

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MUA119007384

Date In: 21/1/19-15:46	Job description	Date & Time Completed	Done by
Ref No: NA/NC19009184/24	SAS e-filing		
Veh No: 5JD8891C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/1/19-18:50	i-Motor Claim Form	M711045937-001	21/1/19 16:04
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: CHA88436

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

NA1903816

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat 1:

Lat 2 / 3:

## Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Est Bill

Add Bill

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

2) DA: Damage Assessment (\$100); INC (\$80)

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

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:-

OD\*

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$3

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	24/05/2019 15:46
Date Of Accident	22/05/2019 18:50
Exact Location Of Accident	ADAM RD TWDS BRADDELL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD8891C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BRYAN CHAN JUN HOE
NRIC No	S9128414F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83181128
Alternative Phone No	OFFICE-83181128

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TIGUAN 2.0T AUTO 5N12T3 4WD
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	5098967479
Cover Note Number	

### Driver

Name of Driver	CHAN KUM MUN
NRIC No	S1496416I
Date Of Birth	25/06/1961
Occupation	INDOOR
Date Of Driving Pass	21/12/1982
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91188669
Fax Number	
Contact Number	OFFICE-91188669
Email Address	NOEMAIL



Address	109 VERDE CRESCENT
Postcode	688454
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	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: : TAN GEOK KHIM GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190523/7023.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8843G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 CHAN KUM MUN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJD8891C  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name TAN GEOK KHIM  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJD8891C  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature  
Date / time:



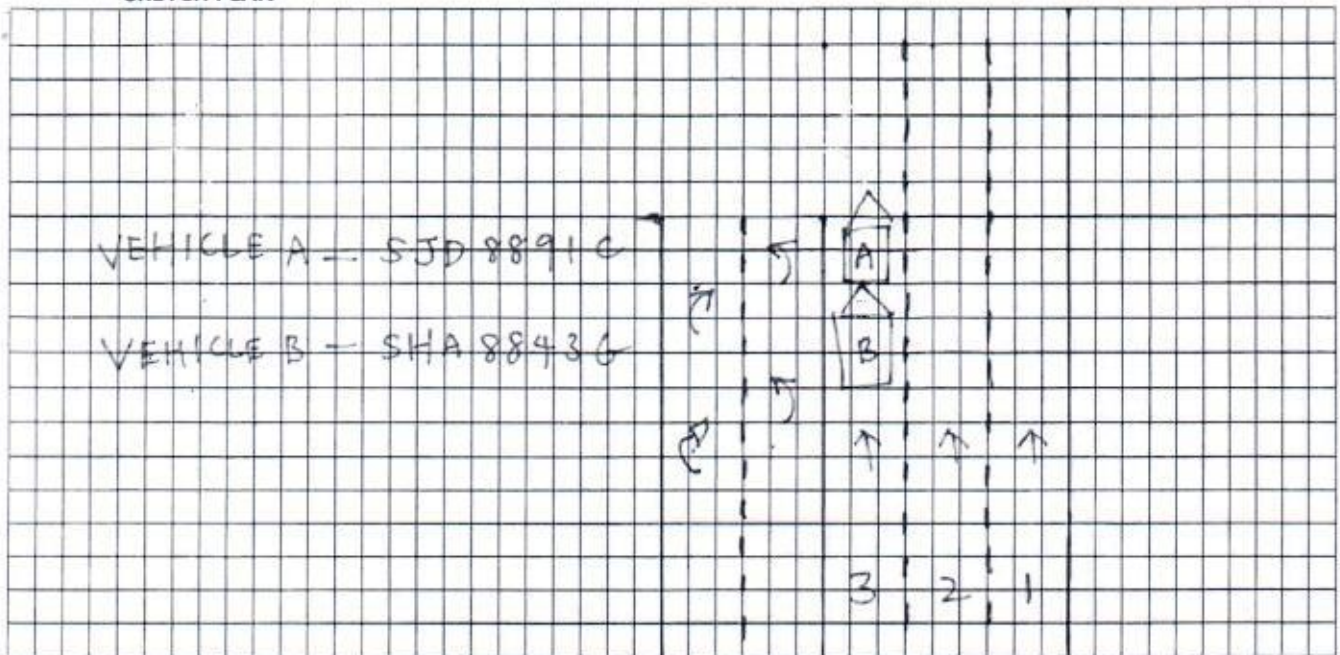
Driver's signature  
(if driver is not policy holder)  
Date / time:



reporting centre personnel's Signature  
Date / time:



# SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Adam Road towards Braddell Road on lane 4, due to the front car slow down and came to a stop, I also follow to slow down and came to a stop. Suddenly vehicle B from behind bang on to my rear portion of my vehicle A. Total there are 2 cars involved.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
 Policy holder's signature  
 Date & time:

  
 Driver's signature  
 (if driver is not policy holder)  
 Date & time:

  
 reporting centre personnel's Signature  
 Name:  
 NRIC/FIN No.:



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	22 / 05 / 19	(DD/MM/YY)
Time of accident	1850	(HH:MM)
Exact location of accident	ADAM ROAD TOWARDS BRADDELL	

## DETAILS OF VEHICLE

Vehicle registration number	SJD 8891 C		
Vehicle make and model	VOLKSWAGEN TIGUAN		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input checked="" type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	Private.		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## INSURANCE INFORMATION

Insurance company	NTUC.		
Policy number			
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	CHAN JUN HOE BRYAN	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9128414 F		
Contact	8318 1128		
Address	109 VERDE CRESCENT S 688454		

## DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	CHAN KUM MUN	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S14964161		
Contact	9118 8669		
Address	109 VERDE CRESCENT S 688454		
Email address			
Date of birth	25 / 6 / 1961		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	21 DEC 1982		



GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accident captured by camera?	If no, relationship of the driver and insured: <u>Son</u>
Weather condition	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>With TP</u>
Road surface	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
No of passenger	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
	<u>2</u> (Inclusive of driver)

PASSENGER 1	
Name	<u>CHAN KUM MUN</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	<u>TAN GEOK KHIM</u>
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	



THIRD PARTY VEHICLE 1	
Vehicle registration number	SHA 88436
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	



INJURED PERSON 1	
Name	CHAN KUM MUN
Injuries sustained	
Which vehicle person in?	SJD 8891C
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	TAN GEOK KHM
Injuries sustained	
Which vehicle person in?	SJD 8891C
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>





**SINGAPORE  
POLICE FORCE**



T/20190523/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190523/7023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/05/2019 20:54	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: CHAN KUM MUN			Address: 109 VERDE CRESCENT SINGAPORE 688454		
ID Type / ID No.: NRIC NO / S14964161			Contact No.: Home/Office: Mobile: 91188669		
Nationality: SINGAPORE CITIZEN			Email: chankummun@yahoo.com.sg		
Sex: Male	Age: 57	Date of Birth: 25/06/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Marine engineer officer			Driving Licence Information: Class: 2B,2A,2,3,3A,4A,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/05/2019 18:50	Type of Location: Straight Road
Location:  ADAM ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SHA8843G	Car	TOYOTA	Prius	Yellow		1
SJD8891C	Car					0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20190523/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20190523/7023

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	Tan Geok Khim	ID No.	S1532789H
Related Vehicle	SJD8891C (Car)	Contact No.	96440118
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/05/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	CHAN KUM MUN	ID No.	S1496416I
Related Vehicle	SJD8891C (Car)	Contact No.	91188669
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,3A,4A,4 Date of Expiry: NIL
Date Treatment	23/05/2019	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On the stated time and date, I was travelling on vehicle A bearing carplate SJD8891C at Adam Road towards PIE. As I was driving along the straight road, I slowed down and came to a complete stop as the cars ahead of me has also braked and came to a complete stop, where I suddenly felt a great impact from the back. I alighted from my vehicle and realised that vehicle B bearing carplate SHA8843G had collided front to rear of my vehicle. I felt pain after that accident and consulted the doctor where I, Chan Kum Mun (S1496416I) was given a 4-Days MC. My wife who was beside me at that point of the time at the passenger seat, Tan Geok Khim (S1532789H) felt the impact and felt discomfort afterwards.





