

**NATIONAL Assessment Centre Services**

(wef 1 Jan 05) **MH11910247**

Date In: <b>14/8/19 - 15:01</b>	Job description	Date & Time Completed	Done by
Ref No: <b>HA/INC19/1429674</b>	SAS e-filing		
Veh No: <b>SUB576D</b>	E-mail (within Shrs, AIC 2hrs)		
D.O.A: <b>15/8/19 - 13:40</b>	i-Motor Claim Form	<b>M71057993-001</b>	<b>14/8/19 15:14</b>
OD: <b>TP</b> 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: **SUR46504** 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Inv. Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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	16/08/2019 15:01
Date Of Accident	15/08/2019 13:40
Exact Location Of Accident	5A ORCHARD GATEWAY CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB76D
Insured/Policyholder	
Name Of Registered Owner	LIM XUEQI (LIN XUEQI)
NRIC No	S8220150E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85116266
Alternative Phone No	OFFICE-85116266
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH CVT
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095164225-01
Cover Note Number	
Driver	
Name of Driver	LIM XUEQI (LIN XUEQI)
NRIC No	S8220150E
Date Of Birth	26/06/1982
Occupation	INDOOR
Date Of Driving Pass	28/08/2008
Driving Experience	10 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85116266
Fax Number	
Contact Number	OFFICE-85116266
EMail Address	NOEMAIL

Address	BLK 833 JURONG WEST STREET 81 #05-05
Postcode	640833
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	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: : ANG TECK HUAY JUDY 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 - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190815/7032.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK4650Y
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 LIM XUEQI (LIN XUEQI)

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLB76D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name ANG TECK HUAY JUDY

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLB76D

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:

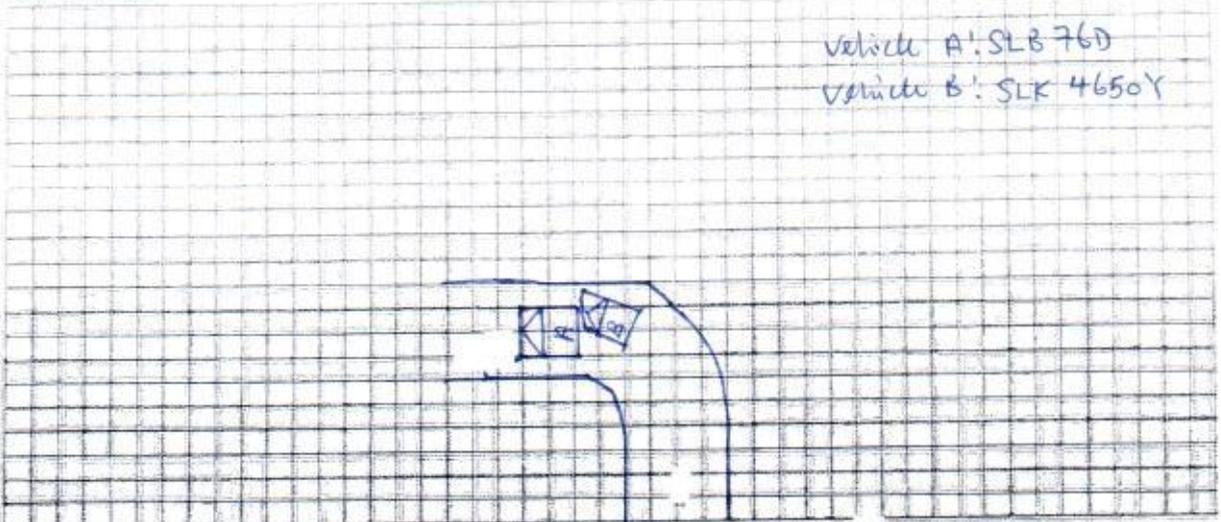
  
\_\_\_\_\_

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

  
\_\_\_\_\_

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

**SKETCH PLAN**



Vehicle A: SLB 76D

Vehicle B: SLK 4650Y

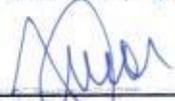
**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Orchard Gateway Carpark SA

