

NATIONAL Assessment Centre Services

Form 1 (2005)

MWA 118051233

| | | | |
|--|--|------------------------|---------------|
| Date In: 18/4/18 10:36 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: MA(INC)18007153/hy | E-mail (within 3hrs, A/C 2hrs) | | |
| Veh No: 5GM 1426Y | i-Motor Claim Form | MT10990926-001 | 18/4/18 16:10 |
| D.O.A: 19/4/18 10:50 | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| OD <input checked="" type="checkbox"/> TP Reporting Only | 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: 5BG 175. | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars:- | Invoice Preparation Checklist | Ant (\$) | Ant (\$) |
|---------------------------------|---|----------|----------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30), | 1st Bill | Add Bill |
| Contact No: | 2) DA: Damage Assessment (\$100), INC (\$80) | 30.00 | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| Auditors' Comments:- | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Ref 1:- | For claiming against INC Only (wef 10 Jan 2005) | | |
| Ref 2/3:- | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | QP: | | |
| | *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 (N-on INC) against BPC \$20 | | |
| | 9) N12: Idac Mobile \$0 | | |
| | 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 | 18/04/2018 10:36 |
| Date Of Accident | 14/04/2018 10:50 |
| Exact Location Of Accident | MANDAI RD TWDS THOMSON RD AT SLE EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGM1426Y |
| Insured/Policyholder | |
| Name Of Registered Owner | CHAI YOON THONG |
| NRIC No | S1850652A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92219405 |
| Alternative Phone No | OFFICE-92219405 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | CIVIC |
| 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 | 5073791997-02 |
| Cover Note Number | - |

Driver

| | |
|----------------------|----------------------------|
| Name of Driver | CHAI WUI LOON (CAI WEILUN) |
| NRIC No | S7720147E |
| Date Of Birth | 23/07/1977 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/10/2008 |
| Driving Experience | 9 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83666065 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | BLK 10C BENDEMEER RD #14-131 |
| Postcode | 333010 |
| 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 - MAJOR/MINOR RD |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|--|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| 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) | 3 |
| Passenger 1 | NAME: : CHONG YOKE LAN GENDER: : FEMALE |
| Passenger 2 | NAME: : LEONG JAZ MIN GENDER: : FEMALE |

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

PLEASE REFER TO ATTACHED 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 | GBG17S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | TAN JIN PING |
| NRIC/Passport Number | S1814751C |
| Contact Number | 81180707 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

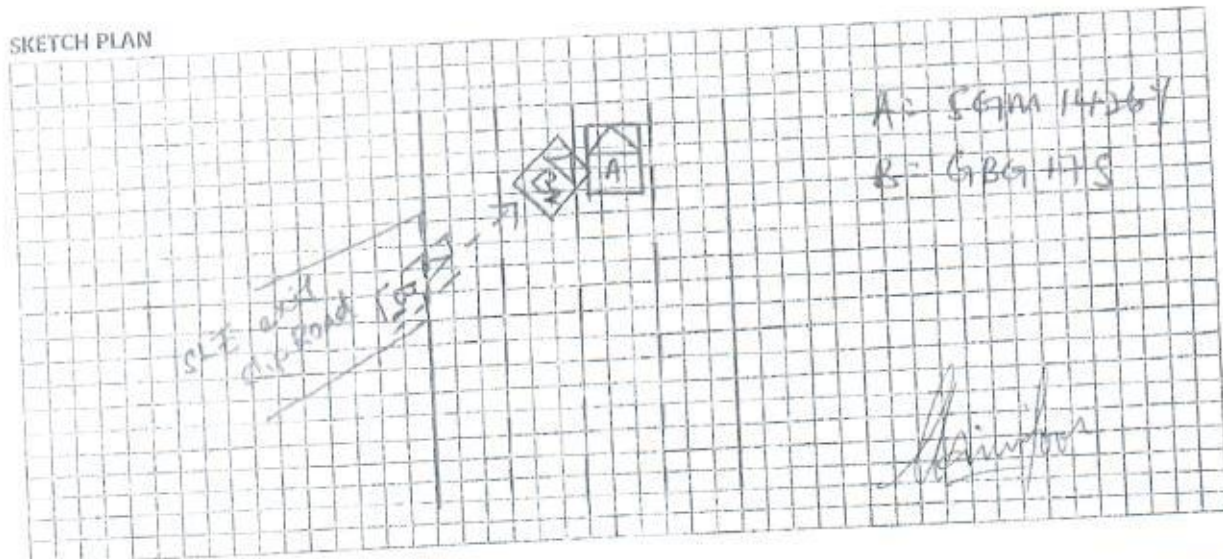
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along 2nd lane on Mandai Road towards Thomson Road. Vehicle B from SLE exit slip road cut across two lanes and suddenly swerve into my lane, causing damage to my vehicle's left side.

