

NATIONAL Assessment Centre Services

Form 1-19-03

Date In: 18/04/2019 16:14

Ref No: NA/INC19006975/K4

Veh No: SLP 11685

D.O.A: 01/04/2019 02:30

OD TP: Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 3hrs, NIS 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 / Wksp

MT/1039036-002 20/4/19 14:50

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SLP 9998M 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% F: 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)

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time

Actions

20/4/19 3:13PM / Have Email to (OD Support - NTUC)

NA1902869

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1:

Ref 2 / 3:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) RT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idap DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON*

*N5: Courtesy Car / Tp 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: Idap Mobile 30

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Amc (\$)

in Bill

Amc (\$)

Add Bill

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	18/04/2019 16:14
Date Of Accident	01/04/2019 02:30
Exact Location Of Accident	LORONG CHUAN / BOUNDARY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1168S
Insured/Policyholder	
Name Of Registered Owner	CHONG SIANG TONG
NRIC No	S9119182B
Email Address	ZHENGXUAN_T@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93696995
Alternative Phone No	OTHERS-93696995

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO GP 1.4 TSI AT 1382G5
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?	YES
If No, Please state action to be taken	
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	5100792242
Cover Note Number	

Driver

Name of Driver	CHUA ZHENG XUAN
NRIC No	S9502321E
Date Of Birth	18/01/1995
Occupation	OUTDOOR
Date Of Driving Pass	18/02/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93696995
Fax Number	
Contact Number	OTHERS-93696995
EMail Address	ZHENGXUAN_T@HOTMAIL.COM

Address	BLK 406A FERNVALE ROAD #13-33
Postcode	791406
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	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	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)	3
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190401/2087

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF9998M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	CHIA KAI EN
NRIC/Passport Number	S9736129J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHUA ZHENG XUAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLP1168S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHONG SIANG TONG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLP1168S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
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:

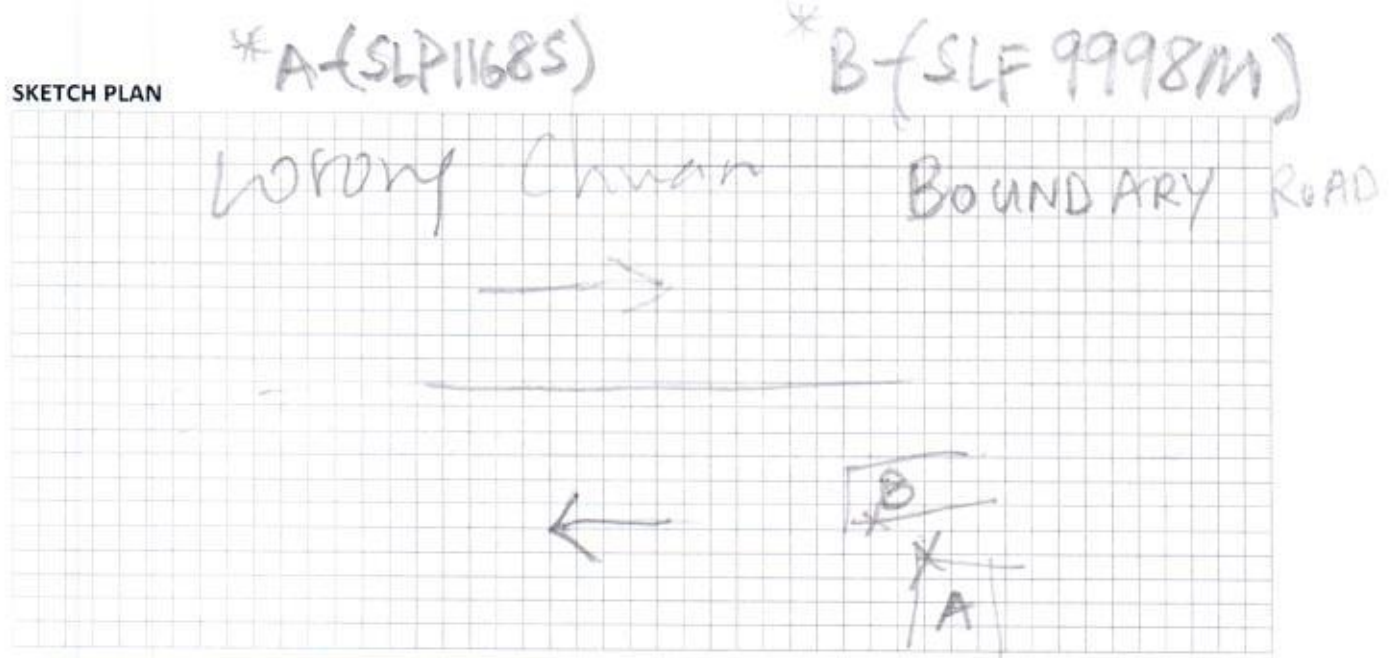
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Pls Refer to the Police Report
T/20190401/2087

