

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MNA117165703**

Date In: <b>18/12/17-1204</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC17023943/24</b>	SAS e-filing		
Veh No: <b>G8B6V99X</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>16/11/17-06:35</b>	i-Motor Claim Form	<b>M7/0974139</b>	<b>18/12/17 15:06</b>
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: <b>F8B9005T</b>	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

<b>NA170775</b>	<b>Invoice Preparation Checklist</b>	Am't (\$)	Am't (\$)
		In Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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:-		
	OD:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*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	18/12/2017 10:04
Date Of Accident	16/12/2017 06:35
Exact Location Of Accident	JUNC BEDOK NTH RD & NEW UPPER CHANGI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6499X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OH'S FARM CATERING SERVICES
Co Reg No	53181112C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64499732

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FB70BB1SRDEA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5051806604-06
Cover Note Number	

### Driver

Name of Driver	YANG WENHAN
Passport No/FIN	G8585804T
Date Of Birth	25/12/1990
Occupation	OUTDOOR
Date Of Driving Pass	15/12/2017
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92452773
Fax Number	
Contact Number	OFFICE-92452773
Email Address	NOEMAIL

Address	8A ADMIRALTY STREET #05-07 FOOD XCHANGE @ ADMIRALTY
Postcode	757437
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	COLLISION - HEAD TO REAR
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20171216/2053.

#### 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	FBB9005T
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)	1

#### Details of Witness

Name

Phone Number

Email Address



## 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 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.

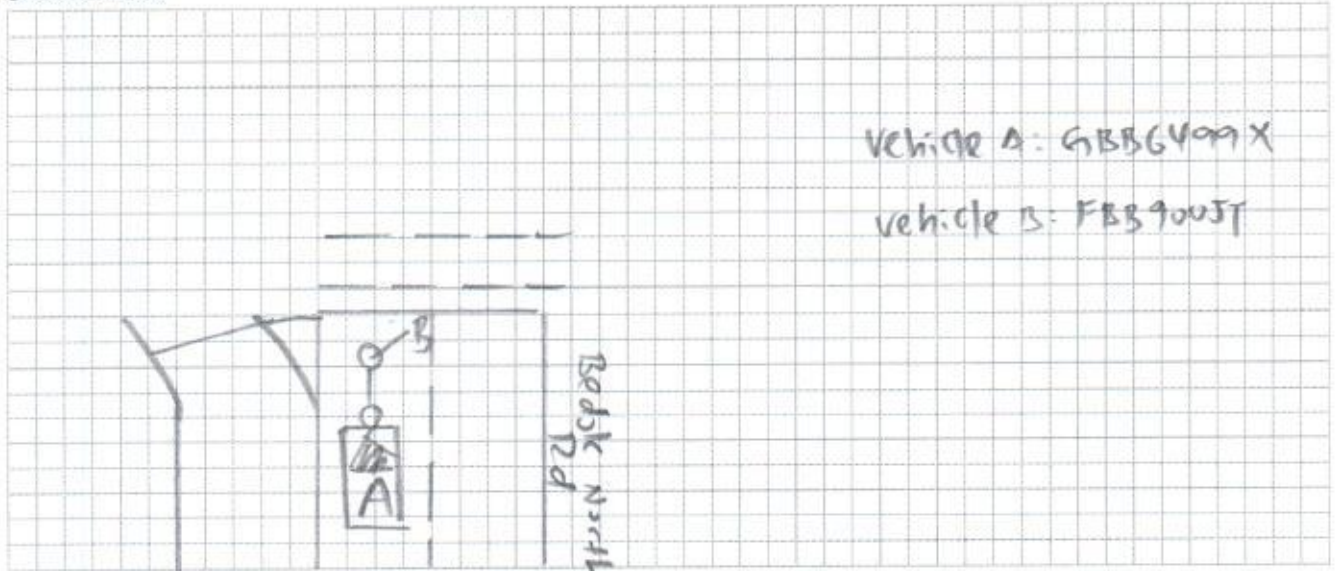


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20171216/2053.

