

NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA119006869

Date In: 15/1/19 - 15:18	Job description	Date & Time Completed	Done by
Ref No: NA/INC19000903/24	SAS e-filing		
Veh No: SM62892	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/1/19 - 09:28	i-Motor Claim Form	M71029936-001	15/1/19 15:50
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: PC5006X	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:-	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

Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat 1: Cat 2 / 3:	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
	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:-			
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 \$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 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	15/01/2019 15:18
Date Of Accident	14/01/2019 09:25
Exact Location Of Accident	SENGKANG EAST AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMG2889Z
Insured/Policyholder	
Name Of Registered Owner	HONZEL PTE LTD
Co Reg No	201838088G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
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	5106163512
Cover Note Number	
Driver	
Name of Driver	HO YOUYI
NRIC No	S8138217D
Date Of Birth	17/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2005
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98258775
Fax Number	
Contact Number	OFFICE-98258775
E-Mail Address	NOEMAIL

Address	BLK 263 WATERLOO STREET #18-215
Postcode	180263
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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: : LEE CHIN NEE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190114/2142.

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	PC5006X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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

HO YOUYI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMG2889Z

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.

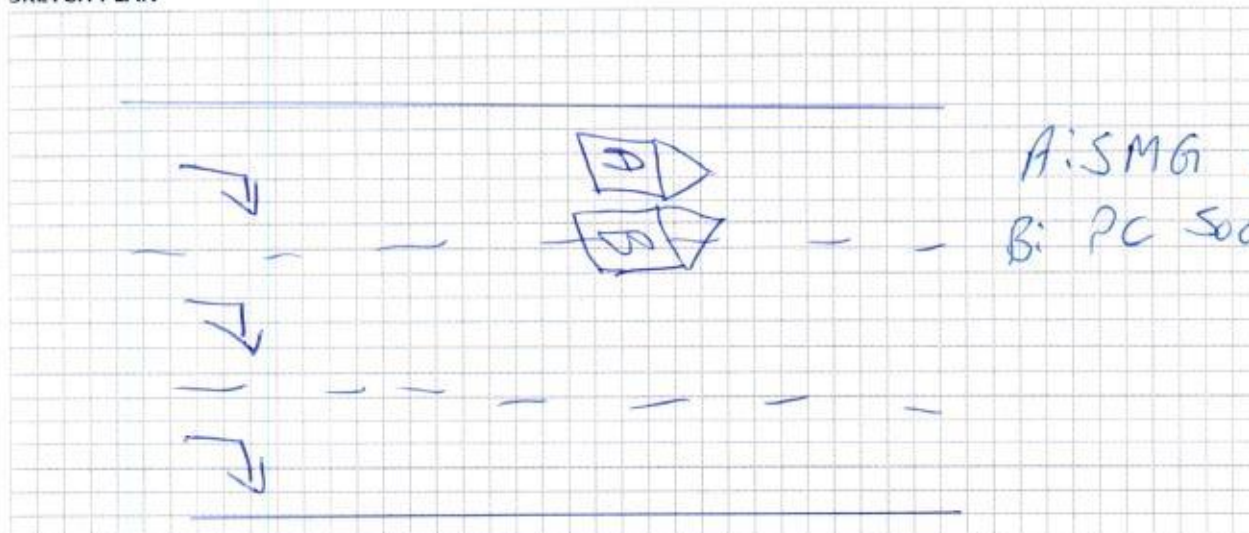


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS a police Report J/20190114/2142

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.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 14 / 01 / 2019 (dd/mm/yy) Time of Accident: 09 : 25 (24-HR-FORMAT)

Vehicle No.: 9MG 2889Z Vehicle Make & Model: _____

Exact location of Accident: Sengkang East Ave

Policyholder's Name / IC No.: Honzel Pte Ltd 2018380446

Driver's Name / IC No.: Ho Youyi 58138217D (As Above) ☐

Driver's Contact No.: 98258775 Company Contact No: _____

Driver's Address: _____

Insurance Company: NTUC Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 02
Lee Chin Nee

