

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) MHA/18/14254

|                          |  |                       |               |
|--------------------------|--|-----------------------|---------------|
| Date In: 29/1/18 - 16:51 | Job description                          | Date & Time Completed | Done by       |
| Ref No: NA/INC/001761/24 | SAS e-filing                             |                       |               |
| Veh No: SL4544M          | E-mail (within 3hrs, AIC 2hrs)           |                       |               |
| D.O.A : 29/1/18 - 19:30  | i-Motor Claim Form                       | MT/0979977            | 29/1/18 18:00 |
| 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: 623386  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                       |                       |
|---------------------------------|---|-----------------------|-----------------------|
| NA/00631                        | Invoice Preparation Checklist                   | Am't (\$)<br>Net Bill | Am't (\$)<br>Add Bill |
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               |                       |                       |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$30)    |                       |                       |
| 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: Idao DA + SMRT Survey \$160              |                       |                       |
|                                 | 8) NTUC Additional Services:-                   |                       |                       |
|                                 | ON*   |                       |                       |
| 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       |                       |                       |
| Ref. 1:                         | TP (N11): TP (Non INC) against INC \$20         |                       |                       |
| Ref. 2 / 3:                     | 9) N12: Idao 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 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             | 29/01/2018 16:51              |
| Date Of Accident           | 26/01/2018 19:30              |
| Exact Location Of Accident | JUNC THOMSON RD & MOULMEIN RD |
| Country/State of Loss      | SINGAPORE                     |

### DETAILS OF OWN VEHICLE

|                             |                     |
|-----------------------------|---------------------|
| Vehicle Registration Number | SLH544M             |
| <b>Insured/Policyholder</b> |                     |
| Name Of Registered Owner    | CONNECT4CAR PTE LTD |
| Co Reg No                   | 201411459M          |
| Email Address               | NOEMAIL             |
| Mobile Phone No             |                     |
| Alternative Phone No        | OFFICE-89999999     |

### Vehicle Particulars

|  |                                     |
|--|-------------------------------------|
| Manufacturer   | NISSAN                              |
| Model  | SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR |
| 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                                       | THIRD PARTY                         |
| Vehicle Category   | PRIVATE HIRE                        |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | YES                                    |
| Policy Number             | 5068994860-03                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | KOH HOO KWEE          |
| NRIC No              | S1776519A             |
| Date Of Birth        | 25/04/1966            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 07/11/1984            |
| Driving Experience   | 33 YEARS AND 2 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-97612657  |
| Fax Number           |                       |
| Contact Number       | OFFICE-97612657       |
| Email Address        | NOEMAIL               |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 172B EDGEDALE PLAINS<br>#09-494 |
| Postcode  | 822172                              |
| 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   | COLLISION - CROSS JUNCTION |
| Weather Conditions | RAINING                    |
| Road Surface       | WET                        |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles involved in the accident   | 2   |
| Was any body injured in the Accident?   | YES |
| Was any injured conveyed to hospital by ambulance?  | 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?  | NQ |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

REFER TO STATEMENT.

#### 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         | GZ338G              |
| Vehicle Make/Model/Colour           | TOYOTA              |
| Details Of Properties               |                     |
| Vehicle Category                    | COMMERCIAL VEHICLE  |
| Name of Driver                      | EDDISON TAN JUN HAO |
| NRIC/Passport Number                | S9619750J           |
| Contact Number                      |                     |
| Address                             |                     |
| Postcode                            |                     |
| Insurance Company Name              |                     |
| Nature Of Damage                    |                     |
| No. Of Passenger (Including Driver) |                     |

#### DETAILS OF INJURED PERSON 1

|      |              |
|------|--------------|
| Name | KOH HOO KWEE |
|------|--------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK, SHOULDER & BACK

SLH544M

YES

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 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.