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.:



SINGAPORE POLICE FORCE



T/20190401/2087

1 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190401/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2019 13:49	Vide Report No.:	Station Diary No.: 90
--	------------------	--------------------------

Informant's Particulars

Name of Informant: CHUA ZHENG XUAN			Address: APT BLK 406A FERNVALE ROAD #13-33 SINGAPORE 791406		
ID Type / ID No.: NRIC NO / S9502321E			Contact No.: Home/Office: Mobile: 93696995		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 18/01/1995	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name: @ Orchard NPC
Occupation: Police officer			Driving Licence Information: Class: 3,3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/04/2019 02:30	Type of Location: Straight Road
Location: Along Road 1 LORONG CHUAN BOUNDARY ROAD				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		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
SLF9998M	Car	AUDI		Black	Slightly Damaged	0
SLP1168S	Car	VOLKSWAGO N	Scirocco	Red	Seriously Damaged	2

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20190401/2087

2 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190401/2087

CONTINUATION OF REPORT

Driver			
Name	CHIA KAI EN	ID No.	S9736129J
Related Vehicle	SLF9998M (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHUA ZHENG XUAN	ID No.	S9502321E
Related Vehicle	SLP1168S (Car)	Contact No.	93696995
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	CHONG SIANG TONG	ID No.	S9119182B
Related Vehicle	SLP1168S (Car)	Contact No.	85337574
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	Slight

Brief Details.

On 1/04/2019 at about 0230hrs, I was driving my friend's car, vehicle number SLP1168S along Lorong Chuan towards Boundary Road. My friend Chong Siang Tong, S9119182B, H/P: 85337574, also the owner of the car, who was seated at the front passenger seat while another friend Daphne, H/P: 94578381, was seated at the rear passenger seat. It was raining heavily and the visibility was poor. Suddenly, I felt that the car had hit something on the road and skidded rapidly, spinning over to the other side of the road (opposite direction) after the road divider. During the spin, the front side of the car had collided onto another car SLF9998M left side. My car stopped at the kerb at the side of the road of the opposite direction.

We then went out of the car to make a check. I asked the other driver if he was fine. He did not complain of any pain. My passengers and I were in a state of shock. We sustained abrasions on the hand and leg. I



**SINGAPORE
POLICE FORCE**



T/20190401/2087

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 4

Report No. T/20190401/2087

CONTINUATION OF REPORT

exchanged particulars with the other driver and we went off from the scene by taxi. I arranged the car to be towed to the workshop. There was an in-car camera in the car.

At about 0345hrs, the towing crews called my friend and informed that they were unable to tow the car back to the workshop as it needed to be sent to Traffic Police compound.

At about 1000hrs, I woke up and felt pain on the body and neck. My friend also encountered the same pain. We have yet to go to the clinic or hospital to seek medical treatment.



**SINGAPORE
POLICE FORCE**



T/20190401/2087

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

4 of 4

Report No. T/20190401/2087

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:
F /
Staff Sgt NORASHIKIN BINTE KAMSANI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/04/2019 13:49

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD SHAHRIL BIN ABDULLAH
Contact No.: 65476083

Classification Of Case:

Authentication Stamp
NP168

Workshop: volkswagen macpherson
69223502

Sent from my iPhone

Sent
— By Driver from E-mail.

