

NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA 11806001

Date In: 9/5/18-16:40	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008515/24	SAS e-filing		
Veh No: SGT 884B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A.: 8/5/18-16:30	i-Motor Claim Form	MT/0995713-001	9/5/18 18:52
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKA5964A	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1802958	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add'l Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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	09/05/2018 16:40
Date Of Accident	08/05/2018 16:30
Exact Location Of Accident	ALONG CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT5804B
Insured/Policyholder	
Name Of Registered Owner	TOH HUI LEONG
NRIC No	S9048049I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83823143
Alternative Phone No	OFFICE-83823143

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 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	5099315568
Cover Note Number	

Driver

Name of Driver	TAN HUI KAI, MARCUS IAN
NRIC No	S9429604H
Date Of Birth	15/08/1994
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91714833
Fax Number	
Contact Number	OFFICE-91714833
EMail Address	NOEMAIL

Address	BLK 5 HAIG ROAD #10-473
Postcode	430005
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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: : TOH HUI LEONG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180508/7023.

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	SKA5964A
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)
Passenger 1

2
NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PA8191J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category BUS
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 INJURED PERSON 1

Name TOH HUI LEONG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGT5804B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TAN HUI KAI, MARCUS IAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SGT5804B
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.

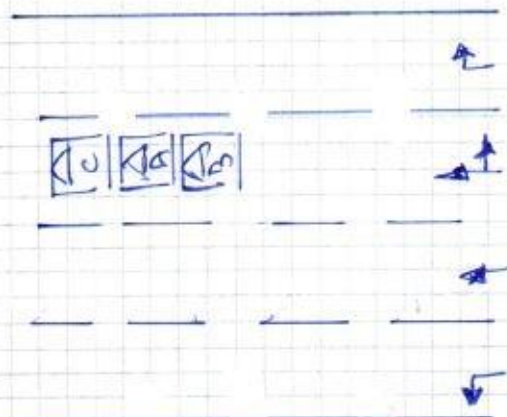

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

vehicle A: SG75804B
vehicle B: SKA5964A
vehicle C: PA8191J.



Along Chuan Chuan Kang Way Junction.


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I vehicle 'A' was stopped stationary at the stated scene. Suddenly vehicle 'B' ~~that~~ hit into my vehicle rear portion. The great impact cause my vehicle ~~stop~~ to propel & hit into vehicle 'C'. I wish to stated that my vehicle was stationary " at the point of time.

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: (08 / 05 / 2018) (DD/MM/YYYY), TIME: (16 : 30) (HH:MM)

LOCATION: Choa Chua Kang Way Junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 85T5804B
 b) INSURANCE COMPANY: NTUL
 c) POLICY NUMBER: 509931558
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Altis
 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: Tan Hui Leong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 89058049T CONTACT: 82823143
 c) ADDRESS: Blk 526 Hongkong Ave 6 #10-1149 Singapore 530526

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Hui Kai; Martin Ian (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 89479604H CONTACT: 91714833
 c) ADDRESS: Blk 5 Haig Road #10-1473 Singapore 430065

*d) DATE OF BIRTH: (15 / 08 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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

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: MODEL: 8SKA5964A
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL: 8PA8191J
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
 (including driver)
 (02)

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

Email = rico60auto services@gmail.com

fax = 6286 7060



Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180508/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2018 23:55		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TOH HUI LEONG			Address: APT BLK 526 HOUGANG AVENUE 6 #10-149 SINGAPORE 530526		
ID Type / ID No.: NRIC NO / S9048049I			Contact No.: Home/Office:		Mobile: 83823143
Nationality: SINGAPORE CITIZEN			Email: daryltoh@hotmail.sg		
Sex: Male	Age: 27	Date of Birth: 15/12/1990	Type of Informant: Passenger		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Salesperson (door-to-door)			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/05/2018 04:30	Type of Location: X-Junction
Location: CHOA CHU KANG WAY Choa Chu Kang Way Junction after KJE Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
PA8191J	Bus/Coach/Minibus	TOYOTA		White	Slightly Damaged	1
SGT5804B	Car	TOYOTA	ALTIS 1.6A	Silver	Seriously Damaged	1
SKA5964A	Car	VOLKSWAGEN		Black	Slightly Damaged	1



Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180508/7023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN HUI KAI MARCUS IAN	ID No.	S9429604H
Related Vehicle	SGT5804B (Car)	Contact No.	91714833
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/05/2018	Date Discharge	08/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	TOH HUI LEONG	ID No.	S9048049I
Related Vehicle	SGT5804B (Car)	Contact No.	83823143
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/05/2018	Date Discharge	08/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 08/05/2018 at around 1630 hrs,

I was about to exit KJE, travelling towards Choa Chu Kang Way.

At the junction, the vehicle in front of me slowed down and stopped as it was a red light, hence I followed suit and came to a complete stop.