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Ho Youyi

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: 10 Ubi Ave

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: PC 5006X

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

* If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



SINGAPORE POLICE FORCE



T/20190114/2142

1 of 3

Report No. T/20190114/2142

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2019 18:55	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: HO YOUYI		Address: APT BLK 263 WATERLOO STREET #18-215 SINGAPORE 180263	
ID Type / ID No.: NRIC NO / S8138217D		Contact No.: Home/Office:	Mobile: 98258775
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 17/11/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/01/2019 09:30	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 SENGKANG EAST AVENUE SENGKANG EAST DRIVE SENGKANG EAST AVENUE TOWARDS SENGKANG EAST DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC5006X	Van					0
SMG2889Z	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190114/2142

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20190114/2142

CONTINUATION OF REPORT

Driver				
Name	ABDULLAH BIN ABDUK AZIZ		ID No.	S1804363G
Related Vehicle	PC5006X (Van)		Contact No.	87551323
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	HO YOUYI		ID No.	S8138217D
Related Vehicle	SMG2889Z (Car)		Contact No.	98258775
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/01/2019		Date Discharge	14/01/2019
No. of Days granted Medical Leave	05		Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED THE DATE, TIME AND LOCATION THE TRAFFIC FLOW WAS MODERATE AND THE ROAD SURFACE WAS DRY. I WAS TRAVELLING SENGKANG EAST AVENUE TOWARDS SENGKANG EAST DRIVE ON THE EXTREME LEFT LANE OUT OF 3 LANES, MY VEHICLE WAS IN A STATIONARY POSITION AS THE TRAFFIC LIGHT WAS RED. AS THE TRAFFIC LIGHT TURN GREEN AND THE VAN ON MY RIGHT HAND SIDE TRY TO CUT INTO MY LANE WITHOUT ANY SIGNAL. I TAP MY HONK TO WARN THE VAN DRIVER AND HE STOP BUT HOWEVER HE WAS ENTERING INTO MY LANE A BIT. AS I DRIVING PASSING BY HIM, THE VAN DRIVER DID NOT WAIT TILL I WAS FULLY PASSBY HIM BEFORE ENTERING INTO THE LANE. HE COLLIDED ONTO THE REAR RIGHT PORTION OF MY VEHICLE AND WE STOP OUR VEHICLE. LATER I MAKE A QUICK CHECKED ON MY PASSENGER, SHE INFORM ME THAT SHE WAS FINE AND NOT INJURED. LATER WE EXCHANGE PARTICULARS AND TOOK PHOTOS OF THE INCIDENT. LATER ON, I SEEK MEDICAL TREATMENT AND WAS GIVEN 5 DAYS MC. I HAVE FOOTAGE OF THE INCIDENT. THAT'S ALL



**SINGAPORE
POLICE FORCE**



T/20190114/2142

3 of 3

Report No. T/20190114/2142

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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:

TP /

KEE CHUAN JIA MARCUS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

14/01/2019 18:55

Classification Of Case:

Authentication Stamp

NP168

Signature:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8138217D



Name

HO YOUYI

何 有 益

Race

CHINESE

Date of birth

17-11-1981

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8138217D

Name

HO YOUYI

First Date 17 Nov 1981

Issue Date 16 Aug 2010



Land Transport Authority



VOCATIONAL LICENCE

Licence No. S8138217D

Name HO YOUYI

Issue Date 25/6/2015

Please visit www.lta.gov.sg to check the status of this vocational licence

4624604



NRIC No. S8138217D



Date of issue

16-08-2010

Address

APT BLK 263 WATERLOO STREET
#18-215
SINGAPORE 180263

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 30 Dec 2005

NP 428A



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
02	TAXI VL

Issue Date
25/06/2015



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: 5106163512

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMG2889Z**
Chassis Number : RU31303479
2. Name of Policyholder : HONZEL PTE LTD
3. Effective Date of Insurance : 13 Dec 2018
4. Expiry Date of Insurance : 12 Dec 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)	: 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	: NO
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	: TAI THONG LEE TRADING 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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
Date of Issue : 11 Dec 2018 12:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

Hello, NAC_PAYA_UBI_800601

GeneralClaim

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

[Search](#)

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106163512		HONZEL PTE LTD	201838088G	GPC	drivo CLASSIC	SMG2889Z	SMG2889Z	13/12/2018	12/12/2019

