

NATIONAL Assessment Centre Services (wef 1 Jan 2005) **NA 1901068**

Date In: 22/1/19 - 13:54	Job description	Date & Time Completed	Done by
Ref No: NA 1121900502/24	SAS e-filing		
Veh No: SDV38837	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/1/19 - 11:50	i-Motor Claim Form	21/1/2019 19:27-001	22/1/19 14:09
OD: (P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **Bx 11765** 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
(INC hotline: 6788 6616)		
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:	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			for Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments: :	5) FT: Follow-Through Survey (Resurvey) \$30			
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 2 / 3:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) N12: Idac Mobile 30			
	*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			
	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	23/01/2019 13:54
Date Of Accident	21/01/2019 11:50
Exact Location Of Accident	PIE, ENG NEO FLYOVER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBV3883J
Insured/Policyholder	
Name Of Registered Owner	TEOH SHU HUI
NRIC No	S9607869B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98576376
Alternative Phone No	OFFICE-98576376
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	5100367507
Cover Note Number	
Driver	
Name of Driver	TEOH KIM CHUE
Work Permit No	S1264199J
Date Of Birth	17/02/1957
Occupation	OUTDOOR
Date Of Driving Pass	01/11/2012
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90076203
Fax Number	
Contact Number	OFFICE-90076203
Email Address	NOEMAIL

Address	10 LORONG AMPAS #19-01
Postcode	328784
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	
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: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2507999 - FAX NO: 63554314
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190122/2134.

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	QX1176S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	ABDULLAH BIN ABU BAKAR BAFADHAL
NRIC/Passport Number	S8237453A
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:

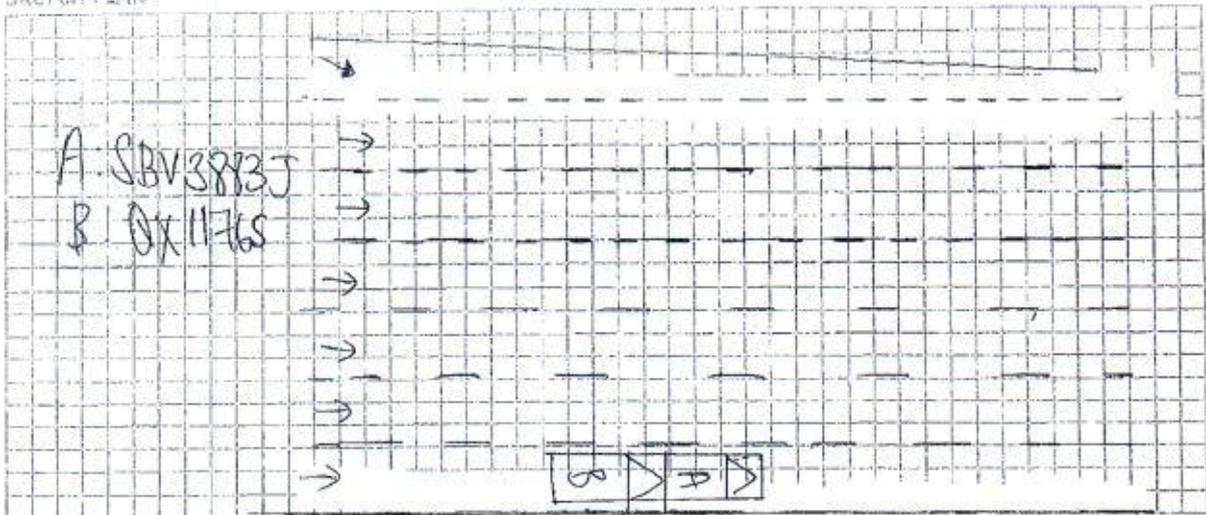


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling PIE at eng neo flyover, AS the traffic was very heavy I was travelling at a slow speed suddenly I felt an impact from the rear portion of my vehicle when I got down the car then I know that I got into a accident.

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 willful 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	21/11/2019	(DD/MM/YY)
Time of accident	11:50AM	(HH:MM)
Exact location of accident	PIE @ Eng NEO Flyover	

DETAILS OF VEHICLE

Vehicle registration number	SBV3883J		
Vehicle make and model	Toyota Altis		
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 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			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	TEOH Shuhui	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	S9607869B	
Contact	98576376	
Address	10 lorong Ampas #19-01 S(328784)	

DRIVER

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

Name	Teoh Kim chue	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1264199J	
Contact	90076203	
Address	10 lorong AMPAS #19-01 S(328784)	
Email address		
Date of birth	17-02-1957	
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>
Driving date pass	1/11/2012	

GENERAL INFORMATION OF THE ACCIDENT

Is the driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	2 (Inclusive of driver)

