

# NATIONAL Assessment Centre Services. (Unit 1 1/1/2009)

Date In: 30/5/2018 13:54

Ref No: NA/INC18009707/K4

Veh No: SKC 7248K

D.O.A: 29/05/2018 13:00

OD: TP Reporting Only

TP Insured:

Job description	Date & Time Completed	Done by
SAY e-tiling		
Drill (within 3hrs, also this)		
1-Motor Claim Form	MT/0996562	31/5/18 09:58
1-Motor VVO (within 100 miles, 1st time)		
1-Photo Uploaded		
Assessment/Survey Report		
Assessment Report by FAX/Hand to Owner/VVVO		

Preferred Whsp / INC Assign Whsp / OWI

TP Particulars: Yell No: SJR42324, INC: ) / Non-INC: )

Owner / Driver: ) Tel: )

Policy No: ) Period: ) Cover Type: )

Confirmed by: ) Date: ) Time: )

Insured/Driver Liability: ( % ) (Note: BIL Status (WO): NI 0.79%, P: 21.79%, P: 30.140%)

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

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

General Remarks: )

( ) Work-In Custom: ) Customers Information strictly Confidential & strictly NO release of report.

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

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

Remarks: )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: )

Date/Time: ) Action: )

NA1803396

Union/Particulars	Invoice Preparation Checklist
Driver/Owner	1) AR: Accident Report (300)
Project No:	2) DA: Damage Assessment (3100) INC (40)
Assigned Portion:	3) TP: Towing Fee (120)
	4) FT: Follow Through Survey (110)
	5) PT: Follow Through Survey (Recovery) (110)
	6) TR: Trailer Fee (30)
	7) RT: RTUC + SMRT Survey (110)
	8) NTUC Additional Survey (100)
	9) Q11
	10) NI: Courtesy Car / Tpl Allowance (11)
	11) NI: Repair Coordination (110)
	12) NI: Post Repair Inspection (11)
	13) NI: DV / Collision/Unacc Coordination (11)
	14) NI: TP (Non-INC) / Collision INC (110)
	15) NI: Hidden Damage (11)
	16) Invoiced dated
	17) Invoiced dated



## 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 30/05/2018 13:54  
 Date Of Accident 29/05/2018 13:00  
 Exact Location Of Accident ANG MO KIO AVE 6  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC7248K  
**Insured/Policyholder**  
 Name Of Registered Owner LEE MEI YOKE  
 NRIC No S8166860D  
 Email Address SUHENG@GMAIL.COM  
 Mobile Phone No (LOCAL) +65-83887668  
 Alternative Phone No OTHERS-83887668

### Vehicle Particulars

Manufacturer VOLKSWAGEN  
 Model JETTA 1.4 TSI AT 1623G5  
 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 5099544630  
 Cover Note Number

### Driver

Name of Driver LEONG ZI WAH  
 NRIC No S8017230C  
 Date Of Birth 16/06/1980  
 Occupation INDOOR  
 Date Of Driving Pass 03/06/2006  
 Driving Experience 11 YEARS AND 11 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-83887668  
 Fax Number  
 Contact Number OTHERS-83887668  
 EMail Address SUHENG@GMAIL.COM

Address	BLK 120B CANBERRA CRESCENT #05-363
Postcode	752120
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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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?	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)	1

#### 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
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

PLS REFER TO THE POLICE REPORT : T/20180530/7003

#### 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	SJK4232U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA WEE JOO
NRIC/Passport Number	S7540702E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

