

NATIONAL Assessment Centre Services			
Date In: 26/06/2019 09:48	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NGA/INC190/125474	E-mail (within 2hrs. A/C 2hrs):		
Veh No: STS 1584G	I-Motor Claim Form: M711050600-001		26/06/2019 10:40
D.O.A: 26/06/2019 09:30	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: SHD3143K	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: (\$	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: ()

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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comment(s): Cal. 1: Cal. 2/3	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100); INC (\$40)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) PT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wof 10 Jan 2019)			
	6) TR: Re-inspection \$75			
	7) N1: Idm DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
* N2: Courtesy Car / Tpt Allowance \$5				
* N6: Repair Co-ordination \$10				
* N7: Post Repair Inspection \$25				
* N8: DV / Collect Expense Coordination \$5				
TP (N11): TP (N in INC) against INC \$20				
9) N12: Idm Mobile \$0				
Invoice dated		Fen Charged		
		Fine 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	26/06/2019 09:48
Date Of Accident	21/06/2019 09:30
Exact Location Of Accident	ALONG EAST COAST PARKWAY NEAR MARINE VISTA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS1584G
Insured/Policyholder	
Name Of Registered Owner	Q LEASING
Co Reg No	53384683L
Email Address	GRACEYSH93@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96989428
Alternative Phone No	OFFICE-96989428

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMMERCIAL VEHICLE

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	5103987921
Cover Note Number	

Driver

Name of Driver	GRACE YEO SHU HUI
NRIC No	S9305847Z
Date Of Birth	16/02/1993
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2014
Driving Experience	5 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96989428
Fax Number	
Contact Number	OTHERS-96989428
EMail Address	GRACEYSH93@GMAIL.COM

Address	BLK 442 JURONG WEST AVENUE 1 #03-752
Postcode	640442
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190625/2097

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3143K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN CHOO TAN
NRIC/Passport Number	S0207232G

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	GRACE YEO SHU HUI
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	SJS1584G
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

ALONG EAST COAST PARKWAY NEAR MARINE
VIA Exit 17

A) SJS 1584G

B) SHD 8143K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refer to police report
7/2010/2017

DECLARATION

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

Sm

Policyholder's Signature
Date & Time:



Am

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

26/06/2017

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

Kosh Vitor



SINGAPORE POLICE FORCE



T/20190625/2097

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190625/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2019 15:54		Vide Report No.:		Station Diary No.: 123	
Informant's Particulars					
Name of Informant: GRACE YEO SHU HUI		Address: APT BLK 442 JURONG WEST AVENUE 1 #03-752 SINGAPORE 640442			
ID Type / ID No.: NRIC NO / S9305847Z		Contact No.: Home/Office: Mobile: 96989428			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Female	Age: 26	Date of Birth: 16/02/1993	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3A Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/06/2019 09:30	Type of Location: Straight Road
Location: Along Road 1 EAST COAST PARKWAY Along East Coast Parkway, near Marine Vista Exit.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
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
SHD3143K	Car				No Damage	3
SJS1584G	Car				Seriously Damaged	1

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



Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190625/2097

CONTINUATION OF REPORT

Driver			
Name	TAN CHOO TAN		ID No. S0207232G
Related Vehicle	SHD3143K (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
Driver			
Name	GRACE YEO SHU HUI		ID No. S9305847Z
Related Vehicle	SJS1584G (Car)		Contact No. 96989428
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	22/06/2019	Date Discharge	25/06/2019
No. of Days granted Medical Leave	15	Degree of Injury	Serious

Brief Details.

On 21.06.2019, at about 2130hrs, I was driving along East Coast Parkway on the first lane in my vehicle SJS1584G, subsequently, the car in front of me suddenly braked, causing me to effect e-brake, and my car came to a stop. At this point, the vehicle bearing license plate SHD3143K collided with the back of my car and my car juttet forward from the impact. I then alighted my vehicle, and we exchanged particulars with the driver who is Tan Choo Tan. Someone from behind then called the police and police came to attend (ref: G/20190621/0185), however Tan Choo Tan left before the police or the ambulance arrived.

Subsequently when the ambulance arrived, I was not conveyed as I was in a state of shock, and there was not any physical injuries visible at that point in time. It was only when I went home and reached home at about 2310hrs that I realized that I was feeling unwell, and lost a sense of feeling in my left arm. Subsequently, I went to the A&E in NTFGH and was treated there. I was diagnosed with a sensory loss in the left side of my upper body and was given 15 days of MC. I was hospitalized from the 22.06.2019 to 25.06.2019. Hence, I came to make a traffic report.

The back of my car was seriously damaged, with the bumper detached, and a huge dent at the car boot and bumper area. My rear lights were also damaged and broken.



