

# NATIONAL Assessment Centre Services

Date In: 08/06/2019 14:13	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19010108/KY	E-mail (within 8hrs, A/C 2hrs):		
Veh No: SME5820L	i-Motor Claim Form	NT/1048367-001 10/6/19 18:14	
D.O.A: 07/06/2019 09:35	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP: Reporting Only	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: PEDESTRIAN	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)	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

NA1904208	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	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		
Driver/Owner:	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Contact No:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Damaged Portion:	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
<b>Auditors' Comments :-</b>	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 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	08/06/2019 14:13
Date Of Accident	07/06/2019 09:35
Exact Location Of Accident	NEAR CARPARK OF BLK 158 / MEI LING ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5820L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY KOK BENG
NRIC No	S1481114A
Email Address	FREDTAY0805@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97414993
Alternative Phone No	OTHERS-97414993

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5G AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5104226445
Cover Note Number	

### Driver

Name of Driver	TAY KOK BENG
NRIC No	S1481114A
Date Of Birth	09/04/1961
Occupation	INDOOR
Date Of Driving Pass	22/07/1981
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97414993
Fax Number	
Contact Number	OTHERS-97414993
EEmail Address	FREDTAY0805@SINGNET.COM.SG

Address	BLK 49 STRATHMORE AVENUE #19-217
Postcode	140049
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ALEXANDRA NPP
Police Station Address	ROAD: BLK 46 TANGLIN HAIT RD #01-328 , POSTCODE: 140462 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190607/2099

#### 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 INJURED PERSON 1

Name	TAY KOK BENG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SME5820L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

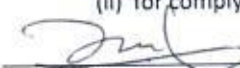
## SKETCH PLAN

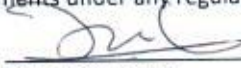
### IMPORTANT NOTICE

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.

