

NATIONAL Assessment Centre Services

[ver 1 Jan'09] MWA 119022379

| | | | |
|--|--|-----------------------|----------------|
| Date In: 18/12/19 14:23 | Job description | Date & Time Completed | Done by |
| Ref No: NA/IMC19002926/h4 | SAS e-filing | | |
| Veh No: GBE 7586E | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 18/12/19 06:40 | I-Motor Claim Form | MT/1032564-001 | 18/12/19 19:01 |
| OD: <input checked="" type="radio"/> TP Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: YP 7389C | 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 repaler.

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

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

| Remarks: | INC (to be 6788 6616) | Date and 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 |
|-----------|---------|
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|--|--|-----------------------------------|-------|--|--|-----------------------------|--|------------------------------------|--|--|--|---|--|---------------------------|--|------------------------------------|--|-------------------------------|--|-----|--|-----------------------------------|-----|---------------------------|------|-----------------------------|------|---------------------------------------|-----|------------------------------------|------|---------------------|----|---------------|-------------|---------------|-------------|
| <p>WA1901240</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors Comments:</p> <p>Ref. 1:</p> <p>2/3</p> | <p>Invoice Itemization Checklist</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$80)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey) \$30</td> <td></td> </tr> <tr> <td colspan="2">For claiming against INC Only (ver 10 Jan 2009)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey \$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> </tr> <tr> <td>ON:</td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> </tr> <tr> <td>TE (N11): TP (N'n INC) against INC</td> <td>\$20</td> </tr> <tr> <td>9) N12: Idao Mobile</td> <td>30</td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> </tr> </table> | 1) AR: Accident Reporting (\$30); | 30.00 | 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 (ver 10 Jan 2009) | | 6) TR: Re-inspection \$75 | | 7) NI: Idao DA + SMRT Survey \$160 | | 8) NTUC Additional Services:- | | ON: | | *N5: Courtesy Car / Tpt Allowance | \$5 | *N6: Repair Co-ordination | \$10 | *N7: Post Repair Inspection | \$25 | *N8: DV / Collect Excess Coordination | \$5 | TE (N11): TP (N'n INC) against INC | \$20 | 9) N12: Idao Mobile | 30 | Invoice dated | Fee Charged | Invoice dated | Fee Charged |
| 1) AR: Accident Reporting (\$30); | 30.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 (ver 10 Jan 2009) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6) TR: Re-inspection \$75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7) NI: Idao DA + SMRT Survey \$160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8) NTUC Additional Services:- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ON: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *N5: Courtesy Car / Tpt Allowance | \$5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *N6: Repair Co-ordination | \$10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *N7: Post Repair Inspection | \$25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *N8: DV / Collect Excess Coordination | \$5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TE (N11): TP (N'n 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 | 18/02/2019 14:23 |
| Date Of Accident | 18/02/2019 06:40 |
| Exact Location Of Accident | 500 OLD CHO A CHU KANG RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | GBE7586E |
| Insured/Policyholder | |
| Name Of Registered Owner | CH LIN CONSTRUCTION PTE LTD |
| Co Reg No | 200720897G |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-90991474 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | NISSAN |
| Model | CABSTAR |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5098450059 |
| Cover Note Number | - |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LIN CHAOHUI |
| Work Permit No | G0293680T |
| Date Of Birth | 29/04/1971 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/07/2009 |
| Driving Experience | 9 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81811596 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|--------------------------|
| Address | 140 RIVERVALE ST #12-770 |
| Postcode | 540140 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - CHANGE/CROSS LANE |
| Weather Conditions | DRIZZLING |
| Road Surface | DRY-GOT SHELTER |

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? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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) | 16 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 2 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 3 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 4 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 5 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 6 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 7 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 8 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 9 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 10 | NAME: : UNKNOWN GENDER: : MALE |

| | |
|--------------|-----------------|
| Passenger 11 | NAME: : UNKNOWN |
| | GENDER: : MALE |
| Passenger 12 | NAME: : UNKNOWN |
| | GENDER: : MALE |
| Passenger 13 | NAME: : UNKNOWN |
| | GENDER: : MALE |
| Passenger 14 | NAME: : UNKNOWN |
| | GENDER: : MALE |
| Passenger 15 | NAME: : UNKNOWN |
| | GENDER: : MALE |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------------------|
| Vehicle Registration Number | YP7389C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | KARUPPIAH PANDIARAJA |
| NRIC/Passport Number | G6882990P |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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.

