

NATIONAL Assessment Centre Services [wef 1 Jan'05] MN A 18 05 9338

Date In: 7/5/18-17:32	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18008349/24	SAS e-filing		
Veh No: ABC14JCL	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/5/18-16:30	i-Motor Claim Form	MT/0993341-001	7/5/18 2:06
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: 5658226X INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:-

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
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		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1)*		
	*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 (N11 INC) against INC \$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 willful 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	07/05/2018 17:32
Date Of Accident	05/05/2018 16:30
Exact Location Of Accident	PIE (TUAS) AFTER KALLANG BAHRU EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1425L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	H&H AUTO SERVICING
Co Reg No	53293425C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	FIAT
Model	FIORINO 1.3MJTD (225.2L20)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5096927851
Cover Note Number	

### Driver

Name of Driver	NG KON KOK
NRIC No	S0018906E
Date Of Birth	05/02/1949
Occupation	OUTDOOR
Date Of Driving Pass	09/02/1998
Driving Experience	20 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81179261
Fax Number	
Contact Number	OFFICE-81179261
EMail Address	NOEMAIL

Address BLK 492F TAMPINES STREET 45  
#12-702

Postcode 526492

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -  
-  
-

Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR

Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3

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) 2

Passenger 1 NAME: : DUONG THI MAI HUONG  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name EUNOS NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180507/2060.

#### 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 SLS8226X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 2  
Passenger 1

NAME: :  
GENDER: :

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLP1671E  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

#### DETAILS OF INJURED PERSON 1

Name NG KON KOK  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBC1425L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name DUONG THI MAI HUONG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBC1425L  
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.

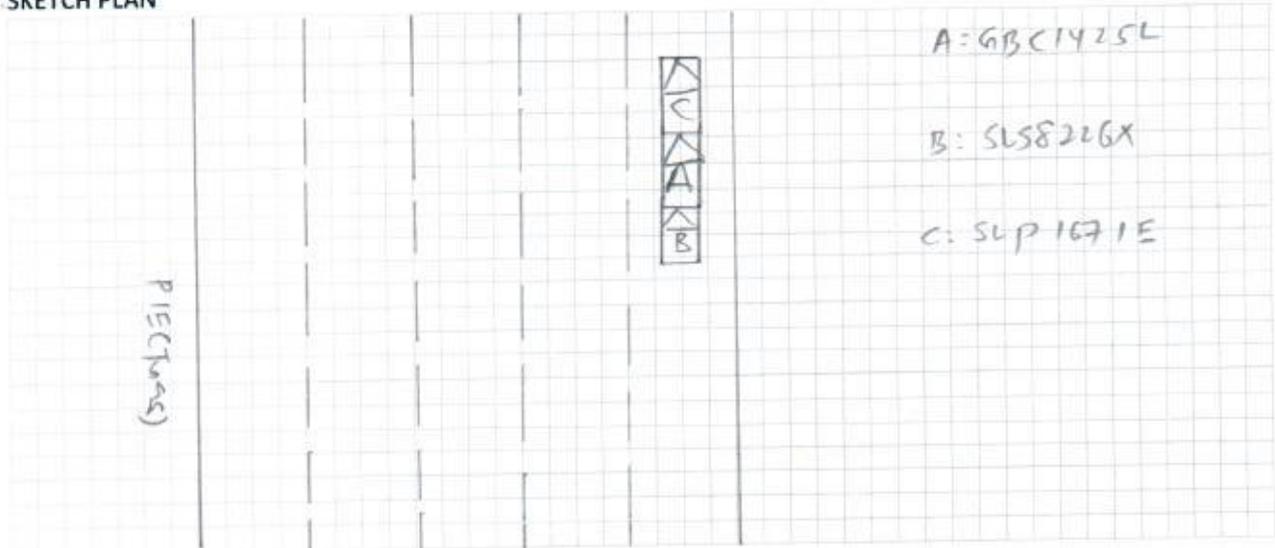


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180507/2060.

