

# NATIONAL Assessment Centre Services

Date In: 09/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19002307/13	SAS e-filing		
Veh No: SCN54775	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/02/19 1600	i-Motor Claim Form	NT/1031248-001	
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: ( MY CAR Tel: Fax: )

TP Particulars: Veh No: JSS896 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%; F: 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

NA1901161 Invoice Preparation Checklist Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :- 1) AR: Accident Reporting (\$30);

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

Contact No: 3) TF: Towing Fee \$40/\$45

Damaged Portion: 4) FT: Follow-Through Survey \$120

QC Checked by (Engr-In-Charge): 5) RT: 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) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

9) N12: Idac Mobile

Fee Charged

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	09/02/2019 13:14
Date Of Accident	01/02/2019 16:00
Exact Location Of Accident	BKE (WOODLANDS)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN5477J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOH ZEE JIN
NRIC No	S8231822D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86131329
Alternative Phone No	OTHERS-86131329
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103957361
Cover Note Number	
<b>Driver</b>	
Name of Driver	SOH ZEE JIN
NRIC No	S8231822D
Date Of Birth	24/09/1982
Occupation	OUTDOOR
Date Of Driving Pass	24/09/2007
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86131329
Fax Number	
Contact Number	OTHERS-86131329
EMail Address	NOEMAIL

Address	BLK 10 HAIG ROAD #10-365
Postcode	430010
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)	2
Passenger 1	NAME: : JOYCE KOO GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
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/20190203/7007

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JSS896
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	SOH ZEE JIN
Approximate Age	
Injuries Sustain	SHOULDER & BACK
Injured person in which vehicle?	SLN5477J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	JOYCE KOO
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLN5477J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	




## SKETCH PLAN

### IMPORTANT NOTICE


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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

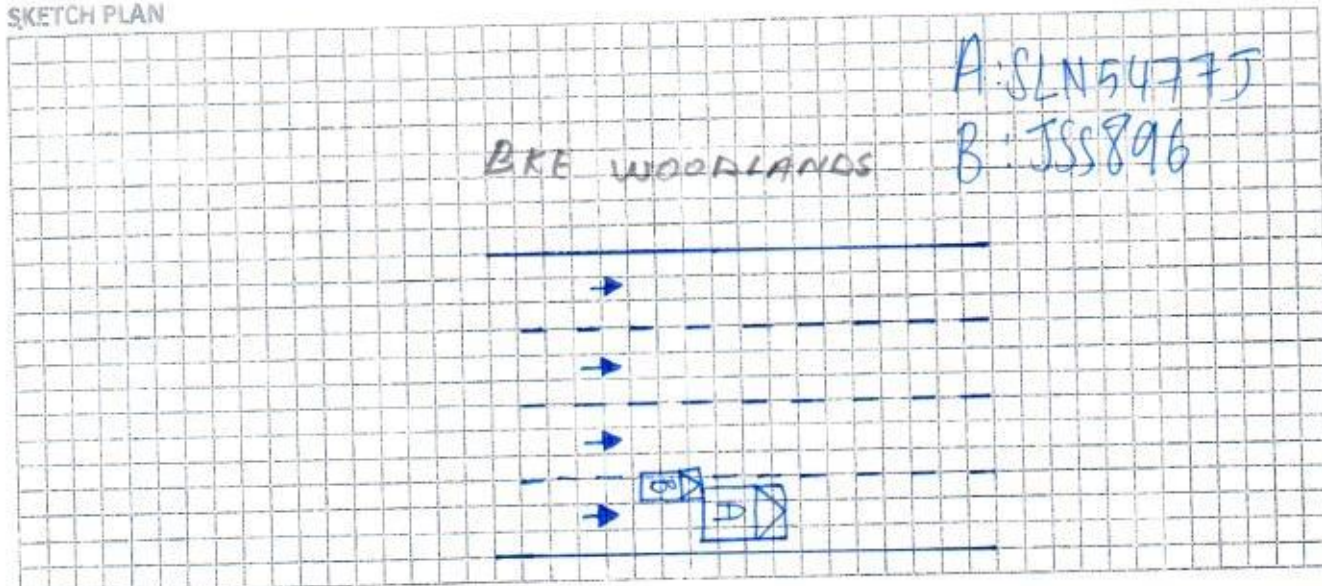
  
Policyholder's Signature  
Date & Time:

