

NATIONAL Assessment Centre Services

(wef 1 Jan 05) MNA118159920

| | | | |
|---------------------------|--|-----------------------|----------------|
| Date In: 11/14/18 - 17:35 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC1802283/24 | SAS e-filing | | |
| Veh No: 16V48966 | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 10/12/18 - 13:00 | i-Motor Claim Form | M7/1023439-001 | 11/14/18 15:52 |
| 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: JUB859J

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

NA1808129

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

2nd 1:

2nd 2/3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

In Bill

Add Bill

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

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: 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) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*N5: Courtesy Car / Tpl 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 | 11/12/2018 14:35 |
| Date Of Accident | 10/12/2018 13:00 |
| Exact Location Of Accident | WOODLANDS CROSSING TWDS MALAYSIA |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SGV4896G |
| Insured/Policyholder | |
| Name Of Registered Owner | HOI YEW WENG (XU YAORONG) |
| NRIC No | S7835171C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90696319 |
| Alternative Phone No | OFFICE-90696319 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | HONDA |
| Model | CIVIC 1.8L 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 | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5094421605 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | HOI YEW WENG (XU YAORONG) |
| NRIC No | S7835171C |
| Date Of Birth | 17/11/1978 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 03/07/2007 |
| Driving Experience | 11 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90696319 |
| Fax Number | |
| Contact Number | OFFICE-90696319 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 291 TAMPINES STREET 22 #11-434 |
| Postcode | 520291 |
| 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 | 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 | 2 |
| 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: : FRANCIS GENDER: : MALE |

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

REFER TO STATEMENT.

Attachment(s)

| | |
|---|---------------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SLJ8859S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|---------------------------|
| Name | HOI YEW WENG (XU YAORONG) |
| Approximate Age | |
| Injuries Sustain | NECK |
| Injured person in which vehicle? | SGV4896G |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|----------|
| Name | FRANCIS |
| Approximate Age | |
| Injuries Sustain | NECK |
| Injured person in which vehicle? | SGV4896G |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Woodlands crossing towards Malaysia. on the most left lane. As the traffic was heavy, my vehicle was completely stationary. All of a sudden, vehicle B trying to filter out misjudge and hit onto my car.

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 ACCIDENT STATEMENT

IMPORTANT NOTICE

- ◆ 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 | 10/12/18 | (DD/MM/YY) |
| Time of accident | 1303 | (HH:MM) |
| Exact location of accident | Singapore custom towards Msia (Woodlands cross, road bridge) | |

DETAILS OF VEHICLE

| | | | |
|--|---|--|---|
| Vehicle registration number | SGV4896G | | |
| Vehicle make and model | Honda civic | | |
| 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 part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

INSURANCE INFORMATION

| | | | |
|-------------------|---|---|----------------------------------|
| Insurance company | NTUC | | |
| Policy number | 5094421605 | | |
| Type of policy | Comprehensive <input checked="" type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

INSURED / POLICY HOLDER

| | | | |
|------------------------------|---|--|---------------------------------|
| Name | HOI Yew Wing (xu Yao Rang) | Male <input checked="" type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S7835171C | | |
| Contact | 90696319 | | |
| Address | Blk 291 Tampines street 22 #11-434 S(520291) | | |

DRIVER

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

| | | | |
|------------------------------|---------------------------------|---|---------------------------------|
| Name | | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | | | |
| Contact | | | |
| Address | | | |
| Email address | alvinhoi1978@gmail.com | | |
| Date of birth | 17/11/1978 | | |
| Occupation | Indoor <input type="checkbox"/> | Outdoor <input checked="" type="checkbox"/> | |
| Driving date pass | 03/07/2007 | | |

| | |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Accident captured by camera? | Yes <input checked="" 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 | 2 (Inclusive of driver) |

| PASSENGER 1 | |
|-------------|--|
| Name | Francis |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 2 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 3 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input 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 | |

| WITNESS 1 | |
|-----------|--|
| Name | |

| WITNESS 2 | |
|-----------|--|
| Name | |

| | |
|------------------------------|------------|
| Vehicle registration number | SLJ 8859 S |
| Vehicle make model | |
| Name | |
| 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 | |

| | | |
|--|---|--|
| Name | Hoi Yew weng | |
| Injuries sustained | Neck | |
| Which vehicle person in? | SGV4896G | |
| 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 | Francis | |
| Injuries sustained | Neck | |
| Which vehicle person in? | SGV4896G | |
| 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 | | |
| 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 4 | | |
|--|------------------------------|-----------------------------|
| 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 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"/> |

