

NATIONAL Assessment Centre Services. Print 1 Jan 2005 MMA119032704.-01

Date In: 11/3/19 16:51	Job description	Date & Time Completed	Done by
Ref No: MMA11MC19004367/h4	SAS e-filing		
Veh No: SLJ 8912X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/3/19 22:30	I-Motor Claim Form	MT/11035620- ⁰⁰¹	12/3/19 16:23
OD: <input checked="" type="checkbox"/> 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 / GW: () Tel: () Fax: ()

TP Particulars: Veh No: SMG 4712L 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: ()

Remedies: (INC 1160 hrs: 6799/6616)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MMA1901835

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Invoice Description	Amount (\$)	ADDN (3)
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) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (ver 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idan DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
QD:		
*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		
9) N12: Idan Mobile \$0		
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	11/03/2019 16:51
Date Of Accident	07/03/2019 22:30
Exact Location Of Accident	JUNC OF LOR 1 GEYLANG & SIMS AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLJ8912X
Insured/Policyholder	
Name Of Registered Owner	NEO AUTO LEASING PTE LTD
Co Reg No	201814915N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5103424803
Cover Note Number	-
Driver	
Name of Driver	YIP YEW KIONG
NRIC No	S1585890G
Date Of Birth	09/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	30/10/2009
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91778139
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 63 KALLANG BAHRU #08-439
Postcode	330063
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG4712L
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)

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.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119032704 Vehicle Registration No: SLJ 8912X
 Name (as shown in NRIC) : Neo Auto Leasing ^{pte ltd} NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No.: 9144 9265
 Email Address : _____
 Date of Accident : 7/3/19 Time of Accident: 22:30
 Place of Accident : Junc of Lor 1 Geylang & Sims Ave.
 Insurance Company: MTVC.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Policy number : 5103424803.

 Policyholder / Driver's Signature
 Date:



 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 12/3/19.



**SINGAPORE
POLICE FORCE**



T/20190308/2005

1 of 3

Report No. T/20190308/2005

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2019 00:50	Vide Report No.: G/20190307/0186	Station Diary No.:
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Informant's Particulars

Name of Informant: YIP YEW KIONG		Address: APT BLK 63 KALLANG BAHRU #08-439 KALLANG BAHRU VILLE SINGAPORE 330063	
ID Type / ID No.: NRIC NO / S1585890G		Contact No.: Home/Office:	Mobile: 91778139
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 09/10/1963	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/03/2019 22:30	Type of Location:
Location: Along Road 1 LORONG 1 GEYLANG TOWARDS SIMS AVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLJ8912X	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT		Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190308/2005

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Report No. T/20190308/2005

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

CONTINUATION OF REPORT

Driver Name	YIP YEW KIONG	ID No.	S1585890G
Related Vehicle	SLJ8912X (Car)	Contact No.	91778139
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AS STATED TIME, DATE AND LOCATION, MY VEHICLE WAS STATIONARY AT THE JUNCTION OF SAID LOCATION AS THE TRAFFIC LIGHT WAS RED. I WAS ON THE 3RD LANE OF FOUR LANES. WHEN THE TRAFFIC TURNED GREEN, I MOVED OFF SLOWLY TURNING LEFT TOWARDS SIMS AVE. WHILE I HALF WAY TURNING LEFT AND FOLLOWING THE DOTTED LINE, SUDDENLY, A VEHICLE FROM THE LEFT LANE COLLIDED ONTO MY LEFT PORTION OF MY VEHICLE. THE COLLISION MADE SOME SCRATHES ON MY CAR. I TRIED TO STOP THE DRIVER TWICE BUT SHE REFUSED TO STOP. I THEN CALLED POLICE FOR HELP.



**SINGAPORE
POLICE FORCE**



T/20190308/2005

3 of 3

Report No. T/20190308/2005

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

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:
TP /
AHMAD JALALUDDIN BIN AHMAD

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL
Contact No.: 65476131

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
08/03/2019 00:50

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____



T/20190308/2008

1 of 3

Report No. T/20190308/2008

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20190308/2005

Report Number T/20190308/2008

Vide Report Number G/20190307/0186

Date/Time of Report Made 08/03/2019 01:28

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant YIP YEW KIONG

ID Type / ID No. NRIC NO / S1585890G

Home/Office

Mobile 91778139

Email

Type of Accident Non-Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 07/03/2019 22:30



Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLJ8912X	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT		Slightly Damaged	0
SMG4712L	Car	MERCEDES BENZ	C 180 CGI			0

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



T/20190308/2008

2 of 3

Report No. T/20190308/2008

Continuation of CSF For NP168

Driver			
Name	YIP YEW KIONG		ID No. S1585890G
Related Vehicle	SLJ8912X (Car)		Contact No. 91778139
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	Unknown Driver		ID No. NIL
Related Vehicle	SMG4712L (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Facts.

AS STATED TIME, DATE AND LOCATION,
 MY VEHICLE WAS STATIONARY AT THE JUNCTION OF SAID LOCATION AS THE TRAFFIC LIGHT WAS RED. I WAS ON THE 3RD LANE OF FOUR LANES. WHEN THE TRAFFIC LIGHT TURNED GREEN, I MOVED OFF SLOWLY TURNING LEFT TOWARDS SIMS AVE. WHILE I HALF WAY TURNINHG LEFT AND FOLLOWING THE DOTTED LINE, SUDDENLY, THIS SAID VEHICLE (SMG4712L) FROM THE LEFT LANE COLLIDED ONTO MY LEFT PORTION OF MY VEHICLE. THE COLLISION CAUSE SOME SCRATHES ON MY CAR. I TRIED TO STOP THE DRIVER TWICE BUT SHE REFUSE TO STOP. I THEN CALLED POLICE FOR HELP.



