

# NATIONAL Assessment Centre Services

Form NA-001

Date In: 20/03/2019 13:59  
Ref No: NA/INC19005029/K4  
Veh No: SJG 8125.R  
D.O.A: 14/4/2017 06:00

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 3hrs, Aft 2hrs)		
I-Motor Claim Form		
I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner / Wksn		

OD / TP / Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Veh No: Light Pole, INC ( ) / Non-INC ( )

Owner / Driver: (

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: (INC No: 67886616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: Actions:

NA1902074

Claimant's Particulars	Invoice Preparation Charge	Amort (3)	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$10545		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Assessors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
At 1:	For claiming against INC Only (wef 10 Jan 2005)		
At 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	on:		
	*N5: Courtesy Car / Tpl 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: Idao 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 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	20/03/2019 13:59
Date Of Accident	14/11/2017 06:00
Exact Location Of Accident	ANG MO KIO AVE 5 / YIO CHU KANG RD (ST LIGHT POLE)
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG8125R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VISCAR LEASING PTE LTD
Co Reg No	201634983K
Email Address	VISCARLEASING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88589225
Alternative Phone No	OFFICE-88589225

#### Vehicle Particulars

Manufacturer	HYUNDAI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5087371725
Cover Note Number	

#### Driver

Name of Driver	HOW WEE MENG
NRIC No	S8706306B
Date Of Birth	18/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	23/06/2009
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88589225
Fax Number	
Contact Number	OTHERS-88589225
EMail Address	VISCARLEASING@GMAIL.COM

Address	BLK 979C BUANGKOK CRESCENT #13-111
Postcode	533979
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	COLLISION - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE 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



### 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

On the 14/11/2017 At around 6am, when it was a very heavy rain in the morning and I can't see clearly and feeling very tired after a whole day of driving Grab till 6am when I on my way home. So I skated to the left side of the of Ang Mo Kio Ave 5 and hit the Lamp pole at the cross junction.

I was willing pay the repair cost of SGD 1692.14 of the vehicle SJG 825R which damaged the street Light Pole From LTA

Ref LTA/201711025/704103

8858 9225

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.:

20/3/2019



Scape Letter



**VISCAR**  
MOTORS

10 Ubi Crescent #05-08, Ubi Techpark, Lobby A, Singapore 408564

Tel: +65 65934853, +65 65934854 Fax: +65 67490702 Registration No. 53271968M

## SALES AGREEMENT

SA NO  
DATE

:10375  
:12/2/18

### OWNER/BUYER DETAIL

NAME : 1 Efficient Auto NIRC : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
CONTACT NO: \_\_\_\_\_ D.O.B \_\_\_\_\_ OCCUPATION \_\_\_\_\_

The Vehicle bearing  
registration Number

SJG 8125R

MAKE & MODEL

HYUNDAI AVANTE 1.6A.

ORIG REG DATE

17/7/08

YEAR OF MAKE

2008

R/T Validity

ENGINE NO

COLOUR

COE VALUE

As Per Jg Cool.

CHASSIS NO

NO OF OWNERS

MILEAGE

As Per Jg Cool.

### PURCHASED DETAIL

Registration No.

: SJG 8125R.

Selling Price

: \$5896 + \$1750

Deposit

: \_\_\_\_\_ (Cash/Cheque: \_\_\_\_\_)

Total Balance

: \$7646 wos: 865844.

Remark

: \_\_\_\_\_

Ullal Ven



Sign for & on behalf of VISCAR MOTORS

Name:

Mobile:

Buyer Signature

Name:

NRIC NO:

Terms and Condition of Sales

In the event of the purchaser's failure to pay the balance, the seller shall have the right to seize the car and forfeit the deposit paid by the purchaser.

1 Hampshire Road Singapore 219428  
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65)6396 1130

26.02.2019

Our Ref : LTA/ 201711025/704103

NTUC INCOME INSURANCE CO -  
OPERATIVE LTD  
NO. 1 MARITIME SQUARE  
#10-01 HARBOURFRONT CENTRE  
SINGAPORE 099253

Your Ref:

DID : 63961139 Fax : 63961130

Dear Sir / Madam

DAMAGE TO STREET LIGHT POLE ALONG ANG MO KIO AVENUE 5/YIO CHU KANG ROAD  
INVOLVING VEHICLE NO : SJG 8125R ON 14.11.2017.

