

NATIONAL Assessment Centre Services

Date In: 14/06/2019 14:52	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19010608/K4	E-mail (within 8hrs. Alt. 2hrs):		
Veh No: SMJ 57974	i-Motor Claim Form: MT/1049116-001	15/6/19 0929	
D.O.A: 13/06/2019 21:40	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: SKC5999P	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

NA 190 4311	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) NI : 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 \$5		
	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	14/06/2019 14:52
Date Of Accident	13/06/2019 21:40
Exact Location Of Accident	AYE (CTE) AT KEPPEL/MCE ENTRANCE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMJ5797U
Insured/Policyholder	
Name Of Registered Owner	LIM HNG YONG
NRIC No	S1411891H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98322565
Alternative Phone No	OTHERS-98322565
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107988219
Cover Note Number	
Driver	
Name of Driver	LIM HNG YONG
NRIC No	S1411891H
Date Of Birth	13/03/1959
Occupation	OUTDOOR
Date Of Driving Pass	26/05/1979
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98322565
Fax Number	
Contact Number	OTHERS-98322565
Email Address	NOEMAIL

Address	BLK 182 JELEBU ROAD #23-56
Postcode	670182
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	CHAIN COLLISION
Weather Conditions	AFTER RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	4
Passenger 1	NAME: : NIL GENDER: : MALE
Passenger 2	NAME: : NIL GENDER: : MALE
Passenger 3	NAME: : NIL 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
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

PLS REFER TO THE POLICE REPORT : T/20190614/7006

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	SKC5999P
-----------------------------	----------

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBD4849Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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 LIM HNG YONG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SMJ5797U

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to renew/denial 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/mailed 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.:

14/6/2019

SKETCH PLAN

Keppel
MCE

CTE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~Refer~~ - Refer to Police Report - T/20190614/7006

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.:

14/6/2019



SINGAPORE POLICE FORCE



T/20190614/7006

1 of 3

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

Report No. T/20190614/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2019 11:24		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM HNG YONG			Address: APT BLK 182 JELEBU ROAD #23-56 SINGAPORE 670182		
ID Type / ID No.: NRIC NO / S1411891H			Contact No.: Home/Office:		Mobile: 98322565
Nationality: SINGAPORE CITIZEN			Email: admin@mycar.sg		
Sex: Male	Age: 60	Date of Birth: 13/03/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2019 21:40	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: After rain		Road Surface: Wet		Road Speed Limit: 80 Km/h
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
GBD4849Y	Van					0
SKC5999P	Car					0
SMJ5797U	Car	HONDA	VEZEL HYBRID 1.5X AUTO	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20190614/7006

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

2 of 3

Report No. T/20190614/7006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ5797U	NTUC Income Insurance Co-Operative Limited	5107988219	10/03/2019	09/03/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM HNG YONG	ID No.	S1411891H
Related Vehicle	SMJ5797U (Car)	Contact No.	98322565
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	14/06/2019	Date Discharge	14/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 13/6/2019, at about 21:40hrs, I was travelling on lane 3 of AYE(CTE) at keppel/MCE entrance in my vehicle bearing (SMJ5797U). Suddenly, i felt a huge impact from the rear. I went down of my vehicle and realise that i had gotten into a chain collision with a vehicle bearing (SKC5999P) and a goods vehicle bearing (GBD4849Y). We then exchange particulars and decide to proceed with insurance claims. I felt pain on my neck and went to see a doctor. I received 3 days mc.



**SINGAPORE
POLICE FORCE**



T/20190614/7006

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

3 of 3

Report No. T/20190614/7006

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 / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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:
14/06/2019 11:24

Classification Of Case:

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: 5107988219

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMJ5797U**
Chassis Number : **RU31308866**
2. Name of Policyholder : **LIM HNG YONG**
3. Effective Date of Insurance : **10 Mar 2019**
4. Expiry Date of Insurance : **09 Mar 2020**
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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM HNG YONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SING INVESTMENTS & FINANCE LTD
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 : INSURE LINK PTE LTD (00000614836)
Date of Issue : 07 Mar 2019 18:14 hrs

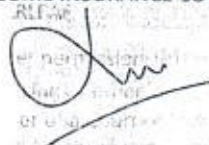
Insure Link Pte Ltd
2 Kallang Avenue #08-16
CT Hub S(339407)
Off : 6444 4644
Fax: 6444 0040

Countersigned By:



Authorised Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

INSURED VEHICLE 7
Policy No. 5107988219
Issued in accordance with the provisions of the Road Transport Act

13/6/2019

Date of Accident : ~~21/40~~ Accident Time: 21:40 (24-HR-Format)

Accident Place : AYE (CTE) at Keppel entrance.