[Continue](#)

▼ Policy Information

Policy No.	5106163512	Policyholder Name	HONZEL PTE LTD	Policyholder NRIC	201838088G
Certificate No.					
Address	BLK 263 #18-215 WATERLOO STREET SINGAPORE 180263				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	11/12/2018	Effective Date	13/12/2018 00:00	Expiry Date	12/12/2019 23:59
Excess Type		All Claims Excess			
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		Young/Inexperience Driver Excess
Agent	INSMART (INSURANCE) AGENCY	Agent Tel.	68420766	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 263 #18-215	Address 2	WATERLOO STREET	Address 3	SINGAPORE 180263
Address 4		Address Type	Singapore address	Post Code	180263
Unit No.	18-215	Related Policy Number	5106163512		

▶ Insured Object: SMG2889Z

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	13/12/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 13 Dec 2018, the following policy details are amended as follows: PERIOD OF INSURANCE: 13 Dec 2018 TO 12 Dec 2019 ORIGINAL REGISTRATION DATE: 13 Dec 2018
2	13/12/2018 00:00	POI Move	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: 13 Dec 2018 TO 12 Dec 2019
3	13/12/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 13 Dec 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: TAI THONG LEE TRADING PTE LTD CHASSIS NUMBER: RU31303479 ENGINE NUMBER: LEB6723486 VEHICLE REGISTRATION NUMBER: SMG2889Z ORIGINAL REGISTRATION DATE: 12 Dec 2018

Continue

Cancel

Claim Handling

- **Exit.**

Accident NT/1027936

Policy No.	5106163512	Vehicle No.	SMG28892	GST Registration No.	
Certificate No.					
Policyholder Name	HONZEL PTE LTD			Policyholder NRIC	201838088G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	98258775	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	<div><div></div><div>71</div><div></div></div>
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	Yes
<div><div></div> Accident Details</div>					
Report Date	15/01/2019 15:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	14/01/2019	Time of Accident hh:mm	09:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SENGKANG EAST AVE				
<div><div></div> Excess</div>					
Own 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		
<div><div></div> Benefits</div>					
<div><div></div> GST Registered Information</div>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status verified	No		
Modification History					

Policyholder Mailing Address

Address 1	BLK 263 #18-215	Address 2	WATERLOO STREET		Address 3	SINGAPORE 180263
Address 4		Address Type	Singapore address		Post Code	180263
Unit No.	18-215	Related Policy Number	5106163512			
🔍 OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	HO YQVY	Driver NRIC	58138217D	Driver DOB	17/11/1981	
Register Date of Driver License	30/12/2005	Driver Age	37	Driving Experience	13	
Contact No.(Mobile)	98258775	Contact No.(Office)	0	Contact No.(Home)	0	
Address 1	BLK 263	Address 2	WATERLOO STREET		Address 3	SINGAPORE 180263
Address 4		Address Type	Singapore address		Post Code	180263
Unit No.	18-215					
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 *	OD-MX	Insured Name	MENZEL PTE LTD	Insured NRJC	201838088G
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	N/A
Email Address		OT Vehicle Number	SMG2889Z	TP Vehicle Number	PC5006X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRJC *			
Claimant Address					
Claim Description	SMG2889Z / PC5006X ON 14 Jan 2019			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	15/01/2019 15:50	Claim Close Date		Date Received	15/01/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AX letter					
<div> <div>Save</div> <div>Submit</div> </div>					

Attachment

Accident No.		HT/1027936		Claim No.		001	
Last Doc. Received		<input checked="" type="radio"/> Yes <input type="radio"/> No		Upload Date		15/01/2019 15:52	

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

Browse...		Clear	Please Select	1/1	Normal	
Browse...		Clear	Please Select	1/1	Normal	

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (C)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:52	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:52	SAS	Normal	SAS 2019-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:52	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:52	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:52	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:52	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:51	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:51	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:51	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:51	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:51	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:51	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:51	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:51	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:51	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:51	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:51	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:51	Photos	Normal	Photos 2019-1-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 15 Jan 2019 15:51	Photos	Normal	Photos 2019-1-15		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				