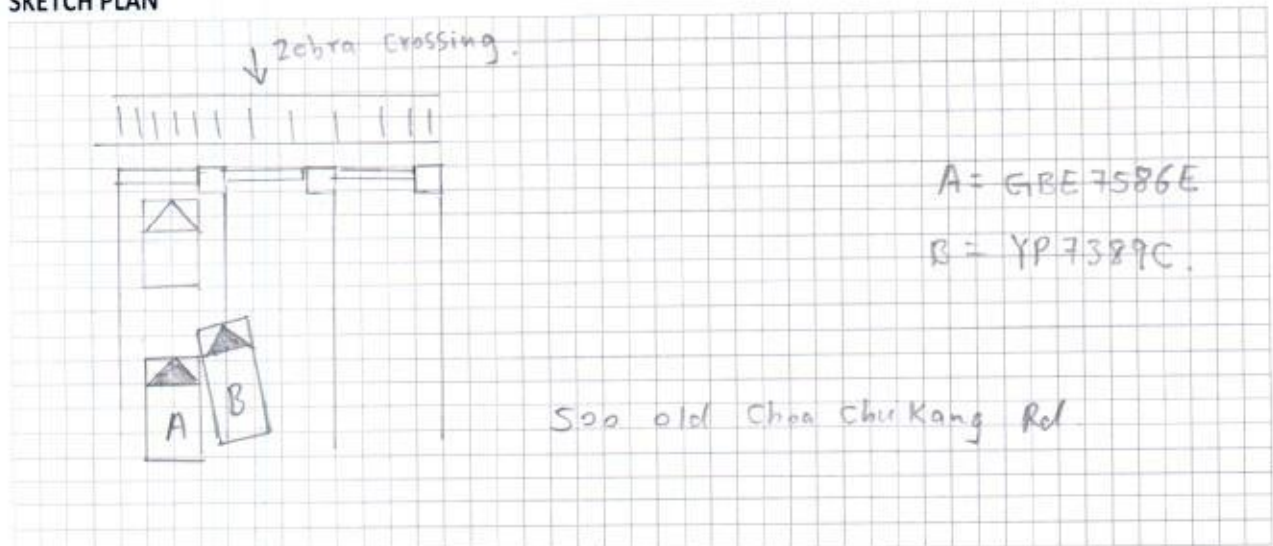


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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.:

I WAS QUEUING EXIT TO THE GANTRY AT THE 500 OLD CHOA CHU KANG RD, THERE WAS 3 EXIT POINT, I WAS ON THE EXTREME LEFT EXIT AND MY LORRY KEPT A SAFE DISTANCE WITH THE FRONT VEH, SUDDENLY I NOTICED VEH B (BEARIG NO YP7389C) FROM THE SECOND EXIT CUT INTO MY LANE AND I SOUNDED MY HORN TO ALERT THE DRIVER BUT HE STILL HIT ONTO MY VEH RIGHT FRONT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 2 / 19) (DD/MM/YYYY), TIME: (6 : 40) (HH:MM)

LOCATION: 500 old chong chun kang Rd Sungai tengah loh.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 7586 E
 b) INSURANCE COMPANY: inc
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Ch Lin Construction Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 9909 1474
 c) ADDRESS: 9099 1474

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lin Chao Hui (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 8181 1596
 c) ADDRESS: 140 Rivervale St #12-770 (Sin) 540140

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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

b) ROAD SURFACE: (DRY / WET / OTHERS got shuttle)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YP73F9C MODEL:
 b) DRIVER'S NAME: Karupiah Pandiaraja
 c) NRIC/FIN/PASSPORT: 6682990P CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passengers
 (Including driver)
 (16)

411 Male.

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

writing chop & skip sketch & email =

email.

fax =

VIDEO = No.

