

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118030859

Date In: 3/3/18-11:54	Job description	Date & Time Completed	Done by
Ref No: NA/INC1800412924	SAS e-filing		
Veh No: 5Q1470L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 7/3/18-18:10	i-Motor Claim Form	MT 0984550	3/3/18 16:12
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: JHD11C

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%. F: 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

NA1801380

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Pat. 1:

Pat. 2 / 3:

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TF : Towing Fee \$40/\$45
- 4) FT : Follow-Through Survey \$120
- 5) RT : 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:-
- ON*
- *N5: Courtesy Car / Tpt Allowance \$5
- *N6: Repair Co-ordination \$10
- *N7: Post Repair Inspection \$25
- *N8: DV / Collect Excess Coordination \$5
- TP (N11) : TP (Non INC) against INC \$20
- 9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the 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	03/03/2018 11:54
Date Of Accident	02/03/2018 18:10
Exact Location Of Accident	CTE (AYE) BEFORE BALESTIER RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ1470L
Insured/Policyholder	
Name Of Registered Owner	FOO YOKE KOON
Co Reg No	S1206656B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98171456
Alternative Phone No	OFFICE-98171456

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD 2.0L
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5059321386-04
Cover Note Number	

Driver

Name of Driver	FOO SHI YING
NRIC No	S8943578A
Date Of Birth	29/11/1989
Occupation	INDOOR
Date Of Driving Pass	29/11/2008
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91802890
Fax Number	
Contact Number	OFFICE-91802890
EMail Address	NOEMAIL

Address	BLK 649 HOUGANG AVENUE 8 #13-343
Postcode	530649
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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
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?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180303/2001.

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	SHD11C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	FOO SHI YING
Approximate Age	
Injuries Sustain	FACE
Injured person in which vehicle?	SJQ1470L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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



vehA: SSQ 1470 L

vehB: SHD 11C

CTE (AYE) before balaster exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 02 / 03 / 2018 (DD/MM/YYYY), TIME: 18 : 10 (HH:MM)

LOCATION: CTE (AYE) before Balestier Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ&1470 L
 b) INSURANCE COMPANY: NTMC
 c) POLICY NUMBER: 5059321386-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Accord
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: FOO Yoke Koon (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1206656B CONTACT: 98171456
 c) ADDRESS: 649 Hougang Ave 8, #13-343 S(153)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Foo Shi Ying (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8943578A CONTACT: 91002890
 c) ADDRESS: 649 Hougang Ave 8, #13-343 S(153)

*d) DATE OF BIRTH: 29 / 11 / 1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2/1/2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children

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

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

6. WAS ANYBODY INJURED (YES / NO) - neck / eyes / cheek / body

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHD11C MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

No of passengers
 (including driver)
(01)

No of passenger
 (including driver)
()

No of passenger
 (including driver)
()

Email = zoomautowerks@gmail.com

fax =



**SINGAPORE
POLICE FORCE**



T/20180303/2001

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20180303/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2018 00:10		Vide Report No.:		Station Diary No.: 1	
Informant's Particulars					
Name of Informant: FOO SHI YING			Address: APT BLK 649 HOUGANG AVENUE 8 #13-343 SINGAPORE 530649		
ID Type / ID No.: NRIC NO / S8943578A			Contact No.: Home/Office: Mobile: 91802890		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 28	Date of Birth: 29/11/1989	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: REAL ESTATE AGENT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/03/2018 18:10	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY Near Balestier Exit				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD11C	TAXI					0
SJQ1470L	Car	HONDA	ACCORD	Silver		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180303/2001

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20180303/2001

CONTINUATION OF REPORT

Driver				
Name	TING SIONG CHUN		ID No.	S7503820H
Related Vehicle	SHD11C (TAXI)		Contact No.	91788568
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
Driver				
Name	FOO SHI YING		ID No.	S8943578A
Related Vehicle	SJQ1470L (Car)		Contact No.	91802890
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/03/2018		Date Discharge	NIL
No. of Days granted Medical Leave	05		Degree of Injury	NIL

Brief Details.