**SINGAPORE  
POLICE FORCE**



T/20190523/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190523/7023

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
NOR HIDAYU BINTE ABDUL SAMAD  
Contact No.: 65476423

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

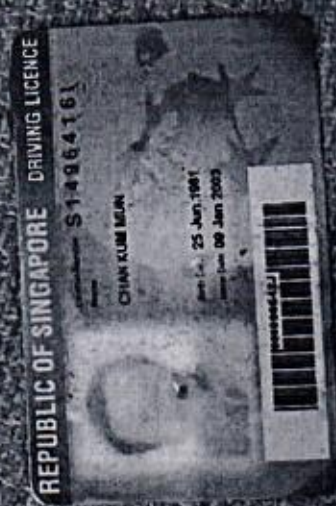
Date/Time:

23/05/2019 20:54

Classification Of Case:



Diver





## 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: S098967479

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SJD8891C

Chassis Number

: WVGZZZSNZAW082963

2. Name of Policyholder

: BRYAN CHAN JUN HOE

3. Effective Date of Insurance

: 22 Mar 2018

4. Expiry Date of Insurance

: 12 Jul 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 3 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

: S\$500

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH CDE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: CHAN JUN HOE BRYAN

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: HL BANK

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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue : 21 Mar 2018 15:41 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"/>	5098967479		BRYAN CHAN JUN HOE	S9128414F	GPC	drive CLASSIC	SJD8891C	SJD8891C	22/03/2018	12/07/2019



## Policy Information

Policy No.	5098967479	Policyholder Name	BRYAN CHAN JUN HOE	Policyholder NRIC	S9128414F
Certificate No.					
Address	109 VERDE CRESCENT VILLA VERDE SINGAPORE 688454				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	21/03/2018	Effective Date	22/03/2018 00:00	Expiry Date	12/07/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	500	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	109 VERDE CRESCENT	Address 2	VILLA VERDE	Address 3	SINGAPORE 688454
Address 4		Address Type	Singapore address	Post Code	688454
Unit No.		Related Policy Number	5098967479		

Insured Object: SJD8891C

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	10/01/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 22 Mar 2018 TO 12 Jul 2019 In view of this amendment, an additional premium of \$622.90 (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, credit card or NETS.</p>

Continue

Cancel



## Claim Handling

Exit

## Accident MT/1045937

Policy No.	5098967479	Vehicle No.	SJD8891C	GST Registration No.	
Certificate No.					
Policyholder Name	BRYAN CHAN JUN HOE	Cover Type	drive CLASSIC	Policyholder NRIC	S9128414F
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	83181128	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	24/05/2019 16:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/05/2019	Time of Accident hh:mm	18:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ADAM RD TWDS BRADDELL RD				

**Excess**

Own damage Excess	600.00	Additional Excess	500	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	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	109 VERDE CRESCENT	Address 2	VILLA VERDE	Address 3	SINGAPORE 688454
Address 4		Address Type	Singapore address	Post Code	688454
Unit No.		Related Policy Number	5098967479		

**01 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	25/06/1961
Unnamed driver Name	CHAN KUM MUN	Driver NRIC	S1496418I	Driving Experience	36
Register Date of Driver License	21/12/1982	Driver Age	57	Contact No.(Home)	0
Contact No.(Mobile)	91188669	Contact No.(Office)	0	Address 3	SINGAPORE 688454
Address 1	109 VERDE CRESCENT	Address 2	VILLA VERDE	Post Code	688454
Address 4		Address Type	Singapore address		
Unit No.					
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 *	OD-MX	Insured Name	BRYAN CHAN JUN HOE	Insured NRIC	S9128414F
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		01 Vehicle Number	SJD8891C	TP Vehicle Number	SHAB843G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJD8891C / SHAB843G ON 22 May 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Request Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/05/2019 16:04	Claim Close Date		Date Received	24/05/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

**Save Submit**

## Attachment

Accident No.	MT/1045937	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/05/2019 16:06

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:05	SAS	Normal	SAS 2019-5-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:05	Photos	Normal	Photos 2019-5-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:05	Photos	Normal	Photos 2019-5-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:05	Photos	Normal	Photos 2019-5-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:05	Photos	Normal	Photos 2019-5-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:05	Photos	Normal	Photos 2019-5-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:05	Photos	Normal	Photos 2019-5-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:05	Photos	Normal	Photos 2019-5-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:05	Photos	Normal	Photos 2019-5-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:05	Photos	Normal	Photos 2019-5-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:05	Photos	Normal	Photos 2019-5-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:05	Photos	Normal	Photos 2019-5-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 16:05	Photos	Normal	Photos 2019-5-24		<a href="#">Edit</a>

**Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>Display in New Window</span> <span>Scan and uploading</span> </div>				