

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MA1190437**

Date In: 8/1/19-17:03	Job description	Date & Time Completed	Done by
Ref No: NA/NC 19206188/24	SAS e-filing		
Veh No: 5J209300	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 3/1/19-01:00	i-Motor Claim Form	MA/105938-02	8/1/19 19:54
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: FBM 4213 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

NA190253V	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		In Bill	Add Bill
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			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 1:	6) TR : Re-inspection \$75			
Dat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1:			
	*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: Idac 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	08/04/2019 17:03
Date Of Accident	05/04/2019 01:00
Exact Location Of Accident	JUNC JURONG LAKE LINK & JURONG WEST ST 41
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ2970D
Insured/Policyholder	
Name Of Registered Owner	NG HOCK SENG
NRIC No	S1083081H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96260133
Alternative Phone No	OFFICE-96260133

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5066678710-04
Cover Note Number	

Driver

Name of Driver	NG HOCK SENG
NRIC No	S1083081H
Date Of Birth	28/07/1949
Occupation	INDOOR
Date Of Driving Pass	06/06/1979
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96260133
Fax Number	
Contact Number	OFFICE-96260133
EMail Address	NOEMAIL

Address	BLK 178 YUNG SHENG ROAD #06-129
Postcode	610178
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190406/2107.

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	FBM4213J
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	NG HOCK SENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJQ2970D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:



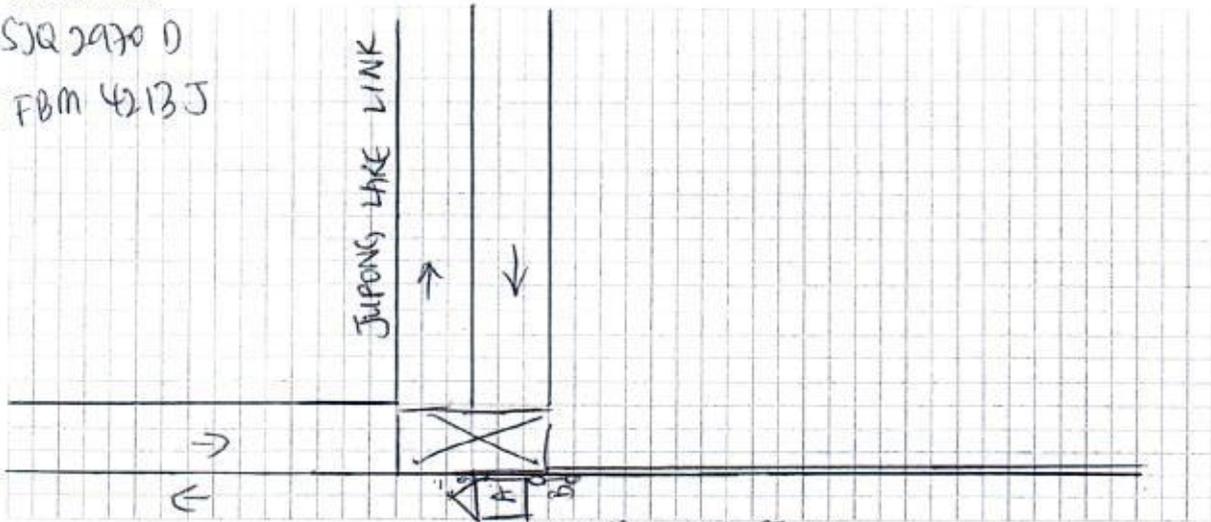
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

A: SJQ 2970 D
 B: FBM 4213 J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT JURONG WEST ST 41

ON THE STATED TIME AND DATE, I (SJQ2970D) WAS TRAVELLING ALONG ~~THE~~ THE STATED VENUE, WHILE APPROACHING THE JUNCTION OF JURONG LAKE LINK, ~~THERE~~ I REALISED THERE WAS AN APPROACHING VEHICLE AND I STOPPED AT THE JUNCTION. SUDDENLY THERE WAS A HUGE BANG ON MY RIGHT, ~~AND~~ I ALIGHTED AND REALISED THAT (FBM 4213 J) HAD TRIED TO OVERTAKE ME ON A SINGLE CARRIAGEWAY ROAD AND COLLIDED ONTO MY VEHICLE, CAUSING DAMAGES. I HAVE A WITNESS: MOHAMED, 97540685. I WISH TO STATE THAT THE ROAD HAVE A DOUBLE WHITE LINE AND THE BIKE SHOULD NOT OVERTAKE AT THE DOUBLE WHITE LINE.