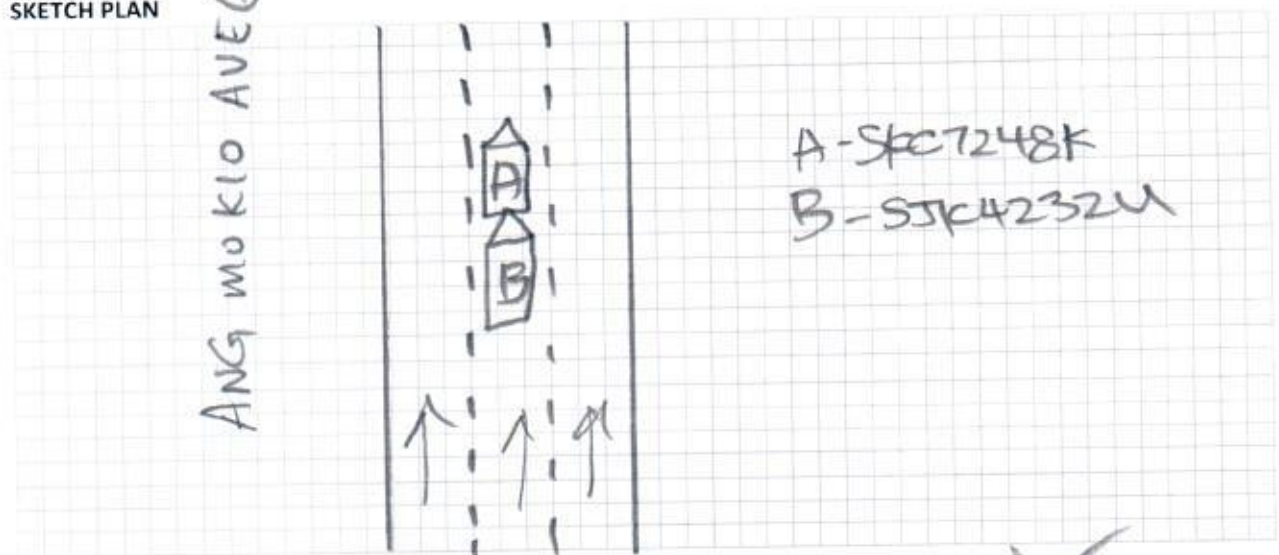
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -  
1/20180530/7003

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 POLICE FORCE



T/20180530/7003

1 of 3

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

Report No. T/20180530/7003

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2018 12:34		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LEONG ZI WAH			Address: APT BLK 120B CANBERRA CRESCENT #05-363 SINGAPORE 752120		
ID Type / ID No.: NRIC NO / S8017230C			Contact No.: Home/Office: Mobile: 83887668		
Nationality: SINGAPORE CITIZEN			Email: vincentlw1980@gmail.com		
Sex: Male	Age: 37	Date of Birth: 16/06/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: STORE MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/05/2018 13:00	Type of Location: Straight Road
Location:  ANG MO KIO AVENUE 6  Along Ang Mo Kio Ave 6				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SJK4232U	Car	HONDA	Stream	Grey		0
SKC7248K	Car	VOLKSWAGO N	Jetta			0

## Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20180530/7003

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

2 of 3

Report No. T/20180530/7003

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LEONG ZI WAH	ID No.	S8017230C
Related Vehicle	SKC7248K (Car)	Contact No.	83887668
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/05/2018	Date Discharge	30/05/2018
No. of Days granted Medical Leave	14	Degree of Injury	Serious
<b>Driver</b>			
Name	Chua Wee Joo	ID No.	S7540702E
Related Vehicle	NIL	Contact No.	NIL
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.**

I was travelling along Ang Mo Kio Ave 6 on 29 May 2018 around 1pm, I stopped my car at the traffic light as it was red light and suddenly i felt a bang from the rear. I alighted from my car and found out that vehicle SJK4232U has collided onto the rear of my car.





**SINGAPORE  
POLICE FORCE**



T/20180530/7003

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

3 of 3

Report No. T/20180530/7003

**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 /  
WONG SIEU LUI  
Contact No.: 65476151

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:  
30/05/2018 12:34

Classification Of Case:

Reported on 30/5/2018  
@ 1340hrs

## ACCIDENT STATEMENT

ACCIDENT DATE: 29/5/2018 (DD/MM/YYYY), TIME: 13:00 (HH:MM)

LOCATION: Ang Mo Kio Ave 6

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKC7248K  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
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: \_\_\_\_\_  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

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

#### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 83887668  
c) ADDRESS: \_\_\_\_\_

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Drizzling  
b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

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

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

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

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJK42324 MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: CHUA WEE JOO  
c) NRIC/FIN/PASSPORT: S7540702E CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email = suheng@gmail.com

fax = suheng@gmail.com



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8017230C



Name  
LEONG ZI WAH

梁 桂 华

Race  
CHINESE

Date of birth  
16-06-1980

Sex  
M

Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8017230C

Name  
LEONG KOK WAH

Birth Date 16 Jun 1980

Issue Date 03 Jun 2006




001423468J

4486439



NRIC No. S8017230C



Date of issue  
09-11-2009

APT BLK 1208 CANBERRA CRESCENT #05-363  
SINGAPORE 752120

NRIC No: S8017230C Date: 11/01/2018


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

PASS DATE  
03 Jun 2006

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

NP 428A

License No: S8017230C



## 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:** 5099544630

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SKC7248K

Chassis Number

: WVWZZZ16ZCM005168

2. Name of Policyholder

: LEE MEI YOKE

3. Effective Date of Insurance

: 14 Apr 2018

4. Expiry Date of Insurance

: 13 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

: S\$500

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

: LEONG ZI WAH

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: UNITED OVERSEAS BANK LIMITED