Refer To Police Report

**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.:

Date of Accident : 15/8/19 Accident Time: 15:40 (24-HR-Format)  
 Accident Place : Orchard Gateway carpark 5A  
 Vehicle No. (Car Plate No.) : SLB 76D Make/Model: Toyota Wish  
 Insurance Company : NTUC Policy No: 5095164225-01  
 Owner or Company Name /IC No. : Lim Xueqi (S8220150E)  
 Owner or Company Contact No. : 8511 6266 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Same as Above  
 DRIVER'S Date Of Birth : 26 Jun 1982 DRIVER'S License Pass Date 28 Aug 2008  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
 DRIVER'S Address : B1K 833 Jurong West St 81 #05-05 (S) 640823  
 DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : \_\_\_\_\_  
 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): 02  
 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  
 Any Injury (If YES, Pls state): \_\_\_\_\_

**Other Party Driver's Particular (if any)**

Vehicle No: SLK 4650Y (B)	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**

(1) Ang Teck Huay Judy (F)



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

Report No. T/20190815/7032

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/08/2019 18:04	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars				
Name of Informant: LIM XUEQI		Address: APT BLK 833 JURONG WEST STREET 81 #05-05 SINGAPORE 640833		
ID Type / ID No.: NRIC NO / S8220150E		Contact No.:	Mobile: 85116266	
Nationality: SINGAPORE CITIZEN		Email: michellxueqi@hotmail.com		
Sex: Female	Age: 37	Date of Birth: 26/06/1982	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: CUSTOMER SERVICE OFFICER		Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/08/2019 13:40	Type of Location: Car Park
Location: ORCHARD GATEWAY CARPARK 5A				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
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
SLB76D	Car	TOYOTA	WISH CVT	Silver	Slightly Damaged	1
SLK4650Y	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB76D	NTUC Income Insurance Co-Operative Limited	5095164225-01	12/11/2018	11/11/2019



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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	ANG TECK HUAY JUDY	ID No.	S1554407D
Related Vehicle	SLB76D (Car)	Contact No.	96169760
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/08/2019	Date Discharge	15/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	LIM XUEQI	ID No.	S8220150E
Related Vehicle	SLB76D (Car)	Contact No.	85116266
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	15/08/2019	Date Discharge	15/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON THE STATED DATE & TIME, I, VEHICLE A WAS TRAVELLING SLOWLY ON THE STATED VENUE. SUDDENLY I FELT AND IMPACT FROM THE REAR AND REALISED THAT VEHICLE B HAS COLLIDED ON MY VEHICLE REAR PORTION.

I WISH TO STATE THAT I GOT 1 PASSENGER IN MY CAR. BOTH OF US WAS INJURED WITH BACK & NECK PAIN.

CLINIC : Intemedical 24 Hour Clinic



**SINGAPORE  
POLICE FORCE**



T/20190815/7032

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

3 of 3

Report No. T/20190815/7032

**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 /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

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:  
15/08/2019 18:04

Classification Of Case:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S8220150E**

Name:  
**LIM XUEQI  
(LIN XUEQI)**

Birth Date: **26 Jun 1982**

Issue Date: **28 Aug 2008**

001644390A




*For LKK/NAC Use Only*

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S8220150E**

Name:  
**LIM XUEQI  
(LIN XUEQI)  
林雪琪**

Race:  
**CHINESE**

Date of birth: **26-06-1982** Sex: **F**

Country of birth:  
**SINGAPORE**




*For LKK/NAC Use Only*

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

	PASS DATE
<b>Class 3A</b> Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	<b>28 Aug 2008</b>

Licence No: S8220150E



*For LKK/NAC Use Only*

4887254

NRIC No: **S8220150E**

Date of issue:  
**21-09-2012**

**APT BLK 833 JURONG WEST STREET 81 #05-05  
SINGAPORE 640833**

NRIC No: **S8220150E** Date: **20/02/2014 (R)**




*For LKK/NAC Use Only*

### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5095164225-01

**Cover :** drivo CLASSIC

- |  |                         |
|--|-------------------------|
| 1. Index mark and Registration Number of Vehicle   | : SLB76D                |
| Chassis Number   | : JTDGG20W30J000398     |
| 2. Name of Policyholder  | : LIM XUEQI (LIN XUEQI) |
| 3. Effective Date of Insurance   | : 12 Nov 2018           |
| 4. Expiry Date of Insurance  | : 11 Nov 2019           |
| 5. Persons or Classes of Persons entitled to drive#  |                         |
| (a) The Policyholder.  |                         |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                         |
| 6. Limitations as to Use#  |                         |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.  |                         |

**This Policy does not cover**

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

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

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM XUE QI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : AUTOSHIELD PTE. LTD. (00000573469)