We refer to the above-mentioned accident.

- 2 For your information, the accident resulted in the damage of the STREET LIGHT POLE which we had to repair at a cost of SGD 1692.14. As your insured was the driver/owner of the vehicle SJG 8125R which damaged the STREET LIGHT POLE, we seek to recover the cost of repairs from you.
- 3 Please arrange to make payment to LTA PayNow UEN ID T08GB0027DLTA and indicate LTA/201711025/704103 as Bill Reference within fourteen (14) days from the date of this letter. Kindly email to LTA\_Receipting@lta.gov.sg to inform us after you have made the payment.
- 4 Alternatively, please remit to:

Account Name	: Land Transport Authority of Singapore
Bank Account No	: DBS 015-018272-5
SWIFT code	: DBSSSGSG
- 5 Should you require any clarification, please contact Ms Marie Tan at telephone number 63961139.

This is a computer generated document. No signature is required

VISCAR LEASING PTE LTD  
10 UBI CRESCENT #05-16  
UBI TECHPARK  
SINGAPORE 408564

Our Ref: MT/CA/TP/059/1035052-001/CQ/VU

07 Mar 2019

VISCAR LEASING PTE LTD  
10 UBI CRESCENT  
#05-16 UBI TECHPARK  
SINGAPORE 408564

Dear Policyholder

**CLAIM NUMBER: MT/1035052-001**  
**ACCIDENT INVOLVING SJG8125R / PROPERTY on 14 Nov 2017**

We would like to inform you that a claim for S\$1,692.14 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely



Goh Peng Hong  
Manager  
Motor Insurance



# VISCAR LEASING

10 Ubi Crescent #05-16 Ubi Techpark Lobby B Singapore 408564  
Tel: 66357937 Fax: 67490702 CO.Registration No. 201634983K

DATE: 31/10/17

No. VL0033  
(Hirer's Copy)

## Car Rental Agreement

### Hirer Particulars

Name (as per NRIC): HOW WEE MENG License Date Pass 23  
NRIC/Driving License: S8706306B Date of Birth: 18/3/1987 (DD/MM/YYYY)  
Address: 435A FERNVALE ROAD #21-202 (S) 791435  
Contact Number: 88589225 2<sup>ND</sup> Contact Number: \_\_\_\_\_

### Vehicle Description

Make / Model: HYUNDAI AVANTE 1.6 A Vehicle Number: SGG 8125R  
Date of Collection: 31/10/17 Date of Return: 1/2/18  
Time of Collection: 1.35pm Time of Return: 9.23am  
Contract Period: 3 mths Insurance Excess: \$1500/-  
Fuel: \_\_\_\_\_

### Payment

Rental Amount: \$320 (Per Week) Pro Rate From 01/11/17 To 05/11/17 (\$229)  
Deposit: \$500 DECAL within 3days if NOT PAYMENT \$500/-

Return Of Deposit To Hirer: \_\_\_\_\_ (Hirer Signature & Date)  
Payment for the subsequent week rental is to be made on every Sunday before 2359 hours and penalty of SGD \$10 will be imposed for every day of late payment.