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S7835171C**
 Name: **HOI YEW WENG (XU YAORONG)**
 Birth Date: **17 Nov 1978**
 Issue Date: **03 Jul 2007**

001511622H

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7835171C


 Name: **HOI YEW WENG (XU YAORONG)**
 许耀荣
 Race: **CHINESE**
 Date of birth: **17-11-1978**
 Country of birth: **SINGAPORE**
 Sex: **M**

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

43 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg
 PASS. DATE: 03 Jul 2007

NP 428A

Licence No: S7835171C

4322576


 NRIC No: **S7835171C**


 Date of issue: **16-12-2008**

APT BLK 291 TAMPINES STREET 22 #11-434
SINGAPORE 520291
 NRIC No: **S7835171C**
Date: **19/07/2015 (R)**

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: 5094421605

Cover : drive CLASSIC

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SGV4896G |
| Chassis Number | : JHMF016307S215445 |
| 2. Name of Policyholder | : HOI YEW WENG (XU YAORONG) |
| 3. Effective Date of Insurance | : 20 Sep 2017 |
| 4. Expiry Date of Insurance | : 17 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 | : HOI YEW WENG (XU YAORONG) |
| NAMED DRIVER (1) | : NGIAM CHEE MEI |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : KENSO LEASING 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)

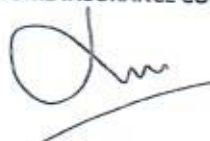
Agency : A-ASSURANCE SERVICES AGENCY (00000572305)
 Date of Issue : 20 Sep 2017 13:22 hrs

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) 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"/> | 5094421605 | | HOI YEW WENG (XU YAORONG) | S7835171C | GPC | drive CLASSIC | SGV4896G | SGV4896G | 20/09/2017 | 17/12/2018 |

▼ Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|---------------------------|-------------------|----------------------------------|
| Policy No. | 5094421605 | Policyholder Name | HOI YEW WENG (XU YAORONG) | Policyholder NRIC | S7835171C |
| Certificate No. | | | | | |
| Address | BLK 921 #05-21 HOUGANG STREET 91 SINGAPORE 530921 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 20/09/2017 | Effective Date | 20/09/2017 00:00 | Expiry Date | 17/12/2018 23:59 |
| Excess Type | | All Claims 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 | A-ASSURANCE SERVICES AGEN | Agent Tel. | 62557748 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|--------------------|-----------|------------------|
| Address 1 | BLK 291 #11-434 | Address 2 | TAMPINES STREET 22 | Address 3 | SINGAPORE 520291 |
| Address 4 | | Address Type | Singapore address | Post Code | 520291 |
| Unit No. | 11-434 | Related Policy Number | 5094421605 | | |

► Insured Object: SGV4896G

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|----------------------------|---|
| 1 | 20/09/2017 00:00 | Basic Information Endorsement | Endorsement Take Effective | int'l adj to waive \$9.98 due to bank charges IPP |
| 2 | 20/09/2017 00:00 | Basic Information Endorsement | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 20 Sep 2017, the following amendment(s) is/are made to this policy: NAME OF POLICYHOLDER: HOI YEW WENG (XU YAORONG) |
| 3 | 23/05/2018 00:00 | POI Extension/Shorten | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 20 Sep 2017 to 17 Dec 2018 In view of this amendment, an additional premium of \$143.10 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number 4524-19xx-xxxx-6430. |