On 20 Apr 2019, at 10:26, LKK Paya Ubi <rspu@lkkauto.com> wrote:

Enquire Transfer Fee

The current road tax expiry is 25 May 2019. You may renew the road tax from 26 Feb 2019 with all pre-requisite(s) fulfilled. If the road tax is renewed after 25 May 2019, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable (From 26 May 2019 to 25 Nov 2019)

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	620.00	-	620.00
Total Amount Payable :			645.00

OK Print

* Vehicle will go to workshop:
volkswagen macpherson
Tel: 69223502

* Reported on 18/4/2019
@ 1525HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (01/4/2019) (DD/MM/YYYY), TIME: (02:30) (HH:MM)

LOCATION: LORONG CHUAN BOUNDARY ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP1168S
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: 93696995
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 7

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner friend

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: SLF9998M MODEL: _____
b) DRIVER'S NAME: CHIA KAI EN
c) NRIC/FIN/PASSPORT: S9736129J CONTACT: _____

9. THIRD PARTY VEHICLE

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

2014/2019 @ 1250HRS
Call Driver to inform he wants to make a police report for loss of DL and he will email me to ready?

* No of passengers
(Including driver)
(3)

1 - Female
1 - male

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

On 18/4/2019 @ 1525HRS
They tow in to idac and tow back to workshop

waiting? tow away from idac at 18/4/19 @ 1655HRS. OK

Email = zhengxuan.T@hotmail.com

fax = zhengxuan.T@hotmail.com

VIDEO =

Waiting for DL / ?

* which workshop name/contact number?

* Have E-mail on 20/4/19 @ 1026AM for details.

* (Then Email to NTUC)?

* ODO reading cannot take because cannot start Engine danger?

* vehicle key lost? one?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9502321E



Name
CHUA ZHENG XUAN
蔡政軒

Race
CHINESE

Date of birth
18-01-1995

Sex
M

Country of birth
SINGAPORE



4579699



NRIC No S9502321E



Date of issue
21-05-2010

APT BLK 406A FERNVALE ROAD #13-33
SINGAPORE 791408

S9502321E 10/01/2014



**SINGAPORE
POLICE FORCE**



F/20190419/2107

1 of 2

Report No. F/20190419/2107

POLICE REPORT (NP322)

Police Station Of Origin
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

Date/Time Report Made 19/04/2019 20:02	Vide Report No.	Station Diary No. 7	
Name Of Informant CHUA ZHENG XUAN	Address APT BLK 406A FERNVALE ROAD #13-33 SINGAPORE 791406		
ID Type / ID No. NRIC NO / S9502321E	Contact No. Home/Office	Mobile 93696995	
Nationality SINGAPORE CITIZEN	Email Address		
Occupation Police Officer	Sex Male	Age 24	Date of Birth 18/01/1995
Institution/School Name	Race Chinese		
	Language English		
Date/Time Of Incident 01/01/2019 00:00	Location Of Incident 406A FERNVALE ROAD UNNAMED SINGAPORE 791406		

Brief details.

On the above mentioned date, time and location, I discovered the loss of my below mentioned items. I tried looking for it but could not find it. I am lodging this report for replacement purpose.

Property Information

Signature Of Officer Recording The Report: F / Sgt 2 NGIO HAN BOON, DARREN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/04/2019 20:02
Officer In-Charge Of Case: F / Serangoon N.P.C / Sgt 2 NGIO HAN BOON, DARREN Contact No.: 64880999	Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645





**SINGAPORE
POLICE FORCE**



F/20190419/2107

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. F/20190419/2107

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost				1		One License belonging to CHUA ZHENG XUAN

Signature Of Officer Recording The Report:

F / Sgt 2 NGIO HAN BOON, DARREN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Serangoon N.P.C /
Sgt 2 NGIO HAN BOON, DARREN
Contact No.: 64880999

Authentication Stamp

Signature Of Informant:

Date/Time:
19/04/2019 20:02

Classification Of Case:



Signature:

Singapore Police Force

SN 154

FUPO hotline number: 68429645

STEP 1: APPLY QDL

STEP 2: INPUT MAILING ADDRESS

STEP 3: PAYMENT TERMS AND CONDITION

Dear **CHUA ZHENG XUAN (NRIC: S9502321E)**,

Welcome to the e-application of QDL page!

Your Licence and Test Information

Our records shows that you possess the following class of qualified driving licence (QDL) with expiry date,

Lifetime:

- i. **Class 3**
- ii. **Class 3A**

You have passed Practical Test(s) for following class(es).