## DECLARATION

I/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:

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





# SINGAPORE POLICE FORCE



T/20171216/2053

1 of 3

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20171216/2053

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2017 12:01	Vide Report No.: G/20171216/0089	Station Diary No.: 63
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### Informant's Particulars

Name of Informant: YANG WENHAN			Address: AVIER FOOD MANUFACTURING PTE LTD SINGAPORE		
ID Type / ID No.: FIN NO / G8585804T			Contact No.: Home/Office: Mobile: 92452773		
Nationality: CHINESE			Email:		
Sex: Male	Age: 26	Date of Birth: 25/12/1990	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: MANUFACTURING WORKER			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/12/2017 06:35	Type of Location:
Location: Along Road 1 BEDOK NORTH ROAD BEDOK NORTH ROAD X NEW UPPER CHANGI ROAD.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB9005T	Motorcycle					0
GBB6499X	Lorry				Slightly Damaged	0

### Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20171216/2053

2 of 3

Police Station Of Origin:

Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

Report No. T/20171216/2053

**CONTINUATION OF REPORT**

Driver			
Name	YANG WENHAN		ID No. G8585804T
Related Vehicle	NIL		Contact No. 92452773
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 16/12/2017 at about 0635hrs, I was driving my company's lorry GBB 6499X, along Bedok North Road X New Upper Changi Road. I was on the second lane and I wanted to filter to the first lane. Subsequently a motorcycle FBB9005T collided on to the right side of my lorry. I immediately came down to check on the rider. The male rider has some blood on his face. I waited till the ambulance arrived and subsequently he was conveyed by ambulance to hospital. Traffic police had also came down to the incident. I do not have the particulars of the rider. That is all.

I wish to state that I am currently undergoing conversion of my driving license. I have a China driving license.





**SINGAPORE  
POLICE FORCE**



T/20171216/2053

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

3 of 3

Report No. T/20171216/2053

**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 /

Staff Sgt GOH SZE HAO, VALENTINE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No



SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

16/12/2017 12:01

Classification Of Case:

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**AVIER FOOD MANUFACTURING PTE. LTD.**

Sector: **MANUFACTURING**

Name  
**YANG WENHAN**


Occupation  
**DRIVER**

Work Permit No.  
**0 77724176**

Date of Application  
**22-11-2017**

Date of Issue  
**04-12-2017**

Date of Expiry  
**21-11-2019**

 **L8492554**

**VISIT PASS**  
Immigration Regulations

Name  
**YANG WENHAN**

Date of Birth  
**25-12-1990**

Sex  
**M**

Nationality  
**CHINESE**

FIN  
**G8585604T**

Date of Issue  
**04-12-2017**

Date of Expiry  
**21-11-2019**

 **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.**





TRANSLATION

THE PEOPLE'S REPUBLIC OF CHINA

DRIVING LICENCE

LICENCE NO. 411322199012253818

Name ..... **YANG WENHAN** ..... Gender ..... **Male** ..... Nationality ..... **Chinese National** .....

Address ..... **No. 3, Liuyanzhuang Village, Wenlaozhuang Town, Fangcheng County, Henan Province** .....

Date of Birth ..... **25 December 1990** .....

Date When Licence First Obtained ..... **12 April 2012** .....

Licensed to Drive Vehicles in Code (s) ..... **C1** .....

TRAFFIC POLICE DETACHMENT,

PUBLIC SECURITY BUREAU OF

WEIHAI CITY, SHANDONG PROVINCE

[Photograph Affixed]

Valid from ..... **12 April 2012** ..... to ..... **12 April 2018** .....

TRANSMART CONSULTANCY PTE. LTD.

Reg No. 201726727G

Tel: 65471003 Fax: 65471057

This is a true translation of

.....  
Certificated Interpreter & Translator

Date: **05 DEC 2017**

## DRIVING LICENCE CLASS CODES

A1	Large Buses and A3, B1, B2	C4	Tri-wheel Vehicles
A2	Towing Vehicles and B1, B2	C5	Small Automatic Cars for Handicaps Only
A3	Urban Public Transport and C1	D	Ordinary 3-wheel motorcycles and E
B1	Medium Buses and C1, M	E	Ordinary 2-wheel motorcycles and F
B2	Large Trucks and C1, M	F	Light Motorcycles
C1	Small Cars and C2, C3	M	Self-propelled Wheeled Machinery
C2	Small Automatic Cars	N	Trolleybuses
C3	Low-speed Goods Vehicles and C4	P	Tramcars

[BARCODE]  
\*3720051941809\*

No other unit or person except the public security traffic control authority shall retain this licence

This is a translation of

3

.....  
Certificated Interpreter & Translator

Date: 05 DEC 2017

TRANSMART CONSULTANCY PTE. LTD.

