

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118085381

Date In: 2/7/18-19:06	Job description	Date & Time Completed	Done by
Ref No: NA/INC8012004/24	SAS e-filing		
Veh No: 5Q9034K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/6/18-13:15	i-Motor Claim Form	MT/1001248-001	2/7/18 19:53
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: 6X3621D	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

NA1804178	Invoice Preparation Checklist:	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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 (Non INC) against INC \$20		
	9) N12: Idao 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	02/07/2018 19:06
Date Of Accident	29/06/2018 13:15
Exact Location Of Accident	BLK 933 JURONG WEST ST 91 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ9034K
Insured/Policyholder	
Name Of Registered Owner	CHIN WEI JIE
NRIC No	S9231104Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90042433
Alternative Phone No	OFFICE-90042433

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E MANUAL
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	5096707439
Cover Note Number	

Driver

Name of Driver	CHIN WEI JIE
NRIC No	S9231104Z
Date Of Birth	29/08/1992
Occupation	INDOOR
Date Of Driving Pass	15/04/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90042433
Fax Number	
Contact Number	OFFICE-90042433
EMail Address	NOEMAIL

Address	BLK 933 JURONG WEST STREET 91 #04-379
Postcode	640933
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

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/20180702/7004.

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 Witness 1

Name	MR KAI
Phone Number	97762363
Email Address	

Details of Witness 2

Name	MR ALVIN GIAM
Phone Number	93397261
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX3621D
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

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:

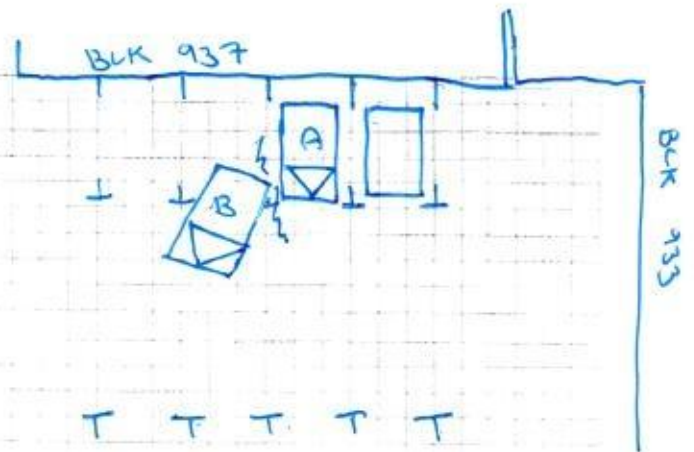


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

VEHICLE A - SJQ 9034K

VEHICLE B - GX 3621D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT:

REPORT NUMBER:

T/20180702/7004

VEHICLE A - SJQ 9034K

VEHICLE B - GX 3621D

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.:

Vehicle No.	SSQ 9034K	Model / Make	toyota no3
Date of Accident	29/06/2018		
Time of Accident	1315	HRS	
Location of Accident	OPEN CARPARK LOT NUMBER 104 (BLK 433 JURONG WEST ST 91)		
Exact purpose use during accident	STATIONARY PARKED.		
Name of Owner	CHIN WEI JIE		
Telephone No.	H/P: 90042433	Home:	Office:
NRIC	S9231104Z		
Address	BLK 933 JURONG WEST ST 91 #04-379 S(640933)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5096707439		
Name of Driver	As Above If No,		
NRIC	Any Passengers: NIL		
Date of birth	29/08/92		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	15 APR 2011		
Gender	Male / Female		
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No If yes, Reg No.		
Relationship	Employee,	If no, state OWNER	
Weather condition	Clear	Raining	Other UNCLEAR
Road Surface	Dry	Wet	Other UNCLEAR
Any Injuries	No If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	T1 DIVISION HQ
Vehicle B No.	GX 3621 D		Any Passengers:
Name of Driver			Contact No.:
Vehicle C No.			Any Passengers:
Vehicle D No.			Any Passengers:
Vehicle E no.			Any Passengers:
Vehicle F No.			Any Passengers:
Vehicle G No.			Any Passengers:
Witness Name	MR KAI / MR ALVIN	Witness Contact: 97762363 / 93397261	
Accident Portion	RIGHT SIDE OF VEHICLE		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	N-SI AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n5i.com.sg		



