

# NATIONAL Assessment Centre Services. [ver 1 Jan 09] MWA 119011688

|  |  |                           |               |
|--|--|---------------------------|---------------|
| Date In: 24/1/19 15:37                                 | Job description                          | Date & Time Completed     | Done by       |
| Ref No: MA/INC 19001608/64                             | SAS e-filing                             |                           |               |
| Vch No: GBF 1987R                                      | E-mail (within 3hrs, AIC 2hrs)           |                           |               |
| D.O.A: 24/1/19 08:15                                   | I-Motor Claim Form                       | M7/1029399 <sup>001</sup> | 24/1/19 16:47 |
| OD: <input checked="" type="checkbox"/> Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                           |               |
|  | I-Photo Uploaded                         |                           |               |
|  | Assessment/Survey Report                 |                           |               |
| TP Insurer:  | Ass't Report by Fax / Hand to Owner/Wksp |                           |               |

|   |   |                       |
|---|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (  | Tel:  | Fax:                  |
| TP Particulars:   | Vch No: GY 3875H  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

MA1900693

|                                 |   |             |          |          |
|---------------------------------|---|-------------|----------|----------|
| Claimant's Particulars:         | Invoice Preparation Checklist                   | Amc (\$)    | Amc (\$) | Add Bill |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               | 3000        |          |          |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$50)    |             |          |          |
| Damaged Portion:                | 3) TP: 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    |             |          |          |
| Ref 1:                          | For claiming against INC Only (ver 10 Jan 2003) |             |          |          |
| Ref 2/3:                        | 6) TR: Re-Inspection \$75                       |             |          |          |
|                                 | 7) N1: Idao 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: Idao 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   | 24/01/2019 15:37                       |
| Date Of Accident   | 24/01/2019 08:15                       |
| Exact Location Of Accident   | SLE TWDS CTE B4 WOODLANDS AVE 12 EXIT  |
| Country/State of Loss  | SINGAPORE                              |
| DETAILS OF OWN VEHICLE   |  |
| Vehicle Registration Number  | GBF1987R                               |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | LALA ENGRG & TRDG PTE LTD              |
| Co Reg No  | 200704249G                             |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  |  |
| Alternative Phone No   | OFFICE-96603634                        |
| Vehicle Particulars  |  |
| Manufacturer   | NISSAN                                 |
| Model  | NV200                                  |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL                             |
| 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   | COMMERCIAL VEHICLE                     |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5082479486-02                          |
| Cover Note Number  | -                                      |
| Driver   |  |
| Name of Driver   | HUANG ZIGEN                            |
| NRIC No  | S8714601D                              |
| Date Of Birth  | 05/05/1987                             |
| Occupation   | INDOOR                                 |
| Date Of Driving Pass   | 12/04/2007                             |
| Driving Experience   | 11 YEARS AND 9 MONTHS                  |
| Gender   | MALE                                   |
| Mobile Number  | (LOCAL) +65-92325343                   |
| Fax Number   |  |
| Contact Number   |  |
| Email Address  | NOEMAIL                                |

|   |                                  |
|---|----------------------------------|
| Address   | BLK 268D COMPASSVALE LINK #09-05 |
| Postcode  | 544268                           |
| Was driver an employee of the Insured's Company     | YES                              |
| If No, Relationship of the Driver with the Insured  |                                  |
| 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                         | 1   |
| 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)   | 1   |

#### 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

PLEASE REFER TO ATTACHED STATEMENT.

#### 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         | GY3875H                   |
| Vehicle Make/Model/Colour           |                           |
| Details Of Properties               |                           |
| Vehicle Category                    | COMMERCIAL VEHICLE        |
| Name of Driver                      | CHENDRA YASWAMY JAYA BABU |
| NRIC/Passport Number                |                           |
| Contact Number                      |                           |
| Address                             |                           |
| Postcode                            |                           |
| Insurance Company Name              |                           |
| Nature Of Damage                    |                           |
| No. Of Passenger (Including Driver) |                           |

#### DETAILS OF INJURED PERSON 1

|      |             |
|------|-------------|
| Name | HUANG ZIGEN |
|------|-------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBF1987R