PASSENGER 1

Name	Teon Kim Chue
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	Friend
Gender	Male <input type="checkbox"/> Female <input checked="" 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 type="checkbox"/> No <input checked="" 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	
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WITNESS 2

Name	
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THIRD PARTY VEHICLE 1	
Vehicle registration number	QX11765
Vehicle make model	
Name	ABDULLAH BIN ABU BAKAR BAFADHAL
NRIC / Fin / Passport number	S8237453A
Contact	

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

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

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

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

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

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

INJURED PERSON 1

Name	
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 2

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 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"/>



**SINGAPORE
POLICE FORCE**



T/20190122/2134

1 of 3

Report No: T/20190122/2134

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2019 18:51	Vide Report No:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: TEOH KIM CHUE		Address: 10 LORONG AMPAS #19-01 SINGAPORE 328784	
ID Type / ID No.: NRIC NO / S1264199J		Contact No.: Home/Office:	Mobile: 90076203
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 17/02/1957	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Company director		Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 21/01/2019 11:50	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY PIE towards Adam road near to Eng Neo Ave			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	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
CX1176S	Car	FORD		Multi-Colored	Slightly Damaged	0
SBV3883J	Car	TOYOTA	Altis	Black	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190122/2134

2 of 3

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Report No. T/20190122/2134

CONTINUATION OF REPORT

Driver			
Name	ABDULLAH BIN ABU BAKAR BAFADHAL	ID No.	S8237453A
Related Vehicle	QX1176S (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
Driver			
Name	TEOH KIM CHUE	ID No.	S1264199J
Related Vehicle	SBV3883J (Car)	Contact No.	90076203
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle (SBV3883J) along PIE to Adam Rd near to Eng Neo Ave. I was on the flyover and was travelling on the right most lane. I wish inform at that point in time, the traffic volume was heavy and I was travelling at a slow speed. Sudden SCDF car (QX1176S) hit onto the rear of my car. We stopped our vehicles near to the road shoulder to exchange particulars. The left rear bumper of my vehicle was dented in but I do not see any damage to QX1176S.

I wish to inform there were no police attended us and there were no one injured. I am lodging this report as it involved a government vehicle.



**SINGAPORE
POLICE FORCE**



T/20190122/2134

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

3 of 3

Report No. T/20190122/2134

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 E / Sgt 2 EDMUND CHAN MAN NAM	
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: 22/01/2019 18:51	
Classification Of Case:	

Authentication Stamp
NP168

REPUBLIC OF SINGAPORE
 IDENTIFICATION CARD NO. S1264199J
 Name: TEOH KIM CHUE
 Birth Date: 17 Feb 1957
 Issue Date: 01 Nov 2012




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1264199J

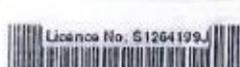


Name: TEOH KIM CHUE
 Race: CHINESE
 Date of Birth: 17-02-1957
 Sex: M
 Country of Birth: SINGAPORE

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

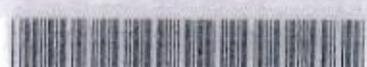
CLASS	DESCRIPTION	EFFECTIVE DATE
Class 3A	Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals <= 2500kg	01 Nov 2012

MP 428A



Licence No. S1264199J

4202220



NRIC No. S1264199J



Date of Issue: 10-04-2008

10 LORONG AMPAS #19-01
 SINGAPORE 328784
 NRIC No: S1264199J Date: 23/11/2010 No: 0545811

Hello, NAC_PAYA_UBI_800601

[Change Language](#)

[Change Password](#)

[Log Out](#)

[My Desktop](#)

[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="21/01/2019 11:50"/>
Vehicle No. (For Motor)	<input type="text" value="SBV3883J"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100367507		TEOH SHU HUI	S9607869B	GPC	drive CLASSIC	SBV3883J	SBV3883J	05/05/2018	04/05/2019

Policy Information

Policy No.	5100367507	Policyholder Name	TEOH SHU HUI	Policyholder NRIC	S9607869B
Certificate No.					
Address	10 LORONG AMPAS #19-01 D'LOTUS SINGAPORE 328784				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/05/2018	Effective Date	05/05/2018 00:00	Expiry Date	04/05/2019 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	KCB AGENCY	Agent Tel.	63913813	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	10 LORONG AMPAS	Address 2	#19-01 D'LOTUS	Address 3	SINGAPORE 328784
Address 4		Address Type	Singapore address	Post Code	328784
Unit No.	19-01	Related Policy Number	5100367507		

Insured Object: SBV3883J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	21/05/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 21 May 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: EFIZZIG CREDIT PTE LTD CHASSIS NUMBER: MR053ZEE106104361 ENGINE NUMBER: 3ZZ4750574 VEHICLE REGISTRATION NUMBER: SBV3883J ORIGINAL REGISTRATION DATE: 23 Apr 2008

Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1029197

Policy No.	5100367507	Vehicle No.	SBV38833	GST Registration No.	
Certificate No.					
Policyholder Name	TEOH SHU HUI			Policyholder NRIC	S9607869B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	98576376	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	
KPK	<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	No
Accident Details					
Report Date	23/01/2019 14:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/01/2019	Time of Accident hh:mm	11:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE, ENG NEO FLYOVER				
Excess					
Own damage Excess	500.00	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		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	10 LORONG AMPAS	Address 2	#19-01 D'LOTUS	Address 3	SINGAPORE 328784
Address 4	Singapore address	Address Type	Singapore address	Post Code	328784
Unit No.	19-01	Related Policy Number	5100367507		
OI Driver Info					
Driver Name	TEOH KIM CHUE	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S12641993	Driver DOB	17/02/1957
Register Date of Driver License	01/11/2012	Driver Age	61	Driving Experience	6
Contact No. (Mobile)	90076203	Contact No. (Office)	0	Contact No. (Home)	0
Address 1	10 LORONG AMPAS	Address 2	D'LOTUS	Address 3	SINGAPORE 328784
Address 4		Address Type	Singapore address	Post Code	328784
Unit No.	19-01				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	TEOH SHU HUI	Insured NRIC	S9607869B
Contact No. (Mobile)	98576376	Contact No. (Home)	02562691	Contact No. (Office)	
Email Address	JASLYNPANDEMONIUM@GMAIL	O1 Vehicle Number	SBV38833	TP Vehicle Number	QX11765
Claimant Type Claimant Type*	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SBV38833 / QX11765 ON 21 Jan 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered	23/01/2019 14:09	Claim Close Date		Date Received	23/01/2019 14:10
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1029197	Claim No.	001																									
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/01/2019 14:10																									
<table border="1" style="width: 100%;"> <thead> <tr> <th>PAIN *</th> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/> Browse... <input type="button" value="Clear"/> <input type="text"/> Please Select</td> <td><input type="text"/> NO</td> <td><input type="text"/> Normal</td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/> Browse... <input type="button" value="Clear"/> <input type="text"/> Please Select</td> <td><input type="text"/> NO</td> <td><input type="text"/> Normal</td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/> Browse... <input type="button" value="Clear"/> <input type="text"/> Please Select</td> <td><input type="text"/> NO</td> <td><input type="text"/> Normal</td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/> Browse... <input type="button" value="Clear"/> <input type="text"/> Please Select</td> <td><input type="text"/> NO</td> <td><input type="text"/> Normal</td> <td><input type="text"/></td> </tr> </tbody> </table>				PAIN *	Category *	Confidential	Urgency *	Description *	<input type="text"/>	<input type="text"/> Browse... <input type="button" value="Clear"/> <input type="text"/> Please Select	<input type="text"/> NO	<input type="text"/> Normal	<input type="text"/>	<input type="text"/>	<input type="text"/> Browse... <input type="button" value="Clear"/> <input type="text"/> Please Select	<input type="text"/> NO	<input type="text"/> Normal	<input type="text"/>	<input type="text"/>	<input type="text"/> Browse... <input type="button" value="Clear"/> <input type="text"/> Please Select	<input type="text"/> NO	<input type="text"/> Normal	<input type="text"/>	<input type="text"/>	<input type="text"/> Browse... <input type="button" value="Clear"/> <input type="text"/> Please Select	<input type="text"/> NO	<input type="text"/> Normal	<input type="text"/>
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Browse

Clear

Please Select

No

Normal

Browse

Clear

Please Select

No

Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Jan 2019 14:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Jan 2019 14:10	SAS	Normal	SAS 2019-1-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Jan 2019 14:10	Photos	Normal	Photos 2019-1-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Jan 2019 14:10	Photos	Normal	Photos 2019-1-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Jan 2019 14:10	Photos	Normal	Photos 2019-1-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Jan 2019 14:10	Photos	Normal	Photos 2019-1-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Jan 2019 14:10	Photos	Normal	Photos 2019-1-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Jan 2019 14:10	Photos	Normal	Photos 2019-1-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Jan 2019 14:10	Photos	Normal	Photos 2019-1-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Jan 2019 14:09	Photos	Normal	Photos 2019-1-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Jan 2019 14:09	Photos	Normal	Photos 2019-1-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Jan 2019 14:09	Photos	Normal	Photos 2019-1-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Jan 2019 14:09	Photos	Normal	Photos 2019-1-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Jan 2019 14:09	Photos	Normal	Photos 2019-1-23		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 23 Jan 2019 14:09	Photos	Normal	Photos 2019-1-23		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: center; gap: 10px;"> Display in New Window Scan and uploading </div>				