SINGAPORE POLICE FORCE



T/20180702/7004

1 of 4

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

Report No. T/20180702/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2018 10:32	Vide Report No.: J/20180630/0203	Station Diary No.:
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Informant's Particulars

Name of Informant: CHIN WEI JIE			Address: APT BLK 933 JURONG WEST STREET 91 #04-379 SINGAPORE 640933		
ID Type / ID No.: NRIC NO / S9231104Z			Contact No.: Home/Office: Mobile: 90042433		
Nationality: SINGAPORE CITIZEN			Email: Dionchin_04@hotmail.com		
Sex: Male	Age: 25	Date of Birth: 29/08/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: POLICE OFFICER			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/06/2018 13:15	Type of Location: Car Park
Location: JURONG WEST STREET 91 The back of Blk 933 Jurong West St 91, Open air carpark lot number 104				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX3621D	Lorry	TOYOTA		White		2
SJQ9034K	Car	TOYOTA	Vios 1.5M	Grey	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ9034K	NTUC Income Insurance Co-Operative Limited	5096707439	16/12/2017	15/12/2018



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIN WEI JIE	ID No.	S9231104Z
Related Vehicle	SJQ9034K (Car)	Contact No.	90042433
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/06/2018 at 1400hrs, I last parked my car (A Toyota Vios, reg no. SJQ9034K) intact at Blk 933 Jurong West St 91 Open air carpark lot number 104 before I went overseas.

On 29/06/2018 at 2130hrs, I reached back home and my father told me that my car was being hit and run by other vehicle. He did not witness the accident as he only help me to see my car everyday in the morning before he goes for work. I went down and discovered that my car right side mirror was damaged and dangling. My driver side door was serious damaged, with dents, cracks and scratches (coated with white/silver paint fresh marks). There was no notes placed on my car to state who had done it. As It was late at night, I went back home first.

On 30/06/2018 at 1400hrs, I went down again to my car to visualize my car. I also discovered scratches on my right headlamp. One witness (Mr Kai HP:97762363) approached me and informed me on 29/06/2018 at about 1315-1330hrs, he was smoking at his kitchen looking down and he witnessed a white lorry with storage box was reversing and hit onto my car. The lorry driver seems to be a chinese, after hitting my car, the driver drove and parked the lorry some lots away from my car. The lorry driver came out from his lorry and walked towards my car to see. Two other passengers later boarded the lorry and the driver went back and drove off without placing any note on my car. Mr Kai came down, but the lorry driver left the carpark. He did not managed to see the lorry plate number. However, when Mr Kai came down, he saw a Bangladeshi worker man taking photographs of my car. He approached the worker and asked if he witnessed the accident. The worker is actually doing lift upgrading at Blk 937 Jw St 91 just beside my home. The worker witnessed the accident and helped me to take photographs of the lorry and my car as well. With this relevant information, I called Police Hotline and TP was dispatched to my scene. I called my Insurance NTUC OrangeForce as well down.

On 07/02/2018 at 0900hrs, I contacted the contractor from the Lift upgrading to enquire the worker contact details. One person namely (Mr Alvin Giam HP:93397261) answered my call and I explained my hit & run situation to him. He then whatsapp me some photographs of the lorry and my car to me. The lorry plate number is GX3621D. That's all.



**SINGAPORE
POLICE FORCE**



T/20180702/7004

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

3 of 4

Report No. T/20180702/7004

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180702/7004

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

4 of 4

Report No. T/20180702/7004

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 /
MOHAMMED FADZLY BIN ABDUL AZIZ
Contact No.: 65476355

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:
02/07/2018 10:32

Classification Of Case:

REPUBLIC OF SINGAPORE
 NRIC CARD NO. S9231104Z



Name: CHIN WEI JIE
 秦伟杰
 Race: CHINESE
 Date of birth: 29-08-1992
 Sex: M
 Country of birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9231104Z
 Name: CHIN WEI JIE
 Birth Date: 29 Aug 1992
 Issue Date: 24 Nov 2010



