

# NATIONAL Assessment Centre Services: [wef 1 Jan 05] MND 91 5725

|                           |  |                       |               |
|---------------------------|--|-----------------------|---------------|
| Date In: 12/8/19-0946     | Job description                          | Date & Time Completed | Done by       |
| Ref No: HA/INC19014333/24 | SAS e-filing                             |                       |               |
| Veh No: SJ72363           | E-mail (within 8hrs, AIC 2hrs)           |                       |               |
| D.O.A: 16/8/19-20:05      | i-Motor Claim Form                       | M7/1558051-001        | 17/8/19 10:26 |
| OD: TP / 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: MND4626R   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                       |                       |
|---------------------------------|---|-----------------------|-----------------------|
| Claimant's Particulars:-        | Invoice Preparation Checklist                   | Am't (\$)<br>Inc Bill | Am't (\$)<br>Add Bill |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |                       |                       |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80)    |                       |                       |
| Damaged Portion:                | 3) TP: Towing Fee \$40/\$45                     |                       |                       |
|                                 | 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:-                   |                       |                       |
|                                 | ON*   |                       |                       |
|                                 | *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 (N11) against INC \$20             |                       |                       |
|                                 | 9) N12: Idac Mobile 30                          |                       |                       |
| QC Checked by (Engr-In-Charge): | Invoice dated                                   | Fee Charged           |                       |
| Auditors' Comments:-            | Invoice dated                                   | Fee Charged           |                       |
| Ref 1:                          |   |                       |                       |
| Ref 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   | 17/08/2019 09:46                        |
| Date Of Accident   | 16/08/2019 20:05                        |
| Exact Location Of Accident   | GEYLANG RD NEAR LOR 21 GEYLANG          |
| Country/State of Loss  | SINGAPORE                               |
| DETAILS OF OWN VEHICLE   |   |
| Vehicle Registration Number  | SJT7236S                                |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | MENG CHENG TRANSPORT & SERVICES         |
| Co Reg No  | 53378329A                               |
| Email Address  | NOEMAIL                                 |
| Mobile Phone No  | (LOCAL) +65-90088701                    |
| Alternative Phone No   | OFFICE-90088701                         |
| Vehicle Particulars  |   |
| Manufacturer   | KIA                                     |
| Model  | CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL USE                          |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                                      |
| If No, Please state action to be taken                                       | THIRD PARTY                             |
| Vehicle Category   | PRIVATE HIRE                            |
| Insurance Company  |   |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD  |
| Type Of Coverage   | THIRD PARTY                             |
| Fleet Policy   | YES                                     |
| Policy Number  | 5099368818-01                           |
| Cover Note Number  |   |
| Driver   |   |
| Name of Driver   | TAN CHIN CHYE                           |
| NRIC No  | S7148203J                               |
| Date Of Birth  | 27/03/1971                              |
| Occupation   | OUTDOOR                                 |
| Date Of Driving Pass   | 22/05/2009                              |
| Driving Experience   | 10 YEARS AND 2 MONTHS                   |
| Gender   | MALE                                    |
| Mobile Number  | (LOCAL) +65-88202669                    |
| Fax Number   |   |
| Contact Number   | OFFICE-88202669                         |
| Email Address  | NOEMAIL                                 |

|   |                                |
|---|--------------------------------|
| Address   | BLK 23 SIN MING ROAD<br>#12-27 |
| Postcode  | 570023                         |
| 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 - CHANGE/CROSS LANE |
| 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?   | NO  |
| Was any injured conveyed to hospital by ambulance?  |     |
| 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)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | GEYLANG NEIGHBOURHOOD POLICE CENTRE  |
| Police Station Address                    | <b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799                                  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190817/2003.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                                   |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | SMN4626R                          |
| Vehicle Make/Model/Colour   |                                   |
| Details Of Properties       |                                   |
| Vehicle Category            | PRIVATE CAR                       |
| Name of Driver              | MUHAMMAD HELMI BIN MOHAMAD YASSIN |
| NRIC/Passport Number        | S8629796E                         |
| Contact Number              |                                   |
| Address                     |                                   |
| Postcode                    |                                   |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :



## 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.

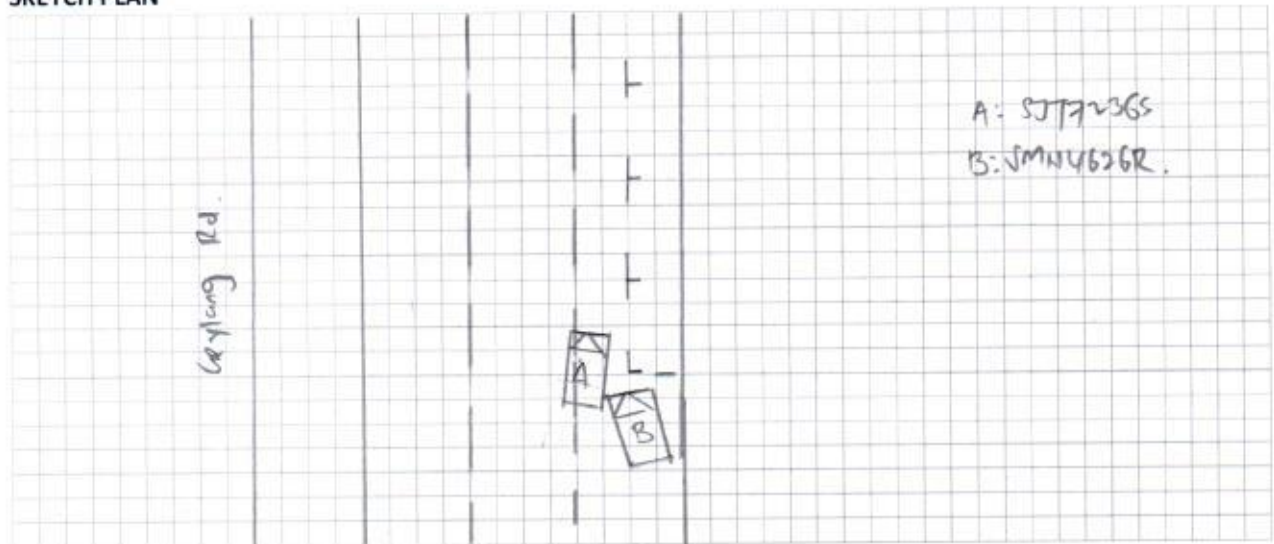


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - Th 0190812/2007.

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## 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.:





**SINGAPORE  
POLICE FORCE**



T/20190817/2003

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

1 of 3

Report No. T/20190817/2003

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                         |
|--|------------------|-------------------------|
| Date/Time Report Made:<br>17/08/2019 00:36 | Vide Report No.: | Station Diary No.:<br>8 |
|--|------------------|-------------------------|

**Informant's Particulars**

|  |            |                              |  |                            |  |
|--|------------|------------------------------|--|----------------------------|--|
| Name of Informant:<br>TAY CHIN CHYE      |            |                              | Address:<br>APT BLK 23 SIN MING ROAD #12-27 SINGAPORE 570023 |                            |  |
| ID Type / ID No.:<br>NRIC NO / S7148203J |            |                              | Contact No.:<br>Home/Office: Mobile: 88202669                |                            |  |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:   |                            |  |
| Sex:<br>Male                             | Age:<br>48 | Date of Birth:<br>27/03/1971 | Type of Informant:<br>Driver                                 |                            |  |
| Race:<br>Chinese                         |            |                              | Language:<br>Mandarin  | Institution / School Name: |  |
| Occupation:<br>Grab driver               |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:     |                            |  |

**General Information of the Accident**

|  |                      |                      |  |                                    |
|--|----------------------|----------------------|--|------------------------------------|
| Type of Accident:  | Non-Injury<br>Others | Drink Drive:<br>No   | Date/Time of Accident:<br>16/08/2019 20:05 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>GEYLANG ROAD<br><br>Along Geylang Road near lorong 21 Geylang |                      |                      |  |                                    |
| Weather:<br>Clear  |                      | Road Surface:<br>Dry | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>One Way   |                      | Traffic Control:     | Traffic Volume:<br>Heavy                   |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Side                               |                      |                      | Anyone conveyed by ambulance:<br>No        |                                    |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition        | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SJT7236S    | Car  |      |       |       | Slightly Damaged | 0               |
| SMN4626R    | Car  |      |       |       | Slightly Damaged | 1               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20190817/2003