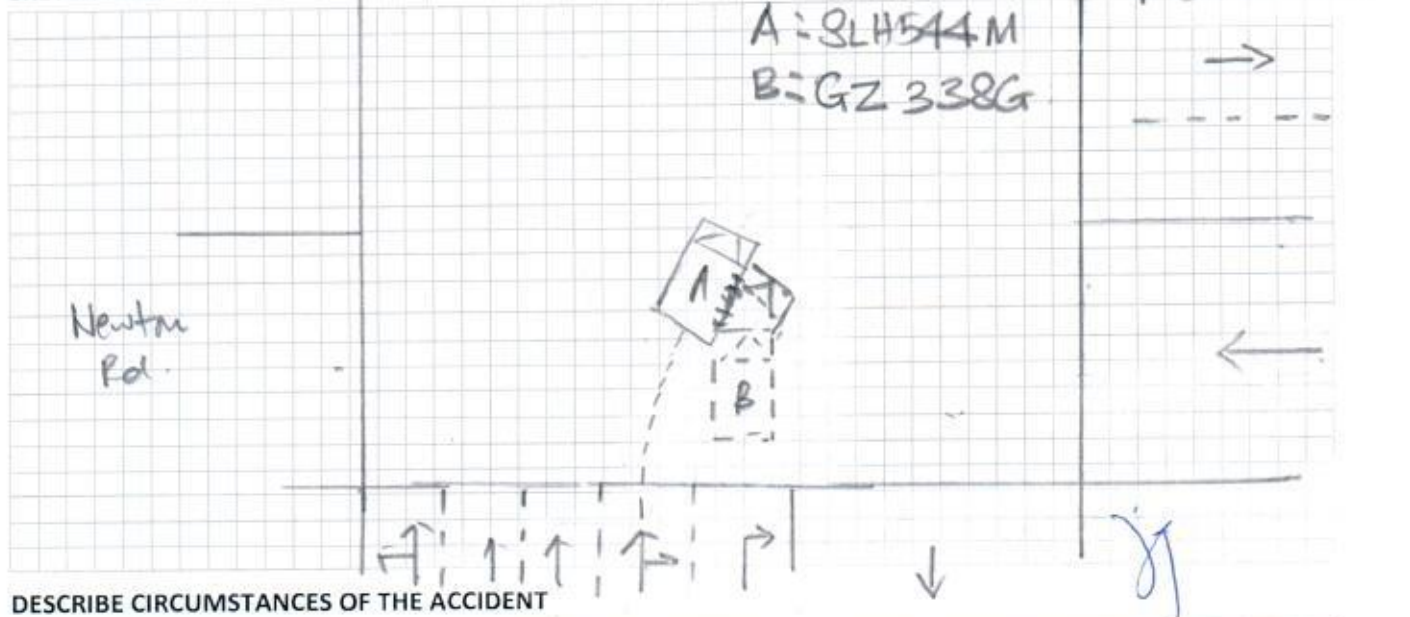


Policyholder's Signature  
Date & Time:

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

My car was travelling along Thomson Road towards Moulmein Road. At the point of the time, the traffic light was green with green arrow in my favour and I was at the second right turn lane and vehicle B was on the first right turn lane. After I ensure that the traffic was clear, I gradually make a right turn towards Moulmein Road with my right signal on. All of a sudden, I felt an impact on the right side portion of my car along with scratches sound on the right side portion. Within seconds of the first impact, I felt another impact on my right side front portion again. I got off my car and found that vehicle B had hit onto my car. I wish to state that my entire right side portion were with dents, scratches and damages due to the accident, and my right side front portion, right side passenger door are dent, the two front and rear rims and the right side mirror are also damaged. After the accident, the driver of vehicle B had stated to me that he was travelling straight towards Thomson Road and I have a recording with regards to the conversation.