Reg No. 201726727G

Tel: 65471088 Fax: 65471067



SUPPLEMENTARY PAGE OF DRIVING LICENCE OF THE PEOPLE'S REPUBLIC OF CHINA

LICENCE NO. 411322199012253818

Name ..... YANG WENHAN ..... File Number ..... 371000646233 .....

Record .....

TRANSMART CONSULTANCY PTE. LTD.  
Reg No. 201726727G  
Tel: 65471088 Fax: 65471057

This is a translation of



.....  
Certificated Interpreter & Translator

Date: 05 DEC 2017



### SCHOOL ENROLMENT FORM

d for

Class 3 (Manual) Practical & Theory	NRIC No/FIN/UID	G8585804T
YANG WENHAN	Date Of Birth	25/DEC/1990
	HandPhone No	92452773
BLK 3017 BEDOK NORTH STREET 5 #02-13	Emergency Contact No	93975305
ode 486121	Home Contact No	Nil
ail Address DRIVER	Race	CHINESE
Gender MALE	FTT Expiry Date	Nil
Nationality FOREIGNER	RTT Expiry Date	Nil
	Language spoken	MANDARIN

Did you book any theory or practical test date/s at the Traffic Police or at other centres ? **No**

#### Eye - Sight/Colour Blindness test

Wearing Glasses	Yes	Learner ID	V0047182
Eye-Sight Test	Passed	Enrolled By	CDC\chanfoongkheng
Test Done By	CDC\chanfoongkheng	Date of Enrolment	15/DEC/2017
		Enrolment Expiry Date	14/DEC/2018

#### TERMS & CONDITIONS

- I declare that all particulars given above are correct.
- I am aware that the enrolment fee paid is non-refundable and non-transferable.
- For the opening of a store value account, I am required to maintain a **\$10.00 deposit** in my store value account. This deposit is refundable only upon **graduation or completion of training course enrolled**. For any premature termination (i.e. before graduation or completion of training course enrolled), an account closure fee of \$10.00 (inclusive of GST) is chargeable.
- I am aware that membership is valid for one year from the date of enrolment. I also fully understand that I will need to renew the membership within one month of the expiry date, or the membership will be considered void. A membership renewal fee of \$53.50 (inclusive of GST) is chargeable for every 6 months extension.
- I do not suffer from any eye disease(s) such as colour deficiency, epilepsy, mental disorder, sudden attack of giddiness or any disability which is likely to cause the driving of a motor vehicle to be dangerous to the public.
- I declare that should I be pregnant, I have the responsibility to inform the School. I also have the obligation to voluntarily submit the appropriate medical certification and undertake declaration for the purpose of learning practical driving / riding. Under such circumstances, the School shall not be liable for any inherent risks involved in the course of my learning.
- I do not have more than 12 demerit points for any driving licence that is held by me. I am presently also not under any suspension or disqualification from riding/driving. No driving/riding licence of mine had been revoked previously and even it had been revoked, it has been more than 1 year since the date of revocation.
- If I have any serious traffic offences pending against me, I am advised not to apply for a licence. This is because if I am eventually disqualified by court from holding or obtaining a driving licence, the disqualification could be for all classes of

Applicant's Signature

Date : 15/DEC/2017

Continue next pi

Rev. 01/Jul/2



PLEASE EXTEND MEMBERSHIP BEFORE EXPIRY

3CM Learner.

Please recommend TP on 3rd Lesson.

Learner ID : V0047182 (TOYOTAVIOS)

Name : YANG WENHAN

NRIC : GXXXX804T

Date of Enrollment : 15/12/2017

Date of Expiry : 14/12/2018



Class 3/3A Course information Video  
Please attend and enquire with our counter  
staff if you have not already done so.

ComfortDelGro Driving Centre Pte Ltd  
205 Ubi Avenue 4  
Spore 408805  
GST Reg No: M2-8923211-7

Print Date : 15/12/2017  
Print Time : 10:54:11 AM  
Receipt Date : 15/12/2017  
Receipt Time : 10:54:13  
Receipt No : 0013602996  
Learner ID : V0047182  
Name : YANG WENHAN

112

Date Ses Ticket No Type Amt(\$)

BT CH L1 THEORY

28/12/17 6 0000011935 C 0.00

6:50 PM - 8:30 PM

( Location : Level 3, Classroom 9 )

Learners must be punctual for the compulsory lessons. As attendance will be taken, latecomers will be disallowed entry.

