

NATIONAL Assessment Centre Services. (wef 1 Jan 2005) MHA19049256

Date In: 15/4/19-20:18	Job description	Date & Time Completed	Done by
Ref No: HA/INC 19205720/24	SAS e-filing		
Veh No: FDICU 148D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/4/19 - 19:20	i-Motor Claim Form	M/1040241-001	15/4/19 20:42
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: 9481241	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

HA 19205725	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
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		
	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:-		
	ON*		
	*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 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-
Dat. 1:
Dat. 2 / 3:

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	15/04/2019 20:18
Date Of Accident	09/04/2019 19:00
Exact Location Of Accident	CTE TWDS BALESTIER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4548D
Insured/Policyholder	
Name Of Registered Owner	UNITED TRANSWARE PTE LTD
Co Reg No	200308810H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62886888

Vehicle Particulars

Manufacturer	SUZUKI
Model	UH200AL5 BURGMAN 200 ABS
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

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	5093442235-01
Cover Note Number	

Driver

Name of Driver	LIM TIONG CHOON
NRIC No	S0770978A
Date Of Birth	11/08/1945
Occupation	OUTDOOR
Date Of Driving Pass	07/02/1974
Driving Experience	45 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92399389
Fax Number	
Contact Number	OFFICE-92399389
Email Address	NOEMAIL

Address	BLK 363 CLEMENTI AVENUE 2 #10-423
Postcode	120363
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

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?	YES
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: : CHEONG GEOK BOH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190410/2070.

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	SH8129T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	S2534321B
Contact Number	96201226

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name LIM TIONG CHOON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBK4548D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name CHEONG GEOK BOH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBK4548D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

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.

United Transware Pte Ltd
Unity Centre #04-02
51 Bukit Batok Crescent
Singapore 658077
Tel: 6288 6888 Fax: 6276 1588

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: FBK4548D
B: 548 1297

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/01904.0/2070.

DECLARATION

United Transware Pte Ltd
Unity Centre #04-02
51 Bukit Batok Crescent
Singapore 658077
Tel: 6268 6888 Fax: 6276 1588

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (9 / 4 / 19) (DD/MM/YYYY), TIME: (19 :00) (HH:MM)

LOCATION: CTE twds Balestier Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F01C4548D
b) INSURANCE COMPANY: NJC
c) POLICY NUMBER: 5093442235-01
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: private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: United Transware Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 62886888
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Tiong Choon (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 507709789 CONTACT: 91399789
c) ADDRESS: Blk 363 Clementi Avenue 2 #12-423 (120363)

*d) DATE OF BIRTH: (11 / 8 / 1945) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 22/1974

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES
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) YES

7. a) REPORTED TO POLICE (YES / NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SL 81297 MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: 525343213 CONTACT: 96201226

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

video =



SINGAPORE POLICE FORCE



T/20190410/2070

1 of 3

Report No. T/20190410/2070

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2019 12:05	Vide Report No.:	Station Diary No.: 49
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Informant's Particulars

Name of Informant: LIM TIONG CHOON			Address: APT BLK 363 CLEMENTI AVENUE 2 #10-423 SINGAPORE 120363		
ID Type / ID No.: NRIC NO / S0770978A			Contact No.: Home/Office: Mobile: 92399389		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 73	Date of Birth: 11/08/1945	Type of Informant: Rider		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: DISPATCH RIDER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/04/2019 19:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY BALESTIER ROAD CTE exit to Balestier Road				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK4548D	Motorcycle	SUZUKI	BURGMAN 200	Silver	Seriously Damaged	1
SH8129T	Taxi	HYUNDAI	I40	Blue	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/20190410/2070

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

2 of 3

Report No. T/20190410/2070

CONTINUATION OF REPORT

Rider			
Name	LIM TIONG CHOON	ID No.	S0770978A
Related Vehicle	FBK4548D (Motorcycle)	Contact No.	92399389
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 09/04/2019 at about 1900hrs, I was riding my motorbike, FBK4548D, along CTE. It has stopped raining, but the road was wet.

I exited CTE and entered the small road leading to Balestier Road. A taxi, SH8159T, which was in front of me, stopped abruptly and I did so too to avoid collision. However, my bike skidded and I fell to my right. I had no choice, but to let go of my bike and the bike skidded towards the taxi and collided with the rear of the taxi before hitting the railings on the left side. I also skidded, but managed to stop myself before hitting anything. I recalled that some people assisted me to the side of the road. Paramedics and police arrived subsequently.

The taxi suffered scratches on the rear bumper and my bike suffered a dented front suspension. I was conveyed to Tan Tock Seng Hospital and was given 3 days of MC after they attended to my injuries. I suffered abrasions on my right hand and right knee. My pillion, who is my friend, suffered superficial injuries, but needed to be warded for a day for further observation as he complaint of pain on the stomach. I managed to get the contact details of the taxi driver, HP: 96201226. His IC number is S2534321B.



