

**NATIONAL Assessment Centre Services** [wef 1 Jan 05] **MNA18074367**

|                           |  |                       |               |
|---------------------------|--|-----------------------|---------------|
| Date In: 12/3/18-18:17    | Job description                          | Date & Time Completed | Done by       |
| Ref No: NA/INC 8004685/24 | SAS e-filing                             |                       |               |
| Veh No: 5R5919D           | E-mail (within 8hrs, AIC 2hrs)           |                       |               |
| D.O.A: 12/3/18-14:20      | i-Motor Claim Form                       | MT/0985738            | 12/3/18 19:12 |
| OD: TP / Reporting Only   | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |               |
| TP Insurer:               | i-Photo Uploaded                         |                       |               |
|                           | Assessment/Survey Report                 |                       |               |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                       |               |

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **A3C6714R** 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:  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

| NA1801608                       | Invoice Preparation Checklist                   | Ant (\$)<br>In Bill | Ant (\$)<br>Add Bill |
|---------------------------------|---|---------------------|----------------------|
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               |                     |                      |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$50)    |                     |                      |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                     |                     |                      |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |                     |                      |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |                     |                      |
| Auditors' Comments:-            | For claiming against INC Only (wef 10 Jan 2005) |                     |                      |
| Dat. 1:                         | 6) TR: Re-inspection \$75                       |                     |                      |
| Dat. 2 / 3:                     | 7) N1: Idac DA + SMRT Survey \$160              |                     |                      |
|                                 | 8) NTUC Additional Services:-                   |                     |                      |
|                                 | OD*   |                     |                      |
|                                 | *N5: Courtesy Car / Tpl 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             | 12/03/2018 18:17                          |
| Date Of Accident           | 12/03/2018 11:20                          |
| Exact Location Of Accident | BLK 71 AYER RAJAR CRES OPEN SPACE CARPARK |
| Country/State of Loss      | SINGAPORE                                 |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJR5919D             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | HOA KIM MING FELIX   |
| NRIC No                     | S1542359E            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-91094243 |
| Alternative Phone No        | OFFICE-91094243      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | TOYOTA      |
| Model  | VIOS E AUTO |
| 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             | 5091933591                             |
| Cover Note Number         |  |

### Driver

|                      |                           |
|----------------------|---------------------------|
| Name of Driver       | JOEL ELIJAH HOA ZHENG JIE |
| NRIC No              | S9537825J                 |
| Date Of Birth        | 20/10/1995                |
| Occupation           | INDOOR                    |
| Date Of Driving Pass | 20/02/2017                |
| Driving Experience   | 1 YEAR AND 0 MONTHS       |
| Gender               | MALE                      |
| Mobile Number        | (LOCAL) +65-93211411      |
| Fax Number           |                           |
| Contact Number       | OFFICE-93211411           |
| EEmail Address       | NOEMAIL                   |

|   |   |
|---|---|
| Address   | BLK 125 SERANGOON NORTH AVENUE 1<br>#08-131 |
| Postcode  | 550125                                      |
| 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 | -<br>-<br>-                                 |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                                 |

#### General Information of the Accident

|                    |   |
|--------------------|---|
| Type Of Accident   | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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?   | 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?  | NO |
| 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         | GBC6314R           |
| Vehicle Make/Model/Colour           |                    |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| Name of Driver                      | KOH BOON KHENG     |
| NRIC/Passport Number                | S1743134Z          |
| 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:

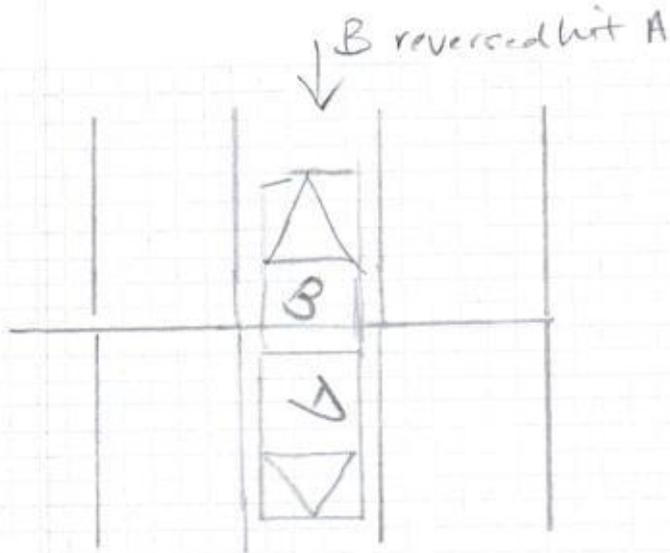


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN



A: SJR 5919 D

B: GBC 6314 R.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked stationary in a lot at carpark block 71 ayer rajar crescent, when suddenly a vehicle who was reversing in to the lot behind me hit on to the rear portion of my vehicle.