**SINGAPORE
POLICE FORCE**



T/20190625/2097

3 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190625/2097

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:

J/
SC2 TAY HUANG DA

[Handwritten signature]

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt NOR HIDAYU BINTE ABDUL
SAMAD
Contact No.: 65476423

Authentication Stamp
NP168

[Handwritten signature]

Signature Of Informant:

[Handwritten signature]

Date/Time:

25/06/2019 15:54

Classification Of Case:

Claim Handling

Accident MT/1050600

Policy No.	5103987921	Vehicle No.	S151584G	GST Registration No.	
Certificate No.					
Policyholder Name	Q LEASING			Policyholder NRIC	S1384683L
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	96889428	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No *
KFR	= No / Yes	TGA	= No / Yes	eCode Reason	
RCD Protection	No	RCD Entitlement(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	25/06/2019 10:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/06/2019	Time of Accident (hh:mm)	09:30	Country of Accident	Singapore
Reporting Centre		Dispute Force		ICM No.	
Accident Location	ALONG EAST COAST PARKWAY NEAR MARINE VISTA EXIT				

▼ 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	1,100.00	Outside Singapore TP Excess	1,100.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	26/06/2019 10:22:54 System changed GST Status Verified from No to Yes				

▼ Policyholder Mailing Address

Address 1	517 OUTRAM ROAD	Address 2	CONCORDE SHOPPING CENTRE	Address 3	SINGAPORE 169278
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.		Related Policy Number	S108916004		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	GRACE YEO SHU HU	Driver NRIC	S8303847Z	Driver DOB	16/02/1983
Register Date of Driver License	10/02/2014	Driver Age	36	Driving Experience	5
Contact No.(Mobile)	96889428	Contact No.(Office)		Contact No.(Home)	
Address 1	51K 442 #03-752	Address 2	JURONG WEST AVENUE 1	Address 3	SINGAPORE 640442
Address 4		Address Type	Foreign address	Post Code	640442
Unit No.	03-752				
Does he own a Singapore Registered car?	Yes / No	Driver Vehicle No.	S151584G	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes / No		

Modification History

Claim 001 OD-MX NEW

Claim Type *	OD-MX	Insured Name	Q LEASING	Insured NRIC	S1384683L
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		CI	S151584G	Vehicle Number	S1031438
Claim Description	S151584G / S1031438 ON 21 Jun 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Repair Option	Yes	Preferred Workshop, Name unknown			
Date Registered	25/06/2019 10:29	Claim Close Date		Date Received	26/06/2019 10:29
Report Taken By	ROSLI WAHAB	Workshop Reparer		Total Loss But Repaired	

Print & E-mail

Save Submit

Attachment

Accident No.	MT/1050600	Claim No.	001
Last Doc. Received	Yes / No	Upload Date	26/06/2019 10:40
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Message Read		Clear	Please Select *

Send Message

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Map Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 10:40	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-26	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 10:40	SAS	Normal	SAS 2019-6-26	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 10:29	Photos	Normal	Photos 2019-6-26	



Video List

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 10:29	Photos	Normal	Photos 2019-6-26
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 10:29	Photos	Normal	Photos 2019-6-26
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Jun 2019 10:29	Photos	Normal	Photos 2019-6-26

Uploaded By/Data

Folder Data

File Name



Source

Action

[Display in New Window](#)
[Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 06 / 2019) (DD/MM/YYYY), TIME: (09 : 30) (HH:MM)

LOCATION: ECP EXPRESSWAY, Before Marine Vista

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ81584G
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Byon Vios
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GLOB
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: GRACE YEO SHY HUI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S93058472 CONTACT: 96989428
c) ADDRESS: 442 JURONG WEST AVENUE 1 #03-752 S(640442)

* d) DATE OF BIRTH: (16 / 02 / 1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 20 Feb 2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS EVENING)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: JURONG WEST POLICE STATION

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 8HD 3143K MODEL: _____
b) DRIVER'S NAME: TAN CHOO TAN
c) NRIC/FIN/PASSPORT: S0207232G CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = graceysh93@gmail.com

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO: S9305847Z



Name

GRACE YEO SHU HUI

楊淑慧

Race

CHINESE

Date of birth

16-02-1993

Sex

F

Country of birth

SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S9305847Z

Name

GRACE YEO SHU HUI

Birth Date: 16 Feb 1993

Valid Date: 20 Feb 2014



NRIC No: S9305847Z



Date of issue

28-02-2008

APT BLK 442 JURONG WEST AVENUE 1 #03-752
SINGAPORE 640442

NRIC No: S9305847Z

Date: 20/03/2011

No: 6720734

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg 20 Feb 2014

NP 428A



Policy Information

Policy No.	5103987921	Policyholder Name	Q LEASING	Policyholder NRIC	53384683L
Certificate No.					
Address	317 OUTRAM ROAD CONCORDE SHOPPING CENTRE SINGAPORE 169075				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	18/09/2018	Effective Date	19/09/2018 00:00	Expiry Date	19/07/2019 23:59
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		
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	CONCORDE SHOPPING CENTRE	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.		Related Policy Number	5106916004		

Insured Object: SJS1584G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	19/09/2018 00:00	Basic Information Endorsement	000001286905028	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 19 Sep 2018, the Hire Purchase Company is amended as follows for SJS1584G : HIRE PURCHASE COMPANY: KENSO LEASING PTE LTD
2	02/10/2018 00:00	Basic Information Endorsement	000001286914814	Endorsement Take Effective	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. SJK1764X 03-10-2018 \$1,130.68 In view of this amendment, an additional premium of \$1,130.68 (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.
3	09/01/2019 00:00	Basic Information Endorsement	000001286984016	Endorsement Take Effective	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. SJW8931X 10-01-2019 \$744.69 In view of this amendment, an additional premium of \$744.69 (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.
4	28/01/2019 00:00	Basic Information Endorsement	000001286997331	Endorsement Take Effective	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. SJR3533X 28-01-2019 \$674.52 In view of this amendment, an additional premium of \$674.52 (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