

# NATIONAL Assessment Centre Services

[wef 1 Jan'09] MMA 119081914

Date In: 24/6/19 15:00	Job description	Date & Time Completed	Done by
Ref No: MA11MC19011094164	SAS e-filing		
Veh No: SGR 6387S	E-mail (within 3hrs, AIC 2hrs)		
DDA: 22/6/19 22:30	I-Motor Claim Form	MA1105031601	24/6/19 18:08
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLL 9057Y	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: (\$	Landing: \$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: ( )

Reminders: (INC 11001106786616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: \_\_\_\_\_

Date/Time	Actions

<p>MA1904672</p> <p>Channan's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors Comments:</p> <p>Ref: 1:</p> <p>Ref: 2/3:</p>	<p>Invoice Description</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100);</td> <td>INC (\$50)</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>\$120</td> </tr> <tr> <td>5) IPT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td colspan="2">For claiming against INC Only (wef 10 Jan 2009)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> </tr> <tr> <td>7) NI: Ideal DA + SMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td>ON:</td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> </tr> <tr> <td>*N6: Repair Coordination</td> <td>\$10</td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC</td> <td>\$20</td> </tr> <tr> <td>9) N12: Ideal Mobile</td> <td>\$0</td> </tr> </table> <p>Invoice dated</p> <p>Fee Charged</p>	1) AR: Accident Reporting (\$30);		2) DA: Damage Assessment (\$100);	INC (\$50)	3) TP: Towing Fee	\$40/\$45	4) PT: Follow-Through Survey	\$120	5) IPT: Follow-Through Survey (Resurvey)	\$30	For claiming against INC Only (wef 10 Jan 2009)		6) TR: Re-inspection	\$75	7) NI: Ideal DA + SMRT Survey	\$160	8) NTUC Additional Services:		ON:		*N5: Courtesy Car / Tpt Allowance	\$5	*N6: Repair Coordination	\$10	*N7: Post Repair Inspection	\$25	*N8: DV / Collect Excess Coordination	\$5	TP (N11): TP (Non INC) against INC	\$20	9) N12: Ideal Mobile	\$0
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## 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	24/06/2019 15:00
Date Of Accident	22/06/2019 22:30
Exact Location Of Accident	TPE TWDS CHANGI LP 181
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR6387S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LT AUTO
Co Reg No	5108238503
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90088701

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5108238503
Cover Note Number	-

### Driver

Name of Driver	CHEONG TECK MENG
NRIC No	S1839366B
Date Of Birth	12/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96771077
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 311 WOODLANDS ST 31 #04-28
Postcode	730311
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	CHAIN COLLISION
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	4
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: : UNKNOWN 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

I WAS TRAVELLING ALONG TPE TWDS CHANGI NEAR L/P181, VEH INFRONT OF ME STOP, AS SUCH I FOLLOW TO STOP MY VEH. MOMENT LATER, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 4 CAR CHAIN COLLISION ACCIDENT. VEH B (BEARING NO SLL9057Y) HIT ONTO MY VEH REAR PORTION.

#### 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	SLL9057Y
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 SHD400M  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKF5285A  
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 INJURED PERSON 1

Name CHEONG TECK MENG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SGR6387S  
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 Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:


- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time: 

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

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

# SKETCH PLAN

	A = SGR 6397 S
	B = SLL 9057 Y
	C = SHD 400 M
	D = SKF 5295 A

TPE two's Changi LIP 181

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

## DECLARATION

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

Policyholder's Signature  
Date & Time:

GIAMC SketchPlanForm\_V3

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

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





**SINGAPORE  
POLICE FORCE**



T/20190623/7010

1 of 4

Report No. T/20190623/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/06/2019 18:16		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHEONG TECK MENG		Address: 311 WOODLANDS STREET 31 #04-28 SINGAPORE 730311			
ID Type / ID No.: NRIC NO / S1839366B		Contact No.: Home/Office:		Mobile: 96771077	
Nationality: SINGAPORE CITIZEN		Email: TMCHEONG9096@GMAIL.COM			
Sex: Male	Age: 55	Date of Birth: 12/04/1964	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Private Hire Driver		Driving Licence Information: Class: 3		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/06/2019 22:30	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Lamp Post Number: 181				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SGR6387S	Car	TOYOTA	Wish	Silver	Seriously Damaged	1
SHD400M	Car	RENAULT		Red	Seriously Damaged	0
SKF5285A	Car	MINI	CooperS	Silver	Seriously Damaged	1
SLL9057Y	Car	TOYOTA	Altis	White	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**

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



1/20190623/7010

2 of 4

Report No: T/20190623/7010

**CONTINUATION OF REPORT**

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGR6387S	NTUC Income Insurance Co-Operative Limited	ZNE100352268	15/03/2019	14/03/2020

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Driver**

Name	CHEONG TECK MENG	ID No.	S1839366B
Related Vehicle	SGR6387S (Car)	Contact No.	96771077
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

**Passenger**

Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SGR6387S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Passenger**

Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SKF5285A (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL





**SINGAPORE  
POLICE FORCE**

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



T/20190623/7010

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Report No. T/20190623/7010

**CONTINUATION OF REPORT**

Brief Details.