Suddenly I felt a huge impact coming from the rear and the great impact forced my vehicle (SGT 5804 B) to move in front and collided into the

vehicle (PA 8191 J) in front of me.

I alighted and made a check, and realised it was another car bearing the registration plate (SKA 5964 A) that collided into my rear portion of my

vehicle,

Causing damages to my rear bumper, boot cover, tail-lights, front bumper and bonnet.

We exchanged particulars and decided to report to our own insurance company.



**SINGAPORE
POLICE FORCE**



T/20180508/7023

3 of 4

Report No. T/20180508/7023

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

After everything, me and my driver felt pain in our neck, shoulder, back and calf area,

Thus we went to CENTRAL 24HR CLINIC(HOUGANG) to consult a doctor,

And was given 3 days of MC each.

I have a in car camera at the point of time of accident.

I am the owner of the vehicle but my friend was driving.



**SINGAPORE
POLICE FORCE**



T/20180508/7023

4 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180508/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Authentication Stamp
NP168

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

Date/Time:
08/05/2018 23:55

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9429604H**
Name: **TAN HUI KAI, MARCUS IAN**

Birth Date: **15 Aug 1994**
Issue Date: **23 Mar 2018**



 002786214E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9429604H**



Name
TAN HUI KAI, MARCUS IAN

陳 輝 愷

Race
CHINESE

Date of birth
15-08-1994

Sex
M

Country of birth
SINGAPORE







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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 23 Mar 2018

NP 428A



Licence No: S9429604H



433621



NRIC No: S9429604H

Date of issue
09-01-2009

Address

APT BLK 5 HAIG ROAD
#10-473
SINGAPORE 430005

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S90480491



Name

TOH HUI LEONG
(ZHUO HUILIANG)

卓 輝 良

Race

CHINESE

Date of birth

15-12-1990

Sex

M

Country of birth

SINGAPORE

S90480491

3811628



NRIC No. S9048049I



Date of issue
15-12-2005

Address

APT BLK 526 HOUGANG AVENUE 6
#10-149
SINGAPORE 530526

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: 5099315568

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SGT5804B**
Chassis Number : **MR053ZEC107141674**
2. Name of Policyholder : **TOH HUI LEONG**
3. Effective Date of Insurance : **18 Apr 2018**
4. Expiry Date of Insurance : **17 Apr 2019**
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TOH HUI LEONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (S) PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : THONG LEE TRADING PTE LTD (00000613251)

Date of Issue : 10 Apr 2018 15:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099315568	TOH HUI LEONG	S9048049I	GPC	drive CLASSIC	SGT5804B	SGT5804B	18/04/2018	17/04/2019

Continue

Policy Information

Policy No.	5099315568	Policyholder Name	TOH HUI LEONG	Policyholder NRIC	S90480491
Address	BLK 526 #10-149 HOUGANG AVENUE 6 SINGAPORE 530526				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	10/04/2018	Effective Date	18/04/2018 00:00	Expiry Date	17/04/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	THONG LEE TRADING PTE LTD	Agent Tel.	62569655	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 526 #10-149	Address 2	HOUGANG AVENUE 6	Address 3	SINGAPORE 530526
Address 4		Address Type	Singapore address	Post Code	530526
Unit No.	10-149	Related Policy Number	5099315568		

Insured Object: SGT5804B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Exit

Claim Handling

Accident MT/0993713

Policy No.	5099315568	Vehicle No.	SGT58048	GST Registration No.	
Policyholder Name	TOH HUI LEONG	Cover Type	drive CLASSIC	Policyholder NRIC	S90480491
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	83823143	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode	h
KPK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	09/05/2018 18:49	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	08/05/2018	Time of Accident h:mm	18:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CHUA CHU KANG WAY				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	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		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 525 #10-149	Address 2	HOUANG AVENUE 6	Address 3	SINGAPORE 530526
Address 4		Address Type	Singapore address	Post Code	530526
Unit No.	10-149	Related Policy Number	5099315568		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	15/08/1994
Unnamed driver Name	TAN HUI KAI, MARCUS JIAN	Driver NRIC	S9429604H	Driving Experience	0
Register Date of Driver License	23/03/2018	Driver Age	23	Contact No. (Home)	0
Contact No. (Mobile)	91714833	Contact No. (Office)	0	Address 3	HAIQ VIEW
Address 1	BLK 5	Address 2	HAIQ ROAD	Post Code	430005
Address 4	SINGAPORE 430005	Address Type	Singapore address		
Unit No.	10-473				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	TOH HUI LEONG	Insured NRIC	S90480491
Contact No. (Mobile)	83823143	Contact No. (Home)		Contact No. (Office)	
Email Address		OI Vehicle Number	SGT58048	TP Vehicle Number	SKA5964A
Claim Description	SGT58048 / SKA5964A ON 8 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	09/05/2018 18:52	Claim Close Date		Date Received	09/05/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0993713	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/05/2018 18:54

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

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Attachment List

<http://giclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do>