

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MNA 11814685

| | | | |
|---------------------------|--|-----------------------|----------------|
| Date In: 14/11/18 - 16:28 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC 8020435/24 | SAS e-filing | | |
| Veh No: JVA 8737X | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A : 11/11/18 - 13:10 | i-Motor Claim Form | 07/10/19 452-001 | 14/11/18 21:19 |
| 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: JVA 8737X | 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 |
|-----------|---------|
| | |
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| | |

| | | | | |
|---------------------------------|---|-------------|-----------------------|-----------------------|
| NA 1807377 | Invoice Preparation Checklist | | Amnt (\$) Est Bill | Amnt (\$) Add Bill |
| Claimant's Particulars:- | 1) AR : Accident Reporting (\$30); | | | |
| Driver/Owner: | 2) DA : Damage Assessment (\$100); INC (\$80) | | | |
| Contact No: | 3) TF : Towing Fee \$40/\$45 | | | |
| Damaged Portion: | 4) FT : Follow-Through Survey \$120 | | | |
| QC Checked by (Engr-In-Charge): | 5) FT : Follow-Through Survey (Resurvey) \$30 | | | |
| Auditors' Comments :- | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR : Re-inspection \$75 | | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | 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: Idac Mobile 30 | | | |
| | Invoice dated | Fee Charged | | |
| | Invoice dated | Fee Charged | | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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. 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 | 12/11/2018 16:28 |
| Date Of Accident | 11/11/2018 13:10 |
| Exact Location Of Accident | PAYA LEBAR RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------|
| Vehicle Registration Number | SLH8737X |
| Insured/Policyholder | |
| Name Of Registered Owner | ONECLICK EXPRESS |
| Co Reg No | 53349346C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | KIA |
| Model | FORTE K3 1.6A |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5086255697-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TEOH CHIA CHING |
| NRIC No | S7664516G |
| Date Of Birth | 30/04/1976 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/10/2005 |
| Driving Experience | 13 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91526362 |
| Fax Number | |
| Contact Number | OFFICE-91526362 |
| EMail Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | BLK 61 CIRCUIT ROAD #06-229 |
| Postcode | 370061 |
| 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 | 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: : LAM HONG TUYET GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | GEYLANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8486999 - FAX NO: 68486799 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20181112/2026.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SKX7641Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | JOSEPH LEONG WENG KEONG |
| NRIC/Passport Number | S7077057A |
| Contact Number | 96893321 |
| Address | |

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

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLA5988U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver NG WEI SOON
NRIC/Passport Number S7965065Z
Contact Number 90900515

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name TEOH CHIA CHING
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLH8737X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LAM HONG TUYET
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLH8737X
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

Paya Lebar Rd



DOA: 11/11/18
 A: SLH 8737X
 B: SKX 7641Y
 C: SLA 5988U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

Y



Policyholder's Signature
 Date & Time:

X

Signature

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

Signature

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

Personal Particulars

Date of Accident: 11/11/18 Time of Accident: 1310 hr
Exact Location of Accident: Paya Lebar Rd
Owner's Name: Oneclick Express NRIC No: 57664566 HP No: _____
Driver's Name: Teh Chia Ching NRIC No: _____ HP No: 91526302
Date of Birth: 30/04/1976 Driving Licence Passing Date: 10/03/2007 Occupation: Indoor / Outdoor
Address: Blk 61 CIRCUIT ROAD #06-229 SINGAPORE 370061
Relationship of Driver with Insured: Owner Email Address: raymondteoh@yahoo.com
Vehicle No: SLH8737X Make & Model: KIA K3
Insurance Co: NTUC INCOME Coverage: Comprehensive Policy No: 5086255697-01

*Purpose of Reporting? ☒ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

*Weather Condition? ☒ Clear / ☒ Raining / Others: _____ ☒ Wet / ☐ Dry Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 1 B: 1 + 0 C: 1 + 2 D: _____
woman woman boy

*Was Anybody Injured? ☒ Yes / ☐ No If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☐ No ☒ Yes, Which Police Station? GEYLANG N.P.C

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? ☒ Yes / ☐ No If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/☒ No)

Third Party Driver's Particulars

Vehicle B No: SKX 7641Y Make & Model: _____ 9689 3321
Driver's Name: Ng Joseph Leong NRIC No: _____ HP No: _____
Vehicle C No: SLA 5988U Make & Model: _____
Driver's Name: Ng Wei Soon NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____ 90900515



SINGAPORE POLICE FORCE



T/20181112/2026

1 of 4

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20181112/2026

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 12/11/2018 10:29 | Vide Report No.: | Station Diary No.: 40 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|--|--|---|------------------------------|
| Name of Informant: TEOH CHIA CHING | Address: APT BLK 61 CIRCUIT ROAD #06-229 SINGAPORE 370061 | | |
| ID Type / ID No.: NRIC NO / S7664516G | Contact No.: | Mobile: 91526362 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 42 | Date of Birth: 30/04/1976 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: FIELD ENGINEER | | Driving Licence Information: Class: 2B,3 | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 11/11/2018 13:10 | Type of Location: Straight Road |
| Location: Along Road 1 PAYA LEBAR ROAD | | | | |
| Weather: Drizzling | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Heavy |
| 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 |
|-------------|------|-------|--|--------|---------------------|-----------------|
| SKX7641Y | Car | BMW | 520I AT 2WD 4DR LED NAV | White | | 0 |
| SLA5988U | Car | HONDA | VEZEL 1.5X HYBRID CVT ABS D/AIRBAG 2WD | Maroon | | 0 |
| SLH8737X | Car | KIA | FORTE K3 1.6A | White | Slightly Damaged | 0 |



SINGAPORE POLICE FORCE



T/20181112/2026

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20181112/2026

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | JOSEPH LEONG WENG KEONG | ID No. | S7077057A |
| Related Vehicle | SKX7641Y (Car) | Contact No. | 96893321 |
| 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 | NG WEI SOON | ID No. | S7965065 |
| Related Vehicle | SLA5988U (Car) | Contact No. | 90900515 |
| 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 |
| Passenger | | | |
| Name | LAM HONG TUYET | ID No. | G0976315K |
| Related Vehicle | SLH8737X (Car) | Contact No. | 83399303 |
| Hospital/Clinic | PARKWAY EAST HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 12/11/2018 | Date Discharge | 12/11/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |



**SINGAPORE
POLICE FORCE**



T/20181112/2026

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20181112/2026

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-----------------------|--|------------------------------------|
| Name | TEOH CHIA CHING | ID No. | S7664516G |
| Related Vehicle | SLH8737X (Car) | Contact No. | 91526362 |
| Hospital/Clinic | PARKWAY EAST HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 12/11/2018 | Date Discharge | 12/11/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On 11 November 2018 at about 1:10pm, I was in vehicle SLH8737X along Paya lebar road. My vehicle was stationary. The traffic was heavy and the cars were lined up along the road awaiting the green light. Vehicle SLA5988U that was in front of me was also stationary. All of a sudden, I was hit from the rear by vehicle SKX7641Y. The impact resulted in my vehicle moving forward and bumping into vehicle SLA5988U.

After the collision, all 3 drivers exited their vehicles and exchanged particulars. The front and rear bumper of my vehicle was dented in due to the collision.



**SINGAPORE
POLICE FORCE**



T/20181112/2026

4 of 4

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20181112/2026

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:

G /

Sgt 2 CHAN LIP YANG, DEMIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp

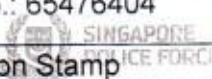
NP168

Signature Of Informant:

Date/Time:

12/11/2018 10:29

Classification Of Case:



SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7664516G**

Name: **TEOH CHIA CHING**

Birth Date: **30 Apr 1976**

Issue Date: **10 Mar 2007**

001484029A




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7664516G**



Name: **TEOH CHIA CHING**

张佳庆

Race: **CHINESE**

Date of birth: **30-04-1976**

Country/Place of birth: **MALAYSIA**

Sex: **M**




YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

Class 2B Motorcycles \leq 200 cc
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

PASS DATE

25 Oct 2005
25 Oct 2005

540857



NRIC No. **S7664516G**



Date of Issue
09-01-2015

**APT BLK 61 CIRCUIT ROAD #06-229
SINGAPORE 370061**

NRIC No. **S7664516G** Date: **14/10/2015**

NP 428A

Licence No: **S7664516G**



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: 5086255697-01

Cover : drive PREMIUM

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SLH8737X |
| Chassis Number | : KNAFZ411MH5666316 |
| 2. Name of Policyholder | : ONECLICK EXPRESS |
| 3. Effective Date of Insurance | : 22 Nov 2017 |
| 4. Expiry Date of Insurance | : 21 Nov 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 or Hirer's business.

This Policy does not cover:

- (a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) 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\$2,000 |
| EXCESS (SECTION 2) | : S\$1,500 |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : YES |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : GOLDBELL FINANCIAL SERVICES PTE LTD |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

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

Agency : CYCLE & CARRIAGE.FULCO MOTOR DEALER PTE LTD (00000613549)
Date of Issue : 08 Nov 2017 12:08 hrs
Reprint : 08 Nov 2017 12:09 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"/> | 5086255697-01 | | ONECLICK EXPRESS | 53349346C | GPC | drivo PREMIUM | SLH8737X | SLH8737X | 22/11/2017 | 21/11/2018 |

Policy Information

| | | | | | | | | | |
|-----------------------------|--|-----------------------------|------------------|-------------------|------------------|--|--|--|--|
| Policy No. | 5086255697-01 | Policyholder Name | ONECLICK EXPRESS | Policyholder NRIC | 53349346C | | | | |
| Certificate No. | | | | | | | | | |
| Address | BLK 61 #06-229 CIRCUIT ROAD MACPHERSON GARDEN SINGAPORE 370061 | | | | | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N | | | | |
| Policy issue Date | 08/11/2017 | Effective Date | 22/11/2017 00:00 | Expiry Date | 21/11/2018 23:59 | | | | |
| Third Party Excess | 1500 | Own damage Excess | 2000 | Windscreen Excess | 100 | | | | |
| Additional Excess | 0 | OS Premium | 0 | | | | | | |
| Outside Singapore OD Excess | 2000 | Outside Singapore TP Excess | 1500 | | | | | | |
| Agent | CYCLE & CARRIAGE,FULCO MOT | Agent Tel. | 67460088 | GST Flag | Y | | | | |
| Co-insurance Flag | No | | | | | | | | |
| Open Policy Info | | | | | | | | | |
| Certificate Info | | | | | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-------------------|-----------|-------------------|
| Address 1 | BLK 61 #06-229 | Address 2 | CIRCUIT ROAD | Address 3 | MACPHERSON GARDEN |
| Address 4 | SINGAPORE 370061 | Address Type | Singapore address | Post Code | 370061 |
| Unit No. | 06-229 | Related Policy Number | 5086255697-01 | | |

Insured Object: SLH8737X

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Claim Handling

Accident MT/1019452

| | | | | | |
|----------------------|-----------------------|----------------------|---------------|----------------------|-----------|
| Policy No. | S086255697-01 | Vehicle No. | SLH8737X | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | ONECLICK EXPRESS | | | Policyholder NRIC | 53349346C |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive PREMIUM | Loading | 0 |
| Contact No. (Mobile) | 0 | Contact No. (Office) | 0 | Contact No. (Home) | 0 |
| Email Address | | Special Remark | | eCode | No |
| RFK | No Yes | TCA | No Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 30 | Private Hire | Yes |

| | | | | | | | |
|-------------------|--|------------------|-------------------------------|--|-------|---------------------|-----------------|
| Report Date | | 12/11/2018 21:16 | Accident Report Within 24 hrs | | Yes | Accident Type | Crash Collision |
| Date of Accident | | 11/11/2018 | Time of Accident hh:mm | | 13:10 | Country of Accident | Singapore |
| Reporting Centre | | | Grange Force | | | ICM No. | |
| Accident Location | | PAYA LEBAR RD | | | | | |

| | | | | | | | | |
|-----------------------|--|----------|-----------------------------|--|----------|-------------------|--|--------|
| Dwn damage Excess | | 2,000.00 | Additional Excess | | 0 | Windscreen Excess | | 100.00 |
| Unnamed Driver Excess | | | Outside Singapore OD Excess | | 2,000.00 | | | |
| Third Party Excess | | 1,500.00 | Outside Singapore TP Excess | | 1,500.00 | | | |

| | | | | | | | | |
|----------------------|--|----|-----------------------|--|--|---------------------|--|----|
| GST Registered | | No | GST Registration Date | | | GST Status Verified | | No |
| GST Registration No. | | | | | | | | |
| Modification History | | | | | | | | |

| | | | | | | | | |
|-----------|--|------------------|-----------------------|--|-------------------|-----------|--|-------------------|
| Address 1 | | BLK 61 4 06-229 | Address 2 | | CIRCUIT ROAD | Address 3 | | MACPHERSON GARDEN |
| Address 4 | | SINGAPORE 370061 | Address Type | | Singapore address | Post Code | | 370061 |
| Unit No. | | 06-229 | Related Policy Number | | S086255697-01 | | | |

| | | | | | | | | |
|---|--|------------------|----------------------|--|-------------------|------------------------|--|-------------------|
| Driver Name | | Unnamed Driver | Driver Type | | Unnamed Driver | Driver DOB | | 30/04/1976 |
| Unnamed driver Name | | TECH CHIA CHENG | Driver NRIC | | S7664516G | Driving Experience | | 13 |
| Register Date of Driver License | | 25/10/2005 | Driver Age | | 42 | Contact No. (Home) | | 0 |
| Contact No. (Mobile) | | 91526362 | Contact No. (Office) | | 0 | Contact No. (Home) | | 0 |
| Address 1 | | BLK 61 | Address 2 | | CIRCUIT ROAD | Address 3 | | MACPHERSON GARDEN |
| Address 4 | | SINGAPORE 370061 | Address Type | | Singapore address | Post Code | | 370061 |
| Unit No. | | 06-229 | | | | | | |
| Does he own a Singapore Registered car? | | Yes No | Driver Vehicle No. | | | Driver Insurer Company | | |

| | | | | | | | | |
|-------------------------------------|--|------|-------------|--|--------|--|--|--|
| Declaration | | | | | | | | |
| Breathalyser or Blood Test Reading? | | 0 mg | Any Injury? | | No Yes | | | |

Modification History

Claim 001 New

| | | | | | |
|----------------------------------|--------------|------------------------------------|------------------|----------------------------|------------------|
| Claim Type * | DD-MIX | Insured Name | ONECLICK EXPRESS | Insured NRIC | 53349346C |
| Contact No. (Mobile) | NIL | Contact No. (Home) | | Contact No. (Office) | |
| Email Address | | OT | | TP | |
| Claim Description | | Vehicle Number | SLH8737X | Vehicle Number | SKX7641Y |
| Preferred Workshop | | SLH8737X / SKX7641Y ON 11 Nov 2018 | | Name of Preferred Workshop | |
| Insured Liability | Not at Fault | | | | |
| Preferred Workshop, Name Unknown | | | | | |
| Insured Repair Option | | | | | |
| Date Registered | | Claim Close Date | 32/11/2018 21:19 | Date Received | 12/11/2018 00:00 |
| Report Taken By | JACKSON | | | | |

Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|----------------|---------------------|------------------|
| Accident No. | MT/1019452 | Claim No. | 001 |
| Last Rec. Received | Yes No | Upload Date | 12/11/2018 21:22 |
| Path * | | Category * | |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Choose File | No file chosen | Clear | Please Select |
| Message Read | | Send Message Upload | |

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CD) | Action |
|---|-------------------|-----------------------|---------|----------------------------------|----------------|--------|
| NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o | 12 Nov 2018 21:22 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-11-12 | | Edit |

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