

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] MN 4117169586

Date In: 26/12/17-18:10	Job description	Date & Time Completed	Done by
Ref No: NA/INC17024395/24	SAS e-filing		
Veh No: JE4124E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 26/12/17-03:15	i-Motor Claim Form	M7/0975164	26/12/17 18:32
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: Pedestrian	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

NA1707947	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est 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:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	26/12/2017 18:10
Date Of Accident	26/12/2017 03:15
Exact Location Of Accident	JUNC GEYLANG RD & LOR 3 GEYLANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJE4124E
Insured/Policyholder	
Name Of Registered Owner	PINETEA CULTURE PTE LTD
Co Reg No	201727146K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98582266
Alternative Phone No	OFFICE-98582266
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8 RSZ A
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094652726
Cover Note Number	
Driver	
Name of Driver	LOH BING HUI
NRIC No	S9020153J
Date Of Birth	11/06/1990
Occupation	OUTDOOR
Date Of Driving Pass	18/02/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84190600
Fax Number	
Contact Number	OFFICE-84190600
EEmail Address	NOEMAIL

Address	BLK 533 BEDOK NORTH STREET 3 #03-758
Postcode	460533
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20171226/2018.

#### 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	PEDESTRIAN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



## 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.

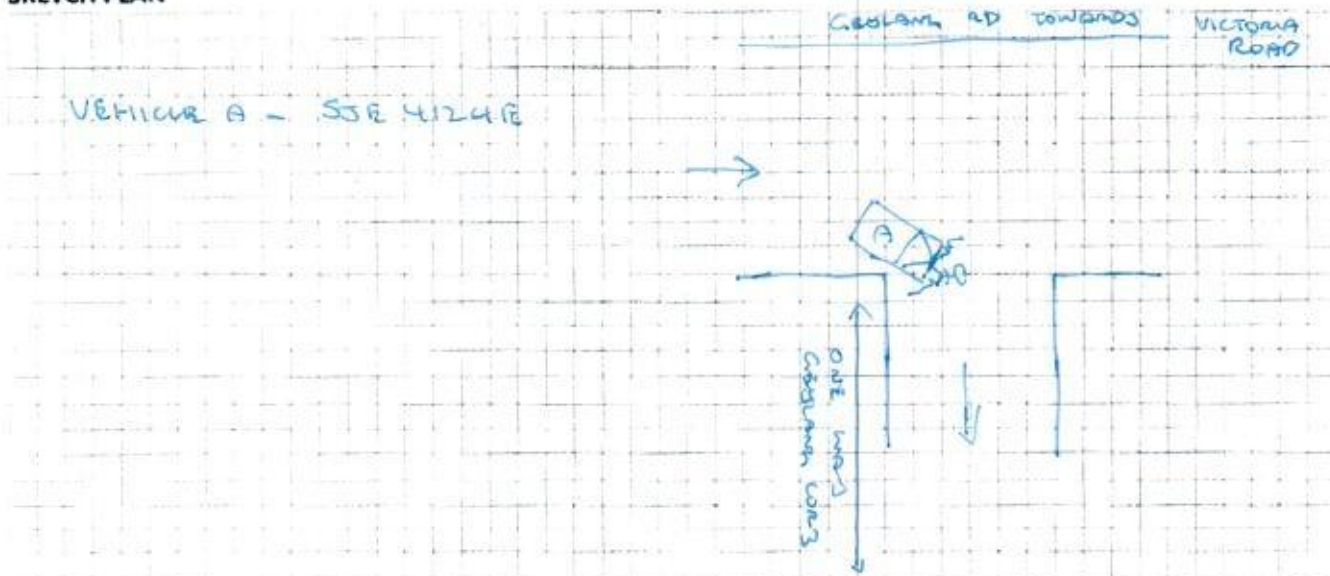


Policyholder's Signature  
Date & Time:

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**

[illegible]

## 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.:

NRIC/FIN No.:



<b>Vehicle No.</b>	53B 4124B	<b>Model / Make</b>	HONDA STREAM
<b>Date of Accident</b>	25/12/17		
<b>Time of Accident</b>	0315	<b>HRS</b>	
<b>Location of Accident</b>	GEOLAH ROAD, KALLANG ROAD JUNCTION TO GAYLANK WZ3		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	PINATEA CULTURE PTE LTD		
<b>Telephone No.</b>	H/P : 9858 2266	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	20172714LR		
<b>Address</b>	33 WAH AVE 3 #09-34 VERTEX S(409868)		
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5094652726		
<b>Name of Driver</b>	As Above If No, LOH BING HUI		
<b>NRIC</b>	S90201535	<b>Any Passengers :</b>	NIL
<b>Date of birth</b>	11/06/1990		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>			
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 84190600	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 533 BEDOK NORTH STREET 3 #03-758 S(460533)		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state	RENTAL
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	ROCHOR NPC
<b>Vehicle B No.</b>	NO OTHER VEHICLE INVOLVED	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	FRONT		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		

10 Sin Ming Drive Singapore 575701

Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

29 Sep 2017

Our ref 2909170501N052920058

PINETEA CULTURE PTE LTD  
APT BLK 33 UBI AVENUE 3  
#08-34  
VERTEX  
SINGAPORE 408868

Dear Sir/Madam

**NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. SJE4124E**

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. The Business Transaction Reference No. is 20170929123659983964. You are the registered owner of the vehicle with effect from 29 Sep 2017.

2. The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

- |                            |  |
|----------------------------|--|
| 1. Name                    | : PINETEA CULTURE PTE LTD  |
| 2. Identification No. Type | : Company  |
| 3. Identification No.      | : 201727146K   |
| 4. Place Of Passport Issue | : -  |
| 5. Vehicle No.             | : SJE4124E   |
| 6. Vehicle Type            | : Z11 - Private Hire (Chauffeur) Station<br>Wagon/Jeep/Land Rover  |
| 7. Vehicle Scheme          | : Normal   |
| 8. Vehicle Make            | : HONDA  |
| 9. Vehicle Model           | : STREAM 1.8 RSZ A   |
| 10. Remarks                | : To renew the COE, the Prevailing Quota Premium payable is that of Category B. This is a public service vehicle.<br>The PARF eligibility of the vehicle will expire on 23 Apr 2018. |





# SINGAPORE POLICE FORCE



T/20171226/2018

1 of 3

Report No. T/20171226/2018

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2017 04:47		Vide Report No.: G/20171226/0032		Station Diary No.: 24	
<b>Informant's Particulars</b>					
Name of Informant: LOH BING HUI		Address: APT BLK 533 BEDOK NORTH STREET 3 #03-758 SINGAPORE 460533			
ID Type / ID No.: NRIC NO / S9020153J		Contact No.: Home/Office:		Mobile: 84190600	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 27	Date of Birth: 11/06/1990	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Other car and light goods vehicle drivers nec		Driving Licence Information: Class:		Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/12/2017 03:15	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 GEYLANG ROAD KALLANG ROAD JUNCTION GEYLANG LOR 3				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE4124E	Car	HONDA	STREAM 1.8 RSZ A	Black	Slightly Damaged	0

## Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Used



**SINGAPORE  
POLICE FORCE**



T/20171226/2018

2 of 3

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20171226/2018

**CONTINUATION OF REPORT**

Driver			
Name	LOH BING HUI		ID No. S9020153J
Related Vehicle	NIL		Contact No. 84190600
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

On 26/12/2017 at about 0317hrs, I was travelling along along Geylang Road towards Kallang Road. At the point of time I was travelling on lane 2 of 5 of said location. I was turning right into Geylang Lorong 3 when I spotted a group of pedestrian crossing the road. From my view, I did not see the last pedestrian that was crossing as I was checking my blind spot as I was making a right turn. That was when my vehicle collided on a female Chinese pedestrian. I had an in vehicle CCTV and the video footage that captured the collision. From video footage the pedestrian is seen using her handphone when she was crossing. My vehicle windscreen suffers cracked due to the collision and I do not suffer any injury.





**SINGAPORE  
POLICE FORCE**



T/20171226/2018

3 of 3

Report No. T/20171226/2018

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

**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:

A /

Staff Sgt SURIANI BINTE SUHAIRI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/12/2017 04:47

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp

NP168



Signature: \_\_\_\_\_

SN 12

Singapore Police Force



Type	Country Code	Passport No.
PA	SGP	E5561766H
Name		

LOH BING HUI

Sex	Nationality
M	SINGAPORE CITIZEN
Date of birth	Place of birth
11 JUN 1990	SINGAPORE
Date of issue	Date of expiry
16 MAY 2015	16 MAY 2020
Modifications	Authority
SEE PAGE 2	MINISTRY OF HOME AFFAIRS
National ID No	
S9020153J	