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 : 5098450059

Cover : Comprehensive

- | | |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBE7586E |
| Chassis Number | : JN1SC2F24Z0858108 |
| 2. Name of Policyholder | : CH LIN CONSTRUCTION PTE LTD |
| 3. Effective Date of Insurance | : 18 Mar 2018 |
| 4. Expiry Date of Insurance | : 17 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 business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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

| | |
|-----------------------|--|
| EXCESS (SECTION 1) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| INSURE WITH COE | : NO |
| HIRE PURCHASE COMPANY | : MAYBANK |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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 : TIMES INS BROKERS (MOTOR BUSINESS) (00000690643)
 Date of Issue : 28 Feb 2018 14:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1032564

| | | | | | |
|---------------------|---|---------------------|---|----------------------|--------|
| Policy No. | 5098450059 | Vehicle No. | GBE7586E | GST Registration No. | 200720 |
| Certificate No. | | | | | |
| Policyholder Name | CH LIN CONSTRUCTION PTE LTD | Cover Type | Comprehensive | Policyholder NRIC | 200720 |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | 90991474 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | No |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 15 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|---------------------------|-------------------------------|-------|---------------------|-----------|
| Report Date | 18/02/2019 18:55 | Accident Report Within 24 hrs | Yes | Accident Type | Collision |
| Date of Accident | 18/02/2019 | Time of Accident hh:mm | 06:40 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | 500 OLD CHOIA CHU KANG RD | | | | |

Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--|-------------------|--------|
| Own damage Excess | 600.00 | Additional Excess | | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |

Benefits

GST Registered Information

| | | | |
|----------------------|------------|-----------------------|------------|
| GST Registered | Yes | GST Registration Date | 01/02/2009 |
| GST Registration No. | 200720897G | GST Status Verified | Yes |
| Modification History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-------------------|-----------------------|-------------------|-----------|-----------|
| Address 1 | 7 GAMBAS CRESCENT | Address 2 | #06-21 ARK@GAMBAS | Address 3 | SINGAPORE |
| Address 4 | | Address Type | Singapore address | Post Code | 757083 |
| Unit No. | | Related Policy Number | 5098450059 | | |

OI Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 29/04/1990 |
| Unnamed driver Name | LIN CHAOHUI | Driver NRIC | G0293680T | Driving Experience | 9 |
| Register Date of Driver License | 13/07/2009 | Driver Age | 47 | Contact No.(Home) | |
| Contact No.(Mobile) | 81811596 | Contact No.(Office) | | Address 3 | SINGAPORE |
| Address 1 | BLK 140 #12-770 | Address 2 | RIVERVALE STREET | Post Code | 540141 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 12-770 | | | | |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

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

Modification History

Claim 001 New

| | | | |
|---|-----------------------------------|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | CH LIN CONSTRUCTION PTE LTD |
| Contact No.(Mobile) | | Contact No.(Home) | |
| Email Address | | OI Vehicle Number | GBE7586E |
| Claim Description | GBE7586E / YP7389C ON 18 Feb 2019 | | |
| Preferred Workshop | 0 | Insured Liability | Not at Fault |
| Repair No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| Report Taken By | | Claim Close Date | 18/02/2019 18:59 |
| | | | LIEW SHAN HUI |
| <input checked="" type="checkbox"/> Print AK letter | | | |
| <div>Save Submit</div> | | | |

Attachment

| | | | |
|--------------|------------|-----------|-----|
| Accident No. | MT/1032564 | Claim No. | 001 |
|--------------|------------|-----------|-----|

Last Doc: Received

☒ Yes
 ☐ No

Upload Date

18/02/2019 19:01

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Message Read

Clear

Category *

Please Select ▼

Confidential

NO ▼

Urgency *

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

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Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

Clear

Please Select ▼

NO ▼

Normal ▼

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Please Select ▼

NO ▼

Normal ▼

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|---|--|-----------------------|---------|---------------------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2019 19:01 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-2-18 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2019 19:01 | SAS | Normal | SAS 2019-2-18 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2019 19:00 | Photos | Normal | Photos 2019-2-18 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2019 19:00 | Photos | Normal | Photos 2019-2-18 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2019 19:00 | Photos | Normal | Photos 2019-2-18 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2019 19:00 | Photos | Normal | Photos 2019-2-18 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2019 19:00 | Photos | Normal | Photos 2019-2-18 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2019 19:00 | Photos | Normal | Photos 2019-2-18 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2019 18:59 | Photos | Normal | Photos 2019-2-18 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2019 18:59 | Photos | Normal | Photos 2019-2-18 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2019 18:59 | Photos | Normal | Photos 2019-2-18 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2019 18:59 | Photos | Normal | Photos 2019-2-18 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2019 18:59 | Photos | Normal | Photos 2019-2-18 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Feb 2019 18:59 | Photos | Normal | Photos 2019-2-18 |

Video List

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

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Scan and uploading