Vehicle Reg. No. (Car Plate No.) : SMJ5797U

Vehicle Make/Model : HONDA VEZEL

Insurance Company : NTUC Policy No. 5107988219

Owner or Company Name / IC No. : LIM HNG YONG

Owner or Company Contact No. : 98322565 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : LIM HNG YONG

DRIVER'S Date Of Birth : 13/3/1959 DRIVER'S License Pass Date 19/3/2003

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address : Blk 182 JELERU ROAD #23-56 S(670182)

DRIVER'S Contact No./ Alt No. : 1) 98322565 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : admin @ mycar . sg

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 4 - 2M/1F

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SKC5999P</u>	Vehicle Reg. No: <u>GBD 4849Y</u>
Vehicle Make/Model: <u>LEXUS</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1411891H

Name
LIM HNG YONG

林欣榮

Race
CHINESE

Date of Birth
13-03-1959

Sex
M

Country of Birth
SINGAPORE

For LKK/NAC Use Only

1093295

NRIC No. S1411891H

Blood Group
O+

Date of Issue
06-07-1993

APT BLK 182 JELEBU ROAD #23-56
SINGAPORE 670182

NRIC No. S1411891H

Date: 04/10/2011

No: 6850744

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1411891H

Name
LIM HNG YONG

Birth Date: 13 Mar 1959

Issue Date: 19 Mar 2003

000315051C

For LKK/NAC Use Only

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	27 Apr 1977
Class 2A Motorcycles between 201 cc and 400 cc	27 Apr 1977
Class 2 Motorcycles exceeding 400 cc	27 Apr 1977
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 May 1979

NP 428A

License No: S1411891H

For LKK/NAC Use Only

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="13/06/2019 21:40"/>							
Vehicle No. (For Motor)	<input type="text" value="SMJ5797U"/>	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"/>	5107988219		LIM HNG YONG	S1411891H	GPC	drive CLASSIC	SMJ5797U	SMJ5797U	10/03/2019	09/03/2020
<input type="button" value="Continue"/>										

▼ Policy Information

Policy No.	5107988219	Policyholder Name	LIM HNG YONG	Policyholder NRIC	S1411891H
Certificate No.					
Address	BLK 182 #23-56 JELEBU ROAD SINGAPORE 670182				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/03/2019	Effective Date	10/03/2019 00:00	Expiry Date	09/03/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 182 #23-56	Address 2	JELEBU ROAD	Address 3	SINGAPORE 670182
Address 4		Address Type	Singapore address	Post Code	670182
Unit No.		Related Policy Number	5107988219		

► Insured Object: SMJ5797U

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	12/03/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 12 Mar 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: KENSO LEASING PTE LTD CHASSIS NUMBER: RU31308866 ENGINE NUMBER: LEB6728875 VEHICLE REGISTRATION NUMBER: SMJ5797U ORIGINAL REGISTRATION DATE: 10 Mar 2019</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 13 Mar 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: SING INVESTMENTS & FINANCE LTD CHASSIS NUMBER: RU31308866 ENGINE NUMBER: LEB6728875 VEHICLE REGISTRATION NUMBER: SMJ5797U ORIGINAL REGISTRATION DATE: 10 Mar 2019</p>
2	13/03/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 13 Mar 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: SING INVESTMENTS & FINANCE LTD CHASSIS NUMBER: RU31308866 ENGINE NUMBER: LEB6728875 VEHICLE REGISTRATION NUMBER: SMJ5797U ORIGINAL REGISTRATION DATE: 10 Mar 2019</p>

Claim Handling

Accident MT/1049116

Policy No.	5107988219	Vehicle No.	SMJ5797U	GST Registration No.
Certificate No.				
Policyholder Name	LIM HNG YONG			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	98322565	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	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	15/06/2019 09:22	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/06/2019	Time of Accident hh:mm	21:40	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	AYE (CTE) AT KEPPEL/MCE ENTRANCE			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00	

▼ 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 182 #23-56	Address 2	JELEBU ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5107988219	

▼ OI Driver Info

Driver Name	LIM HNG YONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1411891H	Driver DOB
Register Date of Driver License	26/05/1979	Driver Age	60	Driving Experience
Contact No.(Mobile)	98322565	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 182	Address 2	JELEBU ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#23-56			
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	LIM HN
Contact No.(Mobile)	98322565	Contact No. (Home)	NIL
Email Address	yonglim1959@gmail.com	OI Vehicle Number	SMJ579
Claim Description	SMJ5797U / SKC5999P ON 13 Jun 2019		
Preferred Workshop		Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	15/06/2019 09:29	GIA report	Received
		Claim Close Date	

Report Taken By

Workshop
Repairer

✓ Print AK letter

Save

Submit

Attachment



Accident No.	MT/1049116	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/06/2019 09:25

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Desi
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:29	NRIC/ Driving License	Normal	NRIC/ Driving 1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:27	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:27	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:26	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jun 2019 09:26	Photos	Normal	Photos