I was driving my car (SGR6387S) along TPE when I came to a stop due to construction work going on in front. I was then hit from behind by another car (SLL9057Y). when I stepped out of my car then I realised it was a four-car collision. The third car involved was a taxi (SHD400M) and the last car involved (SKF5285A). There was a dent to my rear bumper and my rear door. During the accident, I had a passenger at the back seat. I was injured due to accident but have not seen a doctor.

I am doing this report for my insurance claim.



**SINGAPORE  
POLICE FORCE**

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



T/20190623/7010

4 of 4

Report No. T/20190623/7010

**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 /  
HO JIEKANG, IVAN  
Contact No.: 65476170

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:  
23/06/2019 18:16

Classification Of Case:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1839366B**

Name: **CHEONG TECK MENG**

Birth Date: **12 Apr 1964**

Issue Date: **22 Mar 2016**

002549873J

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1839366B**

Name: **CHEONG TECK MENG**

張德明

Race: **CHINESE**

Date of birth: **12-04-1964**

Country of birth: **SINGAPORE**

Sex: **M**

For LKK/NAC Use Only

Land Transport Authority

**VOCATIONAL LICENCE**

Licence No: **S1839366B**

Name: **CHEONG TECK MENG**

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

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  22 Mar 2016

NP 428A

Licence No: S1839366B

4897817

Barcode

NRIC No: **S1839366B**

Date of issue: **07-03-2011**

APT BLK 311 WOODLANDS STREET 31 #04-28 SINGAPORE 730311

NRIC No: **S1839366B** Date: **05/09/2018**

For LKK/NAC Use Only

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	11/03/2019

PDYL/IDYL 33 399 3999 297 652

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.  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"/>	5108238503	5108238503-000001	LT AUTO	53394977K	GFM	Third Party, Fire & Theft	SGR6387S	SGR6387S	15/03/2019	14/03/2020



## 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:** 5108238503-000001

**Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SGR6387S**  
Chassis Number : ZNE100352268
2. Name of Policyholder : **LT AUTO**
3. Effective Date of Insurance : **15 Mar 2019**
4. Expiry Date of Insurance : **14 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)	: 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	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SIN HENG CREDIT PTE 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 : JG MOTOR AGENCY (00000613374)

Date of Issue : 15 Mar 2019 14:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

Accident MT/1050316

Policy No.	5108238503	Vehicle No.	SGR6387S	GST Registration No.	
Certificate No.	5108238503-000001				
Policyholder Name	LT AUTO			Policyholder NRIC	533945
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90088701	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## ▼ Accident Details

Report Date	24/06/2019 18:04	Accident Report Within 24 hrs	Yes	Accident Type	Chain (
Date of Accident	22/06/2019	Time of Accident hh:mm	22:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TWDS CHANGI LP 181				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	0.00	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	24/06/2019 18:06:21 System changed GST Status Verified from No to Yes		

## ▼ Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	#B1-34 CONCORDE SHOPPING	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	169071
Unit No.	B1-34	Related Policy Number	5109428707		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHEONG TECK MENG	Driver NRIC	S1839366B	Driver DOB	12/04/
Register Date of Driver License	22/03/2016	Driver Age	55	Driving Experience	3
Contact No.(Mobile)	96771077	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 311 #04-28	Address 2	WOODLANDS STREET 31	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	73031
Unit No.	04-28				
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	LT AUTO
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SGR6387S
Claim Description	SGR6387S / SLL9057Y ON 22 Jun 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	24/06/2019 18:07
			LIEW SHAN HUI

☒ Print AK letter

Save Submit

## Attachment



Accident No.  
Last Doc. Received

MT/1050316  
☒ Yes ☐ No

Claim No.  
Upload Date

001  
24/06/2019 18:08

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category \*

Confidential

Urgency \*

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal
















Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2019 18:08	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2019 18:08	SAS	Normal	SAS 2019-6-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2019 18:08	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2019 18:08	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2019 18:08	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2019 18:08	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2019 18:08	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2019 18:08	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2019 18:08	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2019 18:07	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2019 18:07	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2019 18:07	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2019 18:07	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2019 18:07	Photos	Normal	Photos 2019-6-24
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Jun 2019 18:07	Photos	Normal	Photos 2019-6-24

Video List

Uploaded By/Date	Folder Date	File Name	Source
<div>Display in New Window Scan and uploading</div>			