BT CH L2 THEORY

28/12/17 7 0000011876 C 0.00

8:40 PM - 10:20 PM

( Location : Level 3, Classroom 9 )

Learners must be punctual for the compulsory lessons. As attendance will be taken, latecomers will be disallowed entry.

BT CH L3 THEORY

29/12/17 6 0000011854 C 0.00

6:50 PM - 8:30 PM

( Location : Level 3, Classroom 9 )

Learners must be punctual for the compulsory lessons. As attendance will be taken, latecomers will be disallowed entry.

BT CH L4 THEORY

29/12/17 7 0000011842 C 0.00

8:40 PM - 10:20 PM

( Location : Level 3, Classroom 9 )

Learners must be punctual for the compulsory lessons. As attendance will be taken, latecomers will be disallowed entry.

Sub Total(\$)	0.00
Cancellation Charge(\$)	0.00
GST Amount(\$)	0.00
Convenience Fee(\$)	0.00
Deposit(\$)	0.00
Basic Theory Book(\$)	0.00
Final Theory Book(\$)	0.00
Grand Total(\$)	0.00
Current Store Value(\$)	11.85
New Store Value(\$)	11.85

Payment Method: Stored Value System  
Payment Number:

Cancellation Count Left: 18 / 18

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5051806604-06	OH'S FARM CATERING SERVICES	53181112C	GCV	Comprehensive	G886499X	G886499X	21/10/2017	20/10/2018

[Continue](#)



## ▼ Policy Information

Policy No.	5051806604-06	Policyholder Name	OH'S FARM CATERING SERVICE	Policyholder NRIC	53181112C
Address	8A ADMIRALTY STREET #05-07 FOOD XCHANGE @ ADMIRALTY SINGAPORE 757437				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	06/10/2017	Effective Date	21/10/2017 00:00	Expiry Date	20/10/2018 23:59
Third Party Excess	0.0	Own damage Excess	600	Windscreen Excess	100.0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ALL INS AGENCY PTE. LTD.	Agent Tel.	FAX 64514549	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	8A ADMIRALTY STREET	Address 2	#05-07 FOOD XCHANGE @ ADM	Address 3	SINGAPORE 757437
Address 4		Address Type	Singapore address	Post Code	757437
Unit No.	05-07	Related Policy Number	5051806604-06		

▶ Insured Object: GBB6499X

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

## Claim Handling

Accident MT/0974139

Policy No.	5051806604-06	Vehicle No.	GBB6499X	GST Registration No.	
Policyholder Name	OH'S FARM CATERING SERVICES			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE (INSUR)	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	0	Contact No.(Office)	64499732	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

**Accident Details**

Report Date	18/12/2017 14:58	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	16/12/2017	Time of Accident hh:mm	06:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC BEDOK NTH RD & NEW UPPER CHANGI RD				

**Benefits**

**Excess**

Own damage Excess	600.00	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	8A ADMIRALTY STREET	Address 2	#05-07 FOOD XCHANGE @ ADM	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	05-07	Related Policy Number	5051806604-06		

**OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YANG WENHAN	Driver NRIC	G8585804T	Driver DOB	
Register Date of Driver License	15/12/2017	Driver Age	26	Driving Experience	
Contact No.(Mobile)	92452773	Contact No.(Office)	0	Contact No.(Home)	
Address 1	8A ADMIRALTY STREET	Address 2	# FOOD XCHANGE @ ADMIRALT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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**Modification History**

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	OH'S FARM CATERING SERVICE	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	GBB6499X	TP Vehicle Number	
Claim Description	GBB6499X / FBB9005T ON 16 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	18/12/2017 15:06	Claim Close Date		Date Received	
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0974139	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/12/2017 15:09
Path *		Category *	Confidential
		Urgency	Normal

Please Select



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

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:09	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:09	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:09	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:09	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:09	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:09	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:07	SAS	Normal	SAS ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:07	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:06	SAS	Normal	SAS ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:06	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name	Sour
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