T/20190308/2008

3 of 3

Report No. T/20190308/2008

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / MUHAMMAD KHAIRIL BIN KAMAL
Classification of Case	1) NON-INJURY / ATTENDED BY POLICE

Land Transport Authority



VOCATIONAL LICENCE
 Licence No: S1585890G
 Name: YIP YEW KIONG
 Issue Date: 25/5/2012
 Please visit www.lta.gov.sg to check the status of this vocational licence

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1585890G
 Name: YIP YEW KIONG
 Birth Date: 09 Oct 1963
 Issue Date: 30 Oct 2009

001799722H



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1585890G



Name: YIP YEW KIONG
 Race: CHINESE
 Date of Birth: 09-10-1963
 Sex: M
 Country of Birth: SINGAPORE

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	25/05/2012



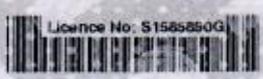
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE: 30 Oct 2009

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

NP 428A

Licence No: S1585890G



2799056



MISC No: S1585890G



Blood Group: A+
 Date of Issue: 27-02-1996

Address: APT BLK 63 KALLANG BAHRU #08-439 SINGAPORE 330063

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"/>
Vehicle No.(For Motor)	<input type="text" value="SLJ8912X"/>	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 checked="" type="radio"/>	5103424803		NEO AUTO LEASING PTE LTD	201814915N	GFT	Third Party, Fire & Theft	SLJ8912X	SLJ8912X	25/09/2018	

▼ Policy Information

Policy No.	5103424803	Policyholder Name	NEO AUTO LEASING PTE LTD	Policyholder NRIC	201814915N
Certificate No.					
Address	BLK 31 #17-204 EUNOS CRESCENT EUNOS COURT SINGAPORE 400031				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/08/2018	Effective Date	25/09/2018 00:00	Expiry Date	24/09/2019 23:59
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	8587.59		
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00		
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 31 #17-204	Address 2	EUNOS CRESCENT	Address 3	EUNOS COURT
Address 4	SINGAPORE 400031	Address Type	Singapore address	Post Code	400031
Unit No.	17-204	Related Policy Number	5104798553		

▶ Insured Object: SLJ8912X

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	25/09/2018 00:00	Basic Information Endorsement	000001287025372	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLB7309L 25-09-2018 \$1,030.51 2. SLF6907X 25-09-2018 \$1,030.51 3. SLG7545U 25-09-2018 \$1,030.51 4. SLJ8229K 25-09-2018 \$1,030.51 5. SLJ8912X 25-09-2018 \$1,030.51 In view of this amendment, an additional premium of \$5,152.55 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>

Claim Handling

The premium on this policy has not been collected.

Accident MT/1035620

Policy No.	5103424803	Vehicle No.	SLJ8912X	GST Registration No.	
Certificate No.					
Policyholder Name	NEO AUTO LEASING PTE LTD	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	201814
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91449265	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(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	12/03/2019 16:17	Accident Report Within 24 hrs	Yes	Accident Type	Side Sw
Date of Accident	07/03/2019	Time of Accident hh:mm	22:30	Country of Accident	Singap.
Resorting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF LOR 1 GEYLANG & SIMS AVE				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 31 #17-204	Address 2	EUNOS CRESCENT	Address 3	EUNOS
Address 4	SINGAPORE 400031	Address Type	Singapore address	Post Code	400031
Unit No.	17-204	Related Policy Number	5104798553		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	09/10/
Unnamed driver Name	YIP YEW KIONG	Driver NRIC	S1585890G	Driving Experience	9
Register Date of Driver License	30/10/2009	Driver Age	55	Contact No.(Home)	
Contact No.(Mobile)	91778139	Contact No.(Office)		Address 3	KALLA
Address 1	BLK 63 #08-439	Address 2	KALLANG BAHRU	Post Code	330061
Address 4	SINGAPORE 330063	Address Type	Singapore address		
Unit No.	08-439				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	NEO AUTO LEASING PTE LTD
Contact No.(Mobile)	81332853	Contact No.(Home)	
Email Address		O1 Vehicle Number	SLJ8912X
Claim Description	SLJ8912X / SMG4712L ON 7 Mar 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
WORKER No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By:		Claim Close Date	12/03/2019 16:22
<input checked="" type="checkbox"/> Print AK letter			LIEW SHAN HUI

Save Submit

Attachment

Accident No. Claim No.

MT/1035620

001

Last Doc. Received

Yes No

Upload Date

12/03/2019 16:23

Path *

Category *

Confidential

Urgency *

- No file chosen
-

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 16:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 16:22	SAS	Normal	SAS 2019-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 16:22	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 16:22	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 16:22	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 16:22	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 16:22	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 16:22	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 16:22	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 16:22	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 16:22	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 16:22	Photos	Normal	Photos 2019-3-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 12 Mar 2019 16:22	Photos	Normal	Photos 2019-3-12

Video List

Uploaded By/Date	Folder Date	File Name	Source
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