On 02/03/2018 at about 1810hrs, I was traveling along CTE at lane 1. The traffic was slow moving and my vehicle was close to stationary when I felt an impact from the rear. My glasses had fell off and my head had hit my steering wheel. I got out of my vehicle to make a check and discovered that the said vehicle had collided into the rear of my vehicle. I took photos of the scene and exchanged particulars with the other party. After that I left the scene.

I suffered neck ache and my eyes hurt. There is also bruise on my left cheek. I had seek medical attention and was given 5 days medical leave.

The rear right side of my vehicle was badly damaged.

I wish to state that there is no camera in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20180303/2001

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20180303/2001

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:

F /

Staff Sgt MUHAMMAD HELMI BIN SUBAWI

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

03/03/2018 00:10

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1206656B



NAME
FOO YOKE KOON

姓 名
符育龍

RACE

CHINESE

DATE OF BIRTH

10-10-1956

SEX

M

COUNTRY OF BIRTH

SINGAPORE



2206239



NRIC No. S1206656B



BLOOD GROUP

O+

DATE OF ISSUE

16-07-1994

ADDRESS

APT BLK 649 HOUGANG AVENUE 8
#13-343
SINGAPORE 1953

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8943578A



Name

FOO SHI YING

符詩瀛

Race

CHINESE

Date of birth

29-11-1989

Sex

F

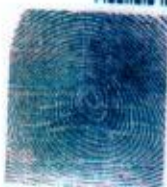
Country of birth

SINGAPORE



S052835

NRIC No. S8943578A



Date of issue
08-06-2012

Address

APT BLK 649 HOUGANG AVENUE 8
#13-343
SINGAPORE 530649



SINGAPORE POLICE FORCE



F/20180303/7003

1 of 2

POLICE REPORT (NP322)

Report No. F/20180303/7003

Police Station Of Origin
Ang Mo Kio Police Divisional HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 03/03/2018 11:22	Vide Report No.	Station Diary No.
Name Of Informant FOO SHI YING	Address APT BLK 649 HOUGANG AVENUE 8 #13-343 SINGAPORE 530649	
ID Type / ID No. NRIC NO / S8943578A	Contact No. Home/Office: Mobile: 91802890	
Nationality SINGAPORE CITIZEN	Email Address fooshiying@gmail.com	
Occupation	Sex Female	Age 28
Institution/School Name	Date of Birth 29/11/1989	Race Chinese
Date/Time Of Incident 03/03/2018 11:00 - 03/03/2018 11:00	Language English	
	Location Of Incident APT BLK 649 HOUGANG AVENUE 8 #13-343 SINGAPORE 530649	

Brief details.

UPON SUBMISSION OF MY ACCIDENT REPORT WHICH HAPPENED ON 02/03/2018 AT 18:10HR,
THEN I REALISED I LOST MY DRIVING LICENSE.

Property Information								
S/N	Item	Type	Brand	Model	Serial No/ IMEI No	Quantit y	Value	Description

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2018 11:22
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645



**SINGAPORE
POLICE FORCE**



F/20180303/7003

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. F/20180303/7003

1	Licence	Lost	DRIVING LICENSE		0000	1		
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Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

03/03/2018 11:22

Classification Of Case:

FUPO hotline number: 68429645

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: 5059321386-03

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJQ1470L |
| Chassis Number | : MRHCP16309P020024 |
| 2. Name of Policyholder | : FOO YOKE KOON |
| 3. Effective Date of Insurance | : 27 Oct 2016 |
| 4. Expiry Date of Insurance | : 26 Oct 2017 |
| 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 business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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)	: N/A
EXCESS (SECTION 2)	: N/A
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	: YES (FREE)
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: FOO YOKE KOON
NAMED DRIVER (1)	: LAM KWEE KUEN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
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 : LIM JUDY (00000516853)
Date of Issue : 25 Oct 2016 14:05 hrs
Reprint : 25 Oct 2016 14:05 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.

