

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA1190987~

Date In: 22/1/19 14:46	Job description	Date & Time Completed	Done by
Ref No: 49/INC19005189/24	SAS e-filing		
Veh No: 57M99356	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/1/19 08:10	i-Motor Claim Form	M7/1037033-001	22/1/19 15:08
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: 56W84885	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-
() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (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

MNA19021~1	Invoice Preparation Checklist	Amt (\$) Inc Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac 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	22/03/2019 14:46
Date Of Accident	22/03/2019 08:10
Exact Location Of Accident	BLK 823A TAMPINES ST 81 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9935G
Insured/Policyholder	
Name Of Registered Owner	MUNCHI LEASING PTE LTD
Co Reg No	201832996K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81833239
Alternative Phone No	OFFICE-81833239

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8XE A
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5104376548
Cover Note Number	

Driver

Name of Driver	YEO KOK QUAN, GABRIEL (YANG GUOQUAN)
NRIC No	S8731360C
Date Of Birth	11/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	26/01/2015
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81263051
Fax Number	
Contact Number	OFFICE-81263051
EMail Address	NOEMAIL

Address	BLK 889A TAMPINES STREET 81 #12-1028
Postcode	521889
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190322/2025.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCW8488S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	YEO KOK QUAN, GABRIEL (YANG GUOQUAN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJM9935G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

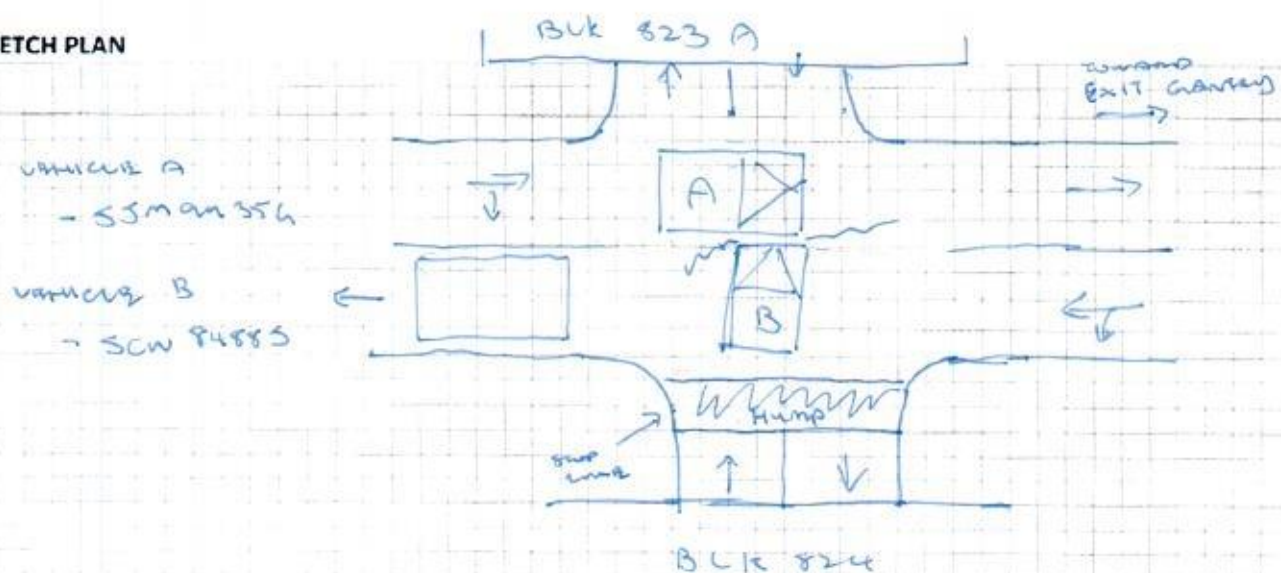
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per POLICE REPORT

REPORT NUMBER
T/20190322/2025

VEHICLE A - SJM 9935 G

VEHICLE B - SCW 84885



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.:

Vehicle No.	SJM 2235 G	Model / Make	TOYOTA WISH
Date of Accident	22/03/2017		
Time of Accident	0810	HRS	
Location of Accident	CARPARK TMT 42	CARPARK AVIA	CAR PARK ESTATE (923A 824-827)
Exact purpose use during accident	WORKING HOUR		
Name of Owner	MUNICH LIASIN PTE LTD		
Telephone No.	H/P: 8143 3239	Home:	Office:
NRIC	2018 32996 K		
Address	421 TACORE INDUSTRIAL AVE #01-20 TACORE 8 S(79705)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTWL		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5104376544		
Name of Driver	As Above If No, YEO KOK QUAN, GABRIEL		
NRIC	58731360 C	Any Passengers:	1 (FEMALE)
Date of birth	11/10/1987		
Occupation	Outdoor / Indoor		
Driving License Pass Date	26 JAN 2015		
Gender	Male / Female		
Contact No.	H/P: 81263051	Home:	Office:
Address	BLK 889A TAMPINES ST 81 #12-1028 S(521889)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	RENTAL / LEASING	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No, If Yes, Who?		
Name And Contact No.	YEO KOK QUAN, GABRIEL 81263051		
Name And Contact No.			
Police Report	No, If Yes, Where?	TAMPINES NPC	
Vehicle B No.	SCW 84885	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	RIGHT SIDE OF VEHICLE		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		



**SINGAPORE
POLICE FORCE**



T/20190322/2025

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20190322/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2019 09:30	Vide Report No.:	Station Diary No.: 40
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Informant's Particulars

Name of Informant: YEO KOK QUAN, GABRIEL	Address: APT BLK 889A TAMPINES STREET 81 #12-1028 SINGAPORE 521889
ID Type / ID No.: NRIC NO / S8731360C	Contact No.: Home/Office: Mobile: 81263051
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 31 Date of Birth: 11/10/1987	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: PRIVATE HIRER DRIVER	Driving Licence Information: Class: 3A Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/03/2019 08:10	Type of Location: Car Park
Location: TAMPINES STREET 81				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: • Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCW8488S	Car	BMW		Black		0
SJM9935G	Car	TOYOTA	WISH	Blue		1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190322/2025

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

2 of 3

Report No. T/20190322/2025

CONTINUATION OF REPORT

Driver				
Name	TOH YEW KEONG		ID No.	S2571044D
Related Vehicle	SCW8488S (Car)		Contact No.	96322398
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	YEO KOK QUAN, GABRIEL		ID No.	S8731360C
Related Vehicle	SJM9935G (Car)		Contact No.	81263051
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 22/03/2019, at about 8:08am, I was driving a rented car (SJM9935G) and had just picked up one passenger from block 826 Tampines Street 81. I had drove towards the gantry exiting the carpark. I wish to state that there was a lorry parked outside the "hardware shop" as well.

As I was driving towards the gantry, a car (SCW8488S) had drove out from Blk 824 Tampines Street 81 carpark and collided onto the driver side door of my car. Both of the other party driver and myself had alighted, and I had made check with my passenger and the other party driver and no one was injured. The other party driver had claimed that the parked lorry outside the "hardware shop" had blocked his view as such he had collided onto to my car and had apologised to me. No ambulance or traffic police attended to us. We had exchanged particulars thereafter.

There is front in-car camera recording in my car. I felt pain on my right elbow area as such I will be seeking medical consultation at Changi General Hospital after lodging this traffic accident report.



SINGAPORE
POLICE FORCE



T/20190322/2025

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

3 of 3

Report No. T/20190322/2025

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:

G /

Staff Sgt CHAN DE MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/03/2019 09:30

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

IDENTITY CARD NO S8731360C



YEO KOK QUAN, GABRIEL
(YANG GUOQUAN)

杨国权

CHINESE

11-10-1987

M

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8731360C

Name:

YEO KOK QUAN, GABRIEL
(YANG GUOQUAN)

Birth Date: 11 Oct 1987

Issue Date: 26 Jan 2015



SG
50

Land Transport Authority

PDVL/TDVL
33 888 8888
252786



VOCATIONAL LICENCE

Licence No : S8731360C

Name : YEO KOK QUAN, GABRIEL

Card Issue Date : 28/02/2018

Please visit www.lta.gov.sg to check
the status of this vocational licence

5888890



NRIC No S8731360C



Date of issue
12-03-2018

Address

APT BLK 889A TAMPINES STREET 81
#12-1028
SINGAPORE 521889

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 26 Jan 2015
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