|  |
|--|
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|  |
|  |
|  |

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           | 12.03.2018.                         | (DD/MM/YY) |
| Time of accident           | 11:21am.                            | (HH:MM)    |
| Exact location of accident | Blk 71 AYER KAJAH CRESCENT CARPARK. |            |

### DETAILS OF VEHICLE

|  |   |                                     |   |
|--|---|-------------------------------------|---|
| Vehicle registration number                        | SJR 5919 D                                  |                                     |   |
| Vehicle make and model                             | TOYOTA VIOS.                                |                                     |   |
| 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 checked="" type="checkbox"/> | Commercial <input 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 type="checkbox"/>         | if no, please select:<br>Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

### INSURANCE INFORMATION

|                   |  |   |                                  |
|-------------------|--|---|----------------------------------|
| Insurance company | NTUC.                                  |   |                                  |
| Policy number     |  |   |                                  |
| Type of policy    | Comprehensive <input type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

### INSURED / POLICY HOLDER

|                              |   |  |                                 |
|------------------------------|---|--|---------------------------------|
| Name                         | HOE KIM MING FELIX  | Male <input checked="" type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S 154 2359E   |  |                                 |
| Contact                      | 9109 42 A3  |  |                                 |
| Address                      | BLK 125 SERANJUN NORTH AVE 1<br>#08-131 Singapore 550125. |  |                                 |

### DRIVER

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

|                              |  |  |                                 |
|------------------------------|--|--|---------------------------------|
| Name                         | JOEL ELIJAH HOA ZHENH JIE                                | Male <input checked="" type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S 9537825J   |  |                                 |
| Contact                      | 9321 1411  |  |                                 |
| Address                      | BLK 125 SERANJUN NORTH AVE 1<br>#08-131 Singapore 550125 |  |                                 |
| Email address                |  |  |                                 |
| Date of birth                | 20.10.1995   |  |                                 |
| Occupation                   | Indoor <input checked="" type="checkbox"/>               | Outdoor <input type="checkbox"/>         |                                 |
| Driving date pass            | 20.02.2017.  |  |                                 |

**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 checked="" type="checkbox"/> No <input checked="" type="checkbox"/>           |
| Weather condition  | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface   | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>                     |
| No of passenger  | 1 <span style="float: right;">(Inclusive of driver)</span>                               |
| If no, relationship of the driver and insured: <u>OWNER - children</u> |  |

**PASSENGER 1**

|        |  |
|--------|--|
| Name   | <u>JOEL ELIJAH HON ZHENY JIE</u>   |
| Gender | Male <input checked="" type="checkbox"/> Female <input 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 type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" 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  | GBC 6314R.     |
| Vehicle make model           |                |
| Name                         | KOH BOON KHENG |
| NRIC / Fin / Passport number | S1743134Z.     |
| 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   |  |
| 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 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"/> |



Name  
**JOEL ELIJAH HOA ZHENG JIE**  
何正杰  
Race  
**CHINESE**  
Date of birth  
**20-10-1995** Sex  
**M**  
Country of birth  
**SINGAPORE**

S9537825J



Licence Number: **S9537825J**  
Name:  
**JOEL ELIJAH HOA ZHENG JIE**  
Birth Date: **20 Oct 1995**  
Issue Date: **20 Feb 2017**



002658806G



4895378

NRIC No. **S9537825J**



Date of issue  
**29-06-2010**

Address  
**APT BLK 125 SERANGOON NORTH AVENUE 1  
#08-131  
SINGAPORE 550125**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq$  2500kg 20 Feb 2017



Licence No: S9537825J

NP 428A

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"/> | 5091933591 | HOA KIM MING FELIX | S1542359E         | GPC     | drivo CLASSIC | SJR5919D    | SJR5919D       | 10/09/2017    | 09/09/2018  |

**Policy Information**

|                             |   |                             |                    |                   |                  |
|-----------------------------|---|-----------------------------|--------------------|-------------------|------------------|
| Policy No.                  | 5091933591  | Policyholder Name           | HOA KIM MING FELIX | Policyholder NRIC | S1542359E        |
| Address                     | BLK 125 #08-131 SERANGOON NORTH AVENUE 1 SINGAPORE 550125 |                             |                    |                   |                  |
| Product Name                | PRIVATE CAR INSURANCE                                     | Plan                        |                    | Group Policy Flag | N                |
| Policy issue Date           | 14/06/2017  | Effective Date              | 10/09/2017 00:00   | Expiry Date       | 09/09/2018 23:59 |
| Third Party Excess          | 0   | Own damage Excess           | 600                | Windscreen Excess | 100              |
| Additional Excess           | 500   | OS Premium                  | 0                  |                   |                  |
| Outside Singapore OD Excess | 600   | Outside Singapore TP Excess | 0                  |                   |                  |
| Agent                       | LEE YEW LOON  | Agent Tel.                  | 96696136           | GST Flag          | Y                |
| Co-insurance Flag           | No  |                             |                    |                   |                  |
| Open Policy Info            |   |                             |                    |                   |                  |
| Certificate Info            |   |                             |                    |                   |                  |