[Signature]  
Hirer Signature & Date



[Signature]  
Authorized Staff Signature & Date

Vehicle returned in good condition

## Pre Rental Checklist

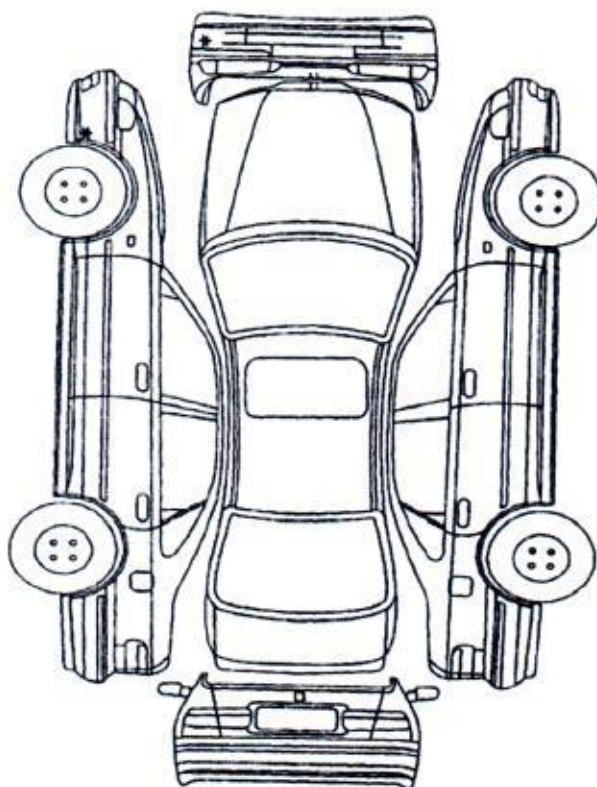
Identify areas of damage on the diagram and include comments within remarks below.

Mileage Out in KM \_\_\_\_\_

Fuel Level (%) \_\_\_\_\_

Mileage In KM \_\_\_\_\_

Fuel Level (%) \_\_\_\_\_



## Remarks

---

---

---

*A* 31/10/17

Hirer Signature & Date



*A.*

Authorized Staff Signature & Date



Date : 19/3/2019

**TO WHOM MAY CONCERN**

Dear Sir

RE : ACCIDENT DATE : 14/11/2017  
Vehicle NO. : SJG8125R

I, Mr How Wee Meng , Nric no. S8706306B will take sole responsibility relating to the above accident , Viscar Leasing Pte Ltd will not need to bear any responsibility with regards to the accident.

Thank you.

Your Faithfully



---

Name : MR How Wee Meng

Nric No : S8706306B

Contact No : 88589225

# VISCAR LEASING

10 Ubi Crescent #05-16 Ubi Techpark Lobby B Singapore 408564  
Tel: 90303074 Fax: 67490702 CO.Registration No. 201634983K

**Ref : LTA / 201711025 / 704103**

To whom may concern

Refer to the accident involving vehicle no : SJG8125R on 14.11.2017 LTA seek to recover the costs of repairs \$1692.14.

We had rented the above mentioned vehicle on that period of time to

Hirer : How Wee Meng

Nric : S8706306B

Address : Blk 435A Fernvale Road #21-202 Singapore 791435

Hp : 88589225

Attached is the proof of documents and Hirer details.

Kindly revert the above incidents claims to the Hirer.



Best Regards,

Andy Lim

Hp : 90303074

Email : viscarleasing@gmail.com

Viscar Leasing Pte Ltd

ROC 201634983K

10 Ubi Crescent

Ubi Techpark Lobby B

#05-16 Singapore 408564



Reported on 20/3/2019  
@ 1345HRS

## ACCIDENT STATEMENT

ACCIDENT DATE: (14/11/2019) (DD/MM/YYYY), TIME: (06:00 AM) (HH:MM)

LOCATION: Ang Mo Kio Ave 5 / Yio Chu Kang Rd (St Light Pole)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGG 8125R  
b) INSURANCE COMPANY: \_\_\_\_\_  
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: \_\_\_\_\_  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 88589225  
c) ADDRESS: \_\_\_\_\_

\*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) HERE

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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

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

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: Street Light Pole  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Phone photos  
some put in  
the G1A report

I did not  
see the  
vehicle  
but I put  
Private Hire  
on report

Vehicle SGG 8125R not present at idac  
because scape Letter  
& supported Documents.  
Driver told Hiner  
Vehicle.