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

 09/02/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling BKE (woodlands), AS the traffic was bad we came to a stop as the front vehicle also came to a stop While I was Sationary Vehicle B collided to me from the back. As the Impact was big, When ~~the~~ vehicle B collided onto my car the camera wire was dropped down. But, I have a video footage to prove that my Car was Stationary at the point of accident.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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

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





# SINGAPORE POLICE FORCE



T/20190203/7007

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

1 of 3

Report No. T/20190203/7007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/02/2019 15:42		Vide Report No.: L/20190201/0087		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SOH ZEE JIN			Address: APT BLK 10 HAIG ROAD #10-365 SINGAPORE 430010		
ID Type / ID No.: NRIC NO / S8231822D			Contact No.: Home/Office: Mobile: 86131329		
Nationality: SINGAPORE CITIZEN			Email: davidsohzj@gmail.com		
Sex: Male	Age: 36	Date of Birth: 24/09/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/02/2019 15:30	Type of Location: Straight Road
Location:  bke woodlands				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSS896	Motorcycle					0
SLN5477J	Car	HONDA	FIT+1.3G+A	Blue		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN5477J	NTUC Income Insurance Co-Operative Limited	5103957361	20/09/2018	25/09/2019



**SINGAPORE  
POLICE FORCE**



T/20190203/7007

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

2 of 3

Report No. T/20190203/7007

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH ZEE JIN	ID No.	S8231822D
Related Vehicle	SLN5477J (Car)	Contact No.	86131329
Hospital/Clinic	ATRIO FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

I was travelling on BKE (Woodlands), i was about to go towards woodlands checkpoint. The traffic was bad, and there was already a que forming up at lane 1 of the expressway before the flyover. i came to a complete stop behind a vehicle in the que. i was stationary for about 2-3 seconds, then this Malaysia registered motorcyclist GSS896 hit me from the rear. As the impact was so strong that it caused the camera wire to be disconnect from my cigarette charging port in the car. But fortunately i still have the video footage of the rest showing i was stationary before the impact. My shoulder and back was very painful. i see a doctor and was given 3 days Mc. My wife joyce koo ic s8915057D also see a doctor and was given 3 days mc





**SINGAPORE  
POLICE FORCE**



T/20190203/7007

3 of 3

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

Report No. T/20190203/7007

**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 / TPIB /  
PHUA TIAK YEE  
Contact No.: 65472077

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:  
03/02/2019 15:42

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of SOH ZEE JIN

Licence Number: **S8231822D**

Name: **SOH ZEE JIN**

Birth Date: **24 Sep 1982**

Issue Date: **16 Sep 2003**

Barcode: 000832752B

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8231822D**

Portrait of SOH ZEE JIN

Name: **SOH ZEE JIN**

Chinese Name: **苏恩仁**

Race: **CHINESE**

Date of birth: **24-09-1982**

Country/Place of birth: **SINGAPORE**

Sex: **M**

8231822D

Driver

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

	PASS DATE
Class 2B Motorcycles <= 200 CC	16 Sep 2003
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	24 Sep 2007

S8231822D

S / No. 9000059389

Licence No. S8231822D

NP 428A

5170506

Barcode

NRIC No. **S8231822D**

Portrait of SOH ZEE JIN

Date of issue: **13-05-2013**

Address: **APT BLK 10 HAIG ROAD  
#10-365  
SINGAPORE 430010**



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	11/2/2019	(DD/MM/YY)
Time of accident	4.00pm	(HH:MM)
Exact location of accident	BKE (Woodlands)	

## DETAILS OF VEHICLE

Vehicle registration number	SLN5477J		
Vehicle make and model	Honda Fit		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## INSURANCE INFORMATION

Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	SOH ZEE JIN	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	582318220	
Contact	86131329	
Address	B1K 10 HAIG ROAD #10-365 S(430010)	

## DRIVER

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

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	24/9/1982	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	24/9/2007	



# GENERAL INFORMATION OF THE ACCIDENT

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

## PASSENGER 1

Name	SOH ZEE JIN
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 2

Name	JOYCE KOO
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

## PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

## DETAILS OF POLICE ACTION

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

## WITNESS 1

Name	
------	--

## WITNESS 2

Name	
------	--



### THIRD PARTY VEHICLE 1

Vehicle registration number	JSS896
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

### THIRD PARTY VEHICLE 2

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

### THIRD PARTY VEHICLE 3

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

### THIRD PARTY VEHICLE 4

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

### THIRD PARTY VEHICLE 5

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

### THIRD PARTY VEHICLE 6

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

### THIRD PARTY VEHICLE 7

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	



**INJURED PERSON 1**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 2**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 3**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 4**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 5**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 6**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



## Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this Insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number : 5103957361  
The Policyholder : SOH ZEE JIN  
BLK 10 #10-365  
HAIG ROAD  
SINGAPORE 430010

Period of Insurance : 20 Sep 2018 To 19 Sep 2019  
Sum Insured : Market Value of Insured Vehicle at Time of Loss  
Premium (inclusive GST) : S\$1,215.03

## Interest Insured

Cover Type	: drivo CLASSIC	Capacity	: 1300cc
Primary Driver	: SOH ZEE JIN	Registration Year	: 2008
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: HONDA/FIT	NCD Entitlement	: 0%
Registration Number	: SLN5477J	NCD Protection	: No
Chassis Number	: GE61094287		
Repair at Owner's Preferred Workshop	: No		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD		
Optional Cover			
Transport Allowance	: No		
Excess Waiver	: No		

Memo A : N/A

Endorsement Operative : N/A

Agency : ASSURE PTE. LTD. (00000572842)  
Date of Issue : 18 Sep 2018 17:39 hrs

## DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



## Claim Handling

Accident MT/1031248

Policy No.	5103957361	Vehicle No.	SLN54773	GST Registration No.
Certificate No.				
Policyholder Name	SOH ZEE JIN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	86131329	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
<b>Accident Details</b>				
Report Date	09/02/2019 16:52	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/02/2019	Time of Accident hh:mm	16:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BKE (WOODLANDS)			
<b>Excess</b>				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	
<b>Benefits</b>				
<b>GST Registered Information</b>				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
<b>Policyholder Mailing Address</b>				
Address 1	BLK 10 #10-365	Address 2	HAIG ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5103957361	
<b>OI Driver Info</b>				
Driver Name	SOH ZEE JIN	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8231822D	Driving Experience
Register Date of Driver License	24/09/2007	Driver Age	36	Contact No.(Home)
Contact No.(Mobile)	86131329	Contact No.(Office)	0	Address 3
Address 1	BLK 10	Address 2	HAIG ROAD	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#10-365			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
<b>Declaration</b>				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	SOH ZE
Contact No.(Mobile)	98251369	Contact No. (Home)	
Email Address		OI Vehicle Number	SLN547
Claim Description	SLN54773 / JSS896 ON 1 Feb 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred	Preferred Workshop, Name unknown	
Date Registered	09/02/2019 17:00	GIA report	Received
Report Taken By	ROSLINDA	Workshop Repairer	

Print AX letter



Save

Submit

## Attachment

Accident No.	MT/1031248	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/02/2019 00:00

Path *	Category *	Confidential
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="text" value="NO"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desi
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 17:00	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 17:00	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 16:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 16:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 16:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 16:59	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2019 16:59	Photos	Normal	Photos



NAC\_PAYA\_UB1\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on  
09 Feb 2019 16:59

Photos

Normal

Photos

Video List

Uploaded By/Date	Folder Date	File Name	
			<div>Display in New Window</div> <div>Scan and uploading</div>