001913358F



409




NRIC No. S9231104Z
 Date of issue: 07-09-2007
 Address: PT BLK 933 JURONG WEST STREET 91
 04-379
 SINGAPORE 640933

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 2B: Motorcycles <= 200 CC	24 Nov 2010
Class 2A: Motorcycles between 201 CC and 400 CC	02 Jun 2016
Class 2: Motorcycles > 400 CC	13 Sep 2017
Class 3: Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors <= 2500 kg	15 Apr 2011
Class 4: Heavy motor cars and motor tractors > 2500 kg	12 Jun 2017

S9231104Z S / No. 9000310142

NP 428A



Licence No. S9231104Z



Certificate of Insurance

0335

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: S096707439

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SJQ9034K
 Chassis Number : MR053HY9305084365
2. Name of Policyholder : CHIN WEI JIE
3. Effective Date of Insurance : 16 Dec 2017
4. Expiry Date of Insurance : 15 Dec 2018
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHIN WEI JIE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE 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 : LQ INSURANCE AGENCY PTE LTD (00000613125)
 Date of Issue : 15 Dec 2017 17:06 hrs

LQ INSURANCE AGENCY PTE LTD

1808 BENCOOLEN STREET

#04-01 THE BENCOOLEN

SINGAPORE 109449

TEL: 6-334-0263 / FAX: 6-334-0624

Co. Reg. No: 199009500VA

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S096707439	CHIN WEI JIE	S9231104Z	GPC	drive CLASSIC	SJQ9034K	SJQ9034K	16/12/2017	15/12/2018

▼ Policy Information

Policy No.	5096707439	Policyholder Name	CHIN WEI JIE	Policyholder NRIC	S9231104Z
Address	BLK 933 #04-379 JURONG WEST STREET 91 SINGAPORE 640933				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	15/12/2017	Effective Date	16/12/2017 00:00	Expiry Date	15/12/2018 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	LQ INSURANCE AGENCY PTE LTD	Agent Tel.	63340783	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 933 #04-379	Address 2	JURONG WEST STREET 91	Address 3	SINGAPORE 640933
Address 4		Address Type	Singapore address	Post Code	640933
Unit No.		Related Policy Number	5096707439		

▶ Insured Object: SJQ9034K

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

- Exit

Accident MT/1001248

Policy No.	S096707439	Vehicle No.	SJQ9034K	GST Registration No.	
Policyholder Name	CHIN WEI JIE			Policyholder NRIC	S9231104Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	90042433	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	02/07/2018 19:52	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	29/06/2018	Time of Accident hh:mm	13:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 933 JURONG WEST ST 91 OPEN SPACE CARPARK				

Benefits

Excess

Own damage Excess	100.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 933 #04-379	Address 2	JURONG WEST STREET 91	Address 3	SINGAPORE 640933
Address 4		Address Type	Singapore address	Post Code	640933
Unit No.		Related Policy Number	S096707439		

D1 Driver Info

Driver Name	CHIN WEI JIE	Driver Type	Main Driver	Driver DOB	29/08/1992
Unnamed driver Name		Driver NRIC	S9231104Z	Driving Experience	7
Register Date of Driver License	15/04/2011	Driver Age	25	Contact No. (Home)	0
Contact No. (Mobile)	90042433	Contact No. (Office)	0	Address 3	SINGAPORE 640933
Address 1	BLK 933	Address 2	JURONG WEST STREET 91	Post Code	640933
Address 4		Address Type	Singapore address		
Unit No.	04-379				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	CHIN WEI JIE	Insured NRIC	S9231104Z
Contact No. (Mobile)	90042433	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	dionchin_04@hotmail.com	D1 Vehicle Number	SJQ9034K	TP Vehicle Number	GX3621D
Claim Description	SJQ9034K / GX3621D ON 29 Jun 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	02/07/2018 00:00
Date Registered	02/07/2018 19:53	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1001248	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/07/2018 19:55

Path *

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

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Attachment List

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