NP 428A



Licence No: S8731360C

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

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	28/02/2018



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: 5104376548

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJM9935G**
Chassis Number : **ZNE100410804**
2. Name of Policyholder : **MUNCHI LEASING PTE. LTD.**
3. Effective Date of Insurance : **21 Jan 2019**
4. Expiry Date of Insurance : **20 Jan 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)	: 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	: ASIA CARZ HOLDING PTE. LTD.
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 : CITY INSURANCE AGENCY PTE. LTD. (00000573566)
Date of Issue : 03 Oct 2018 09:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104376548		MUNCHI LEASING PTE. LTD.	201832996K	GFT	Third Party	SJM9935G	SJM9935G	21/01/2019	

Policy Information

Policy No.	5104376548	Policyholder Name	MUNCHI LEASING PTE. LTD.	Policyholder NRIC	201832996K
Certificate No.					
Address	421 TAGORE INDUSTRIAL AVENUE #01-20 TAGORE 8 SINGAPORE 787805				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	03/10/2018	Effective Date	03/10/2018 00:00	Expiry Date	02/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	669.15		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	CITY INSURANCE AGENCY PTE.	Agent Tel.	64598677	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	421 TAGORE INDUSTRIAL AVENUE	Address 2	#01-20 TAGORE 8	Address 3	SINGAPORE 787805
Address 4		Address Type	Singapore address	Post Code	787805
Unit No.	01-20	Related Policy Number	5108251382		

Insured Object: SJM9935G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	03/10/2018 00:00	Basic Information Endorsement	000001286915544	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. SJT5469A 04-10-2018 \$1,099.08 In view of this amendment, an additional premium of \$1,099.08 (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>
2	03/10/2018 00:00	Basic Information	000001286918240	Endorsement Take	<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. SGE4217G 08-10-2018 \$1,192.54 In view of this amendment, an additional premium of \$1,192.54 (inclusive of GST) is payable under your policy. Please ignore this premium payment</p>

Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/1037033

Policy No.	5104376548	Vehicle No.	SJM9935G	GST Registration No.	
Certificate No.					
Policyholder Name	MUNCHI LEASING PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	201832996K
Product Code	FLEET INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	81833239	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	22/03/2019 15:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	22/03/2019	Time of Accident hh:mm	08:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 823A TAMPINES ST 81 CARPARK				
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	421 TAGORE INDUSTRIAL AVEN	Address 2	#01-20 TAGORE 8	Address 3	SINGAPORE 787605
Address 4		Address Type	Singapore address	Post Code	787605
Unit No.	01-20	Related Policy Number	5108251382		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/10/1987
Unnamed driver Name	YEO KOK QUAN, GABRIEL (YAN)	Driver NRIC	S8731360C	Driving Experience	4
Register Date of Driver License	26/01/2015	Driver Age	31	Contact No. (Home)	0
Contact No. (Mobile)	81263051	Contact No. (Office)	0	Address 1	TAMPINES STREET 81
Address 1	BLK 889A	Address 2	TAMPINES STREET 81	Address 3	TAMPINES GROVE
Address 4	SINGAPORE 521889	Address Type	Singapore address	Post Code	521889
Unit No.	12-1028				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-Mix	Insured Name	MUNCHI LEASING PTE. LTD.	Insured NRIC	201832996K
Contact No. (Mobile)	81833239	Contact No. (Home)		Contact No. (Office)	+
Email Address		OI Vehicle Number	SJM9935G	TP Vehicle Number	SCW8488S
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJM9935G / SCW8488S ON 22 Mar 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	22/03/2019 15:08	Claim Close Date		Date Received	22/03/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1037033	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/03/2019 15:10
Path *			
Browse...	Clear	Category *	Please Select
Browse...	Clear	Confidential	NO
Browse...	Clear	Urgency *	Normal
Description *			

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:10	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:09	SAS	Normal	SAS 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:09	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:09	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:09	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:09	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:09	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:09	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:09	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:09	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:09	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:09	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:09	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:09	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:09	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:09	Photos	Normal	Photos 2019-3-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 22 Mar 2019 15:09	Photos	Normal	Photos 2019-3-22		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"/>				