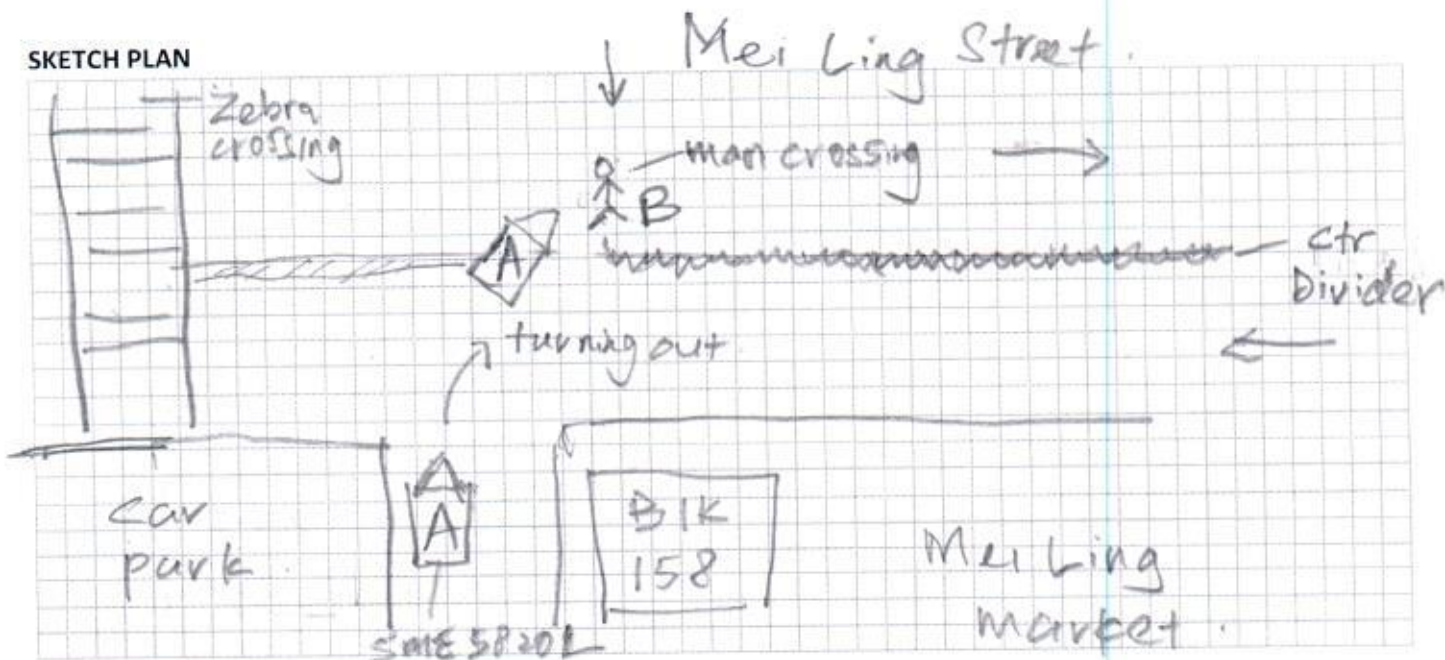
  
Policyholder's Signature  
Date & Time:

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

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

8/6/2019

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -  
T/20190607/2019

## 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.:

8/6/2019



# SINGAPORE POLICE FORCE



T/20190607/2099

1 of 3

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

Report No. T/20190607/2099

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/06/2019 15:22	Vide Report No.:	Station Diary No.: 34
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**Informant's Particulars**

Name of Informant: TAY KOK BENG			Address: APT BLK 49 STRATHMORE AVENUE #19-217 SINGAPORE 140049		
ID Type / ID No.: NRIC NO / S1481114A			Contact No.: Home/Office: Mobile: 97414993		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 09/04/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 07/06/2019 09:35	Type of Location: Straight Road
Location: Along Road 1 MEI LING STREET				
Near carpark of 158 Mei Ling St				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SME5820L	Car	HONDA	SHUTTLE HYBRID 1.5G AUTO	Silver	No Damage	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME5820L	NTUC Income Insurance Co-Operative Limited	5104226445	05/10/2018	04/10/2019



**SINGAPORE  
POLICE FORCE**



T/20190607/2099

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

2 of 3

Report No. T/20190607/2099

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAY KOK BENG	ID No.	S1481114A
Related Vehicle	SME5820L (Car)	Contact No.	97414993
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Pedestrian</b>			
Name	FOCK	ID No.	NIL
Related Vehicle	NIL	Contact No.	88187548
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

**Brief Details.**

On the above mentioned date and time, I was driving out of the carpark of 158 Mei Ling St. As I intended to turn right, I checked for oncoming traffic to my right and left. It was clear and I drove forward. Before completing the right turn, I checked for traffic to my left again. As it was clear, I drove forward. When I looked in front, an elderly man suddenly walked onto the road. I jammed the brakes but still collided into him. He suffered from bruises on his right arm and right knee. I offered to send him to the hospital but he declined and informed me that he is fine. As I was in a hurry, I took his phone number and left. I called his number later in the day and the wife informed that they seeking treatment at Alexandra Hospital.



**SINGAPORE  
POLICE FORCE**



T/20190607/2099

3 of 3

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

Report No. T/20190607/2099

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

D /  
Sr Staff Sgt MOHAMAD AFIQ BIN MOHAMAD  
ALI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / AEIT /  
SIANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
07/06/2019 15:22

Classification Of Case:

(Bulcit Merah)

Report on 7/6/2019

@ 1550 Hrs.

## ACCIDENT STATEMENT

ACCIDENT DATE: 7/6/2019 (DD/MM/YYYY), TIME: 0935 AM (HH:MM)

LOCATION: Near Carpark BLK 158 / Mei Ling St

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME 5820 L  
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: 97414993  
c) ADDRESS: \_\_\_\_\_

