

# NATIONAL Assessment Centre Services: [ver 1 Jan'05]

Date In: 01/10/2018 17:26	Job description	Date & Time Completed	Done by
Ref No: NA/INC18017767/K4	SAS e-filing		
Veh No: SFH 2948P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/09/2018 11:00	i-Motor Claim Form	MT/1013890-001	2/1/18 09:50
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:

GZ5159Z

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

NA1806207

Claimant's Particulars:-

Driver/Owner:

Contact No:

Imaged Portion:

Checked by (Engr-In-Charge):

Editors' Comments:-

1:

2/3:

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON\*

\*N5: Courtesy Car / Tpf 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 \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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	01/10/2018 17:26
Date Of Accident	29/09/2018 11:00
Exact Location Of Accident	TPE TWDS CHANGI EXITING TO PASIR RIS DRIVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFH2948P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN LEE NGING MRS WONG FEE MIN
NRIC No	S1841371Z
Email Address	REDLINE_ACE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93852973
Alternative Phone No	OTHERS-93852973

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E A
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5035903653-09
Cover Note Number	

### Driver

Name of Driver	WONG WING HENG, EDMUND (HUANG YONGXING, EDMUND )
NRIC No	S8036603E
Date Of Birth	15/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2003
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93852973
Fax Number	
Contact Number	OTHERS-93852973
Email Address	REDLINE_ACE@YAHOO.COM

Address	BLK 410A FERNVALE ROAD #24-114
Postcode	791410
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	CLEAR
Road Surface	DRY

#### 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?	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)	4
Passenger 1	NAME: : TAN LEE NGING GENDER: : FEMALE
Passenger 2	NAME: : LEON WONG GENDER: : MALE
Passenger 3	NAME: : RACHEL WONG GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	GZ5159Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DUR AISAMY RAMAMOORTHY
NRIC/Passport Number	
Contact Number	



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

#### DETAILS OF INJURED PERSON 1

Name WONG WING HENG, EDMUND ( HUANG YONGXING, EDMUND )  
Approximate Age  
Injuries Sustain BACK AND NECK PAIN  
Injured person in which vehicle? SFH2948P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name TAN LEE NGING  
Approximate Age  
Injuries Sustain BACK AND NECK PAIN  
Injured person in which vehicle? SFH2948P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name LEON WONG  
Approximate Age  
Injuries Sustain NECK AND BACK PAIN  
Injured person in which vehicle? SFH2948P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 4

Name RACHEI WONG  
Approximate Age  
Injuries Sustain NECK AND BACK PAIN  
Injured person in which vehicle? SFH2948P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

Complete and submit this form to the individual insurance authorised reporting centre.

- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	29/09/18	(DD/MM/YY)
Time of accident	1100	(HH:MM)
Exact location of accident	TPE exiting to Pasir Ris Drive 8 towards Changi	

DETAILS OF VEHICLE

Vehicle registration number	SFH2948P		
Vehicle make and model	Toyota Vios		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third party claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	NTUC
Policy number	MROS3HY4204067381
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Tan Lee Nginy Mrs Wong Fee Min	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S18413712	
Contact address	61 Pasir Ris Grove #05-02 S(518215)	

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Wong Wing Heng, Edmund	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S8036603E	
Contact address	93852973	
Address	Blk 410A Fernvale Road #24-114 S(791410)	
Email address	redline_9re@yahoo.com	
Date of birth	15/11/1980	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	13/06/2003	



Is the driver/insured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is the driver/insured's company?	If no, relationship of the driver and insured: <i>Mother &amp; son</i>
Was the accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<i>4</i> (Inclusive of driver)

PASSENGER 1	
Name	<i>Tan Lee Nginy</i>
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 2	
Name	<i>Leon wong</i>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	<i>Rachel wong</i>
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	<i>/</i>

WITNESS 1	
Name	

WITNESS 2	
Name	



THIRD PARTY VEHICLE 1	
Vehicle registration number	6251592
Vehicle make model	
Name	Duraisamy Ramamoorthy
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	



INJURED PERSON 1	
Name	Wong Wing Hing, Edmund
Injuries sustained	Neck & Back
Which vehicle person in?	SFH2948P
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	Tan Lee Ngiong
Injuries sustained	Neck & Back
Which vehicle person in?	SFH2948P
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 3	
Name	Leon Wong
Injuries sustained	Neck & Back
Which vehicle person in?	SFH2948P
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 4	
Name	Rachel Wong
Injuries sustained	Neck & Back
Which vehicle person in?	SFH2948P
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



**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.:

01/10/2018



Pasir Ris Drive 8

A: SFH 2948P  
B: G2S159Z

TPE

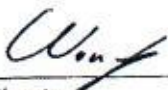
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

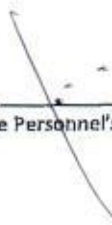
I was travelling along TPE towards Changi Slip Road exiting to Pasir Ris Drive 8. While waiting for the traffic to move off, I suddenly felt an huge impact from my vehicle rear position.

