

NATIONAL Assessment Centre Services: [wef 1 JAN 05] **M44119 05779**

Date In: 26/1/19-16:05	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1900261174	SAS e-filing		
Veh No: M4490574	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/1/19-17:30	i-Motor Claim Form	M7/1037756-001	26/1/19 16:20
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: FDF2574	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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Est. Bill	Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
Cat. 2 / 3:	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	26/02/2019 16:05
Date Of Accident	24/02/2019 17:30
Exact Location Of Accident	BUKIT BATOK EAST AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH9057G
Insured/Policyholder	
Name Of Registered Owner	JACY PTE LTD
Co Reg No	201705208G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID 1.8X CVT
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107524635
Cover Note Number	

Driver

Name of Driver	YAP LIAN HENG (YE LIANXING)
NRIC No	S7735912E
Date Of Birth	23/12/1977
Occupation	OUTDOOR
Date Of Driving Pass	25/08/2003
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97297198
Fax Number	
Contact Number	OFFICE-97297198
EMail Address	NOEMAIL

Address	BLK 312 BUKIT BATOK STREET 32 #11-79
Postcode	650312
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 - 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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190225/2118.

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	FBF2572Y
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	YAP LIAN HENG (YE LIANXING)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMH9057G
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 revoke 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 lodging 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) to comply with requirements under any regulations, laws or court orders.



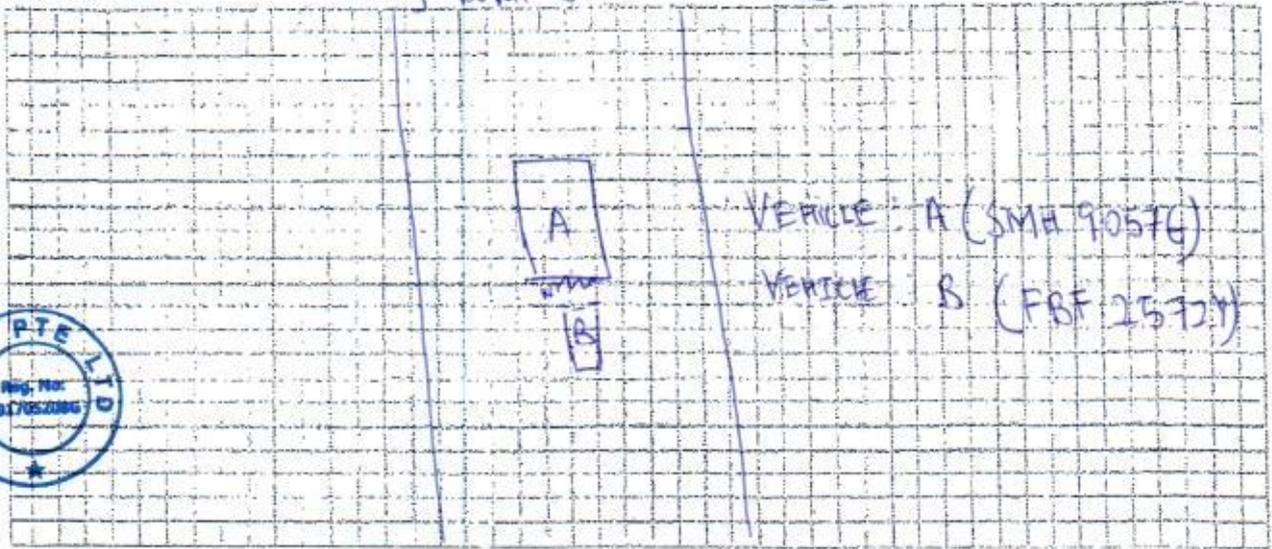
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Along Bukit Batok East Ave 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please follow police report.