Email: Viscarleasing@gmail.com

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8706306B



Name

HOW WEE MENG

侯 威 明

Race  
CHINESE

Date of birth  
18-03-1987

Sex  
M

Country/Place of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8706306B

Fee: \$10

HOW WEE MENG

Birth Date: 18 Mar 1987

Issue Date: 27 Dec 2018



5905022



NRIC No. S8706306B

Date of issue

03-04-2018

Address

APT BLK 979C BUANGKOK CRESCENT  
#13-111  
SINGAPORE 533979

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	26 Dec 2007
Class 2A	Motorcycles between 201 cc and 400 cc	23 Feb 2010
Class 2	Motorcycles > 400 cc	21 Oct 2011
Class 3A	Motor cars without clutch pedals (Auto) with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight <= 2500kg	23 Jun 2009



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:** 5087371725

**Cover :** Third Party

- |   |                          |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SJG8125R</b>        |
| Chassis Number  | : KMHDU41BR8U523681      |
| 2. Name of Policyholder   | : VISCAR LEASING PTE LTD |
| 3. Effective Date of Insurance  | : 27 Oct 2017            |
| 4. Expiry Date of Insurance   | : 26 Oct 2018            |
| 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : KCB AGENCY (00000614904)  
Date of Issue : 09 Jan 2017 08:39 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="14/11/2017 06:00"/>
Vehicle No.(For Motor)	<input type="text" value="SJG8125R"/>	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"/>	5087371725		VISCAR LEASING PTE LTD	201634983K	GFT	Third Party	SJG8125R	SJG8125R	27/10/2017	08/01/2018



## Claim Handling

» Task Transfer » Exit

## ▼ Accident MT/1035052

LOS SAL SUB

Policy No.	5087371725	Vehicle No.	SJG8125R	GST Registration No.	
Certificate No.					
Policyholder Name	VISCAR LEASING PTE LTD			Policyholder NRIC	201634983K
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<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	Not available

## ▼ Accident Details

Report Date	07/03/2019 17:46	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	14/11/2017	Time of Accident hh:mm	00:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ANG MO KIO AVE 5 / YIO CHU KANG ROAD				

## ▼ 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	10 UBI CRESCENT	Address 2	#05-16 UBI TECHPARK	Address 3	SINGAPORE 408564
Address 4		Address Type	Singapore address	Post Code	408564
Unit No.	05-16	Related Policy Number	5087371725-02		

## ▼ OI Driver Info

Driver Name	Driver Type		
Unnamed driver Name	Driver NRIC	Driver DOB	
Register Date of Driver License	Driver Age	Driving Experience	
Contact No. (Mobile)	Contact No. (Office)	Contact No. (Home)	

## Claim Handling

Accident MT/1035052

Policy No.	5087371725	Vehicle No.	SJG8125R	GST Registration No.
Certificate No.				
Policyholder Name	VISCAR LEASING PTE LTD			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<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

## ▼ Accident Details

Report Date	07/03/2019 17:46	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/11/2017	Time of Accident hh:mm	00:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG ANG MO KIO AVE 5 / YIO CHU KANG ROAD			

## ▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
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	10 UBI CRESCENT	Address 2	#05-16 UBI TECHPARK	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	05-16	Related Policy Number	5087371725-02	

## ▼ OI Driver Info

Driver Name		Driver Type		Driver DOB
Unnamed driver Name		Driver NRIC		Driving Experience
Register Date of Driver License		Driver Age		Contact No.(Home)
Contact No.(Mobile)		Contact No.(Office)		Address 3
Address 1		Address 2		Post Code
Address 4		Address Type	Foreign address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	VISCAR
Contact No.(Mobile)	90303074	Contact No. (Home)	
Email Address		OI Vehicle Number	SJG812
Claim Description	SJG8125R / LIGHT POLE ON 14 Nov 2017		
Preferred Workshop		Insured Liability	Partially at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered	21/03/2019 11:17	GIA report	Received
Report Taken By		Claim Close Date	
		Workshop Repairer	
<input checked="" type="checkbox"/> Print AK letter			



Save Submit

## Attachment



Accident No.	MT/1035052	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/03/2019 11:15
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2019 11:17	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2019 11:15	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2019 11:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2019 11:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2019 11:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2019 11:15	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2019 11:15	Photos	Normal	Photos

## Video List

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