## 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 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           | 26.01.2018                                  | (DD/MM/YY) |
| Time of accident           | 19 30                                       | (HH:MM)    |
| Exact location of accident | Junction of Thomson Road and Moulmein Road. |            |

### DETAILS OF VEHICLE

|  |  |  |   |
|--|--|--|---|
| Vehicle registration number                        | SLH544M  |  |   |
| Vehicle make and model                             |  |  |   |
| Type of vehicle                                    | Saloon <input checked="" 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 type="checkbox"/>                     | Commercial <input checked="" 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 checked="" type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

### INSURED / POLICY HOLDER

|                              |   |   |
|------------------------------|---|---|
| Name                         | CONNECT4CAR PTE LTD   | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | 201411459M  |   |
| Contact                      |   |   |
| Address                      | 53 UBI AVENUE 1 #01-23 PAYA UBI INDUSTRIAL PARK<br>SINGAPORE 408934 |   |

### DRIVER

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

|                              |  |  |
|------------------------------|--|--|
| Name                         | KOH HOO KWEE                                   | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S1776519A                                      |  |
| Contact                      | 9761 2657 / 92200079 (wife)                    |  |
| Address                      | Blk 172B Edgedale Plains #09-494<br>S (822172) |  |
| Email address                |  |  |
| Date of birth                | 25.04.1966                                     |  |
| Occupation                   | Indoor <input type="checkbox"/>                | Outdoor <input checked="" type="checkbox"/>                              |
| Driving date pass            | 07.11.1984.                                    |  |



**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 type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| Weather condition                                | Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____ |
| Road surface                                     | Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>                     |
| No of passenger                                  | <u>01</u> (Inclusive of driver)  |

**PASSENGER 1**

|        |  |
|--------|--|
| Name   |  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

**PASSENGER 2**

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**PASSENGER 3**

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**PASSENGER 4**

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input 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 type="checkbox"/> No <input type="checkbox"/>            |

**DETAILS OF POLICE ACTION**

|                     |  |
|---------------------|--|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name |  |

**WITNESS 1**

|      |  |
|------|--|
| Name |  |
|------|--|

**WITNESS 2**

|      |  |
|------|--|
| Name |  |
|------|--|



| THIRD PARTY VEHICLE 1        |                     |
|------------------------------|---------------------|
| Vehicle registration number  | QZ338 G.            |
| Vehicle make model           | Toyota.             |
| Name                         | Eddison Tan Jun Hao |
| NRIC / Fin / Passport number | S96197505           |
| Contact                      |                     |

| 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                      |  |

| INJURED PERSON 1                               |   |
|--|---|
| Name   | KOH HOO KWEE  |
| Injuries sustained                             | Neck, shoulder, back.   |
| Which vehicle person in?                       | SLH 544M  |
| 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   |  |
| 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"/> |

| INJURED PERSON 3                               |  |
|--|--|
| 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"/> |

| INJURED PERSON 4                               |  |
|--|--|
| 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"/> |

| INJURED PERSON 5                               |  |
|--|--|
| 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"/> |

| 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"/> |



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1776519A



Name  
KOH HOO KWEE

許富貴

Race  
CHINESE

Date of Birth 25-04-1966 Sex M

Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1776519A

Name  
KOH HOO KWEE

Birth Date 25 Apr 1966

Issue Date 19 Dec 2003

001056828F



AG 145795

S1776519A

Blood Group Date of issue 28-08-2003

Address  
APT BLK 172B EDGEDALE PLAINS  
#09-494  
SINGAPORE 822172



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

| Class   | Description  | PASS DATE   |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms                                     | 07 Nov 1984 |
| Class 4 | Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms                                       | 01 Feb 1988 |
| Class 5 | Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms | 25 Apr 1991 |

Licence No: S1776519A

NP 428A

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)

| Select                | Policy No.    | Policyholder Name     | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|-----------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | SD68994860-03 | CONNECT4CAR PTE. LTD. | 201411459M        | GFT     | drive PREMIUM | SLH544M     | SLH544M        | 04/12/2017    |             |