DECLARATION

(We declare that the above 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.:

Date of Accident : 24/02/19 Accident Time: 17:30 (24-HR-Format)

Accident Place : Along Road 1, BUKIT BATOK EAST AVE 2

Vehicle Reg. No. (Car Plate No.) : SMH9057G

Vehicle Make/Model : _____

Insurance Company : NTUC Policy No. _____

Owner or Company Name / IC No. : JACY PTE LTD

Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : YAP LIAN HENG

DRIVER'S Date Of Birth : 23/12/1977 DRIVER'S License Pass Date _____

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER

DRIVER'S Address : APT BLK 312 BUKIT BATOK STREET 32 #011-79

DRIVER'S Contact No. / Alt No. : 1) 97297198 2) 5650312

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : weiyuan0312@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 01

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>FBF 2572Y</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20190225/2118

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20190225/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2019 14:45		Vide Report No.:		Station Diary No.: 74	
Informant's Particulars					
Name of Informant: YAP LIAN HENG			Address: APT BLK 312 BUKIT BATOK STREET 32 #11-79 SINGAPORE 650312		
ID Type / ID No.: NRIC NO / S7735912E		Contact No.:		Mobile: 97297198	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 41	Date of Birth: 23/12/1977	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: GRAB AND GOJEK DRIVER		Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:	

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/02/2019 17:30	Type of Location: Straight Road	
Location: Along Road 1 BUKIT BATOK EAST AVENUE 2 ALONG BUKIT BATOK EAST AVENUE 2 OUTSIDE HILLVIEW REGENCY					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
FBF2572Y	Motorcycle				Seriously Damaged	0
SMH9057G	Car				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190225/2118

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

2 of 3

Report No. T/20190225/2118

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD FARHAN BIN AHMAD NASIR	ID No.	S9244482A
Related Vehicle	FBF2572Y (Motorcycle)	Contact No.	96309162
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
Driver			
Name	YAP LIAN HENG	ID No.	S7735912E
Related Vehicle	SMH9057G (Car)	Contact No.	97297198
Hospital/Clinic	NEECARE MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	24/02/2019	Date Discharge	24/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On , 24/02/2019 at about 1730hrs, I was driving V1) SMH9057G along Bukit Batok East Avenue 2 near the Hillview Regency Condominium, I stopped V1 as the traffic light was red and there were a few vehicles in front of V1. V1 stopped for quite awhile and suddenly V2) FBF2572Y hit on V1's rear. V2's rider fell off and I alighted to assist V2's rider. Due to V1 is a rental vehicle, I am lodging a traffic accident report. V1 has a big dent on the bonnet and rear bumper. On V2, I managed to see that V2's front fort is bent. Subsequently, both of us exchanged particulars.

No Police or Ambulance attended. I wish to state that I do have an in car camera and I will save the recording.



**SINGAPORE
POLICE FORCE**



T/20190225/2118

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 3

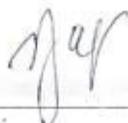
Report No. T/20190225/2118

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J/ Sgt 2 SITI SUHAILAH BINTE HUSSAIN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/02/2019 14:45
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Authentication Stamp

NP168

SN 114

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7735912E



Name

YAP LIAN HENG
(YE LIANXING)

葉 泠 興

Race

CHINESE

Date of birth

23-12-1977

Sex

M

Country/Place of birth

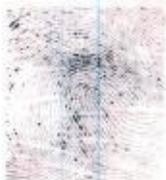
SINGAPORE



5256290



NRIC No. S7735912E



Date of issue

06-11-2013

Address

APT BLK 312 BUKIT BATOK STREET 32
#11-79
SINGAPORE 650312

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7735912E**

Name:

**YAP LIAN HENG
(YE LIANXING)**

Birth Date: **23 Dec 1977**

Issue Date: **06 Oct 2017**




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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	07 Mar 1995
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	25 Aug 2003
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	11 Mar 2015
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg	28 May 2015
	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	