- **Class 3 Practical Test at CDC on 18 Feb 2016.**
- **Class 3A Practical Test at CDC on 14 May 2015.**

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="01/04/2019 02:30"/>
Vehicle No.(For Motor)	<input type="text" value="SLP1168S"/>	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"/>	5100792242		CHONG SIANG TONG	S9119182B	GPC	drivo PREMIUM	SLP1168S	SLP1168S	26/05/2018	25/05/2019

Claim Handling

Task Transfer Exit

Accident MT/1039036

LOS SAL SUB

Policy No.	5100792242	Vehicle No.	SLP1168S	GST Registration No.	
Certificate No.					
Policyholder Name	CHONG SIANG TONG			Policyholder NRIC	S9119182B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	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	Yes	NCD Entitlement(%)	50	Private Hire	Not available

Accident Details

Report Date	05/04/2019 18:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	01/04/2019	Time of Accident hh:mm	02:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LORONG CHUAN				

Excess

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

Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99
Transport Allowance	99999999.99

GST Registered Information

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

Policyholder Mailing Address

Address 1	51 JALAN ARIF	Address 2	HENLEY GARDENS	Address 3	SINGAPORE 545104
Address 4		Address Type	Singapore address	Post Code	545104
Unit No.		Related Policy Number	5100792242		

OI Driver Info

Driver Name	Driver Type	
Unnamed	Driver NRIC	Driver DOB

Claim Handling

Accident MT/1039036

Policy No.	5100792242	Vehicle No.	SLP1168S	GST Registration No.
Certificate No.				
Policyholder Name	CHONG SIANG TONG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	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	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	05/04/2019 18:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	01/04/2019	Time of Accident hh:mm	02:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	LORONG CHUAN			

▼ Excess

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

▼ Benefits

Coverage		Sum Insured	
Excess Waiver		99999999.99	
Transport Allowance		99999999.99	

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	S1 JALAN ARIF	Address 2	HENLEY GARDENS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5100792242	

▼ 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)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
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-MD

New

Claim Type *	OD-MD	Insured Name	CHONG
Contact No.(Mobile)	85337574	Contact No. (Home)	
Email Address	ch0ng91@hotmail.com	OT Vehicle Number	SLP116
Claim Description	SLP1168S / SLP9998M ON 1 Apr 2019		
Preferred Workshop	VOLKSWAGEN MACPHERSON CT	Insured Liability	Partially at Fault
Finalisation	Yes	Repair Option	Preferred Workshop (refer below)
Date Registered	20/04/2019 14:57	GIA report	Received
Report Taken By		Claim Close Date	
		Workshop Repairer	

Print AK letter

Save Submit

Attachment



Accident No.	MT/1039036	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/04/2019 14:50

Path *	Category *	Confidential
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>
Choose File No file chosen	<input type="button" value="Clear"/> Please Select ▼	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2019 14:57	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2019 14:57	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2019 14:57	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2019 14:57	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2019 14:54	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2019 14:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2019 14:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2019 14:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2019 14:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2019 14:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2019 14:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2019 14:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2019 14:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2019 14:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2019 14:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2019 14:53	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Apr 2019 14:53	Photos	Normal	Photos



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
20 Apr 2019 14:53

Photos

Normal

Photos

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on
20 Apr 2019 14:53

Photos

Normal

Photos

Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading

LKK Paya Ubi

From: ODsupport <ODsupport@income.com.sg>
Sent: Monday, 22 April 2019 10:00 AM
To: LKK Paya Ubi; ODsupport
Subject: RE: REGARDING VEHICLE NO: SLP1168S / CLAIM NO : MT/1039036-002 / OD / DRIVO PREMIUM /

Dear Krishnasamy

You need not prepare any damage assessment.

We will take up from here at our end.

Thank you

With Regards

Theresa Vimala
Senior Administrator
Motor Insurance
T +65 6430 7898
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at income.com.sg/careers

in with you

From: LKK Paya Ubi [mailto:rspu@lkkauto.com]
Sent: Saturday, 20 April 2019 3:13 PM
To: ODsupport <ODsupport@income.com.sg>
Subject: REGARDING VEHICLE NO: SLP1168S / CLAIM NO : MT/1039036-002 / OD / DRIVO PREMIUM /

Hi

May I know if you can kindly follow up the mention vehicle no: SLP1168S / Claim no : MT/1039036-002 / and the vehicle was tow in and tow out from idac

On the same day of 18/04/2019 / Preferred workshop will be Volkswagen Macpherson / contact no: 69223502 / Let me know the expected outcome asap.

Thank You,

Krishnasamy (Admin)



This email has been checked for viruses by AVG antivirus software.
www.avg.com

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.