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.:

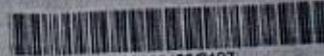
Date of Accident : 05.04.19 Accident Time: 0100 (24-HR-Format)
 Accident Place : JUNCTION OF JURONG LAKE LINK AND JURONG WEST
 Vehicle Reg. No. (Car Plate No.) : SJQ 2970 D ST 41
 Vehicle Make/Model : TOYOTA ALTIS
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : NG HOCK SENG / S1083081H
 Owner or Company Contact No. : 96260133 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : SAME AS OWNER
 DRIVER'S Date Of Birth : 28.07.1949 DRIVER'S License Pass Date 06.06.1999.
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other: OWNER
 DRIVER'S Address : BLK 178, YUNG SHENG ROAD, #06-29, S 610178
 DRIVER'S Contact No./ Alt No. : 1) SAME AS DRIVER 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : ADMIN@MYCAR.SG
 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>FBM 4213 J</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/20190406/2107

1 of 3

Report No. T/20190406/2107

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2019 17:09	Vide Report No.	Station Diary No.: 134
--------------------------------------------	-----------------	---------------------------

Informant's Particulars		
Name of Informant: NG HOCK SENG		Address: APT BLK 178 YUNG SHENG ROAD #06-129 SINGAPORE 610178
ID Type / ID No.: NRIC NO / S1083081H	Contact No.: Home/Office:	Mobile: 96260133
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 69	Date of Birth: 28/07/1949
Type of Informant: Driver		Institution / School Name:
Race: Chinese	Language: English	
Occupation: Food/Drink stall assistant	Driving Licence Information: Class: 2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/04/2019 01:00	Type of Location: T-Junction
Location: Along Road 1 JURONG WEST STREET 41				
T-Junction of Jurong West Street 41, about to turn right to Jurong Lake Link.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	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
FBM4213J	Motorcycle				Slightly Damaged	0
SJQ2970D	Car				Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20190406/2107

2 of 3

Report No. T/20190406/2107

CONTINUATION OF REPORT

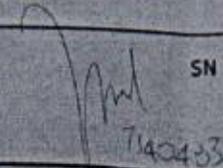
Driver			
Name	NG HOCK SENG	ID No.	S1083081H
Related Vehicle	SJQ2970D (Car)	Contact No.	96260133
Hospital/Clinic	MY HEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	05/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

On 05/04/2019 at 0100hrs, I was driving my car (SJQ2970D), along Jurong West St 41 and was approaching the junction of Jurong Lake Link, I signalled to turn right into Jurong Lake Link. As there was an approaching vehicle, I stopped at the junction. Suddenly, I felt an impact and there was a huge bang on my front right bumper side. I realised that a motorcycle (FBM4213J) had tried to overtake me on a single carriageway road and collided onto the right side of my vehicle, causing damage to my front right bumper. I have a witness (Mohamed, HP: 97540685), who was opposite of the road and he left me his contact number should Traffic Police require it. I wish to state that the road was a double white line and the biker should not overtake me from my right by crossing the double white line. The driver was a Chinese male.

I wish to state that Ambulance and Police attended to my incident, but neither myself nor the motorcyclist was conveyed via the ambulance to hospital. The Police also took down my particulars. The front right bumper side of my car and tyre rim is damaged and I estimate the costs to be more than SGDS1000/-. I did not sustain visible injuries but felt bruised and uncomfortable all over my body.

I went to see a doctor at My Health Medical Centre as the next day I felt bruises and pain all over my back and body. The doctor said that I sustained whiplash and gave me 4 days of MC (1554453076) from 05/04/2019 to 08/04/2019.


SINGAPORE POLICE FORCE SN 37
7140433
SIGNATURE





Police Station Of
Clementi N.P.C
20 Clementi Av
Tel No: 1800-8



SINGAPORE POLICE FORCE



T/20190406/2107

3 of 3

Report No. T/20190406/2107

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No. 1800-8729999

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
D /
Sgt 3 PEARL MARIE NG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/04/2019 17:09

Officer In Charge Of Case:
TP / GIT /
Staff Sgt LEE GUAN
Contact No.: 65476300

Classification Of Case:

SN 37

Authentication Stamp
NP168

SINGAPORE POLICE FORCE
7100433
SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1083081H



NAME
NG HOCK SENG

黄福生

RACE

CHINESE

DATE OF BIRTH

SEX

28-07-1949

M

COUNTRY OF BIRTH

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1083081H

Name:

NG HOCK SENG

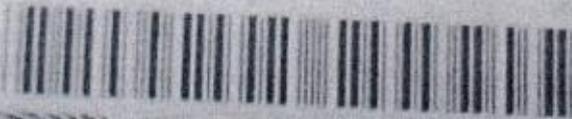
Birth Date: 28 Jul 1949

Issue Date: 11 Feb 2003



000191636G

1750904



S1083081H



Blood Group: A+ Date of issue: 03-03-1994

APT BLK 178 YUNG SHENG ROAD #06-129
SINGAPORE 610178

NRIC No: S1083081H Date: 16-06-2000 No: 3718971

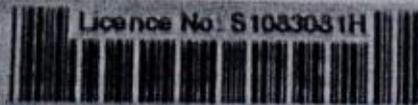
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 2B Motorcycles \leq 200 CC	27 Mar 1972
Class 2A Motorcycles between 201 CC and 400 CC	27 Mar 1972
Class 2 Motorcycles $>$ 400 CC	27 Mar 1972
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	06 Jun 1979