**Policyholder Mailing Address**

|           |                 |                       |                          |           |                  |
|-----------|-----------------|-----------------------|--------------------------|-----------|------------------|
| Address 1 | BLK 125 #08-131 | Address 2             | SERANGOON NORTH AVENUE 1 | Address 3 | SINGAPORE 550125 |
| Address 4 |                 | Address Type          | Singapore address        | Post Code | 550125           |
| Unit No.  | 08-131          | Related Policy Number | 5091933591               |           |                  |

**Insured Object: SJR5919D**

**Endorsements**

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

Exit

Claim Handling

Accident MT/0985738

|                                   |   |                               |   |                      |                       |
|-----------------------------------|---|-------------------------------|---|----------------------|-----------------------|
| Policy No.                        | 5091933591  | Vehicle No.                   | S1R5919D  | GST Registration No. |                       |
| Policyholder Name                 | HQA KIM MING FELIX  | Cover Type                    | drive CLASSIC   | Policyholder NRIC    | S1542359E             |
| Product Code                      | PRIVATE CAR INSURANCE   | Contact No. (Office)          | 0   | Loading              | 0                     |
| Contact No. (Mobile)              | 91094243  | Special Remark                |   | Contact No. (Home)   | 0                     |
| Email Address                     |   | TCA                           | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode                | NO                    |
| KYC                               | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%)            | 40  | eCode Reason         |                       |
| NCD Protection                    | Yes   |                               |   | Private Hire         | No                    |
| <b>Accident Details</b>           |   |                               |   |                      |                       |
| Report Date                       | 12/03/2018 19:09  | Accident Report Within 24 hrs | Yes   | Accident Type        | Damaged whilst parked |
| Date of Accident                  | 12/03/2018  | Time of Accident hh:mm        | 11:00   | Country of Accident  | Singapore             |
| Reporting Centre                  |   | Orange Force                  |   | ICM No.              |                       |
| Accident Location                 | BLK 71 AYER RAJAR CRES OPEN SPACE CARPARK                     |                               |   |                      |                       |
| <b>Benefits</b>                   |   |                               |   |                      |                       |
| <b>Excess</b>                     |   |                               |   |                      |                       |
| Own damage Excess                 | 500.00  | Additional Excess             | 500.00  | Windscreen Excess    | 100.00                |
| Unnamed Driver Excess             | 2,500.00  | Outside Singapore OD Excess   | 600.00  |                      |                       |
| Third Party Excess                | 0.00  | Outside Singapore TP Excess   | 0.00  |                      |                       |
| <b>GST Registered Information</b> |   |                               |   |                      |                       |
| GST Registered                    | No  | GST Registration Date         |   |                      |                       |
| GST Registration No.              |   | GST Status Verified           | Yes   |                      |                       |
| Modification History              |   |                               |   |                      |                       |

|   |   |                       |   |                        |                  |
|---|---|-----------------------|---|------------------------|------------------|
| <b>Policyholder Mailing Address</b>     |   |                       |   |                        |                  |
| Address 1                               | BLK 125 #05-131   | Address 2             | SERANGOON NORTH AVENUE 1                                      | Address 3              | SINGAPORE 550125 |
| Address 4                               |   | Address Type          | Singapore address   | Post Code              | 550125           |
| Unit No.                                | 05-131  | Related Policy Number | 5091933591  |                        |                  |
| <b>Q1 Driver Info</b>                   |   |                       |   |                        |                  |
| Driver Name                             | Unnamed Driver  | Driver Type           | Unnamed Driver  | Driver DOB             | 20/10/1995       |
| Unnamed driver Name                     | JOEL ELIJAH HOA ZHENG JIE                                     | Driver NRIC           | 89537925J   | Driving Experience     | 1                |
| Register Date of Driver License         | 20/02/2017  | Driver Age            | 22  | Contact No. (Home)     | 0                |
| Contact No. (Mobile)                    | 93211411  | Contact No. (Office)  | 0   | Address 1              | SINGAPORE 550125 |
| Address 1                               | BLK 125   | Address 2             | SERANGOON NORTH AVENUE 1                                      | Post Code              | 550125           |
| Address 4                               |   | Address Type          | Singapore address   |                        |                  |
| Unit No.                                | 05-131  |                       |   | Driver Insurer Company |                  |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.    |   |                        |                  |
| Declaration                             |   |                       |   |                        |                  |
| Breathalyser or Blood Test Reading?     | 0 mg  | Any injury?           | <input type="radio"/> Yes <input checked="" type="radio"/> No |                        |                  |
| Modification History                    |   |                       |   |                        |                  |