YES

NO




## 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.

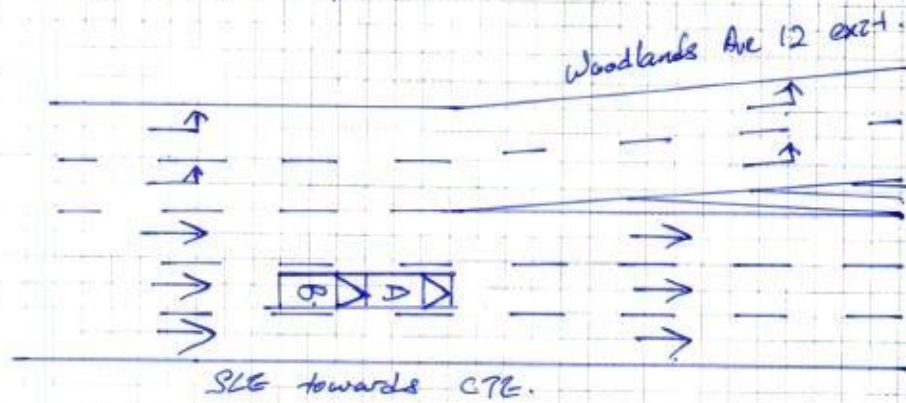
  
Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**

(A) GBF 1987 R  
(B) GY 38754



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 24/01/19 at @ 0815 hrs, I was travelling in my vehicle (GBF 1987R) along SLE towards CTE before Woodlands Ave 12 ext on the centre lane. I slow down and stopped due to traffic jammed ahead. Suddenly a pickup (GY 38754) from behind collided onto the rear portion of my vehicle.

**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.:



|                                   |   |                       |
|-----------------------------------|---|-----------------------|
| Vehicle No.                       | GBF 1987R. Model / Make Nissan NV200.                       |                       |
| Date of Accident                  | 24/01/19.   |                       |
| Time of Accident                  | 0815 HRS  |                       |
| Location of Accident              | SLE towards CTE before Woodlands Ave 12 ext.                |                       |
| Exact purpose use during accident | Commercial Used.  |                       |
| Name of Owner                     | Lala Engrg. & Trade Pte Ltd.                                |                       |
| Telephone No.                     | H/P: 9660 3684  | Home: Office:         |
| NRIC                              | 200704249G.   |                       |
| Address                           | BLK 32, Cassia Crescent #01-58 (S) 390032.                  |                       |
| Claim type                        | OD <u>THIRD PARTY</u> REPORTING ONLY                        |                       |
| Insurance Company                 | NTUC.   |                       |
| Type of Coverage                  | <u>Comprehensive</u> Third Party Third Party / Fire / Theft |                       |
| Policy No.                        | 5082479486-02.  |                       |
| Name of Driver                    | As Above If No, Huang Zigen.                                |                       |
| NRIC                              | 587146010.  | Any Passengers: N.A.  |
| Date of birth                     | 25/05/1987.   |                       |
| Occupation                        | Outdoor / <u>Indoor</u>                                     |                       |
| Driving License Pass Date         | 12/04/2007.   |                       |
| Gender                            | <u>Male</u> / Female  |                       |
| Contact No.                       | H/P: 9232 5343  | Home: Office:         |
| Address                           | BLK 268D Compassvale Link #09-05 (S) 544268.                |                       |
| Driver have any own vehicle       | <u>No</u> , If yes, Reg No.                                 |                       |
| Relationship                      | <u>Employee</u> , If no, state                              |                       |
| Weather condition                 | <u>Clear</u> Raining Other                                  |                       |
| Road Surface                      | <u>Dry</u> Wet Other  |                       |
| Any Injuries                      | <u>No</u> , If Yes, Who?                                    |                       |
| Name And Contact No.              | Huang Zigen (H/P: 9232 5343)                                |                       |
| Name And Contact No.              |   |                       |
| Police Report                     | <u>No</u> , If Yes, Where?                                  |                       |
| Vehicle B No.                     | GY 3875H.   | Any Passengers: N.A.  |
| Name of Driver                    | Chendra Yawwamy Jaya Babu Contact No.:                      |                       |
| Vehicle C No.                     | Any Passengers:   |                       |
| Vehicle D No.                     | Any Passengers:   |                       |
| Vehicle E no.                     | Any Passengers:   |                       |
| Vehicle F No.                     | Any Passengers:   |                       |
| Vehicle G No.                     | Any Passengers:   |                       |
| Witness Name                      | N.A   | Witness Contact: N.A. |
| Accident Portion                  | Rear Portion.   |                       |
| Camera Recorder                   | Yes <u>(No)</u>   |                       |
| Email Address                     | victor.huang@lala.com.sg.                                   |                       |
| PARTICULAR WORKSHOP               | N-51  |                       |
| CONTACT NO.                       | 6842 0051 / 6744 0510                                       |                       |
| CONTACT PERSON                    | Huixian.  |                       |
| FAX NO                            | 6741 0510   |                       |
| WORKSHOP EMAIL ADDRESS            | sales@n51.com.sg  |                       |

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8714601D**

Name **HUANG ZIGEN**

GLOBALFOUNDRIES  
PSD

Birth Date: **05 May 1987**  
Issue Date: **12 Apr 2007**

001492619F



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8714601D**



Name  
**HUANG ZIGEN**  
**黄子根**

Race  
**CHINESE**

Date of birth  
**05-05-1987**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**

