

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MHA119018776

Date In: 4/2/19-15:06	Job description	Date & Time Completed	Done by
Ref No: NA/INC19022453/24	SAS e-filing		
Veh No: 8J99002	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 10/2/19-15:30	i-Motor Claim Form	4/2/19 14:53:00	4/2/19 21:21
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: 56499532 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) 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) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Idac Mobile 30		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	Invoice dated Fee Charged		
	Invoice dated Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any 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. 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	11/02/2019 15:06
Date Of Accident	10/02/2019 13:30
Exact Location Of Accident	LOT ONE BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9900Z
Insured/Policyholder	
Name Of Registered Owner	GRACE HOE ZI HUI
NRIC No	S9035099D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81819631
Alternative Phone No	OFFICE-81819631

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A180 FL STYLE (R17 HLG)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105548502
Cover Note Number	

Driver

Name of Driver	CHUA HOCK CHYE (CAI FUCAI)
NRIC No	S7919487E
Date Of Birth	08/07/1979
Occupation	INDOOR
Date Of Driving Pass	08/11/2018
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97923554
Fax Number	
Contact Number	OFFICE-97923554
EEmail Address	NOEMAIL

Address	BLK 395 BUKIT BATOK WEST AVENUE 5 #11-440
Postcode	650395
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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: : GRACE HOE ZI HUI GENDER: : FEMALE

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

REFER TO 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	SGH9953R
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	CHUA HOCK CHYE (CAI FUCAI)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLJ9900Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	GRACE HOE ZI HUI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLJ9900Z
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:

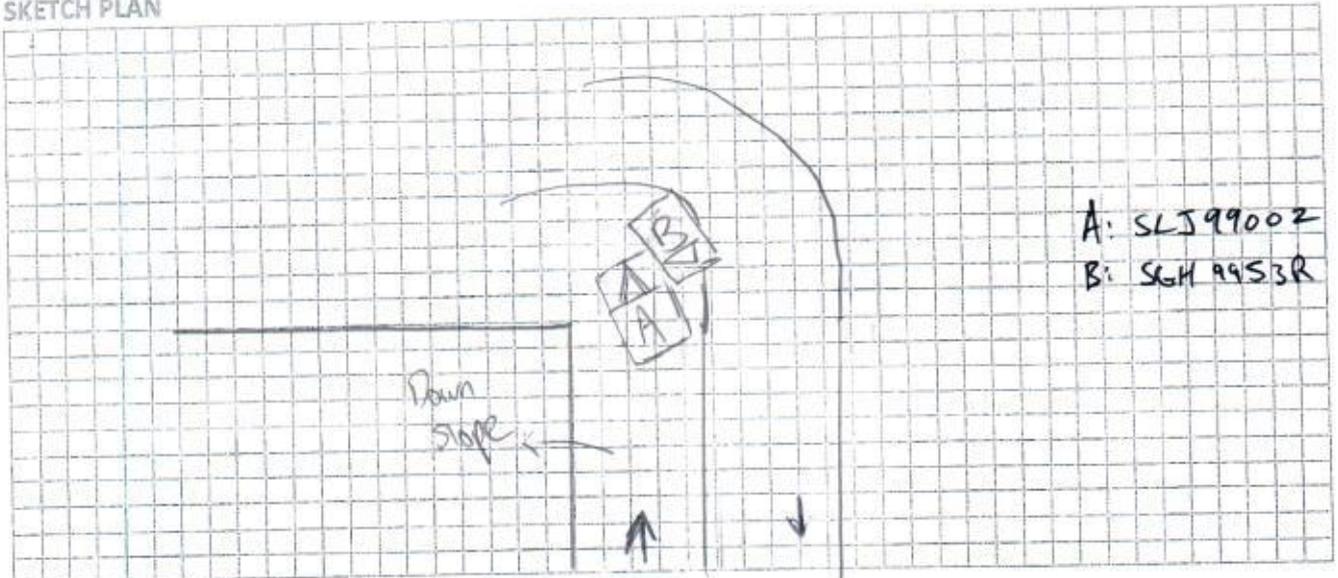
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



A: SLJ 9900Z
B: SGH 9953R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going down to basement carpark of lot 1.
As I was approaching the slope vehicle B suddenly cut into my lane and collided into my front right position.

DECLARATION

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

Policyholder's Signature
Date & Time:


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


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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any 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	10/02/19	(DD/MM/YY)
Time of accident	1330	(HH:MM)
Exact location of accident	lot 1 Basement carpark	

DETAILS OF VEHICLE

Vehicle registration number	SLJ 99002		
Vehicle make and model	Mitsubishi A180		
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	NAC		
Policy number	5105548502		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Guan Hoe Zi Hui	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S90350997		
Contact	81819631		
Address	Blk 395 Bukit Batok West Ave 5 #11-440 S(650395)		

DRIVER

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

Name	Chua Hock Hye	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7919487E		
Contact	97923554		
Address	Blk 395 Bukit Batok West Ave 5 #11-440 S(650395)		
Email address			
Date of birth	08/07/1979		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	08/11/2018		

mivin1@yahoo.com

GENERAL INFORMATION OF THE ACCIDENT

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

PASSENGER 1

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

PASSENGER 2

Name	
Gender	Male <input type="checkbox"/> Female <input 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 checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION

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

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1

SGM9953R

Vehicle registration number
 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	Chua Hock chye
Injuries sustained	Body
Which vehicle person in?	SLJ 99002
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	Grace Ho Z. Hui
Injuries sustained	Body
Which vehicle person in?	SLJ 99002
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" 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"/>

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7919487E



Name

CHUA HOCK CHYE
(CAI FUCAI)

蔡 福 才
Race

CHINESE

Date of birth

Sex

S7919487E

08-07-1979 M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7919487E
Name

CHUA HOCK CHYE
(CAI FUCAI)

Birth Date: 08 Jul 1979

Issue Date: 31 Mar 2003



000310566G



4429170

NRIC No. S7919487E



Date of issue

13-07-2009

APT BLK 395 BUKIT BATOK WEST AVENUE 5 #11-440
SINGAPORE 650395

NRIC No: S7919487E

Date: 21/11/2017

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

PASS DATE

Class 2B Motorcycles <= 200 CC
Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractor/vehicles <= 2500 kg

31 Mar 2003
08 Nov 2018

S7919487E

S / No. 9000319558



Licenses No: S7919487E

NP 428A

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: 5105548502

Cover : drive PREMIUM

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SLJ9900Z |
| Chassis Number | : WDD1760422J462563 |
| 2. Name of Policyholder | : GRACE HOE ZI HUI |
| 3. Effective Date of Insurance | : 22 Nov 2018 |
| 4. Expiry Date of Insurance | : 21 Nov 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. | |

This Policy does not cover:

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: GRACE HOE ZI HUI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) 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 : VENTURE CARS PTE. LTD. (00000573058)

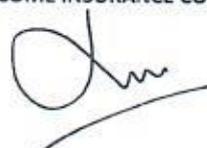
Date of Issue : 21 Nov 2018 16:05 hrs

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="10/02/2019 13:30"/>
Vehicle No.(For Motor)	<input type="text" value="SLJ9900Z"/>	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"/>	5105548502		GRACE HOE ZI HUI	S9035099D	GPC	drive PREMIUM	SLJ9900Z	SLJ9900Z	22/11/2018	21/11/2019

Policy Information

Policy No.	5105548502	Policyholder Name	GRACE HOE ZI HUI	Policyholder NRIC	S9035099D
Certificate No.					
Address	BLK 395 #11-440 BUKIT BATOK WEST AVENUE 5 GOODVIEW GARDENS SINGAPORE 650395				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	21/11/2018	Effective Date	22/11/2018 00:00	Expiry Date	21/11/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0	Young/Inexperience Driver Excess	
Agent	VENTURE CARS PTE. LTD.	Agent Tel.	62898800	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 395 #11-440	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3	GOODVIEW GARDENS
Address 4	SINGAPORE 650395	Address Type	Singapore address	Post Code	650395
Unit No.	11-440	Related Policy Number	5105548502		

Insured Object: SLJ9900Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Exit

Accident MT/1031497

Policy No.	5105548502	Vehicle No.	SLJ9900Z	GST Registration No.	
Certificate No.					
Policyholder Name	GRACE HOE ZI HUI	Cover Type	drive PREMIUM	Policyholder NRIC	59035099D
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	81819631	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Private Hire	No		
Accident Details					
Report Date	11/02/2019 21:19	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	10/02/2019	Time of Accident (H:mm)	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOT ONE BASEMENT CARRARK				
Excess					
Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	BLK 395 #11-440	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3	GOODVIEW GARDENS
Address 4	SINGAPORE 650395	Address Type	Singapore address	Post Code	650395
Unit No.	11-440	Related Policy Number	5105548502		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/07/1979
Unnamed driver Name	CHUA HOCK CHYE (CAI FUGAI)	Driver NRIC	S7919487E	Driving Experience	0
Register Date of Driver License	08/11/2018	Driver Age	39	Contact No. (Home)	0
Contact No. (Mobile)	97923554	Contact No. (Office)	0	Address 1	GOODVIEW GARDENS
Address 1	BLK 395	Address 2	BUKIT BATOK WEST AVENUE 5	Post Code	650395
Address 4	SINGAPORE 650395	Address Type	Singapore address		
Unit No.	11-440				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	CO-MX	Insured Name	GRACE HOE ZI HUI	Insured NRIC	59035099D	
Contact No. (Mobile)	81819631	Contact No. (Home)	68924579	Contact No. (Office)	68924579	
Email Address	LOVESNOWYAKAJY@HOTMAIL.C	O1 Vehicle Number	SLJ9900Z	TP Vehicle Number	SGH9953R	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SLJ9900Z / SGH9953R ON 10 Feb 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	11/02/2019 21:21	Claim Close Date		Date Received	11/02/2019 00:00	
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/1031497	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/02/2019 21:22

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	NO	Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:22	SAS	Normal	SAS 2019-2-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:22	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:22	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:22	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:22	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:22	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:22	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:22	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:21	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:21	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:21	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:21	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:21	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:21	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:21	Photos	Normal	Photos 2019-2-11		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Feb 2019 21:21	Photos	Normal	Photos 2019-2-11		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan end uploading"/>				