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 | 14/04/2018 | (DD/MM/YY) |
| Time of accident | 10:50 | (HH:MM) |
| Exact location of accident | Mandai Road towards Thomson Road at SLE Exit. | |

DETAILS OF VEHICLE

| | | | |
|--|---|--|---|
| Vehicle registration number | SGM 1426Y | | |
| Vehicle make and model | Honda Civic | | |
| pe 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 | Private | | |
| 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 | SD73791997-02 | | |
| Type of policy | Comprehensive <input type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

INSURED / POLICY HOLDER

| | | |
|------------------------------|---|--|
| Name | CHAI YOON THONG | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S1850652A | |
| Contact | 9221 9405 | |
| Address | 42, Boon Teck Rd, #13-01, S'pore 329609 | |

DRIVER

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

| | | |
|------------------------------|---|--|
| Name | CHAI WU LUN (CAI WEI LUN) | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S7720147E | |
| Contact | 83666065 | |
| Address | APT. BLK 10C, BENDAMBER ROAD, #04-131 S'pore 333010 | |
| Email address | | |
| Date of birth | 23.07.1977 | |
| Occupation | Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> | |
| Driving date pass | 16.10.2008 | |

GENERAL INFORMATION OF THE ACCIDENT

| | | |
|--|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If no, relationship of the driver and insured: <u>Father & Son</u> |
| Accident captured by camera? | Yes <input 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 | <u>03</u> | (Inclusive of driver) |

PASSENGER 1

| | |
|--------|--|
| Name | <u>Chong Yote Lan</u> |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

PASSENGER 2

| | |
|--------|--|
| Name | <u>Leong Jazmin</u> |
| Gender | Male <input type="checkbox"/> Female <input checked="" 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 | G B G 17 S |
| Vehicle make model | Ford Ranger |
| Name | Tan Jin Ping |
| NRIC / Fin / Passport number | S1814751C |
| Contact | 81180707 |

| 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"/> |

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7720147E



CHAI WUI LOON
(CAI WEILUN)

蔡維倫

Race
CHINESE

Date of birth
23-07-1977 M

Country of birth
SINGAPORE

S7720147E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7720147E
Name:

CHAI WUI LOON
(CAI WEILUN)

Expiry Date: 23 Jul 1977

Issue Date: 16 Oct 2006



NRIC No: S7720147E



Date of Birth
17-08-2007

APT BLK 10C BENDEMEER ROAD #14-131
SINGAPORE 333010

NRIC No: S7720147E

Date: 30/05/2017

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

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 16 Oct 2006

NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5073791997-02

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SGM1426Y |
| Chassis Number | : JHMFD46206S200271 |
| 2. Name of Policyholder | : CHAI YOON THONG |
| 3. Effective Date of Insurance | : 10 Oct 2017 |
| 4. Expiry Date of Insurance | : 09 Oct 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |

6. Limitations as to Use#
- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's 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) | : S\$600 |
| 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 | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : CHAI YOON THONG |
| NAMED DRIVER (1) | : CHAI WUI LOON |
| NAMED DRIVER (2) | : CHAI PEI YUEN |
| HIRE PURCHASE COMPANY | : N/A |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : GOH MOU TU JENNY (00000585726)
Date of Issue : 31 Aug 2017 17:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

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="checkbox"/> | 5073791997-02 | CHAI YOON THONG | S1850652A | GPC | drive CLASSIC | SGM1426Y | SGM1426Y | 10/10/2017 | 09/10/2018 |