Date of Issue : 05 Oct 2018 21:02 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC\_PAYA\_UBI\_800601

Change Language

Change Password

Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095164225-01		LIM XUEQI (LIN XUEQI)	S8220150E	GPC	drive CLASSIC	SLB76D	SLB76D	12/11/2018	11/11/2019

Continue

**Policy Information**

Policy No.	5095164225-01	Policyholder Name	LIM XUEQI (LIN XUEQI)	Policyholder NRIC	S8220150E
Certificate No.					
Address	BLK 833 #05-05 JURONG WEST STREET 81 SINGAPORE 640833				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/10/2018	Effective Date	12/11/2018 00:00	Expiry Date	11/11/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

**Policyholder Mailing Address**

Address 1	BLK 833 #05-05	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640833
Address 4		Address Type	Singapore address	Post Code	640833
Unit No.	05-05	Related Policy Number	5095164225-01		

**Insured Object: SLB76D**

**Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	12/11/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 12 Nov 2018, the following amendment(s) is/are made to this policy: PREMIUM: S\$862.93 (inclusive of GST) (after 40% NCD) In view of this amendment, a cheque refund of \$152.28 (inclusive of GST) will be mailed to you separately.

Continue Cancel

**Claim Handling**

[Exit](#)

Accident MT/1057993

Policy No.	5095164225-01	Vehicle No.	SLB76D	GST Registration No.	
Certificate No.					
Policyholder Name	LIM XUEQI (LIN XUEQI)			Policyholder NRIC	S8220150E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	85116266	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KPI	<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(%)	40	Private Hire	No
<b>Accident Details</b>					
Report Date	16/08/2019 15:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/08/2019	Time of Accident h:mm	13:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SA ORCHARD GATEWAY CARPARK				
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	BLK 833 #05-05	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640833
Address 4		Address Type	Singapore address	Post Code	640833
Unit No.	05-05	Related Policy Number	5095164225-01		

<b>O1 Driver Info</b>					
Driver Name	LIM XUE QI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8220150E	Driver DOB	26/06/1982
Register Date of Driver License	28/08/2008	Driver Age	37	Driving Experience	10
Contact No.(Mobile)	85116266	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 833	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640833
Address 4		Address Type	Singapore address	Post Code	640833
Unit No.	05-05				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LIM XUEQI (LIN XUEQI)	Insured NRIC	S8220150E
Contact No.(Mobile)	NIL	Contact No.(Home)	+	Contact No.(Office)	NIL
Email Address		O1 Vehicle Number	SLB76D	TP Vehicle Number	SLK4650Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLB76D / SLK4650Y ON 15 Aug 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	16/08/2019 15:14	Claim Close Date		Date Received	16/08/2019 00:00
Report Taken By	Jackson				

Print AK letter

**Save** **Submit**

**Attachment**

Accident No.	MT/1057993	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/08/2019 15:15
Path *		Category *	
	<input type="text"/> <b>Browse...</b> <b>Clear</b>		<input type="text"/> <b>Please Select</b> <b>Clear</b>
	<input type="text"/> <b>Browse...</b> <b>Clear</b>		<input type="text"/> <b>Please Select</b> <b>Clear</b>
	<input type="text"/> <b>Browse...</b> <b>Clear</b>		<input type="text"/> <b>Please Select</b> <b>Clear</b>
	<input type="text"/> <b>Browse...</b> <b>Clear</b>		<input type="text"/> <b>Please Select</b> <b>Clear</b>
		Confidential	<input type="text"/> <b>NO</b> <b>Clear</b>
		Urgency *	<input type="text"/> <b>Normal</b> <b>Clear</b>
		Description *	<input type="text"/>

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 Aug 2019 15:15	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-16		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 Aug 2019 15:15	SAS	Normal	SAS 2019-8-16		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 Aug 2019 15:15	Photos	Normal	Photos 2019-8-16		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 Aug 2019 15:15	Photos	Normal	Photos 2019-8-16		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 Aug 2019 15:14	Photos	Normal	Photos 2019-8-16		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 Aug 2019 15:14	Photos	Normal	Photos 2019-8-16		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 Aug 2019 15:14	Photos	Normal	Photos 2019-8-16		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 Aug 2019 15:14	Photos	Normal	Photos 2019-8-16		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 Aug 2019 15:14	Photos	Normal	Photos 2019-8-16		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 16 Aug 2019 15:14	Photos	Normal	Photos 2019-8-16		<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action