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: 5 / 5 / 18 (DD/MM/YYYY), TIME: 16:30 (HH:MM)

LOCATION: PIE LTA 95) after Kallang Bahon Exit

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4 GBC1425L  
b) INSURANCE COMPANY: NJC  
c) POLICY NUMBER: 5096927851  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Working  
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: H&H Auto Servicing (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: 53293425E CONTACT: \_\_\_\_\_  
C) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: Ng Kin Lok (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S0018906E CONTACT: 81179261  
c) ADDRESS: Blk 492F Tampines St 45 # 12-202 (526492)

\*d) DATE OF BIRTH: ( / / ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 9/2/1998

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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

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

## 6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SL58226X MODEL: \_\_\_\_\_ \*No of passen  
b) DRIVER'S NAME: \_\_\_\_\_ (including dr  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_ (2)

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLP1671E MODEL: \_\_\_\_\_ \*No of passi  
e) DRIVER'S NAME: \_\_\_\_\_ (including d  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_ (7)

Email = hh.auto.servicing@gmail.com

Fax = 6384 7231



**SINGAPORE  
POLICE FORCE**



T/20180507/2060

1 of 4

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20180507/2060

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/05/2018 13:37	Vide Report No.:	Station Diary No.: 32
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Informant's Particulars			
Name of Informant: NG KIN KOK		Address: APT BLK 492F TAMPINES STREET 45 #12-702 SINGAPORE 526492	
ID Type / ID No.: NRIC NO / S0018906E		Contact No.: Home/Office:	Mobile: 81179261
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 69	Date of Birth: 05/02/1949	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: DELIVERY		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/05/2018 16:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Along Pan Island Expressway (PIE) towards Tuas after Kallang Bahru before 12.5km				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two 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
GBC1425L	Van	FIAT	FIORINO	Blue	Seriously Damaged	1
SLP1671E	Car	HONDA	FREED	Silver	Slightly Damaged	0
SLS8226X	Car	HONDA	VEZEL	Gold	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20180507/2060

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Report No. T/20180507/2060

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	DUONG THI MAI HUONG	ID No.	S7965449C
Related Vehicle	GBC1425L (Van)	Contact No.	86062728
Hospital/Clinic	FINEST HEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	NG KIN KOK	ID No.	S0018906E
Related Vehicle	GBC1425L (Van)	Contact No.	81179261
Hospital/Clinic	FINEST HEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	07/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	NEO CHIN CHYE	ID No.	S8518752Z
Related Vehicle	SLP1671E (Car)	Contact No.	98898261
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



**SINGAPORE  
POLICE FORCE**



T/20180507/2060

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Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20180507/2060

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	ONG JUN KAI SIMON	ID No.	S8637709H
Related Vehicle	SLS8226X (Car)	Contact No.	98327045
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details:**

On the 05/05/2018 at about 1630hrs, I was driving my vehicle bearing registration GBC1425L along Pan Island Expressway (PIE) towards Tuas. After Kallang Bahru exit, the vehicle bearing registration SLP1671E in front of me stopped as the traffic was heavy. I then slowed down and completely stopped my vehicle and all of a sudden, I felt a bang on the rear of my vehicle and my vehicle surged forward and collided on the vehicle in front of me. I then came out from my vehicle to make a check on my vehicle and I discovered that one car bearing registration number SLS8226X had collided onto the rear of my vehicle. No one was conveyed during the said accident. The car in front of me and the car that collided onto my rear was still able to drive off.

All parties then took photos of the damages and the accident and all of us took particulars of each other and left the location as not to obstruct the traffic flow. The rear of my vehicle was badly damaged and could not start after the impact. EMAS recovery assisted me to tow my vehicle to the nearest heavy vehicle car park. After the accident, on the 07/05/2018, my passenger and I felt pain and both of us went to the Finest Health Medical Centre and both of us was given 5 days of medical leave.

I wish to state that during the time of accident, there was no government property was damaged.



**SINGAPORE  
POLICE FORCE**



T/20180507/2060

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Report No. T/20180507/2060

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

**CONTINUATION OF REPORT**

**Sketch Plan**

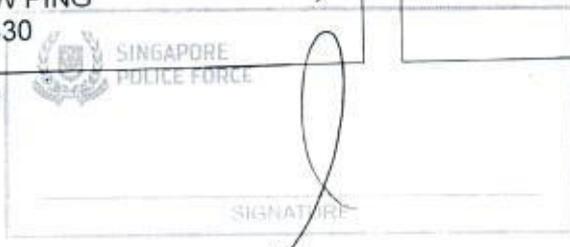
Informant is not able to provide sketch plan

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: G / Sgt 2 SHAHRIN AZHAR BIN JUMADI	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	

Signature Of Informant: 
Date/Time: 07/05/2018 13:37
Classification Of Case:

Authentication Stamp  
NP168



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0018906E



Name  
NG KIN KOK

黄金国

CHINESE

Date of Birth: 05-02-1949 Sex: M

Country of Birth: SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0018906E

Name: NG KIN KOK

Birth Date: 05 Feb 1949

Issue Date: 13 Feb 2003




2451820



NRIC No. S0018906E



Blood Group: A+ Date of issue: 04-10-1994

APT BLK 402F YAMPINES STREET 45 #12-702  
SINGAPORE 526492

NRIC No. S0018906E Date: 12/12/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	30 May 1968
Class 2A	Motorcycles between 201 CC and 400 CC	30 May 1968
Class 2	Motorcycles > 400 CC	30 May 1968
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	09 Feb 1978

S0018906E

S / No. 9000192425

NP 429A

Licence No. S0018906E



Hello, NAC\_PAYA\_UBI\_800601

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[Change Password](#)
[Log Out](#)

[My Desktop](#)  
[Notice of Loss](#)

**Policy Query**

Policy No.  Date of Accident

Vehicle No.(For Motor)

**Search**

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096927851	H&H AUTO SERVICING	53293425C	GCV	Third Party	GBC1425L	GBC1425L	22/12/2017	14/07/2018

**Continue**

**Policy Information**

Policy No.	5096927851	Policyholder Name	H&H AUTO SERVICING	Policyholder NRIC	53293425C
Address	25 KAKI BUKIT ROAD 4 #07-47 SYNERGY @ KB SINGAPORE 417800				
Product Name	COMMERCIAL VEHICLE INSURAI Plan	Group Policy Flag	N		
Policy issue Date	22/12/2017	Effective Date	22/12/2017 00:00	Expiry Date	14/07/2018 23:59
Excess Type	All Claim Excess	Own damage Excess	0	Windscreen Excess	0
Third Party Excess	0	OS Premium	0	<b>Young/Inexperience Driver Excess</b>	
Additional Excess	OS Premium	0			
Outside Singapore OD Excess	Outside Singapore TP Excess				
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	25 KAKI BUKIT ROAD 4	Address 2	#07-47 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 4		Address Type	Singapore address	Post Code	417800
Unit No.	07-47	Related Policy Number	5096927851		

**Insured Object: GBC1425L**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Exit

Claim Handling

Accident MT/0993341

Policy No.	5096927851	Vehicle No.	GBC1425L	GST Registration No.	
Policyholder Name	H&H AUTO SERVICING	Cover Type	Third Party	Policyholder NRIC	S3293425C
Product Code	COMMERCIAL VEHICLE INSUR	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	0	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	No
<b>Accident Details</b>			Accident Type	Chain Collision	
Report Date	07/05/2018 21:04	Time of Accident (hh:mm)	16:30	Country of Accident	Singapore
Date of Accident	05/05/2018	Orange Force		ICM No.	
Reporting Centre		Accident Location	PSE (TUAS) AFTER KALLANG BAHRU EXIT		
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	25 KAKI BUKIT ROAD 4	Address 2	#07-47 SYNERGY @ KB	Address 3	SINGAPORE 417800
Address 4		Address Type	Singapore address	Post Code	417800
Unit No.	07-47	Related Policy Number	5096927851		

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/02/1949
Unnamed driver Name	NG KON KOK	Driver NRIC	S00189066	Driving Experience	20
Register Date of Driver License	09/02/1998	Driver Age	69	Contact No. (Home)	0
Contact No. (Mobile)	81179261	Contact No. (Office)	0	Address 3	SINGAPORE 526492
Address 1	BLK 492F	Address 2	TAMPINES STREET 45	Post Code	526492
Address 4		Address Type	Singapore address		
Unit No.	12-702			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.			

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	H&H AUTO SERVICING	Insured NRIC	S3293425C
Contact No. (Mobile)	98373533	Contact No. (Home)		Contact No. (Office)	N/L
Email Address		O1 Vehicle Number	GBC1425L	TP Vehicle Number	SLS8226X
Claim Description	GBC1425L / SLS8226X ON 5 May 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	07/05/2018 21:06	Claim Close Date		Date Received	07/05/2018 00:00
Report Taken By	Jackson				

Save Submit

Attachment

Accident No.	MT/0993341	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/05/2018 21:08

Category *	Confidential	Urgency *	Description *
<input type="text" value=""/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
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<input type="text" value=""/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>

Send Message Upload

Attachment List

