

**NATIONAL Assessment Centre Services** (wef 1 Jan 2005)

Date In: 12/01/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19000721/13	SAS e-filing		
Veh No: SJF72365	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/01/19 0300	i-Motor Claim Form	MT/1007514-001	
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: SCR27237 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%; F: 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

NA1900425	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR : Re-inspection \$75		
<b>Cat. 2 / 3:</b>	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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	12/01/2019 10:47
Date Of Accident	12/01/2019 03:00
Exact Location Of Accident	UPP BUKIT TIMAH RD TURNING INTO DAIRY FARM RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT7236S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MENG CHENG TRANSPORT & SERVICES
Co Reg No	53378329A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90088705

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5099368818-01
Cover Note Number	

### Driver

Name of Driver	TAY CHIN CHYE
NRIC No	S7148203J
Date Of Birth	27/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	22/05/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88202669
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 23 SIN MING ROAD  
#12-27

Postcode 570023

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 (including own vehicle) involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

Passenger 1  
NAME: : UNKNOWN  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name KAMPONG UBI NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 ,  
COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7479999 - FAX NO: 67453410

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190112/2065

#### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: SENT VIDEO TO OD SUPPORT

Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLR2723Y

Vehicle Make/Model/Colour MAZDA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIM KIAN HWEE

NRIC/Passport Number S7835806H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

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

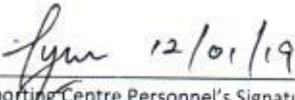
I understand, acknowledge, agree and consent that:

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



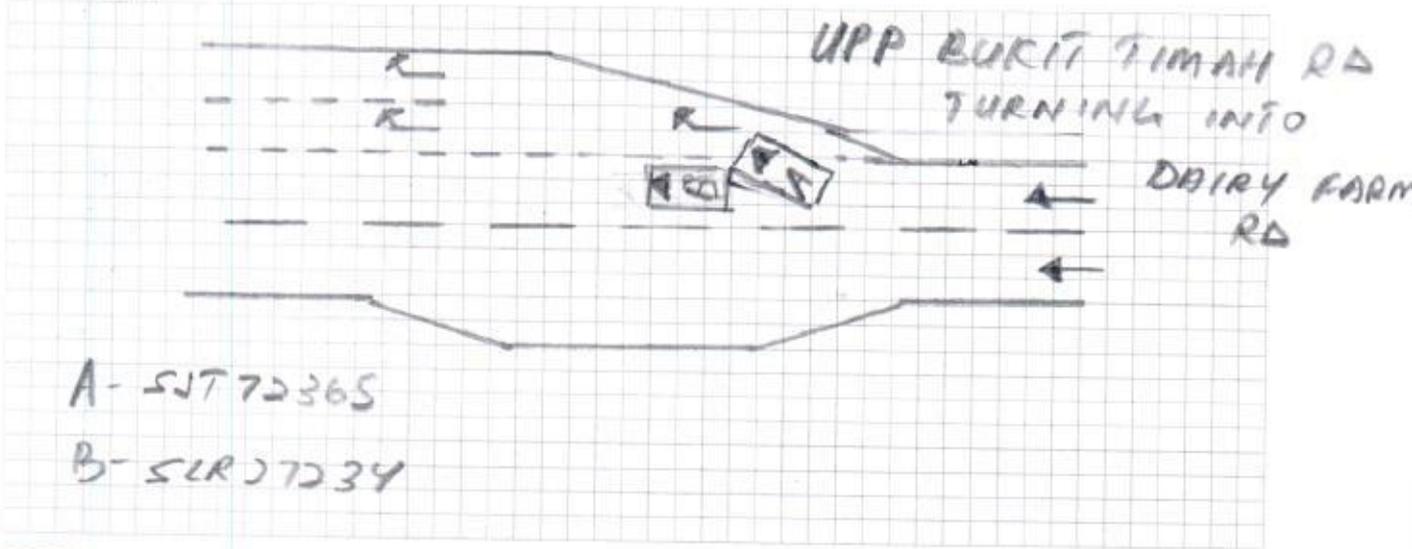
Policyholder's Signature  
Date & Time:

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

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

12-01-2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*P/S refer to the statement.*

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:

*12-01-2019*

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

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

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

Original Report No : MNA119005228 Vehicle Registration No: 5J772365  
 Name(as shown in NRIC) : FAY CHIN CHYE NRIC/FIN/Passport No : 571482035  
 (\*Vehicle Driver / Vehicle Owner) (\* Please delete as appropriate  
 Address : BLK 23 SIN MING RD #12-07 Singapore( 570023 )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 88202669  
 Email Address : \_\_\_\_\_  
 Date of Accident : 12/01/19 Time of Accident : 05:00  
 Place of Accident : UPP BUKIT TIMAH RD TURNING INTO DIARY FARM RD  
 Insurance Company : NTUC

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

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

ADD IN POLICE REPORT

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

[Signature]  
 Policyholder / Driver's Signature  
 Date: \_\_\_\_\_



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





Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

**CONTINUATION OF REPORT**

Driver			
Name	TAY CHIN CHYE	ID No.	S7148203J
Related Vehicle	SJT7236S (Car)	Contact No.	90466998
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM KIAN HWEE (LIN JIANHUI)	ID No.	S7835806H
Related Vehicle	SLR2723Y (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 12/01/2019 at about 0300hrs, I was driving along Upper Bukit Timah Road and heading towards Dairy Farm Road. I was on the first lane of the two lane road before a collision happened. My car was lined up behind a white Mazda.

I was lined up behind the said white Mazda on the red light. When the light turned green, the said white car started moving off, however at a slow speed to the point where I felt that he was hogging the lane. I flashed the high beam on the Mazda as I felt that he was blocking and preventing me to filter into the lane that is opening up on the right. There was no traffic at all at that point of time.

The Mazda then started picking up speed. I had one passenger with me.

When I was filtering into the lane that was opening up on the right, the white Mazda made a stop out of a sudden, I pressed on my brakes however I still collided into the said car. No one was injured during the accident. I felt that the white Mazda driver was drink driving, as such I called for police assistance. Before the arrival of the police, two cars came to the scene. I believe that the two drivers who came over are friends of the white Mazda driver. I did not do anything besides waiting for the police to arrive.

Traffic Police came to the scene and tested the alcohol level of the driver. I was informed that said driver did not fail the test.

I reported the accident at about 0930hrs to my insurance and I was advised to lodge a police report. After viewing the dash cam of my car, the insurance company felt that there is a possibility that the white Mazda driver has purposely invited me to collide into him and to also make a false claim.



**SINGAPORE  
POLICE FORCE**



T/20190112/2065

Police Station Of Origin: \*  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

3 of 4

Report No. T/20190112/2065

**CONTINUATION OF REPORT**

The accident resulted to scratches and dents to the left side of the front bumper of my car. The left headlight was also damaged. Scratches and dents were also seen on the right side of the rear bumper of the Mazda.



**SINGAPORE  
POLICE FORCE**



T/20190112/2065

4 of 4

Report No. T/20190112/2065

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

**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 MUHAMMAD HAMIZAN BIN RITWAN

Signature Of Interpreter:  
Not applicable

Signature Of Informant:

Date/Time:  
12/01/2019 13:52

Classification Of Case:

Officer In Charge Of Case:  
• TP / GIT /  
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN  
Contact No.: 65476394

Authentication Stamp  
NP168

# ACCIDENT STATEMENT

ACCIDENT DATE: (12/01/2019) (DD/MM/YYYY), TIME: (03.00) (HH:MM)

LOCATION: UPP BUKIT TIMAH RD TURNING RIGHT INTO

DAIRY  
FARM  
RD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5JT7236S  
b) INSURANCE COMPANY: AIFUC  
c) POLICY NUMBER: 5098368818-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: NISSAN CERATO  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90088701  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: YAY CHIN CHYE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 57148203J CONTACT: 88202669  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (27/03/1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 22/05/2009