S1083081H

S / No. 9000195095

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: S066678710-04 Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : S1Q2979D
 Chassis Number : MH0532EE106143155

2. Name of Policyholder : NG HOCK SENG

3. Effective Date of Insurance : 30 Oct 2018

4. Expiry Date of Insurance : 29 Oct 2019

5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

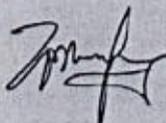
Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NG HOCK SENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: S9 CAPITAL PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

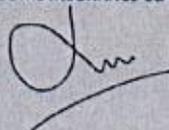
Agency : HUA YANG CREDIT PTE LTD (00000613824)
 Date of Issue : 28 Sep 2018 08:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

HUA YANG CREDIT PTE LTD

160 SUN MING ROAD #04-04
 ANTECH BUILDING SINGAPORE 875625
 TEL: 64588111 FAX: 64595111
 ACRA: 198404112Q

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"/>	5066678710-04		NG HOCK SENG	S1083081H	GPC	drive CLASSIC	SJQ2970D	SJQ2970D	30/10/2018	29/10/2019

Policy Information

Policy No.	5066678710-04	Policyholder Name	NG HOCK SENG	Policyholder NRIC	S1083081H
Certificate No.					
Address	BLK 178 #06-129 YUNG SHENG ROAD SINGAPORE 610178				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/09/2018	Effective Date	30/10/2018 00:00	Expiry Date	29/10/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0.0	Own damage Excess	600.0	Windscreen Excess	100.0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600.0	Outside Singapore TP Excess	0.0	Young/Inexperience Driver Excess	
Agent	HUA YANG CREDIT PTE LTD	Agent Tel.	64585111	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 178 #06-129	Address 2	YUNG SHENG ROAD	Address 3	SINGAPORE 610178
Address 4		Address Type	Singapore address	Post Code	610178
Unit No.	06-129	Related Policy Number	5066678710-04		

Insured Object: SJQ2970D

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1039318

Policy No.	S06678710-04	Vehicle No.	SJQ29700	GST Registration No.	
Certificate No.					
Policyholder Name	NG HOCK SENG			Policyholder NRJC	S1083081H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96260133	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	11
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD PROTECTION	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	08/04/2019 19:52	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	05/04/2019	Time of Accident h:mm	01:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG JURONG LAKE LINK & JURONG WEST ST 41				

Excess

Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

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 178 #06-129	Address 2	YUNG SHENG ROAD	Address 3	SINGAPORE 610178
Address 4		Address Type	Singapore address	Post Code	610178
Unit No.	06-129	Related Policy Number	S06678710-04		

OT Driver Info

Driver Name	NG HOCK SENG	Driver Type	Main Driver	Driver NRJC	S1083081H	Driver DOB	28/07/1949
Unnamed driver Name		Driver NRJC	S1083081H	Driver Age	59	Driving Experience	39
Register Date of Driver License	05/05/1979	Driver Age	59	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	96260133	Contact No.(Office)	0	Address 1	BLK 178	Address 2	YUNG SHENG ROAD
Address 1	BLK 178	Address 2	YUNG SHENG ROAD	Address 3	SINGAPORE 610178	Address 4	
Address 4		Address Type	Singapore address	Post Code	610178	Unit No.	06-129
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
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Modification History

Claim 001 **New**

Claim Type *	DO-MX	Insured Name	NG HOCK SENG	Insured NRJC	S1083081H
Contact No.(Mobile)	96260133	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SJQ29700	TP Vehicle Number	FBM4213J
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRJC *			
Claimant Address					
Claim Description	SJQ29700 / FBM4213J ON 5 Apr 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	08/04/2019 19:54	Claim Close Date		Date Received	08/04/2019 00:00
Report Taken By	Jackson				

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

Accident No. MT/1039318 Claim No. 001
 Last Doc. Received Yes No Upload Date 08/04/2019 19:55

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	
Browse... Clear	Please Select	<input type="checkbox"/>	Normal	

Browse...

Clear

Please Select

No

Normal

Browse...

Clear

Please Select

No

Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Apr 2019 19:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Apr 2019 19:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Apr 2019 19:55	SAS	Normal	SAS 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Apr 2019 19:54	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Apr 2019 19:54	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Apr 2019 19:54	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Apr 2019 19:54	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Apr 2019 19:54	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Apr 2019 19:54	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Apr 2019 19:54	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Apr 2019 19:54	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Apr 2019 19:54	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Apr 2019 19:54	Photos	Normal	Photos 2019-4-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Apr 2019 19:54	Photos	Normal	Photos 2019-4-8		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: space-around; margin-top: 5px;"> Display in New Window Scan and uploading </div>				