Type / ID No.: FIN NO / G8242234Q			Contact No.: Home/Office: Mobile: 83989792		
Nationality: CHINESE			Email:		
Sex: Male	Age: 36	Date of Birth: 20/03/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Motor vehicle mechanic			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2017 16:05	Type of Location: Straight Road
Location: Along Road 1 UBI AVENUE 1 Blk 51 Ubi Avenue 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
GBA8334E	Van				No Damage	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171103/2031

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

2 of 3

Report No. T/20171103/2031

CONTINUATION OF REPORT

Driver			
Name	LI XIONGQIANG	ID No.	G8242234Q
Related Vehicle	GBA8334E (Van)	Contact No.	83989792
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 20/10/2017 at about 1607hrs, I was at Blk 51 Ubi Avenue 1 queuing at the gantry waiting for my turn to exit.

My car was not moving as I was waiting for the cars in front to move off. Out of a sudden, the driver of the said vehicle in front of me claimed that I collided into his car which my car never even moved at all. I then told him I did not even move my car and the distance between our cars is so huge and it is impossible that we collided. The driver of the said made a check on his vehicle and did not find anything and subsequently left. I do not have any particulars of the driver or the registration plate number.

TP Reference number: TP/IP/58633/2017



**SINGAPORE
POLICE FORCE**



T/20171103/2031

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20171103/2031

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:

G /

Sgt 2 GNOH JUN XIAN, FREDERICK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Authentication Stamp

NP168

Signature Of Informant:

L1 X1277 21077

Date/Time:

03/11/2017 11:23

Classification Of Case:



CARTIMES

autolution

160 Sin Ming Drive, Autocity #02-04
Singapore 575722
Tel: 6471 5111
Email: claims@cartimes.com.sg
Reg No. 2016007160

Our Ref: SLS9594B

Your Ref: GBA8334E

17th November 2017

Sin Hock Lee Motor Repair
51 Ubi Avenue 1
#01-09
Paya Ubi Industrial Park
Singapore 408933

BY EMAIL ONLY
(sinhocklee@yahoo.com.sg)

Dear Sir,

RE: PROPERTY DAMAGE CLAIM
CLAIMANT : YUNAI DY LIM
ACCIDENT INVOLVING SLS9594B & GBA8334E AT 51 UBI AVE 1 ON 20/10/2017.

1. We act for YUNAI DY LIM, the owner of motor vehicle no. SLS9594B, which was involved in the aforesaid accident.
2. We hereby give you **NOTICE** that we are claiming against your insured motor vehicle no. GBA8334E for damages, costs and disbursements as a result of your insured driver's negligence.
3. Kindly let us know if you wish to conduct a pre-repair inspection on our client's motor vehicle at Cartimes Autolution at 160 Sin Ming Drive #02-04 Autocity Singapore 575722 and kindly arrange with Ms Cai Cheng at 6471 5111.
4. If we do not hear from you within the next **two (2) working days**, we shall advise our client to proceed with their own inspection and repairs.

Yours Sincerely

Ms Cai Cheng

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
SIN HOCK LEE MOTOR REPAIR

Sector: **SERVICE**

Name
LI XIONGQIANG

Occupation
MOTOR VEHICLE MECHANIC (AUTOMOBILE)

S Pass No.
0 72313602

Date of Application
12-07-2016

Date of Issue
02-08-2016

Date of Expiry
02-12-2017





L7067468

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **G 8242234Q**

Name
LI XIONG QIANG

Birth Date **20 Mar 1981**

Issue Date **04 Mar 2014**

Valid Till **03 Mar 2019**





VISIT PASS
Immigration Regulations

Name
LI XIONGQIANG



Date of Birth **20-03-1981** Sex **M** Nationality **CHINESE**

FIN **G8242234Q** Date of Issue **02-08-2016** Date of Expiry **02-12-2017**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$

EFFECTIVE DATE **12 Jan 2009**

NP 423A



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)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5014682962-11

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **N/A**
Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.
2. Name of Policyholder : **SIN HOCK LEE MOTOR REPAIR**
3. Effective Date of Insurance : **26 Jun 2017**
4. Expiry Date of Insurance : **25 Jun 2018**
5. Persons or Classes of Persons entitled to drive*
Refer to List Attached
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 only for Motor Trade purposes.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.

* 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.