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 : DICKSON AUTO AGENCY (00000614645)

Date of Issue : 13 Apr 2018 12:29 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

29/05/2018 13:00

Vehicle No.(For Motor)

SKC7248K

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099544630	LEE MEI YOKE	S8166860D	GPC	drive CLASSIC	SKC7248K	SKC7248K	14/04/2018	13/04/2019

## ▼ Policy Information

Policy No.	5099544630	Policyholder Name	LEE MEI YOKE	Policyholder NRIC	S8166860D
Address	71 UBI ROAD 1 #05-45 OXLEY BIZHUB SINGAPORE 408732				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	13/04/2018	Effective Date	14/04/2018 00:00	Expiry Date	13/04/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	500	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 120B #05-363	Address 2	CANBERRA CRESCENT	Address 3	EASTWAVE @ CANBERRA
Address 4	SINGAPORE 752120	Address Type	Singapore address	Post Code	752120
Unit No.	05-363	Related Policy Number	5099544630		

► Insured Object: SKC7248K

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA118069985 Vehicle Registration No: SKC7248K  
Name (as shown in NRIC) : LEONG ZI WAH NRIC/FIN/Passport No : S8017230C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 120B CANBERRA CRESCENT, #05-363 Singapore 752120  
Contact (Tel) : - Mobile No. : 83887668  
Email Address : SUHENG @ GMAIL . COM  
Date of Accident : 29/05/2018 Time of Accident : 13:00  
Place of Accident : ANG MO KIO AVE 6  
Insurance Company : NTUC Income Insurance Co-operative Ltd.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add Injured.

Policyholder / Driver's Signature  
Date:

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

30/5/2018

## Claim Handling

Accident MT/0996562

Policy No.	5099544630	Vehicle No.	SKC7248K	GST Registration No.	
Policyholder Name	LEE MEI YOKE	Cover Type	drive CLASSIC	Policyholder NRIC	S81
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	83887668	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

## ▼ Accident Details

Report Date	31/05/2018 09:49	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	29/05/2018	Time of Accident hh:mm	13:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANG MO KIO AVE 6				

## ▼ Benefits

## ▼ Excess

Own damage Excess	600.00	Additional Excess	500	Windscreen Excess	100.
Unnamed Driver Excess	0.00	Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess	600.00		
			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 120B #05-363	Address 2	CANBERRA CRESCENT	Address 3	EAS
Address 4	SINGAPORE 752120	Address Type	Singapore address	Post Code	752
Unit No.	05-363	Related Policy Number	5099544630		

## ▼ OI Driver Info

Driver Name	LEONG ZI WAH	Driver Type	Main Driver	Driver DOB	16/1
Unnamed driver Name		Driver NRIC	S8017230C	Driving Experience	11
Register Date of Driver License	03/06/2006	Driver Age	37	Contact No.(Home)	0
Contact No.(Mobile)	83887668	Contact No.(Office)	0	Address 3	
Address 1	BLK 120B	Address 2	CANBERRA CRESCENT	Post Code	752
Address 4		Address Type	Singapore address		
Unit No.	#05-363	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

## Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	LEE MEI YOKE	Insured NRIC	S81
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SKC7248K	TP Vehicle Number	SJK
Claim Description	SKC7248K / SJK4232U ON 29 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	Rec
Date Registered	31/05/2018 09:59	Claim Close Date		Date Received	31/5
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment



5/31/2018

## Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0996562

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

31/05/2018 09:55

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category \*

Confidential

Urgency \*

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 09:58	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 09:57	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 09:56	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 09:56	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 09:56	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 09:56	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 09:56	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 09:56	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 09:56	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 09:56	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 09:55	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 09:55	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 09:55	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 09:55	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 May 2018 09:55	Photos	Normal	Photos 20:

## Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading