

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

| | | | |
|---------------------------|--|-----------------------|--------------|
| Date In: 07/02/2019 19:47 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC19002235/KY | SAS e-filing | | |
| Veh No: SJP 38404 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 01/02/2019 02:00 | I-Motor Claim Form | MT/1031129-001 | 8/2/19 17:00 |
| 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:

FBH 3875G

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

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

Amk (\$)

Amk (\$)

Int. Bill

Add. Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*N5: Courtesy Car / Tpf 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 30

Invoice dated Fee Charged

Invoice dated Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

| ACCIDENT STATEMENT | |
|--|--|
| Date Of Report | 07/02/2019 19:47 |
| Date Of Accident | 01/02/2019 10:00 |
| Exact Location Of Accident | BEDOK RESERVOIR VIEW |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SJP3840U |
| Insured/Policyholder | |
| Name Of Registered Owner | TK MOTOR WORKSHOP |
| Co Reg No | 53049097L |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96273323 |
| Alternative Phone No | OFFICE-96273323 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | WISH 1.8 AUTO |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | 5094647396 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LOH LIN HIONG RICHARD |
| NRIC No | S6941057Z |
| Date Of Birth | 28/11/1969 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/06/2014 |
| Driving Experience | 4 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97269882 |
| Fax Number | |
| Contact Number | OTHERS-97269882 |
| EEmail Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | BLK 114 PUNGGOL WALK #02-29 |
| Postcode | 828767 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

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

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190202/7001

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 | FBH3875G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | SHEIK MUHAMMAD KASHMEER BIN MOHD YUSOFF |
| NRIC/Passport Number | S9512272H |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|-----------------------|
| Name | LOH LIN HIONG RICHARD |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | SJP3840U |
| 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 willful 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 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.
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.

TK Motor Workshop

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

7/2/2019

Sketch Plan

Bedok Reservoir View

W-070 [] SJP 3840 U

(A) SJP 3840 U

(B) FBH 3875 G

The clean Water
Codo.

Describe Circumstances of the Accident

* Refer To Police Report NO: T/20190202/7001


Declaration

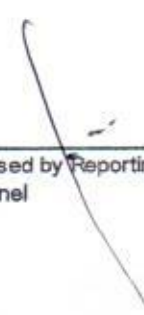
We declare the foregoing particulars are true in every respect.

TK Motor Workshop



Policyholder's Signature / Date &
Time


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

 7/2/2019
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20190202/7001

1 of 3

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

Report No. T/20190202/7001

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 02/02/2019 00:24 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| | | | |
|---|------------|--|------------------------------|
| Informant's Particulars | | | |
| Name of Informant: LOH LIN HIONG RICHARD | | Address: APT BLK 114 PUNGGOL WALK #02-29 SINGAPORE 828767 | |
| ID Type / ID No.: NRIC NO / S6941057Z | | Contact No.: Home/Office: Mobile: 97269882 | |
| Nationality: SINGAPORE CITIZEN | | Email: richardmpthree@gmail.com | |
| Sex: Male | Age: 49 | Date of Birth: 28/11/1969 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: GRAB DRIVER | | Driving Licence Information: Class: Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 01/02/2019 10:00 | Type of Location: Straight Road |
| Location: BEDOK RESERVOIR VIEW | | | | |
| Weather: Sunny | | Road Surface: Dry | Road Speed Limit: 50 Km/h | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| 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 |
|-------------|------------|------|-------|-------|------------------|-----------------|
| FBH3875G | Motorcycle | | | Black | Slightly Damaged | 0 |
| SJP3840U | Car | | | | | 0 |

Details of Person Involved

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



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

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---|------------------|---|
| Rider | | | |
| Name | SHEIK MUHAMMAD KASHMEER BIN MOHD YUSOFF | | ID No. S9512272H |
| Related Vehicle | FBH3875G (Motorcycle) | | Contact No. NIL |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |
| Driver | | | |
| Name | LOH LIN HIONG RICHARD | | ID No. S6941057Z |
| Related Vehicle | SJP3840U (Car) | | Contact No. 97269882 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

At about 1000 hours, I was driving my vehicle (SJP3840U) along Bedok Reservoir View, which was stationary, waiting to turn right into the condo (The Clearwater). Suddenly, I felt an impact hit onto the rear of my vehicle. I had gotten down to find that, I had been hit by a motorcycle (FBH3875G). At the point of accident, the rider said that his stomach was pain. I wanted to call the ambulance immediately but the rider refused and insisted that he would settle it on his own. After which, we had exchanged particulars. I had continued my work. After a few hours, I had experienced back and neck pains. I had then proceeded to Mount Alvernia Hospital, and was given 5 days of medical certification.



**SINGAPORE
POLICE FORCE**



T/20190202/7001

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

3 of 3

Report No. T/20190202/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
02/02/2019 00:24

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 2 / 2019) (DD/MM/YYYY), TIME: (10 : 00) (HH:MM)

LOCATION: Bedok Reservoir View

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJP 38404
b) INSURANCE COMPANY: TK Motor NTUC
c) POLICY NUMBER: 5094647396
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA WISH
f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Grab
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: TK Motor Workshop (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S3049097-L CONTACT: 96273323
c) ADDRESS: 1 Kaki Bukit Ave 6
#02-56, S' 417883

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Loh Lin Hong Richard (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S6941057-Z CONTACT: 97269882
c) ADDRESS: BIK 114, Punggol Walk #02-29
S 828767

*d) DATE OF BIRTH: (28 / 11 / 1969) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 23 - 6 - 2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Grab Driver

5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS

b) ROAD SURFACE: (DRY) WET / OTHERS

6. WAS ANYBODY INJURED (YES/ NO) Loh Lin Hong Richard

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

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBH 3875G MODEL: Motor Cycle
b) DRIVER'S NAME: Sheik Muhammad Kashmeer Bin Mohd Yusoff
c) NRIC/FIN/PASSPORT: S6941057-Z CONTACT: NIL

9. THIRD PARTY VEHICLE

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

TK Motor Workshop

Fax: 68442641

Passenger

Include

Driver 1

Passenger

Include

Driver 1



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: 5094647396

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SJP3840U
 Chassis Number : JTDER12W903002976
2. Name of Policyholder : T K MOTOR WORKSHOP
3. Effective Date of Insurance : 29 Sep 2017
4. Expiry Date of Insurance : 22 Mar 2019

5. Persons or Classes of Persons entitled to drive#

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

| | |
|--------------------------------------|---|
| EXCESS (SECTION 1) | : S\$2,000 |
| EXCESS (SECTION 2) | : S\$1,500 |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| 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 : JG MOTOR AGENCY (00000613374)
 Date of Issue : 28 Sep 2017 14:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

REPUBLIC OF SINGAPORE DRIVING LICENCE

56941057Z

LOH LIN HONG RICHARD

28 Nov 1969

23 Jun 2014

002317766A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. 56941057Z

LOH LIN HONG RICHARD

羅琰雄

CHINESE

28-11-1969

SINGAPORE

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

23 Jun 2014

Licence No: 56941057Z

NP 428A

6064102

56941057Z

26-10-2018

APT BLK 114 PUNGOL WALK
#02-29
SINGAPORE 328767

Driver: 9726 9882 ✓

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="01/02/2019 10:00"/> |
| Vehicle No.(For Motor) | <input type="text" value="SJP3840U"/> | 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"/> | 5094647396 | | TK MOTOR WORKSHOP | 53049097L | GPC | drivo CLASSIC | SJP3840U | SJP3840U | 29/09/2017 | 22/03/2019 |

▼ Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|-------------------|-------------------|------------------|
| Policy No. | 5094647396 | Policyholder Name | TK MOTOR WORKSHOP | Policyholder NRIC | 53049097L |
| Certificate No. | | | | | |
| Address | 1 KAKI BUKIT AVENUE 6 #02-56 AUTOBAY @ KAKI BUKIT SINGAPORE 417883 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 28/09/2017 | Effective Date | 29/09/2017 00:00 | Expiry Date | 22/03/2019 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 | JG MOTOR AGENCY | Agent Tel. | 63440727 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-----------------------|-----------------------|-----------------------------|-----------|------------------|
| Address 1 | 1 KAKI BUKIT AVENUE 6 | Address 2 | #02-56 AUTOBAY @ KAKI BUKIT | Address 3 | SINGAPORE 417883 |
| Address 4 | | Address Type | Singapore address | Post Code | 417883 |
| Unit No. | | Related Policy Number | 5107101310 | | |

▶ Insured Object: SJP3840U

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|-----------------------|----------------------------|---|
| 1 | 22/03/2018 00:00 | POI Extension/Shorten | 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: 29 Sep 2017 TO 22 Mar 2019 In view of this amendment, an additional premium of \$908.07 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS. |

Claim Handling

Accident MT/1031129

| | | | | |
|---------------------|--|---------------------|---|----------------------|
| Policy No. | 5094647396 | Vehicle No. | SJP3840U | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | TK MOTOR WORKSHOP | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 96273323 | Contact No.(Office) | 0 | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input 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 | 08/02/2019 16:57 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 01/02/2019 | Time of Accident hh:mm | 10:00 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | BEDOK RESERVOIR VIEW | | | |

▼ Excess

| | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|
| Own damage Excess | 2,000.00 | Additional Excess | 0 | Windscreen Excess |
| Unnamed Driver Excess | | 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 | 1 KAKI BUKIT AVENUE 6 | Address 2 | #02-56 AUTOBAY @ KAKI BUKIT | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | S107101310 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|-------------------|---------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | |
| Unnamed driver Name | LOH LIN HIONG RICHARD | Driver NRIC | S6941057Z | Driver DOB |
| Register Date of Driver License | 23/06/2014 | Driver Age | 49 | Driving Experience |
| Contact No.(Mobile) | 97269882 | Contact No.(Office) | 0 | Contact No.(Home) |
| Address 1 | 114 PUNGGOL WALK | Address 2 | # TWIN WATERFALLS | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Code |

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 | TK MOT |
| Contact No.(Mobile) | 96273323 | Contact No. (Home) | |
| Email Address | | OI Vehicle Number | SJP384 |
| Claim Description | SJP3840U / FBH3875G ON 1 Feb 2019 | | |
| Preferred Workshop | Insured Liability | Not at Fault | |
| Contact No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | 08/02/2019 17:04 | GIA report | Received |
| Report Taken By | | Claim Close Date | |
| | | Workshop Repairer | |

☒ Print AK letter

Attachment

Accident No. MT/1031129 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 08/02/2019 17:00

Path *

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

Category *

Confidential

NO

NO

NO

NO

NO

NO

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Des |
|------------|--|-----------------------|---------|---------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 17:04 | NRIC/ Driving License | Normal | NRIC/ Driving |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 17:03 | SAS | Normal | SAS |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 17:02 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 17:02 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 17:02 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 17:02 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 17:02 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 17:02 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 17:02 | Photos | Normal | Photos |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 17:02 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Feb 2019 17:02 | Photos | Normal | Photos |

Video List

Uploaded By/Date

Folder Date

File Name