

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA119079515**

Date In: <b>18/6/19 - 16:26</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MA119079515</b>	SAS e-filing		
Veh No: <b>SLV6407M</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>17/6/19 - 22:46</b>	i-Motor Claim Form	<b>MA119079515-201</b>	<b>18/6/19 16:48</b>
OD: <b>TP</b> 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: <b>SLV616K</b>	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

<b>MA119079530</b>	<b>Invoice Preparation Checklist</b>	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		
	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 \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Dat 1:			
Dat 2/3:			



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	18/06/2019 16:36
Date Of Accident	17/06/2019 23:40
Exact Location Of Accident	SLIP RD SERANGOON GARDENS RD TWDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6407M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JACOB'S CAR LEASING PTE LTD
Co Reg No	201734207N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION A1.5 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5101451044
Cover Note Number	

### Driver

Name of Driver	KWEK KENG CHEK
NRIC No	S1515223J
Date Of Birth	29/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1982
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93673077
Fax Number	
Contact Number	OFFICE-93673077
Email Address	NOEMAIL

Address	BLK 117A RIVERVALE DRIVE #04-86
Postcode	541117
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGT616K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YUE JULIAN
NRIC/Passport Number	S1535952H
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name KWEK KENG CHEK

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLV6407M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

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 Authorized 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.:

to the kang tool

A: 36V 6407m  
B: 36T 616K

I was travelling at the slip road of Serangoon Gardens road towards Yio Chu Kang road. As there was car travelling on the major road, I stop behind the stop line to give way. Out of sudden, I felt an impact from my vehicle rear portion. When I got down, I saw vehicle (B) collided onto me.

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_ UEN: 201734207N  
JACOBS, INC. LEASING PTE LTD

Knell

Personnel's Signature



## 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 wilful 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 and time of accident	Date: 17 June 2019 (DD/MM/YY) Time: 2340 (HH:MM)
Exact location of accident	Slip road of Kembangan Gardens Road - bus stop to Chu Kang Road.

### Details of vehicle

Vehicle registration number	SLV 6407 M		
Vehicle make and model	Toyota Allison		
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input 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 type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>		
Purpose of using at said time	Working		
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 type="checkbox"/> Reporting only <input type="checkbox"/>		

### Insurance information

Insurance company	NTUC
Policy number	5110439289-00009
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input checked="" type="checkbox"/>

### Insured / Policy holder

Name	Jacob's Car Leasing Pte Ltd	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	201734207N	
Contact		
Address		

### Driver

Same as insured above ☐ (skip to D.O.B)

Name	Wek Keng Chek	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S 151522BJ	
Contact	9367 3077	
Address	Block 117A Rivervale Drive #04-86 Singapore 541117	
Email address		
Date of birth	28 Aug 1961	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	16 July 1982	

### General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	3 (Inclusive of driver)

#### Passenger 1

Name	_____
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 2

Name	_____
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 action

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



Third party vehicle 1 (Vehicle B)

Name	Yue Julian
Contact number	
NRIC / Fin / Passport number	8153595111
Vehicle registration number	SGT 616K
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	Kwek Keng Chek	
Injuries sustained	Neck & back	
Which vehicle person in?	SLV6407M	
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		
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 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"/>



Land Transport Authority



VOCATIONAL LICENCE

Licence No : S1515223J

Name : KWEK KENG CHEK

For LKK/NAC Use Only

Issue Date : 8/6/2017

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1515223J

Name:

KWEK KENG CHEK

Birth Date: 29-08-1961

Issue Date: 08

For LKK/NAC Use Only



000623317K

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1515223J



Name

KWEK KENG CHEK

郭景泽

Race

CHINESE

Date of birth

29-08-1961

Sex

M

Country/Place of birth

SINGAPORE



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to S. M. S. Singapore 575701.

Type

02

Issue Date

25/07/2008

For LKK/NAC Use Only



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

PASS DATE

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

16 Jul 1982

For LKK/NAC Use Only

NP 428A



6029852



For LKK/NAC Use Only

Date of Issue  
24-09-2018

Address  
APT BLK 117A RIVERVALE DRIVE  
#04-86  
SINGAPORE 541117



## 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: 5110439289-000009

Cover : Third Party

- |   |                               |
|---|-------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLV6407M                    |
| Chassis Number  | : NZT2603039520               |
| 2. Name of Policyholder   | : JACOB'S CAR LEASING PTE LTD |
| 3. Effective Date of Insurance  | : 18 Jun 2019                 |
| 4. Expiry Date of Insurance   | : 17 Jun 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : CITY INSURANCE AGENCY PTE. LTD. (00000573566)  
Date of Issue : 14 Jun 2019 14:36 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"/>	5101451044		JACOB'S CAR LEASING PTE LTD	201734207N	GFT	Third Party	SLV6407M	SLV6407M	25/05/2019	



