

NATIONAL Assessment Centre Services. (wef 1 Jan 09) MNA18060432

Date In: 9/5/18-14:13	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18008522/24	SAS e-filing		
Veh No: JX 6903E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A.: 8/5/18-10:45	i-Motor Claim Form	MT/0993716-001	9/5/18 19:35
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: JY4395J 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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Client's Particulars:-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st 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		
	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 (N-in 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 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	09/05/2018 14:13
Date Of Accident	08/05/2018 10:45
Exact Location Of Accident	PIE (TUAS) BEFORE ADAM RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX6903K
Insured/Policyholder	
Name Of Registered Owner	ELISABETH SERENE LIM
NRIC No	S8130271E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90992533
Alternative Phone No	OFFICE-90992533

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA8 2.3L 5EAT
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	5098697696
Cover Note Number	

Driver

Name of Driver	STANLEY LEE DE SHUN
NRIC No	S8209180G
Date Of Birth	01/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	28/09/2004
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90992533
Fax Number	
Contact Number	OFFICE-90992533
Email Address	NOEMAIL

Address BLK 507 JELAPANG ROAD
 #16-14
 Postcode 670507
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 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: : BRAVEN LEE YONG ZHI
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8929999 - FAX NO: 67673650
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180508/2169.

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 SJY4395J
 Vehicle Make/Model/Colour TOYOTA
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver SNG YEOW KHUAN
 NRIC/Passport Number S7537821A
 Contact Number 96789236
 Address
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKE8547E
Vehicle Make/Model/Colour HONDA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver JIANG YONGRRUI
NRIC/Passport Number S7863397B
Contact Number 92376499

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name STANLEY LEE DE SHUN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJX6903K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name BRAVEN LEE YONG ZHI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJX6903K
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

PIE TOWARDS THAS. 300m Before ADAM EXIT.



A = SJX6903K
B = SJY4395J
C = SKE8547E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 5 / 2018) (DD/MM/YYYY), TIME: (10 : 45) (HH:MM)

LOCATION: PIE towards Tuas, 300m before Adam Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJY 6903K
b) INSURANCE COMPANY: NTUC Income Insurance
c) POLICY NUMBER: 5098697696
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mazda / 8
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private use
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: Elisabeth Serene Lim (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2130231E CONTACT: 90992533
c) ADDRESS: BK 507 Jelapang Rd #16-14 S670507

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Stanley Lee De Shun (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S22091809 CONTACT: _____
c) ADDRESS: BK 507 Jelapang Rd #16-14 S670507

*d) DATE OF BIRTH: (01 / 04 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 14

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

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: Bukit Panjang N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJY 4395 J MODEL: Toyota
b) DRIVER'S NAME: Sng Yeow Khuan
c) NRIC/FIN/PASSPORT: S7537821A CONTACT: 96789236

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: ske 8547 E MODEL: Honda
e) DRIVER'S NAME: Jiang Yongrui
f) NRIC/FIN/PASSPORT: S7863397 B CONTACT: 92376499

* No of passengers
(including driver)
()

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = ric060autoservices@gmail.com

fax = 6286 1060



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180508/2169

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX6903K	NTUC Income Insurance Co-Operative Limited			

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

Driver			
Name	STANLEY LEE DE SHUN	ID No.	S8209180G
Related Vehicle	SJX6903K (Car)	Contact No.	90992533
Hospital/Clinic	GLENEAGLES HOSPITAL	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	NIL

Driver			
Name	SNG YEOW KHUAN	ID No.	S7537821A
Related Vehicle	SJY4395J (Car)	Contact No.	96789236
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver			
Name	JIANG YONGRUI	ID No.	S7863397B
Related Vehicle	SKE8547E (Car)	Contact No.	92376499
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



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 4
Report No. T/20180508/2169

CONTINUATION OF REPORT

Brief Details.

On 08/05/2018 at 1045hrs, I was driving in my vehicle bearing the registration number SJX6903K along PIE towards Tuas. My son namely Braven Lee Yong Zhi T0527232C was seated at the front passenger seat at that point of time. The traffic was moderate and I was driving at the second lane from the right. Just 300m before Adam Road exit, the traffic started to slow down due to the road work on the very first lane. As such, I also decelerated. Shortly, I felt a very big impact from the rear.

After the accident, I alighted from my vehicle and realized that it was a chain collision involving 3 vehicles. The vehicle bearing the registration number SJY4395J had collided into me and the impact was so big that their air bags were being deployed. The third vehicle bearing the registration number SKE8547E then collided into the second vehicle.

No one was injured at that point of time. No government property was involved. Traffic Road Marshal was at scene. Particulars were exchanged. There is a car in-built camera installed in my vehicle that had captured the whole accident.

After the accident, my son and I went to Gleneagles Hospital for a check-up and were given 3 days of MC. Due to the impact, my son and I felt pain on all over our body.



**SINGAPORE
POLICE FORCE**



T/20180508/2169

4 of 4

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180508/2169

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:

J/
Staff Sgt KOH HONG CHIN, STANLEY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/05/2018 20:50

Officer In Charge Of Case:

TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Classification Of Case:

SN 117

Authentication Stamp

NP168

Singapore Police Force



SINGAPORE ARMED FORCES IDENTITY CARD

Name

**STANLEY LEE DE
SHUN**



NRIC No

S8209180G

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.