PASGPLOH<<BING<HUI<<<<<<<<<<<<<<<<<<<<<<<<<  
E5561766H7SGP9006119M2005168S9020153J<<<<18



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S9020153J**

Name:

**LOH BING HUI**

Birth Date: **11 Jun 1990**

Issue Date: **18 Feb 2014**



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

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 18 Feb 2014

NP 428A



## 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:** 5094652726

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJE4124E**  
Chassis Number : RN61059964
2. Name of Policyholder : PINETEA CULTURE PTE. LTD.
3. Effective Date of Insurance : 28 Sep 2017
4. Expiry Date of Insurance : 23 Apr 2018
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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : AUTOSHIELD PTE. LTD. (00000573469)  
Date of Issue : 28 Sep 2017 16:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



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="26/12/2017 03:15"/>						
Vehicle No.(For Motor)	<input type="text" value="SJE4124E"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	S094652726	PINETEA CULTURE PTE. LTD.	201727146K	GPC	drive CLASSIC	SJE4124E	SJE4124E	28/09/2017	23/04/2018
<input type="button" value="Continue"/>									

## ▼ Policy Information

Policy No.	5094652726	Policyholder Name	PINETEA CULTURE PTE. LTD.	Policyholder NRIC	201727146K
Address	33 UBI AVENUE 3 #08-34 VERTEX SINGAPORE 408868				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/09/2017	Effective Date	28/09/2017 00:00	Expiry Date	23/04/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	33 UBI AVENUE 3	Address 2	#08-34 VERTEX	Address 3	SINGAPORE 408868
Address 4		Address Type	Singapore address	Post Code	408868
Unit No.	08-34	Related Policy Number	5094652726		

► Insured Object: SJE4124E

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	---------------------

Continue

Cancel



## Claim Handling

Accident MT/0975164

Policy No.	5094652726	Vehicle No.	SJE4124E	GST Registration No.	
Policyholder Name	PINETEA CULTURE PTE. LTD.			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	98582266	Contact No.(Office)	0	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	Yes

Report Date

26/12/2017 18:30

Accident Report Within 24 hrs

Yes

Accident Type

Collided into Per

Date of Accident

26/12/2017

Time of Accident hh:mm

03:15

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

JUNC GEYLANG RD & LOR 3 GEYLANG

Benefits

Excess

Own damage Excess

2,000.00

Additional Excess

0.00

Windscreen Excess

Unnamed Driver Excess

Outside Singapore OD Excess

2,000.00

Third Party Excess

1,500.00

Outside Singapore TP Excess

1,500.00

GST Registered Information

GST Registered

No

GST Registration Date

GST Registration No.

GST Status Verified

Yes

Modification History

Policyholder Mailing Address

Address 1

33 UBI AVENUE 3

Address 2

#08-34 VERTEX

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

08-34

Related Policy Number

5094652726

DI Driver Info

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Unnamed driver Name

LOH BING HUI

Driver NRIC

S90201531

Driver DOB

Register Date of Driver License

18/02/2014

Driver Age

27

Driving Experience

Contact No.(Mobile)

84190600

Contact No.(Office)

0

Contact No.(Home)

Address 1

BLK 533

Address 2

BEDOK NORTH STREET 3

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

03-758

Driver Insurer Company

Does he own a Singapore Registered car?

☒ Yes ☐ No

Driver Vehicle No.

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☒ Yes ☐ No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	PINETEA CULTURE PTE. LTD.	Insured NRIC	
Contact No.(Mobile)	85889991	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJE4124E	TP Vehicle Number	
Claim Description	SJE4124E / PEDESTRIAN ON 26 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	26/12/2017 18:32	Claim Close Date			
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0975164	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/12/2017 18:34
Path *	<div> <div>Browse</div> <div>Clear</div> </div>		
Category *	Please Select	Confidential	Urgency
		<input type="radio"/> NO <input type="radio"/> YES	Normal

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="text"/>	<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 26 Dec 2017 18:34	NRIC/ Driving License		Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 18:34	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 18:33	SAS		Normal	SAS ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 18:33	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 18:33	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 18:33	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 18:33	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 18:33	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 18:32	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 18:32	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 18:32	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 18:32	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 18:32	Photos		Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Dec 2017 18:32	Photos		Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name		Source
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