## Policy Information

Policy No.	5101451044	Policyholder Name	JACOB'S CAR LEASING PTE LTD	Policyholder NRIC	201734207N
Certificate No.					
Address	10 UBI CRESCENT #05-16 UBI TECHPARK SINGAPORE 408564				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	14/06/2018	Effective Date	18/06/2018 00:00	Expiry Date	17/06/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	CITY INSURANCE AGENCY PTE.	Agent Tel.	64598677	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	10 UBI CRESCENT	Address 2	#05-16 UBI TECHPARK	Address 3	SINGAPORE 408564
Address 4		Address Type	Singapore address	Post Code	408564
Unit No.	05-16	Related Policy Number	5110439289		

## Insured Object: SLV6407M

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	02/07/2018 00:00	Basic Information Endorsement	000001286851703	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJK5884G 02-07-2018 \$1,059.82 In view of this amendment, an additional premium of \$1,059.82 (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 or NETS.</p>
2	09/07/2018 00:00	Basic Information	000001286857140	Endorsement Take	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJM4773P 09-07-2018 \$1,038.69 In view of this amendment, an additional premium of \$1,038.69 (inclusive of GST) is payable under your policy. Please ignore this premium payment</p>

## Claim Handling

Exit

Accident MT/1049568

Policy No.	5101451044	Vehicle No.	SLV6407M	GST Registration No.	
Certificate No.					
Policyholder Name	JACOB'S CAR LEASING PTE LTD			Policyholder NRIC	201734207N
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remarks		eCode	12
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	Yes

**Accident Details**

Report Date	18/06/2019 16:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	17/06/2019	Time of Accident h:m:m	23:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD SERANGOON GARDENS RD TWOS VIO CHU KANG RD				

**Excess**

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	18/06/2019 16:48:02 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	10 UBI CRESCENT	Address 2	#05-10 UBI TECHPARK	Address 3	SINGAPORE 408564
Address 4		Address Type	Singapore address	Post Code	408564
Unit No.	05-16	Related Policy Number	5110439289		

**01 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/08/1961
Unnamed driver Name	KWEK KENG CHEK	Driver NRIC	S1515223	Driving Experience	36
Register Date of Driver License	15/07/1982	Driver Age	57	Contact No.(Home)	0
Contact No.(Mobile)	93673077	Contact No.(Office)	0	Address 3	SINGAPORE 541117
Address 1	BLK 117A	Address 2	RIVERVALE DRIVE	Post Code	541117
Address 4		Address Type	Singapore address		
Unit No.	04-86				
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

Next

Claim Type *	OD-MX	Insured Name	JACOB'S CAR LEASING PTE LTD	Insured NRIC	201734207N
Contact No.(Mobile)	90303074	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SLV6407M	TP Vehicle Number	SGT616K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLV6407M / SGT616K ON 17 Jun 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/06/2019 16:48	Claim Close Date		Date Received	18/06/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1049568	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/06/2019 16:50

Path *	Category *	Confidential	Urgency *	Description *
Browse...	Clear Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	
Browse...	Clear Please Select	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Normal	



Browse...
Clear


















Please Select
0/0
Normal

Browse...
Clear

Please Select
0/0
Normal

Send Message
Upload

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jun 2019 16:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jun 2019 16:50	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jun 2019 16:50	SAS	Normal	SAS 2019-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jun 2019 16:49	Photos	Normal	Photos 2019-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jun 2019 16:49	Photos	Normal	Photos 2019-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jun 2019 16:49	Photos	Normal	Photos 2019-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jun 2019 16:49	Photos	Normal	Photos 2019-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jun 2019 16:49	Photos	Normal	Photos 2019-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jun 2019 16:49	Photos	Normal	Photos 2019-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jun 2019 16:49	Photos	Normal	Photos 2019-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jun 2019 16:49	Photos	Normal	Photos 2019-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jun 2019 16:48	Photos	Normal	Photos 2019-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jun 2019 16:48	Photos	Normal	Photos 2019-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jun 2019 16:48	Photos	Normal	Photos 2019-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jun 2019 16:48	Photos	Normal	Photos 2019-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jun 2019 16:48	Photos	Normal	Photos 2019-6-18		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV( CES) on 18 Jun 2019 16:48	Photos	Normal	Photos 2019-6-18		<a href="#">Edit</a>

**Video List**

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