**S8714601D**



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

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

PASS DATE  
**12 Apr 2007**

ST #09-15  
92325343  
SJB 4170L  
Visit

Licence No: S87

NP 428A

5835130

Barcode

NRIC No. **S8714601D**

Date of issue  
**01-12-2017**

Address  
**APT BLK 268D COMPASSVALE LINK  
#09-05  
SINGAPORE 544268**





## 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 :** 5082479486-02

**Cover :** Comprehensive

1. Index mark and Registration Number of Vehicle

: **GBF1987R**

Chassis Number

: VM20096053

2. Name of Policyholder

: LALA ENGRG & TRDG PTE LTD

3. Effective Date of Insurance

: 21 Jul 2018

4. Expiry Date of Insurance

: 20 Jul 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 business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : UNITED OVERSEAS BANK LIMITED

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 : ASSURE PTE. LTD. (00000572842)

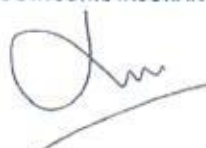
Date of Issue : 04 Jul 2018 17:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

## Claim Handling

Accident MT/1029399

|   |   |                               |   |                        |         |
|---|---|-------------------------------|---|------------------------|---------|
| Policy No.                              | 5082479486-02   | Vehicle No.                   | GBF1987R  | GST Registration No.   | 20071   |
| Certificate No.                         |   |                               |   |                        |         |
| Policyholder Name                       | LALA ENGRG & TRDG PTE LTD                                     |                               |   | Policyholder NRIC      | 20071   |
| Product Code                            | COMMERCIAL VEHICLE INSURAT                                    | Cover Type                    | Comprehensive   | Loading                | 0       |
| Contact No.(Mobile)                     | 96603634  | Contact No.(Office)           |   | Contact No.(Home)      |         |
| Email Address                           |   | Special Remark                |   | eCode                  | No      |
| 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(%)            | 15  | Private Hire           | No      |
| <b>Accident Details</b>                 |   |                               |   |                        |         |
| Report Date                             | 24/01/2019 16:39  | Accident Report Within 24 hrs | Yes   | Accident Type          | Collisi |
| Date of Accident                        | 24/01/2019  | Time of Accident hh:mm        | 08:15   | Country of Accident    | Singa   |
| Reporting Centre                        |   | Orange Force                  |   | ICM No.                |         |
| Accident Location                       | SLE TWDS CTE B4 WOODLANDS AVE 12 EXIT                         |                               |   |                        |         |
| <b>Excess</b>                           |   |                               |   |                        |         |
| Own damage Excess                       | 600.00  | Additional Excess             |   | Windscreen Excess      | 100.0   |
| Unnamed Driver Excess                   |   | Outside Singapore OD Excess   |   |                        |         |
| Third Party Excess                      | 0.00  | Outside Singapore TP Excess   |   |                        |         |
| <b>Benefits</b>                         |   |                               |   |                        |         |
| <b>GST Registered Information</b>       |   |                               |   |                        |         |
| GST Registered                          | Yes   | GST Registration Date         | 01/01/2015  |                        |         |
| GST Registration No.                    | 200704249G  | GST Status Verified           | No  |                        |         |
| Modification History                    |   |                               |   |                        |         |
| <b>Policyholder Mailing Address</b>     |   |                               |   |                        |         |
| Address 1                               | BLK 32 #01-58   | Address 2                     | CASSIA CRESCENT   | Address 3              | SING    |
| Address 4                               |   | Address Type                  | Singapore address   | Post Code              | 3900    |
| Unit No.                                | 01-58   | Related Policy Number         | S102644767  |                        |         |
| <b>OI Driver Info</b>                   |   |                               |   |                        |         |
| Driver Name                             | Unnamed Driver  | Driver Type                   | Unnamed Driver  |                        |         |
| Unnamed driver Name                     | HUANG ZIGEN   | Driver NRIC                   | S8714601D   | Driver DOB             | 05/01   |
| Register Date of Driver License         | 12/04/2007  | Driver Age                    | 31  | Driving Experience     | 11      |
| Contact No.(Mobile)                     | 92325343  | Contact No.(Office)           |   | Contact No.(Home)      |         |
| Address 1                               | BLK 268D #09-0509-05  | Address 2                     | COMPASSVALE LINK  | Address 3              | COMF    |
| Address 4                               | SINGAPORE 544268  | Address Type                  | Singapore address   | Post Code              | 5442    |
| Unit No.                                | 09-05   |                               |   |                        |         |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input 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 Handling