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:

 - 01/06/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8036603E**

Name: **WONG WING HENG, EDMUND**  
(HUANG YONGXING, EDMUND)

Birth Date: **15 Nov 1980**  
Exp Date: **16 Feb 2011**

001938249F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8036603E**

WONG WING HENG, EDMUND  
(HUANG YONGXING, EDMUND)

黄永兴

Race: **CHINESE**

Date of Birth: **15-11-1980** Sex: **M**

Country of Birth: **SINGAPORE**

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

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

EFFECTIVE DATE: **13 Jun 2003**

NP 428A

Licence No: **S8036603E**

3215607

S8036603E

APT BLK 410A FERNVALE ROAD #24-114  
SINGAPORE 791410

NRIC No: **S8036603E**

Date: **03/03/2011**

No: **0725581**



## 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:** 5035903653-09

**Cover :** Third Party, Fire & Theft

- |   |                                  |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SFH2948P                       |
| Chassis Number  | : MR053HY4204067381              |
| 2. Name of Policyholder   | : TAN LEE NGING MRS WONG FEE MIN |
| 3. Effective Date of Insurance  | : 08 Apr 2018                    |
| 4. Expiry Date of Insurance   | : 07 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: TAN LEE NGING
NAMED DRIVER (1)	: WONG WING HENG EDMUND
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : BEDOK BRANCH (00000600138)  
Date of Issue : 12 Mar 2018 21:03 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)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5035903653-09		TAN LEE NGING MRS WONG FEE MIN	S1841371Z	GPC	Third Party, Fire & Theft	SFH2948P	SFH2948P	08/04/2018	07/04/2019



## ▼ Policy Information

Policy No.	5035903653-09	Policyholder Name	TAN LEE NGING MRS WONG FEE	Policyholder NRIC	S1841371Z
Certificate No.					
Address	61 PASIR RIS GROVE #05-02 LIVIA SINGAPORE 518215				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/03/2018	Effective Date	08/04/2018 00:00	Expiry Date	07/04/2019 23:59
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	0.0
Additional Excess		OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0		
Agent	BEDOK BRANCH	Agent Tel.	NIL	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	61 PASIR RIS GROVE	Address 2	#05-02 LIVIA	Address 3	SINGAPORE 518215
Address 4		Address Type	Singapore address	Post Code	518215
Unit No.		Related Policy Number	5035903653-09		

▶ Insured Object: SFH2948P

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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## Claim Handling

## Accident MT/1013890

Policy No.	5035903653-09	Vehicle No.	SFH2948P	GST Registration No.	
Certificate No.					
Policyholder Name	TAN LEE NGING MRS WONG FEE MIN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S184
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	93852973	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(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

**Accident Details**

Report Date	02/10/2018 09:39	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	29/09/2018	Time of Accident hh:mm	11:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TWDS CHANGI EXITING TO PASIR RIS DRIVE 8				

**Excess**

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

**Benefits**

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	61 PASIR RIS GROVE	Address 2	#05-02 LIVIA	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5182
Unit No.		Related Policy Number	5035903653-09		

**OI Driver Info**

Driver Name	WONG WING HENG EDMUND	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S8036603E	Driver DOB	15/1
Register Date of Driver License	13/06/2003	Driver Age	37	Driving Experience	15
Contact No.(Mobile)	93852973	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 410A	Address 2	FERNVALE ROAD	Address 3	
Address 4		Address Type	Foreign address	Post Code	7914
Unit No.	#24-114				
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 OD-MX **New**

Claim Type *	OD-MX	Insured Name	TAN LEE NGING MRS WONG FEE	Insured NRIC	S184
Contact No.(Mobile)	97322954	Contact No.(Home)	65833760	Contact No.(Office)	6344
Email Address		OI Vehicle Number	SFH2948P	TP Vehicle Number	GZ53
Claim Description	SFH2948P / GZ5159Z ON 29 Sept 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	Rece
Date Registered	02/10/2018 09:51	Claim Close Date		Date Received	02/10
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

## Attachment

Accident No. MT/1013890

Claim No. 001



Last Doc. Received

☒ Yes ☐ No

Upload Date

02/10/2018 09:50

Path \*

Category \*

Confidential

Urgency \*

	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal

Message Read

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 09:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 09:48	SAS	Normal	SAS 2018-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 09:47	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 09:47	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 09:47	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 09:47	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 09:47	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 09:47	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 09:47	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 09:46	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 09:46	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 09:46	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 09:46	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 09:46	Photos	Normal	Photos 2018-10-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 02 Oct 2018 09:46	Photos	Normal	Photos 2018-10-2

## Video List

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