ADDRESS: APT BLK 507 JELAPANG ROAD #16-14
SINGAPORE 670507 DATE: 24.01.2014 S8209180G

Address

REGULAR
Service Status

01/04/1982
Date Of Birth

CHINESE
Race

S8209180G/PINK
NRIC No/Colour

WOSE
Military Rank Status

SINGAPORE
Country Of Birth

A (+)
Blood Group

M
Sex

0000050081819

V100671081208

4 8 6 4 4 0 6



IRIC No. S8130271E



Date of Issue
01-08-2012

APT BLK 507 JELAPANG ROAD #18-14
SINGAPORE 970507

S8130271E 03/01/2014

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8130271E




Name
ELISABETH SERENE LIM

林雨嫻

Race
CHINESE

Sex
F

Date of birth
17-10-1981

Country of birth
SINGAPORE

S8130271E

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	22 Mar 2004
Class 2A Motorcycles between 201 cc and 400 cc	15 Apr 2006
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	28 Sep 2004

NP 426A

License No: S8209180/G



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S8209180 G

STANLEY LEE DE SHUN

Birth Date: 01 Apr 1962

Issue Date: 16 May 2011



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: 5098697696

Cover : drivo CLASSIC

- | | |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJX6903K |
| Chassis Number | : JM6LY103200200690 |
| 2. Name of Policyholder | : ELISABETH SERENE LIM |
| 3. Effective Date of Insurance | : 10 Mar 2018 |
| 4. Expiry Date of Insurance | : 09 Mar 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	: ELISABETH SERENE LIM
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : AURIC INSURANCE AGENCY PTE. LTD. (00000572648)
Date of Issue : 12 Mar 2018 13:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5098697696	ELISABETH SERENE LIM	S8130271E	GPC	drivo CLASSIC	SJX6903K	SJX6903K	10/03/2018	09/03/2019

Continue

▼ Policy Information

Policy No.	5098697696	Policyholder Name	ELISABETH SERENE LIM	Policyholder NRIC	S8130271E
Address	BLK 507 #16-14 JELAPANG ROAD SINGAPORE 670507				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	12/03/2018	Effective Date	10/03/2018 00:00	Expiry Date	09/03/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	880.00		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	AURIC INSURANCE AGENCY PTE Agent Tel.			GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 507 #16-14	Address 2	JELAPANG ROAD	Address 3	SINGAPORE 670507
Address 4		Address Type	Singapore address	Post Code	670507
Unit No.		Related Policy Number	5098697696		

Insured Object: SJX6903K

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

[Exit](#)

Claim Handling

The premium on this policy has not been collected.

Accident HT/0992716

Policy No.	5098697696	Vehicle No.	SJX6903K	GST Registration No.	58130271E
Policyholder Name	ELISABETH SERENE LIM	Cover Type	drive CLASSIC	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Contact No. (Home)	0
Contact No. (Mobile)	90992533	Special Remark		eCode	71
Email Address		TGA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	09/05/2018 19:30	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	08/05/2018	Time of Accident h:mm	10:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (TUAS) BEFORE ADAM RD EXIT				

Benefits

Excess

Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	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 507 #16-14	Address 2	3ELAPANG ROAD	Address 3	SINGAPORE 670507
Address 4		Address Type	Singapore address	Post Code	670507
Unit No.		Related Policy Number	5098697696		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/04/1982
Unnamed driver Name	STANLEY LEE DE SHUN	Driver NRIC	S6209180G	Driving Experience	13
Register Date of Driver License	28/09/2004	Driver Age	36	Contact No. (Home)	0
Contact No. (Mobile)	90992533	Contact No. (Office)	0	Address 3	SINGAPORE 670507
Address 1	BLK 507	Address 2	3ELAPANG ROAD	Post Code	670507
Address 4		Address Type	Singapore address		
Unit No.	16-14	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> 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	ELISABETH SERENE LIM	Insured NRIC	58130271E
Contact No. (Mobile)	90621211	Contact No. (Home)	66480160	Contact No. (Office)	
Email Address	xormj@yahoo.com.sg	O1 Vehicle Number	SJX6903K	TP Vehicle Number	SJY4395J
Claim Description	SJX6903K / SJY4395J ON 8 May 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	08/05/2018 00:00
Date Registered	08/05/2018 19:35	Claim Close Date			
Report Taken by	Jackson				

Print AK letter

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Attachment

Accident No.	HT/0992716	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/05/2018 19:37

Path *	Category *	Confidential	Urgency *	Description *
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Send Message [Upload](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Serit? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:36	SAS	Normal	SAS 2018-5-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:36	Photos	Normal	Photos 2018-5-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:36	Photos	Normal	Photos 2018-5-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:36	Photos	Normal	Photos 2018-5-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:36	Photos	Normal	Photos 2018-5-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:36	Photos	Normal	Photos 2018-5-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:35	Photos	Normal	Photos 2018-5-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:35	Photos	Normal	Photos 2018-5-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:35	Photos	Normal	Photos 2018-5-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:35	Photos	Normal	Photos 2018-5-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:35	Photos	Normal	Photos 2018-5-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:35	Photos	Normal	Photos 2018-5-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:35	Photos	Normal	Photos 2018-5-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:35	Photos	Normal	Photos 2018-5-9		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2018 19:35	Photos	Normal	Photos 2018-5-9		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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