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: 5107524635	Cover : drivo CLASSIC
1. Index mark and Registration Number of Vehicle	: SMH9057G
Chassis Number	: ZWR800352463
2. Name of Policyholder	: JACY PTE. LTD.
3. Effective Date of Insurance	: 15 Feb 2019
4. Expiry Date of Insurance	: 14 Feb 2020
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	: TAN WEI CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

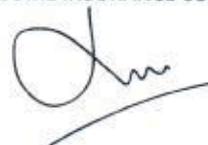
Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
 Date of Issue : 13 Feb 2019 09:29 hrs

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. Date of Accident:

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107524635		JACY PTE. LTD.	201705208G	GPC	drivo CLASSIC	SMH9057G	SMH9057G	15/02/2019	14/02/2020

Continue

Policy Information

Policy No.	5107524635	Policyholder Name	JACY PTE. LTD.	Policyholder NRIC	201705208G
Certificate No.					
Address	60 JALAN LAM HUAT #05-19 CARROS CENTRE SINGAPORE 737869				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	13/02/2019	Effective Date	15/02/2019 00:00	Expiry Date	14/02/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	3011.15		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	60 JALAN LAM HUAT	Address 2	#05-19 CARROS CENTRE	Address 3	SINGAPORE 737869
Address 4		Address Type	Singapore address	Post Code	737869
Unit No.	01-169	Related Policy Number	5107760033		

Insured Object: SMH9057G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	15/02/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 15 Feb 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: TAN WEI CREDIT PTE LTD CHASSIS NUMBER: ZWR800352463 ENGINE NUMBER: 2ZR2B92029 VEHICLE REGISTRATION NUMBER: SMH9057G ORIGINAL REGISTRATION DATE: 15 Feb 2019

Continue Cancel

Claim Handling

[Exit](#)

The premium on this policy has not been collected.

Accident MT/1033756

Policy No.	5107524625	Vehicle No.	SMH9057G	GST Registration No.	
Certificate No.					
Policyholder Name	JACY PTE. LTD.			Policyholder NRIC	201705208G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	26/02/2019 16:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/02/2019	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK EAST AVE 2				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess		YIED TP Excess			
Additional Excess	0.00	Total TP Excess Applicable			
Total OD Excess Applicable					

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	80 JALAN LAM HUAT	Address 2	#05-19 CARRIOS CENTRE	Address 3	SINGAPORE 737869
Address 4		Address Type	Singapore address	Post Code	737869
Unit No.	01-169	Related Policy Number	5107760033		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	YAP LIAN HENG (YE LIANXING)	Driver NRIC	S7735912E
Register Date of Driver License	25/08/2003	Driver Age	41
Contact No.(Mobile)	97297198	Contact No.(Office)	0
Address 1	BLK 312	Address 2	BUKIT BATOK STREET 32
Address 4		Address Type	Singapore address
Unit No.	11-79	Address 3	SINGAPORE 650312
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Post Code	650312
		Driver Insurer Company	

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	JACY PTE. LTD.	Insured NRIC	201705208G
Contact No.(Mobile)	86858787	Contact No.(Home)		Contact No.(Office)	
Email Address	JLCARRE3@GMAIL.COM	OT Vehicle Number	SMH9057G	TP Vehicle Number	FBF2572Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMH9057G / FBF2572Y ON 24 Feb 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	26/02/2019 16:20	Claim Close Date		Date Received	26/02/2019 00:00
Report Taken By	Jackson				

Print AK letter

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

Attachment

Accident No.	MT/1033756	Claim No.	001
LAST Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/02/2019 16:21
Path *		Category *	Please Select
	Browse...	Confidential	NO
	Clear	Urgency *	Normal
		Description *	

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 16:21	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 16:21	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 16:21	SAS	Normal	SAS 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 16:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 16:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 16:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 16:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 16:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 16:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 16:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 16:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 16:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 16:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 16:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 16:20	Photos	Normal	Photos 2019-2-26		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Feb 2019 16:20	Photos	Normal	Photos 2019-2-26		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 and uploading"/>	