Claim Handling

Accident MT/0990926

| | | | | | |
|---|---|-------------------------------|---|------------------------|-----------------------------|
| Policy No. | 5073791997-02 | Vehicle No. | SGM1426Y | GST Registration No. | |
| Policyholder Name | CHAI YOON THONG | Cover Type | drive CLASSIC | Policyholder NRIC | S1850652A |
| Product Code | PRIVATE CAR INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | 92219405 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | <input type="radio"/> No <input checked="" type="radio"/> Yes | eCode | No |
| KFK | <input type="radio"/> No <input checked="" type="radio"/> Yes | NCD Entitlement(%) | 50 | eCode Reason | |
| NCD Protection | Yes | | | Private Hire | No |
| ▼ Accident Details | | | | | |
| Report Date | 18/04/2018 16:06 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Major Minor Roa |
| Date of Accident | 14/04/2018 | Time of Accident hh:mm | 10:50 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | MANDAI RD TWDS THOMSON RD AT SLE EXIT | | | | |
| ▼ Benefits | | | | | |
| ▼ Excess | | | | | |
| Own damage Excess | 600.00 | Additional Excess | 0.00 | Windscreen Excess | 1 |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 600.00 | | |
| 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 | 42 BOON TECK ROAD | Address 2 | #13-01 BOON TECK APARTMEN | Address 3 | SINGAPORE 329609 |
| Address 4 | * | Address Type | Singapore address | Post Code | 329609 |
| Unit No. | 13-01 | Related Policy Number | 5073791997-02 | | |
| ▼ OI Driver Info | | | | | |
| Driver Name | Chai Wui Loon | Driver Type | Named Driver | Driver DOB | 23/07/1977 |
| Unnamed driver Name | | Driver NRIC | 57720147E | Driving Experience | 16 |
| Register Date of Driver License | 10/10/2001 | Driver Age | 40 | Contact No.(Home) | |
| Contact No.(Mobile) | 83666065 | Contact No.(Office) | | Address 3 | BENDEMEER LIGHT |
| Address 1 | BLK 10C #14-131 | Address 2 | BENDEMEER ROAD | Post Code | 333010 |
| Address 4 | SINGAPORE 333010 | Address Type | Singapore address | | |
| Unit No. | 14-131 | | | | |
| 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 type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Modification History | | | | | |

Claim 001

New

| | | | | | |
|---|----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | CHAI YOON THONG | Insured NRIC | S1850652A |
| Contact No.(Mobile) | 92219405 | Contact No.(Home) | 62555915 | Contact No.(Office) | |
| Email Address | ytchai@spanco.com | OI Vehicle Number | SGM1426Y | TP Vehicle Number | GBG175 |
| Claim Description | SGM1426Y / GBG175 ON 14 Apr 2018 | | | | |
| Preferred Workshop Contact No. | 0 | Insured Liability * | Not at Fault | Name of Preferred Workshop | 0 |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 18/04/2018 16:09 | Claim Close Date | | Date Received | 18/04/2018 00:00 |
| Report Taken By | LIEW SHAN HUI | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |
| <input type="button" value="Save"/> <input type="button" value="Submit"/> | | | | | |

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/0990926 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 18/04/2018 16:10 |
| Path * | | | |
| Choose File | No file chosen | Category * | Confidential |
| Choose File | No file chosen | Urgency * | Normal |
| Choose File | No file chosen | | |

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Sen

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|------------|--|-----------------------|---------|---------------------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2018 16:10 | NRJC/ Driving License | Normal | NRJC/ Driving License 2018-4-18 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2018 16:10 | SAS | Normal | SAS 2018-4-18 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2018 16:10 | Photos | Normal | Photos 2018-4-18 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2018 16:10 | Photos | Normal | Photos 2018-4-18 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2018 16:09 | Photos | Normal | Photos 2018-4-18 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2018 16:09 | Photos | Normal | Photos 2018-4-18 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2018 16:09 | Photos | Normal | Photos 2018-4-18 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2018 16:09 | Photos | Normal | Photos 2018-4-18 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2018 16:09 | Photos | Normal | Photos 2018-4-18 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Apr 2018 16:09 | Photos | Normal | Photos 2018-4-18 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|--|--------|
| | | <div>Display in New Window</div> <div>Scan and uploading</div> | |