

| NATIONAL Assessment Centre Services | | | |
|-------------------------------------|--|-----------------------|---------------|
| Date In: 25/01/2019 15:33 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC19001705/K4 | SAS e-filing | | |
| Veh No: SMD 7042H | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 24/01/2019 23:05 | I-Motor Claim Form | NT/1029593-001 | 28/1/19 09:32 |
| 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: SHC 19L | 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 | |
| | | |
| | | |
| | | |

| NA1900727 | | Invoice Preparation Checklist | | Am't (\$) | Am't (\$) |
|---------------------------------|--|---|------------|-------------|-----------|
| | | | | In Bill | Add Bill |
| Claimant's Particulars: | | 1) AR: Accident Reporting (\$30) | | | |
| Driver/Owner: | | 2) DA: Damage Assessment (\$100) | INC (\$30) | | |
| Contact No: | | 3) TP: Towing Fee | \$40/\$45 | | |
| Damaged Portion: | | 4) FT: Follow-Through Survey | \$120 | | |
| QC Checked by (Engr-In-Charge): | | 5) FT: Follow-Through Survey (Resurvey) | \$30 | | |
| Auditors' Comments: | | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Cat 1: | | 6) TR: Re-inspection | \$75 | | |
| Cat 2/3: | | 7) NI: Idao DA + SMRT Survey | \$160 | | |
| | | 8) NTUC Additional Services:- | | | |
| | | ON: | | | |
| | | *N5: Courtesy Car / Tp 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 | 25/01/2019 15:33 |
| Date Of Accident | 24/01/2019 23:05 |
| Exact Location Of Accident | BALESTIER RD TWDS LAVENDER ST |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SMD7042H |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN SHENGLONG |
| NRIC No | S8216030B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-87165255 |
| Alternative Phone No | OTHERS-87165255 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | FREED HYBRID 1.5G AUTO |
| Exact Purpose for which vehicle was being used at time of accident | WORKING HOUR |
| 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 | 5103060185 |
| Cover Note Number | |
| Driver | |
| Name of Driver | TAN SHENGLONG |
| NRIC No | S8216030B |
| Date Of Birth | 02/06/1982 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 27/04/2002 |
| Driving Experience | 16 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87165255 |
| Fax Number | |
| Contact Number | OTHERS-87165255 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 755 WOODLANDS AVENUE 4 #05-303 |
| Postcode | 730755 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (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) | 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SHC19L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|---------------|
| Name | TAN SHENGLONG |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | SMD7042H |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | |
| 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:

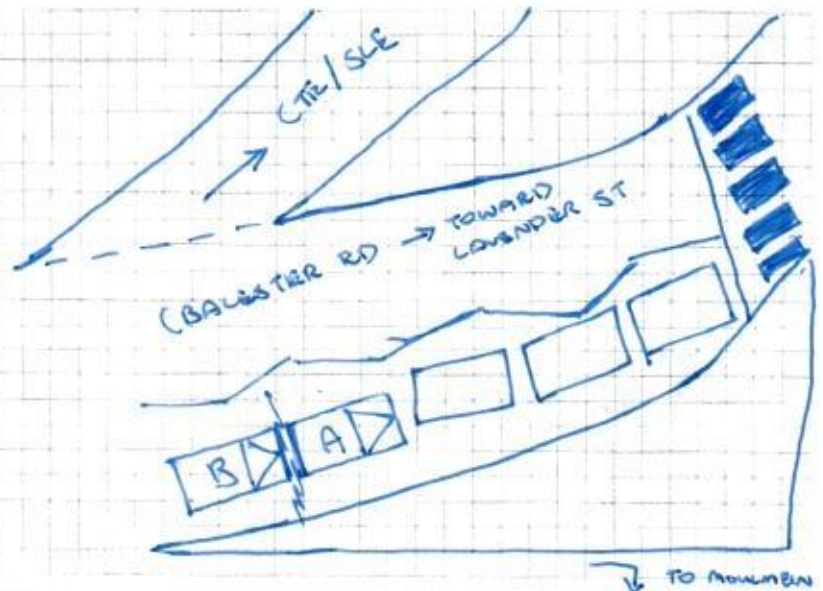
Driver's Signature
(if driver is not the policyholder)
Date & Time:

25/1/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

VEHICLE A
- SMD 7042 H

VEHICLE B
- SHC 19 L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

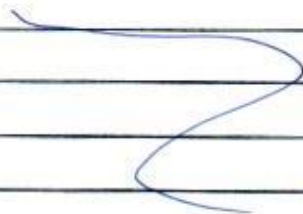
I WAS TRAVELLING ALONG BALESTIER ROAD, AND CAME TO A STOP ON THE RIGHT LANE, AT A ZEBRA CROSSING JUNCTION FROM BALESTIER ROAD TOWARD LAVENDER ST. SOMEWHERE JUST BEFORE THE CTE HIGHWAY FLYOVER.

THE VEHICLE IN FRONT OF ME BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. WHICH THEN SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SHC 19 L) THAT COLLIDED TO THE REAR OF MY VEHICLE. DIRECTLY TO THE REAR OF MY VEHICLE WHEN I WAS STATIONARY STOPPED.

VEHICLE A - SMD 7042 H

VEHICLE B - SHC 19 L



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.:

25/1/2019

Register New Vehicle (Acknowledgement)

Vehicle Particulars

| | | | |
|--------------------------|---|-----------------------------------|--|
| Vehicle No.: | SMD7042H | | |
| Vehicle Type: | Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover | Vehicle Scheme: | Normal |
| Vehicle Attachment 1: | No Attachment | | |
| Vehicle Attachment 2: | - | Vehicle Attachment 3: | - |
| Vehicle Make: | HONDA | Vehicle Model: | FREED HYBRID 1.5G AUTO |
| Chassis No.: | GB71067313 | Engine No.: | LEB5600568 |
| Motor No.: | H14080680 | Trailer Chassis No.: | - |
| Propellant: | Petrol-Electric | Passenger Capacity: | 6 |
| Engine Capacity: | 1496 cc | Power Rating: | 22.0 kW |
| Maximum Power Output: | 101.0 kW (135 bhp) | | |
| Unladen Weight: | 1430 kg | Maximum Laden Weight: | 1815 kg |
| Primary Colour: | White | Secondary Colour: | - |
| First Registration Date: | 31 Aug 2018 | Original Registration Date: | 31 Aug 2018 |
| Manufacturing Year: | 2018 | Open Market Value: | \$26,445.00 |
| PARF Eligibility: | Yes | Minimum PARF Benefit: | \$9,511.00 |
| No. of Transfers: | 0 | Additional Registration Fee Rate: | First \$20,000.00 (100%), next \$6,445.00 (140%) |
| Actual ARF Paid: | \$19,023.00 | | |

Owner Particulars

| | |
|------------------------------|--------------------|
| Owner Name: | TAN SHENGLONG |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | S8216030B |
| Registered Address Type: | HDB / HUDC |
| Registered Block /House No.: | 755 |
| Registered Street Name: | WOODLANDS AVENUE 4 |
| Registered Unit No.: | #05 - 303 |
| Registered | |

Building Name: -
Registered Postal Code: 730755
COE No. / Expiry Date: 2018090103002508K / 30 Aug 2028
COE Bid Category: B - Car above 1600cc or 97kW (130bhp)
QP Paid: \$32,429.00

Transaction Details

Business Transaction Ref. No.: 20180831093805433268
Business Transaction Date: 31 Aug 2018
Business Transaction Time: 09:38:05

Message

The above vehicle has been successfully registered.

Please note that \$42,013.00 will be deducted from your GIRO account.

Please note that the name you have entered is different from LTA's record and will be subject to LTA's verification.

| | | | |
|-----------------------------------|---------------------------------------|--------------------|----------------------------|
| Vehicle No. | SMD 7042 H | Model / Make | HONDA PREO |
| Date of Accident | 24/01/2019 | | |
| Time of Accident | 2305 | HRS | |
| Location of Accident | BALESTIER RD TOWARD LAVENDER ST | | |
| Exact purpose use during accident | WORKING HOUR | | |
| Name of Owner | TAN SHENGLONG | | |
| Telephone No. | H/P: 8716 5255 | Home: | Office: |
| NRIC | S 8216030 B | | |
| Address | 755 WOODLANDS AVE 4 #05-303 S(730755) | | |
| Claim type | OD | THIRD PARTY | REPORTING ONLY |
| Insurance Company | NTUC | | |
| Type of Coverage | Comprehensive | Third Party | Third Party / Fire / Theft |
| Policy No. | 5103060185 | | |
| Name of Driver | As Above If No, | | |
| NRIC | Any Passengers: NIL | | |
| Date of birth | 02/06/1982 | | |
| Occupation | Outdoor | / | Indoor |
| Driving License Pass Date | 07 APR 2002 | | |
| Gender | Male | / | Female |
| Contact No. | H/P: | Home: | Office: |
| Address | | | |
| Driver have any own vehicle | No | If yes, Reg No. | |
| Relationship | Employee, | If no, state OWNER | |
| Weather condition | Clear | Raining | Other |
| Road Surface | Dry | Wet | Other |
| Any Injuries | No, | If Yes, Who? | |
| Name And Contact No. | TAN SHENGLONG, 8716 5255 | | |
| Name And Contact No. | | | |
| Police Report | No | If Yes, Where? | |
| Vehicle B No. | SNC 19 L | Any Passengers: | |
| Name of Driver | | 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 | | Witness Contact: | |
| Accident Portion | REAR | | |
| Camera Recorder | Yes/ No | SD CARD DAMAGED | |
| Email Address | | | |
| PARTICULAR WORKSHOP | N-51 AUTOMOTIVE PTE LTD | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | IAN | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | Sales@n51.com.sg | | |

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8216030B



Name: TAN SHENGLONG
(CHEN SHENGLONG)
陈 胜 隆
Race: CHINESE
Date of birth: 02-06-1982
Country of birth: SINGAPORE

Sex: M



00216030B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8216030B

Name: TAN SHENGLONG
(CHEN SHENGLONG)

Birth Date: 02 Jun 1982
Issue Date: 25 Mar 2003

000326634H


Land Transport Authority

VOCATIONAL LICENCE

Licence No : S8216030B
Name : TAN SHENGLONG (CHEN SHENGLONG)

Card Issue Date : 19/03/2018

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



4868964



SUBC No: S8216030B



Date of issue: 07-08-2012

APT BLK 755 WOODLANDS AVENUE 4
#05-303
SINGAPORE 730755

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

| Class | Description | PASS DATE |
|----------|---|-------------|
| Class 2B | Motorcycles <= 200 CC | 30 Sep 2002 |
| Class 2A | Motorcycles between 201 CC and 400 CC | 04 Nov 2003 |
| Class 3 | Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg | 27 Apr 2002 |
| Class 4 | Heavy motor cars and motor tractors > 2500 kg | 29 May 2004 |
| Class 7 | Motor vehicles > 7250 kg not constructed to carry any load | 28 Jan 2005 |

S / No. 9000031015

S8216030B

NP 428A

Licence No: S8216030B



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

| Type | Description | Issue Date |
|------|---------------------|------------|
| 13 | PRIVATE HIRE CAR VL | 19/03/2018 |



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: 5103060185

Cover : drive CLASSIC

- | | |
|---|-----------------|
| 1. Index mark and Registration Number of Vehicle | : To Be Advised |
| Chassis Number | : GB71067313 |
| 2. Name of Policyholder | : TAN SHENGLONG |
| 3. Effective Date of Insurance | : 27 Aug 2018 |
| 4. Expiry Date of Insurance | : 26 Aug 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 | : TAN SHENGLONG |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : TWINCAR LEASING PTE LTD |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : SGP BUSINESS CONSULTANCY PTE. LTD. (00000573828)
Date of Issue : 27 Aug 2018 11:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

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="24/01/2019 23:05"/> |
| Vehicle No.(For Motor) | <input type="text" value="SMD7042H"/> | Certificate Number | <input type="text"/> |
| <input type="button" value="Search"/> | | | |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5103060185 | | TAN SHENGLONG | S8216030B | GPC | drivo CLASSIC | SMD7042H | SMD7042H | 31/08/2018 | 30/08/2019 |

▼ Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|------------------|-------------------|------------------|
| Policy No. | 5103060185 | Policyholder Name | TAN SHENGLONG | Policyholder NRIC | S8216030B |
| Certificate No. | | | | | |
| Address | BLK 755 #05-303 WOODLANDS AVENUE 4 SINGAPORE 730755 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 27/08/2018 | Effective Date | 31/08/2018 00:00 | Expiry Date | 30/08/2019 23:59 |
| 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 | | |
| Agent | SGP BUSINESS CONSULTANCY F | Agent Tel. | 62810777 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|--------------------|-----------|------------------|
| Address 1 | BLK 755 #05-303 | Address 2 | WOODLANDS AVENUE 4 | Address 3 | SINGAPORE 730755 |
| Address 4 | | Address Type | Singapore address | Post Code | 730755 |
| Unit No. | | Related Policy Number | 5103060185 | | |

▶ Insured Object: SMD7042H

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|----------------------------|--|
| 1 | 31/08/2018 00:00 | Basic Information Endorsement | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 31 Aug 2018, the following policy details are amended as follows: PERIOD OF INSURANCE: 31 Aug 2018 TO 30 Aug 2019 VEHICLE REGISTRATION NUMBER: SMD7042H ORIGINAL REGISTRATION DATE: 31 Aug 2018 |
| 2 | 31/08/2018 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: 31 Aug 2018 TO 30 Aug 2019 |

Continue

Cancel

Claim Handling

Accident MT/1029593

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5103060185 | Vehicle No. | SMD7042H | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | TAN SHENGLONG | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 87165255 | Contact No.(Office) | 0 | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|-------------------------------|-------------------------------|-------|---------------------|
| Report Date | 26/01/2019 09:26 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 24/01/2019 | Time of Accident hh:mm | 23:05 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | BALESTIER RD TWDS LAVENDER ST | | | |

▼ Excess

| | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|
| Own damage Excess | 2,000.00 | Additional Excess | 0 | Windscreen Excess |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 2,000.00 | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | |

▼ Benefits

▼ GST Registered Information

| | | | |
|----------------------|----|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

▼ Policyholder Mailing Address

| | | | | |
|-----------|-----------------|-----------------------|--------------------|-----------|
| Address 1 | BLK 755 #05-303 | Address 2 | WOODLANDS AVENUE 4 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5103060185 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|--------------------|--------------------|
| Driver Name | TAN SHENGLONG | Driver Type | Main Driver | |
| Unnamed driver Name | | Driver NRIC | S82160308 | Driver DOB |
| Register Date of Driver License | 27/04/2002 | Driver Age | 36 | Driving Experience |
| Contact No.(Mobile) | 87165255 | Contact No.(Office) | 0 | Contact No.(Home) |
| Address 1 | BLK 755 | Address 2 | WOODLANDS AVENUE 4 | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | #05-303 | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Com |

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 | TAN SH |
| Contact No.(Mobile) | | Contact No. (Home) | 636367 |
| Email Address | | O1 Vehicle Number | SMD70- |
| Claim Description | SMD7042H / SHC19L ON 24 Jan 2019 | | |
| Preferred Workshop | | Insured Liability | Not at Fault |
| Contract No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| Report Taken By | | Claim Close Date | 26/01/2019 09:32 |
| | | Workshop Repairer | |

Print AK letter

[Save](#) [Submit](#)

Attachment

| | | | |
|------------------------------|---|-----------------------|---|
| Accident No. | MT/1029593 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 26/01/2019 09:32 |
| Path * | | Category * | Confidential |
| Choose File | No file chosen | Clear | Please Select <input type="text"/> NO |
| Choose File | No file chosen | Clear | Please Select <input type="text"/> NO |
| Choose File | No file chosen | Clear | Please Select <input type="text"/> NO |
| Choose File | No file chosen | Clear | Please Select <input type="text"/> NO |
| Choose File | No file chosen | Clear | Please Select <input type="text"/> NO |
| Choose File | No file chosen | Clear | Please Select <input type="text"/> NO |
| Message Read | | Clear | Please Select <input type="text"/> NO |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Des |
|---|--|-----------------------|---------|-----------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2019 09:32 | NRIC/ Driving License | Normal | NRIC/ Driving I |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2019 09:30 | SAS | Normal | SAS 2 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2019 09:30 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2019 09:30 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2019 09:30 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2019 09:30 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2019 09:30 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2019 09:30 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2019 09:30 | Photos | Normal | Photos |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Jan 2019 09:30 | Photos | Normal | Photos |

Video List

| Uploaded By/Date | Folder Date | File Name | |
|------------------|-------------|---------------------------------------|------------------------------------|
| | | Display in New Window | Scan and uploading |