**SINGAPORE
POLICE FORCE**



T/20190410/2070

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

3 of 3

Report No. T/20190410/2070

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

J /
Sgt 2 NG TYAN SOON

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/04/2019 12:05

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Classification Of Case:

Authentication Stamp
NP168

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S0770978A**
 Name: **LIM TIONG CHOON**
 Birth Date: **11 Aug 1945**
 Issue Date: **16 Oct 2003**

000926771H

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S0770978A**



Name: **LIM TIONG CHOON**
林長春
 Race: **CHINESE**
 Date of birth: **11-08-1945**
 Country/Place of birth: **SINGAPORE**
 Sex: **M**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B	Motorcycles <= 250 CC	07 Feb 1974
Class 2A	Motorcycles between 251 CC and 400 CC	07 Feb 1974
Class 2	Motorcycles > 400 CC	07 Feb 1974
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	22 Dec 1967

S / No. 9000294358

Licence No: S0770978A

5530705



NRIC No: **S0770978A**



Date of issue: **11-11-2015**

Address: **APT BLK 363 CLEMENTI AVENUE 2
 #10-423
 SINGAPORE 120363**

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 : 5093442235-01

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBK4548D

Chassis Number

: MLCC9112100402321

2. Name of Policyholder

: UNITED TRANSWARE PTE LTD

3. Effective Date of Insurance

: 03 Sep 2018

4. Expiry Date of Insurance

: 02 Sep 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)

: N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: N/A

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : HL SUNTEK INSURANCE BROKERS PTE LTD (00000690672)

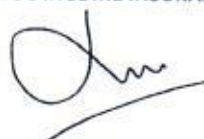
Date of Issue : 23 Aug 2018 12:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UB1_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="09/04/2019 19:00"/>							
Vehicle No.(For Motor)	<input type="text" value="FBK4548D"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093442235-01		UNITED TRANSWARE PTE LTD	200308810H	GMC	Third Party, Fire & Theft	FBK4548D	FBK4548D	03/09/2018	02/09/2019
<input type="button" value="Continue"/>										

 **Policy Information**

Policy No.	5093442235-01	Policyholder Name	UNITED TRANSWARE PTE LTD	Policyholder NRIC	200308810H
Certificate No.					
Address	51 BUKIT BATOK CRESCENT #04-02 UNITY CENTRE SINGAPORE 658077				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	23/08/2018	Effective Date	03/09/2018 00:00	Expiry Date	02/09/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	HL SUNTEK INSURANCE BROKE	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 **Policyholder Mailing Address**

Address 1	51 BUKIT BATOK CRESCENT	Address 2	#04-02 UNITY CENTRE	Address 3	SINGAPORE 658077
Address 4		Address Type	Singapore address	Post Code	658077
Unit No.		Related Policy Number	5101399441-01		

 **Insured Object: FBK4548D**
 **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Exit

Accident MT/1040291

Policy No.	S093442235-01	Vehicle No.	FBK4548D	GST Registration No.	200308810H
Certificate No.					
Policyholder Name	UNITED TRANSWARE PTE LTD			Policyholder NRIC	200308810H
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	62806888	Contact No.(Home)	0
Email Address		Special Remark		eCode	
OPK	<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	No

Accident Details

Report Date	15/04/2019 20:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	09/04/2019	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS BAILESTIER RD				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore DO Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/10/2003
GST Registration No.	200308810H	GST Status Verified	Yes
Modification History:	15/04/2019 20:46:22 System changed GST Registration Date from 01/01/2015 to 01/10/2003 15/04/2019 20:46:22 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	51 BUKIT BATOK CRESCENT	Address 2	#04-02 UNITY CENTRE	Address 3	SINGAPORE 658077
Address 4		Address Type	Singapore address	Post Code	658077
Unit No.		Related Policy Number	S101399441-01		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/08/1945
Unnamed Driver Name	LIM TIONG CHOON	Driver NRIC	S0770978A	Driving Experience	45
Register Date of Driver License	07/02/1974	Driver Age	73	Contact No.(Home)	0
Contact No.(Mobile)	92399389	Contact No.(Office)	0	Address 3	SINGAPORE 120363
Address 1	BLK 363	Address 2	CLEMENTI AVENUE 2	Post Code	120363
Address 4		Address Type	Singapore address		
Unit No.	10-423				
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	UNITED TRANSWARE PTE LTD	Insured NRIC	200308810H
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65381189
Email Address		O1 Vehicle Number	FBK4548D	TP Vehicle Number	SH8129T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	FBK4548D / SH8129T DN 9 Apr 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GJA report	Received
Date Registered	15/04/2019 20:47	Claim Close Date		Date Received	15/04/2019 00:00
Report Taken By	Jackson				

☒ Print AX letter

Save Submit

Attachment


















Accident No.	MT/1040291	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/04/2019 20:48

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Browse...	Clear	Please Select	1/0	Normal
Browse...	Clear	Please Select	1/0	Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (00)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Apr 2019 20:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Apr 2019 20:48	SAS	Normal	SAS 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Apr 2019 20:48	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Apr 2019 20:48	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Apr 2019 20:48	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Apr 2019 20:48	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Apr 2019 20:48	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Apr 2019 20:47	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Apr 2019 20:47	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Apr 2019 20:47	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Apr 2019 20:47	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Apr 2019 20:47	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Apr 2019 20:47	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Apr 2019 20:47	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Apr 2019 20:47	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Apr 2019 20:47	Photos	Normal	Photos 2019-4-15		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV1 CES) on 15 Apr 2019 20:47	Photos	Normal	Photos 2019-4-15		Edit

Video List

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