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS \_\_\_\_\_

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

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Pedestrian MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

email = fredtay0805@singnet.com.sg

VIDEO

fredtay0805@singnet.com.sg  
53 ✓

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1481114A



Name  
TAY KOK BENG

郑国明

Race  
CHINESE

Date of Birth  
09-04-1961

Sex  
M

Country of Birth  
SINGAPORE

1610398

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1481114A

TAY KOK BENG

Birth Date 09 Apr 1961

Issue Date 18 Aug 2003

1000750063E

1610398



NRIC No. S1481114A



Blood Group B+ Date of issue 21-01-1994

APT BLK 49 STRATHMORE AVENUE #19-217  
SINGAPORE 140049  
NRIC No: S1481114A Date: 15/08/2011 No: 6845810

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE 22 Jul 1981

License No: S1481114A

N-423A

For LKK/NAC Use Only

For LKK/NAC Use Only

## 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:** 5104226445

**Cover :** drive CLASSIC

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : <b>To Be Advised</b>  |
| Chassis Number  | : GP71217438  |
| 2. Name of Policyholder   | : TAY KOK BENG  |
| 3. Effective Date of Insurance  | : 05 Oct 2018   |
| 4. Expiry Date of Insurance   | : 04 Oct 2019   |
| 5. Persons or Classes of Persons entitled to drive#   |   |
| (a) The Policyholder.   |   |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.                         |   |
|   | Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |
| 6. Limitations as to Use#   |   |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. |   |

**This Policy does not cover**

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

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

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAY KOK BENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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 : DQ INSURE (00000572952)

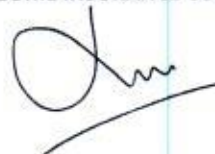
Date of Issue : 04 Oct 2018 14:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive

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="07/06/2019 09:35"/>							
Vehicle No.(For Motor)	<input type="text" value="SME5820L"/>	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 checked="" type="radio"/>	5104226445		TAY KOK BENG	S1481114A	GPC	drivo CLASSIC	SME5820L	SME5820L	05/10/2018	04/10/2019
					<input type="button" value="Continue"/>					

## ▼ Policy Information

Policy No.	5104226445	Policyholder Name	TAY KOK BENG	Policyholder NRIC	S1481114A
Certificate No.					
Address	BLK 49 #19-217 STRATHMORE AVENUE SINGAPORE 140049				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/10/2018	Effective Date	05/10/2018 00:00	Expiry Date	04/10/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	DQ INSURE	Agent Tel.	64522788	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	BLK 49 #19-217	Address 2	STRATHMORE AVENUE	Address 3	SINGAPORE 140049
Address 4		Address Type	Singapore address	Post Code	140049
Unit No.		Related Policy Number	5104226445		

## ▶ Insured Object: SME5820L

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	05/10/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 05 Oct 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: MAYBANK CHASSIS NUMBER: GP71217438 ENGINE NUMBER: LEB6561187 VEHICLE REGISTRATION NUMBER: SME5820L ORIGINAL REGISTRATION DATE: 05 Oct 2018

Continue

Cancel

Claim Handling

Accident MT/1048367

Policy No.	5104226445	Vehicle No.	SME5820L	GST Registration No.
Certificate No.				
Policyholder Name	TAY KOK BENG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97414993	Contact No.(Office)	0	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	10/06/2019 17:25	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/06/2019	Time of Accident hh:mm	09:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	NEAR CARPARK OF BLK 158 / MEI LING ST			

Excess

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

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 49 #19-217	Address 2	STRATHMORE AVENUE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5104226445	

O1 Driver Info

Driver Name	TAY KOK BENG	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S1481114A	Driving Experience
Register Date of Driver License	22/07/1981	Driver Age	58	Contact No.(Home)
Contact No.(Mobile)	97414993	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 49	Address 2	STRATHMORE AVENUE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#19-217			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	TAY KO
Contact No.(Mobile)	97414993	Contact No. (Home)	687323
Email Address	fredtay0805@singnet.com.sg	O1 Vehicle Number	SME5820L
Claim Description	SME5820L / PEDESTRIAN ON 7 Jun 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Partially at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Pending
Date Registered	10/06/2019 18:14	Claim Close Date	
Report Taken By		Workshop Repairer	
<input checked="" type="checkbox"/> Print AK letter			

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

## Attachment

Accident No.	MT/1048367	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/06/2019 17:30
Path *		Category *	Confidential
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Choose File</a> No file chosen	<a href="#">Clear</a>	<a href="#">Please Select</a> ▼	<a href="#">NO</a>
<a href="#">Message Read</a>			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 18:14	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 18:12	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 18:12	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 17:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 17:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 17:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 17:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 17:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Jun 2019 17:29	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name
		<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>