Accident MT/1029399

|                                |   |                               |   |                      |         |
|--------------------------------|---|-------------------------------|---|----------------------|---------|
| Policy No.                     | 5082479486-02   | Vehicle No.                   | GBF1987R  | GST Registration No. | 20071   |
| Certificate No.                |   |                               |   |                      |         |
| Policyholder Name              | LALA ENGRG & TRDG PTE LTD                                     |                               |   | Policyholder NRIC    | 20071   |
| Product Code                   | COMMERCIAL VEHICLE INSURAT                                    | Cover Type                    | Comprehensive   | Loading              | 0       |
| Contact No.(Mobile)            | 96603634  | Contact No.(Office)           |   | Contact No.(Home)    |         |
| Email Address                  |   | Special Remark                |   | eCode                | No      |
| 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(%)            | 15  | Private Hire         | No      |
| <b>Accident Details</b>        |   |                               |   |                      |         |
| Report Date                    | 24/01/2019 16:39  | Accident Report Within 24 hrs | Yes   | Accident Type        | Collisi |
| Date of Accident               | 24/01/2019  | Time of Accident hh:mm        | 08:15   | Country of Accident  | Singa   |
| Reporting Centre               |   | Orange Force                  |   | ICM No.              |         |
| Accident Location              | SLE TWDS CTE B4 WOODLANDS AVE 12 EXIT                         |                               |   |                      |         |
| <b>Excess</b>                  |   |                               |   |                      |         |
| <b>Total Excess Applicable</b> |   |                               |   |                      |         |
| Own damage Excess              | 600.00  | Additional Excess             |   | Windscreen Excess    | 100.0   |
| Unnamed Driver Excess          |   | Outside Singapore OD Excess   |   |                      |         |
| Third Party Excess             | 0.00  | Outside Singapore TP Excess   |   |                      |         |
| Excess Type                    |   | Windscreen Excess             | 100.00  |                      |         |



1/24/2019

Claim Handling(accident reporting Claim Task )

All Claims Excess

YIED All Claim Excess

Total All Claim Excess Applicable

OD Standard Excess

YIED OD Excess

Additional Excess

Total OD Excess Applicable

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1

BLK 32 #01-58

Address 2

CASSIA CRESCENT

Address 3

SING

Address 4

Address Type

Singapore address

Post Code

3900

Unit No.

01-58

Related Policy Number

5102644767

OI Driver Info

Driver Name

Unnamed Driver

Driver Type

Unnamed Driver

Unnamed driver Name

HUANG ZIGEN

Driver NRIC

58714601D

Driver DOB

05/01

Register Date of Driver License

12/04/2007

Driver Age

31

Driving Experience

11

Contact No.(Mobile)

92325343

Contact No.(Office)

Contact No.(Home)

Address 1

BLK 268D #09-0509-05

Address 2

COMPASSVALE LINK

Address 3

COMF

Address 4

SINGAPORE 544268

Address Type

Singapore address

Post Code

5442

Unit No.

09-05

Does he own a Singapore Registered car?

Yes No

Driver Vehicle No.

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

Yes No

Modification History

Claim 001 OD-MX New

Claim Type \*

OD-MX

Insured Name

LALA ENGRG & TRDG PTE LTD

Contact No.(Mobile)

96603634

Contact No. (Home)

Email Address

OI Vehicle Number

GBF1987R

Claim Description

GBF1987R / GY3875H ON 24 Jan 2019

Preferred Workshop

0

Insured Liability

Not at Fault

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

24/01/2019 16:46

Claim Close Date

Report Taken By

LIEW SHAN HUI

Workshop Repairer

Print AK letter

Attachment

Accident No.

MT/1029399

Claim No.

001

Last Doc. Received

Yes No

Upload Date

24/01/2019 16:47

Path \*

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

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Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

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NO

Normal

Attachment List

| Attachment   | Uploaded By/Date  | Category              | Urgency | Description                     |
|--|-------------------|-----------------------|---------|---------------------------------|
| NAC_PAYA_UBL_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on | 24 Jan 2019 16:47 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2019-1-24 |



|  |        |        |                  |
|--|--------|--------|------------------|
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:47 | SAS    | Normal | SAS 2019-1-24    |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:47 | Photos | Normal | Photos 2019-1-24 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:47 | Photos | Normal | Photos 2019-1-24 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:47 | Photos | Normal | Photos 2019-1-24 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:46 | Photos | Normal | Photos 2019-1-24 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:46 | Photos | Normal | Photos 2019-1-24 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:46 | Photos | Normal | Photos 2019-1-24 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:46 | Photos | Normal | Photos 2019-1-24 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:46 | Photos | Normal | Photos 2019-1-24 |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Jan 2019 16:46 | Photos | Normal | Photos 2019-1-24 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|-----------|--------|
|------------------|-------------|-----------|--------|

Display in New Window    Scan and uploading