## ▼ Policy Information

|                             |  |                             |                       |                   |                  |
|-----------------------------|--|-----------------------------|-----------------------|-------------------|------------------|
| Policy No.                  | 5068994860-03  | Policyholder Name           | CONNECT4CAR PTE. LTD. | Policyholder NRIC | 201411459M       |
| Address                     | 53 UBI AVENUE 1 #01-23 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934 |                             |                       |                   |                  |
| Product Name                | FLEET INSURANCE  | Plan                        |                       | Group Policy Flag | N                |
| Policy issue Date           | 23/11/2017   | Effective Date              | 04/12/2017 00:00      | Expiry Date       | 03/12/2018 23:59 |
| Third Party Excess          | 1000.00  | Own damage Excess           | 1000.00               | Windscreen Excess | 100.00           |
| Additional Excess           | 0  | OS Premium                  | 0                     |                   |                  |
| Outside Singapore OD Excess | 1000.00  | Outside Singapore TP Excess | 1000.00               |                   |                  |
| Agent                       | SOONG WAI SAN  | Agent Tel.                  | 65471154              | GST Flag          | Y                |
| Co-insurance Flag           | No   |                             |                       |                   |                  |
| Open Policy Info            |  |                             |                       |                   |                  |
| Certificate Info            |  |                             |                       |                   |                  |

## ▼ Policyholder Mailing Address

|           |                 |                       |                            |           |                  |
|-----------|-----------------|-----------------------|----------------------------|-----------|------------------|
| Address 1 | 53 UBI AVENUE 1 | Address 2             | #01-23 PAYA UBI INDUSTRIAL | Address 3 | SINGAPORE 408934 |
| Address 4 |                 | Address Type          | Singapore address          | Post Code | 408934           |
| Unit No.  | 01-23           | Related Policy Number | 5087771369-01              |           |                  |

## ► Insured Object: SLH544M

## ▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type              | Endorsement Number | Endorsement Status         | Endorsement Content   |
|----------|---------------------|-------------------------------|--------------------|----------------------------|---|
| 1        | 04/12/2017 00:00    | Basic Information Endorsement | 000001286715172    | Endorsement Take Effective | internal endt - vehicle usage change from Rental vehicle (less than 12 mths ) to Private Hire (Self Drive or Chauffeur)   |
| 2        | 15/01/2018 00:00    | Basic Information Endorsement | 000001286735612    | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 15 Jan 2018, the Original Registration Date is amended as follows for SE2018K: ORIGINAL REGISTRATION DATE: 08 Oct 2015 |

Continue

Cancel

## Claim Handling

- Exit

Accident MT/0979977

|                     |   |                     |   |                      |                                |
|---------------------|---|---------------------|---|----------------------|--------------------------------|
| Policy No.          | 5058994850-03   | Vehicle No.         | SLH544M   | GST Registration No. |                                |
| Policyholder Name   | CONNECT4CAR PTE. LTD.   | Cover Type          | drive PREMIUM   | Policyholder NRIC    | 201411459M                     |
| Product Code        | FLEET INSURANCE   | Contact No.(Office) | 0   | Loading              | 0                              |
| Contact No.(Mobile) | 0   | Special Remark      |   | Contact No.(Home)    | 0                              |
| Email Address       |   | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode                | <input type="text" value="N"/> |
| KFK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%)  | 0   | eCode Reason         |                                |
| NCD Protection      | No  |                     |   | Private Hire         | Yes                            |

**Accident Details**

|                   |                               |                               |       |                     |                            |
|-------------------|-------------------------------|-------------------------------|-------|---------------------|----------------------------|
| Report Date       | 29/01/2018 17:58              | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Cross Junction |
| Date of Accident  | 26/01/2018                    | Time of Accident (h:mm)       | 19:30 | Country of Accident | Singapore                  |
| Reporting Centre  |                               | Orange Force                  |       | ICM No.             |                            |
| Accident Location | JUNC THOMSON RD & MOULMEIN RD |                               |       |                     |                            |