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"/>	S059321386-04	FOO YCKE KOON	S1206656B	GPC	drive CLASSIC	SJQ1470L	SJQ1470L	27/10/2017	26/10/2018

▼ Policy Information

Policy No.	5059321386-04	Policyholder Name	FOO YOKE KOON	Policyholder NRIC	S1206656B
Address	BLK 649 #13-343 HOUGANG AVENUE 8 SINGAPORE 530649				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	06/09/2017	Effective Date	27/10/2017 00:00	Expiry Date	26/10/2018 23:59
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	100.0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0.0		
Agent	LIM JUDY	Agent Tel.	62888667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 649 #13-343	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530649
Address 4		Address Type	Singapore address	Post Code	530649
Unit No.	13-343	Related Policy Number	5059321386-04		

► Insured Object: SJQ1470L

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Exit

Accident MT/0984550

Policy No.	5059321386-04	Vehicle No.	SJQ1470L	GST Registration No.	
Policyholder Name	FOO YOKE KOON			Policyholder NRIC	S1206656B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98171456	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	03/03/2018 16:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/03/2018	Time of Accident hh:mm	18:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE (AYE) BEFORE BALESTIER RD EXIT				

Benefits

Coverage	Sum Insured
Excess Waiver	999999999.99
Transport Allowance	999999999.99

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 649 #13-343	Address 2	HOUANG AVENUE 8	Address 3	SINGAPORE 530649
Address 4		Address Type	Singapore address	Post Code	530649
Unit No.	13-343	Related Policy Number	5059321386-04		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/11/1989
Unnamed driver Name	FOO SHE YING	Driver NRIC	98943578A	Driving Experience	9
Register Date of Driver License	29/11/2008	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	91802890	Contact No.(Office)	0	Address 3	SINGAPORE 530649
Address 1	BLK 649	Address 2	HOUANG AVENUE 8	Post Code	530649
Address 4		Address Type	Singapore address		
Unit No.	13-343				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	FOO YOKE KOON	Insured NRIC	S1206656B
Contact No.(Mobile)	98171456	Contact No.(Home)	67583143	Contact No.(Office)	
Email Address	fyk2@hdb.gov.sg	OI Vehicle Number	SJQ1470L	TP Vehicle Number	SHD11C
Claim Description	SJQ1470L / SHD11C ON 2 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/03/2018 16:12	Claim Close Date		Date Received	03/03/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Attachment

Save Submit

Attachment

Accident No.	MT/0984550	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/03/2018 16:13

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/> No <input type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> No <input type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> No <input type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> No <input type="checkbox"/> Yes	Normal	
Browse... Clear	Please Select	<input type="checkbox"/> No <input type="checkbox"/> Yes	Normal	




















Please Select

NO

Normal

☐ Send Message

♥ **Attachment List**

Attachment	uploaded By/Date	Category	?	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 16:13	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 16:13	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 16:13	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 16:13	SAS		Normal	SAS 2018-3-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 16:12	Photos		Normal	Photos 2018-3-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 16:12	Photos		Normal	Photos 2018-3-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 16:12	Photos		Normal	Photos 2018-3-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 16:12	Photos		Normal	Photos 2018-3-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 16:12	Photos		Normal	Photos 2018-3-3		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Mar 2018 16:12	Photos		Normal	Photos 2018-3-3		Edit

♥ **Video List**

Uploaded By/Date	Folder Date	File Name	?	Source	Action
<div style="display: inline-block; margin-right: 10px;"> <input type="button" value="Display in New Window"/> </div> <div style="display: inline-block;"> <input type="button" value="Scan and uploading"/> </div>					