Claim 001 **New**

|   |                                    |                         |                                  |                            |                  |
|---|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *  | DD-MX                              | Insured Name            | HQA KIM MING FELIX               | Insured NRIC               | S1542359E        |
| Contact No. (Mobile)  | 91094243                           | Contact No. (Home)      | 62820493                         | Contact No. (Office)       |                  |
| Email Address   | FELIXHOA@YAHOO.COM.SG              | OT Vehicle Number       | S1R5919D                         | TP Vehicle Number          | GBC6314R         |
| Claim Description   | S1R5919D / GBC6314R ON 12 Mar 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              | 12/03/2018 00:00 |
| Date Registered   | 12/03/2018 19:12                   | Claim Close Date        |                                  |                            |                  |
| Report Taken By   | Jackson                            |                         |                                  |                            |                  |
| <input checked="" type="checkbox"/> Print AK letter                       |                                    |                         |                                  |                            |                  |
| <input type="button" value="Save"/> <input type="button" value="Submit"/> |                                    |                         |                                  |                            |                  |

Attachment

| Accident No.   | MT/0985738  | Claim No.    | 001              |               |            |              |           |               |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |
|--|---|--------------|------------------|---------------|------------|--------------|-----------|---------------|---|---------------|----|--------|--|---|---------------|----|--------|--|---|---------------|----|--------|--|---|---------------|----|--------|--|---|---------------|----|--------|--|---|---------------|----|--------|--|
| Last Doc. Received   | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date  | 12/03/2018 19:13 |               |            |              |           |               |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |
| <table border="1"> <thead> <tr> <th>Path *</th> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td><input type="button" value="Browse..."/> <input type="button" value="Clear"/></td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td><input type="button" value="Browse..."/> <input type="button" value="Clear"/></td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td><input type="button" value="Browse..."/> <input type="button" value="Clear"/></td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td><input type="button" value="Browse..."/> <input type="button" value="Clear"/></td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td><input type="button" value="Browse..."/> <input type="button" value="Clear"/></td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> <tr> <td><input type="button" value="Browse..."/> <input type="button" value="Clear"/></td> <td>Please Select</td> <td>NO</td> <td>Normal</td> <td></td> </tr> </tbody> </table> |   |              |                  | Path *        | Category * | Confidential | Urgency * | Description * | <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO | Normal |  | <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO | Normal |  | <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO | Normal |  | <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO | Normal |  | <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO | Normal |  | <input type="button" value="Browse..."/> <input type="button" value="Clear"/> | Please Select | NO | Normal |  |
| Path *   | Category *  | Confidential | Urgency *        | Description * |            |              |           |               |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/>  | Please Select   | NO           | Normal           |               |            |              |           |               |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/>  | Please Select   | NO           | Normal           |               |            |              |           |               |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/>  | Please Select   | NO           | Normal           |               |            |              |           |               |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/>  | Please Select   | NO           | Normal           |               |            |              |           |               |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/>  | Please Select   | NO           | Normal           |               |            |              |           |               |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |
| <input type="button" value="Browse..."/> <input type="button" value="Clear"/>  | Please Select   | NO           | Normal           |               |            |              |           |               |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |
| <input type="checkbox"/> Send Message <input type="button" value="Upload"/>  |   |              |                  |               |            |              |           |               |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |
| <b>Attachment List</b>   |   |              |                  |               |            |              |           |               |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |   |               |    |        |  |

| Attachment | Uploaded By/Date   | Category              | Urgency | Description                     | Msg Sent? (CO) | Action               |
|------------|--|-----------------------|---------|---------------------------------|----------------|----------------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 19:12 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2018-3-12 |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 19:12 | SAS                   | Normal  | SAS 2018-3-12                   |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 19:12 | Photos                | Normal  | Photos 2018-3-12                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 19:12 | Photos                | Normal  | Photos 2018-3-12                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 19:12 | Photos                | Normal  | Photos 2018-3-12                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 19:12 | Photos                | Normal  | Photos 2018-3-12                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 19:12 | Photos                | Normal  | Photos 2018-3-12                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 19:12 | Photos                | Normal  | Photos 2018-3-12                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 19:12 | Photos                | Normal  | Photos 2018-3-12                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 19:12 | Photos                | Normal  | Photos 2018-3-12                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2018 19:12 | Photos                | Normal  | Photos 2018-3-12                |                | <a href="#">Edit</a> |

[Video List](#)

| Uploaded By/Date | Folder Date | File Name | Source | Action |
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