**Benefits**

|                       |          |                             |          |                   |        |
|-----------------------|----------|-----------------------------|----------|-------------------|--------|
| Own Damage Excess     | 1,000.00 | Additional Excess           | 0.00     | Windscreen Excess | 100.00 |
| Unnamed Driver Excess |          | Outside Singapore OD Excess | 1,000.00 |                   |        |
| Third Party Excess    | 1,000.00 | Outside Singapore TP Excess | 1,000.00 |                   |        |

**GST Registered Information**

|                      |    |                       |     |
|----------------------|----|-----------------------|-----|
| GST Registered       | No | GST Registration Date |     |
| GST Registration No. |    | GST Status Verified   | Yes |
| Modification History |    |                       |     |

## Policyholder Mailing Address

|           |                 |                       |                            |           |                  |
|-----------|-----------------|-----------------------|----------------------------|-----------|------------------|
| Address 1 | 53 UBI AVENUE 1 | Address 2             | #01-23 PAYA UBI INDUSTRIAL | Address 3 | SINGAPORE 408934 |
| Address 4 |                 | Address Type          | Singapore address          | Post Code | 408934           |
| Unit No.  | 01-23           | Related Policy Number | 5087771269-01              |           |                  |

## OI Driver Info

|   |   |                     |                   |                        |                  |
|---|---|---------------------|-------------------|------------------------|------------------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver    |                        |                  |
| Unnamed driver Name                     | KOH HOO KWEE  | Driver NRIC         | 51776519A         | Driver DOB             | 25/04/1966       |
| Register Date of Driver License         | 07/11/1984  | Driver Age          | 51                | Driving Experience     | 33               |
| Contact No.(Mobile)                     | 97612657  | Contact No.(Office) | 0                 | Contact No.(Home)      | 0                |
| Address 1                               | BLK 172B  | Address 2           | EDGEDALE PLAINS   | Address 3              | SINGAPORE 822172 |
| Address 4                               |   | Address Type        | Singapore address | Post Code              | 822172           |
| Unit No.                                | 09-496  |                     |                   |                        |                  |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                   | Driver Insurer Company |                  |

## Declaration

|                                     |      |             |   |
|-------------------------------------|------|-------------|---|
| Breathalyzer or Blood Test Reading? | 0 mg | Any Injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|-------------------------------------|------|-------------|---|

## Modification History

Claim 001 New

|                                |                                 |                         |                                  |                            |                  |
|--------------------------------|---------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *                   | OO-MK                           | Insured Name            | CONNECT4CAR PTE. LTD.            | Insured NRIC               | 201411459M       |
| Contact No.(Mobile)            | 92959989                        | Contact No.(Home)       |                                  | Contact No.(Office)        | +                |
| Email Address                  |                                 | OI Vehicle Number       | SLH544M                          | TP Vehicle Number          | G2338G           |
| Claim Description              | SLH544M / G2338G ON 26 Jan 2018 |                         |                                  | Name of Preferred Workshop |                  |
| Preferred Workshop Contact No. |                                 | Insured Liability *     | Not at Fault                     | GIA report                 | Received         |
| Require Finalisation           | Yes                             | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received              | 29/01/2018 00:00 |
| Date Registered                | 29/01/2018 18:00                | Claim Close Date        |                                  |                            |                  |
| Report Taken By                | Jackson                         |                         |                                  |                            |                  |

☒ Print AK letter

Save Submit

## Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/0979977  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 29/01/2018 18:01 |

| Path *               | Category *           | Confidential         | Urgency *            | Description * |
|----------------------|----------------------|----------------------|----------------------|---------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |               |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |               |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |               |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |               |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |               |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |               |

☐ Send Message

**Attachment List**



29/1/2018