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

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

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLR27237 MODEL: MAZDA  
b) DRIVER'S NAME: LIM KIAN HWEI  
c) NRIC/FIN/PASSPORT: 57835806H CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

CAR CAMERA - 7 LG

email =

fax =

video =

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )

**VOCATIONAL LICENCE**



Licence No : **S7148203J**

Name : **TAY CHIN CHYE**

Issue Date : **29/6/2017**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	29/06/2017
03	BUS VL	03/03/2017
04	BUS ATTENDANT	03/03/2017



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S7148203J**



Name

**TAY CHIN CHYE**

Race

**CHINESE**

Date of birth

**27-03-1971**

Country of birth

**SINGAPORE**

Sex

**M**



4399072



NRIC No. **S7148203J**



Date of issue

**20-04-2009**

**APT BLK 23 SIN MING ROAD #12-27**  
**SINGAPORE 570023**

NRIC No: **S7148203J**

Date: **01/10/2016 (R)**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S7148203J**

Name

**TAY CHIN CHYE**

Birth Date **27 Mar 1971**

Issue Date **22 May 2009**

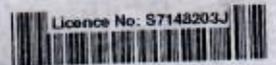


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

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

PASS DATE

**22 May 2009**



Licence No: **S7148203J**

NP 428A

**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: 5099368818-01

Cover : Third Party

- |   |                                   |
|---|-----------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJT7236S                        |
| Chassis Number  | : KNAFU411MA5138096               |
| 2. Name of Policyholder   | : MENG CHENG TRANSPORT & SERVICES |
| 3. Effective Date of Insurance  | : 03 Nov 2018                     |
| 4. Expiry Date of Insurance   | : 02 Nov 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 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

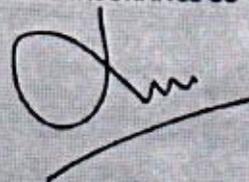
Agency : ALL INS AGENCY PTE. LTD. (00000571908)

Date of Issue : 25 Oct 2018 08:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Authorised Officer



Chief Executive

**Claim Handling**

The premium on this policy has not been collected.

**Accident MT/1027514**

Policy No.	5099368818-01	Vehicle No.	SJT72365	GST Registration No.	
Certificate No.					
Policyholder Name	MENG CHENG TRANSPORT & SERVICES			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	90088705	Contact No.(Office)	0	Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	
<b>▼ Accident Details</b>					
Report Date	12/01/2019 17:20	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	12/01/2019	Time of Accident hh:mm	03:00	Country of Accident	
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP BUKIT TIMAH RD TURNING INTO DAIRY FARM RD				
<b>▼ Excess</b>					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>▼ Benefits</b>					
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	BLK 531A #04-113	Address 2	UPPER CROSS STREET	Address 3	
Address 4	SINGAPORE 051531	Address Type	Singapore address	Post Code	
Unit No.	04-113	Related Policy Number	5101580291-01		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	TAY CHIN CHYE	Driver NRIC	S7148203J	Driving Experience	
Register Date of Driver License	22/05/2009	Driver Age	47	Contact No.(Home)	
Contact No.(Mobile)	88202669	Contact No.(Office)	0	Address 3	
Address 1	BLK 23	Address 2	SIN MING ROAD	Post Code	
Address 4	SINGAPORE 570023	Address Type	Singapore address		
Unit No.	#12-27				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com	
<b>Declaration:</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MENG CHENG
Contact No.(Mobile)	92395579	Contact No.(Home)	
Email Address		OI Vehicle Number	SJT723
Claim Description	SJT72365 / SLR2723Y ON 12 Jan 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/01/2019 17:29	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	





NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 17:27	Photos	Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 17:27	Photos	Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 17:27	Photos	Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 17:27	Photos	Normal	Photos
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jan 2019 17:27	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	
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Display in New Window

Scan and uploading