Continue

Cancel

Claim Handling

Accident MT/1023439

• Exit

| | | | | | |
|---|---|-------------------------------|---|----------------------|--------------------------------------|
| Policy No. | S094421605 | Vehicle No. | SGV4896G | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | HOI YEW WENG (XU YAORONG) | | | Policyholder NRIC | S7835171C |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 90696319 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | <div><div>No</div><div>▼</div></div> |
| KPI | <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(%) | 50 | Private Hire | No |
| <div><div></div> Accident Details</div> | | | | | |
| Report Date | 11/12/2018 15:50 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 10/12/2018 | Time of Accident (H:mm) | 13:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICH No. | |
| Accident Location | WOODLANDS CROSSING TWOS MALAYSIA | | | | |
| <div><div></div> Excess</div> | | | | | |
| Own Damage Excess | 600.00 | 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 | | |
| <div><div></div> Benefits</div> | | | | | |
| <div><div></div> GST Registered Information</div> | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | | Yes | |
| Modification History | | | | | |
| | | | | | |
| <div><div></div> Policyholder Mailing Address</div> | | | | | |
| Address 1 | BLK 291 #11-434 | Address 2 | TAMPINES STREET 22 | Address 3 | SINGAPORE S20291 |
| Address 4 | | Address Type | Singapore address | Post Code | S20291 |
| Unit No. | 11-434 | Related Policy Number | S094421605 | | |
| <div><div></div> GI Driver Info</div> | | | | | |
| Driver Name | HOI YEW WENG (XU YAORONG) | Driver Type | Main Driver | | |
| Unnamed driver Name | | Driver NRIC | S7835171C | Driver DOB | 17/11/1978 |
| Register Date of Driver License | 03/07/2007 | Driver Age | 40 | Driving Experience | 11 |
| Contact No.(Mobile) | 90696319 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | BLK 291 | Address 2 | TAMPINES STREET 22 | Address 3 | SINGAPORE S20291 |
| Address 4 | | Address Type | Singapore address | Post Code | S20291 |
| Unit No. | 11-434 | | | | |
| 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 checked="" type="radio"/> Yes <input type="radio"/> No | | |

Modification History

Claim 001 **New**

| | | | | | |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|---------------------|----------------------------|
| Claim Type * | 00-MX | Insured Name | HOI YEW WENG (XU YACRONG) | Insured NRIC | S7835171C |
| Contact No.(Mobile) | | Contact No.(Home) | 63675006 | Contact No.(Office) | |
| Email Address | | O1 Vehicle Number | SGU4896G | TP Vehicle Number | SLJ8859S |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | SGU4896G / SLJ8859S ON 10 Dec 2018 | | | | Name of Preferred Workshop |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 11/12/2018 15:52 | Claim Close Date | | Date Received | 11/12/2018 00:00 |
| Report Taken By | Jackson | | | | |

 Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1023439 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 11/12/2018 15:53 |

| Path * | Category * | Confidential | Urgency * | Description * |
|---|--|--|--|----------------------|
| <input type="text"/> Browse... <input type="button" value="Clear"/> | Please Select <input type="button" value="v"/> | <input type="button" value="NO"/> <input type="button" value="v"/> | <input type="button" value="Normal"/> <input type="button" value="v"/> | <input type="text"/> |
| <input type="text"/> Browse... <input type="button" value="Clear"/> | Please Select <input type="button" value="v"/> | <input type="button" value="NO"/> <input type="button" value="v"/> | <input type="button" value="Normal"/> <input type="button" value="v"/> | <input type="text"/> |
| <input type="text"/> Browse... <input type="button" value="Clear"/> | Please Select <input type="button" value="v"/> | <input type="button" value="NO"/> <input type="button" value="v"/> | <input type="button" value="Normal"/> <input type="button" value="v"/> | <input type="text"/> |
| <input type="text"/> Browse... <input type="button" value="Clear"/> | Please Select <input type="button" value="v"/> | <input type="button" value="NO"/> <input type="button" value="v"/> | <input type="button" value="Normal"/> <input type="button" value="v"/> | <input type="text"/> |