POLICY TYPE	: MOTOR-TRADE INSURANCE
TYPE OF TRADE/BUSINESS	: WORKSHOPS
TOTAL NUMBER OF AUTHORISED DRIVER(S)	: 10
DETAILS OF AUTHORISED DRIVER(S)	: REFER TO LIST ATTACHED
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: 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-CUSTOMER DEPT (00000600002)

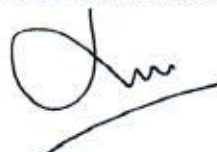
Date of Issue : 17 Jun 2017 11:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

LIST OF AUTHORISED DRIVER(S) ATTACHING TO POLICY NUMBER: 5014682962-11

No.	Name	ID Number	Date of Birth	Driver's Licence Reg. Date
1	LEONG FOOK MUN	S1629209E	21 Aug 1964	01 Jan 1996
2	NG CHOON CHIEW	S1272569H	04 May 1957	01 Jan 1996
3	TAN KENG KOON	S1548420I	25 Dec 1962	01 Jan 1996
4	LEONG FOOK TIN	S1796148I	27 May 1967	01 Jan 1996
5	SIM HWA GEOK	S7826526D	21 Aug 1978	01 Jun 2000
6	YONG PENG LIM	F8444372R	07 Feb 1976	19 Feb 2001
7	FUNG POO LOONG	G6865315R	18 Aug 1988	26 Jan 2007
8	GILBERT LEOW WEILIANG	S1813893Z	10 Jun 1967	01 Jan 1987
9	TAY HANG CHING	F7882997N	20 Nov 1973	21 Jul 1997
10	LI XIONG QIANG	G8242234Q	20 Mar 1981	12 Jan 2009

Total number of authorised driver(s): 10

eBaoTech

General Claim

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5014682962-11	SIN HOCK LEE MOTOR REPAIR	24928500B	GMT	Third Party		LEONG FOOK MUN/S1629209E_NG CHOON CHIEW/S1272569H_TAN KENG KOON/S1548420I_LEONG FOOK TIN/S1796148I_SIM HWA GEOK/S7826526D_YONG PENG LIM/F8444372R_FUNG POO LOONG/G6865315R_GILBERT LEOW WEILIANG/S1813893Z_TAY HANG CHING/F7882997N_LI XTONG QIANG/G8242234Q	26/06/2017	25/06/2018

Policy Information			
Policy No.	5014682962-11	Policyholder Name	SIN HOCK LEE N
Address	51 UBI AVENUE 1 #01-09 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933		
Product Name	MOTOR TRADE INSURANCE	Plan	
Policy Issue Date	17/06/2017	Effective Date	26/06/2017 00:00
Third Party Excess	0	Own damage Excess	0
Additional Excess		OS Premium	0
Outside Singapore OD Excess		Outside Singapore TP Excess	
Agent	INCOME-CUSTOMER DEPT	Agent Tel.	NIL
Co-insurance Flag	No		
Open Policy Info			
Certificate Info			
Policyholder Mailing Address			
Address 1	51 UBI AVENUE 1	Address 2	#01-09 PAYA UBI
Address 4		Address Type	Singapore address
Unit No.		Related Policy Number	5014682962-11
Insured Object: LEONG FOOK MUN/S1629209E_NG CHOON CHIEW/S1272569H_TAN KENG KOON/S1548420I_LEONG FOOK TIN/S1796148I_SIM HWA GEOK/S7826526D			
Endorsements			
Sequence	Date of Endorsement	Endorsement Type	
<div>Continue</div>			

Claim Handling

Accident MT/0970465

Policy No.	5014682962-11	Vehicle No.		GST Registration No.	
Policyholder Name	SIN HOCK LEE MOTOR REPAIR			Policyholder NRIC	
Product Code	MOTOR TRADE INSURANCE	Cover Type	Third Party	Loading	
Motor Trade Plate No.	GBA8334E	Motor Trade Driver Name	LI XIONG QIANG	Motor Trade Driver NRIC	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20		

Accident Details

Report Date	20/11/2017 17:27	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	20/10/2017	Time of Accident hh:mm	16:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	51 UBI AVE 1 BEFORE THE GANTRY				

Benefits

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	51 UBI AVENUE 1	Address 2	#01-09 PAYA UBI INDUSTRIAL I	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5014682962-11		

O1 Driver Info

Driver Name	LI XIONG QIANG	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	G8242234Q	Driver DOB	
Register Date of Driver License	12/01/2009	Driver Age	36	Driving Experience	
Contact No.(Mobile)	83989792	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 302 #03-41	Address 2	UBI AVENUE 1	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	03-41				
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
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Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	SIN HOCK LEE MOTOR REPAIR	Insured NRIC		
Contact No.(Mobile)	92726000	Contact No.(Home)	NIL	Contact No.(Office)		
Email Address	sinhocklee@yahoo.com.sg	OT Vehicle Number		TP Vehicle Number		
Claim Description	/ SL9594B ON 20 Oct 2017				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		
Date Registered	20/11/2017 18:02	Claim Close Date		Date Received		
Report Taken By	Jackson					

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0970465	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/11/2017 18:03
Path *		Category *	Confidential Urgency

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:03	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:03	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:02	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Nov 2017 18:02	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>