2 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20190817/2003

**CONTINUATION OF REPORT**

|                                   |                                   |  |                                   |
|-----------------------------------|-----------------------------------|--|-----------------------------------|
| <b>Driver</b>                     |                                   |  |                                   |
| Name                              | TAY CHIN CHYE                     | ID No.                                 | S7148203J                         |
| Related Vehicle                   | SJT7236S (Car)                    | Contact No.                            | 88202669                          |
| Hospital/Clinic                   | NIL                               | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL                               | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                               | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                                   |  |                                   |
| Name                              | Muhammad Helmi Bin Mohamad Yassin | ID No.                                 | S8629796E                         |
| Related Vehicle                   | SMN4626R (Car)                    | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL                               | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                               | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                               | Degree of Injury                       | NIL                               |

**Brief Details.**

On the 16 August 2019 at about 2005hrs I was driving my vehicle SJT7236S along Geylang Road at the 3rd lane near lorong 21 Geylang. I intended to switch lane to the 4th lane and saw a vehicle SMN4626R on the 4th lane switching on his hazard light picking up a passenger. As the vehicle SMN4626R was stationary, I proceeded to switch to the 4th lane. As I entered the 4th lane the vehicle SMN4626R moved off and knocked onto my rear right wheel.

We stopped and exchanged particulars however the driver of SMN4626R was unhappy, scolded me and stated that he will call his insurance personnel. Nobody was injured in this accident and there were slight damages on my right rear wheel and the vehicle SMN4626R left front wheel. No government property damage accident.





**SINGAPORE  
POLICE FORCE**



T/20190817/2003

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

3 of 3

Report No. T/20190817/2003

**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:

G /

Sr Staff Sgt LOI JUN FENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/08/2019 00:36

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7148203J**

Name: **TAY CHIN CHYE**

Birth Date: **27 Mar 1971**

Issue Date: **22 May 2009**

001744533J

*For LKK/NAC Use Only*

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7148203J**

Name: **TAY CHIN CHYE**

Race: **CHINESE**

Date of birth: **27-03-1971**

Sex: **M**

Country of birth: **SINGAPORE**

*For LKK/NAC Use Only*

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

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

PASS DATE: **22 May 2009**

Licence No: **S7148203J**

NP 428A

*For LKK/NAC Use Only*

4399072

NRIC No. **S7148203J**

Date of issue: **20-04-2009**

APT BLK 23 SIN MING ROAD #12-27  
SINGAPORE 570023

NRIC No: **S7148203J**

Date: **01/10/2018 (R)**

*For LKK/NAC Use Only*



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"/> | 5099368818-01 |                    | MENG CHENG TRANSPORT & SERVICES | 53378329A         | GFT     | Third Party | SJT7236S    | SJT7236S       | 03/11/2018    |             |

## Policy Information

|                             |   |                             |                           |                                  |                  |
|-----------------------------|---|-----------------------------|---------------------------|----------------------------------|------------------|
| Policy No.                  | 5099368818-01   | Policyholder Name           | MENG CHENG TRANSPORT & SE | Policyholder NRIC                | 53378329A        |
| Certificate No.             |   |                             |                           |                                  |                  |
| Address                     | BLK 531A #04-113 UPPER CROSS STREET HONG LIM COMPLEX SINGAPORE 051531 |                             |                           |                                  |                  |
| Product Name                | FLEET INSURANCE   | Plan                        |                           | Group Policy Flag                | N                |
| Policy issue Date           | 25/10/2018  | Effective Date              | 03/11/2018 00:00          | Expiry Date                      | 02/11/2019 23:59 |
| Excess Type                 |   | All Claims Excess           |                           |                                  |                  |
| Third Party Excess          | 1500.00   | Own damage Excess           | 0.00                      | Windscreen Excess                | 0.00             |
| Additional Excess           | 0   | OS Premium                  | 2338.56                   |                                  |                  |
| Outside Singapore OD Excess | 0.00  | Outside Singapore TP Excess | 1500.00                   | Young/Inexperience Driver Excess |                  |
| Agent                       | ALL INS AGENCY PTE. LTD.  | Agent Tel.                  | FAX 64514549              | GST Flag                         | Y                |
| Co-insurance Flag           | No  |                             |                           |                                  |                  |
| Open Policy Info            |   |                             |                           |                                  |                  |
| Certificate Info            |   |                             |                           |                                  |                  |

## Policyholder Mailing Address

|           |                  |                       |                    |           |                  |
|-----------|------------------|-----------------------|--------------------|-----------|------------------|
| Address 1 | BLK 531A #04-113 | Address 2             | UPPER CROSS STREET | Address 3 | HONG LIM COMPLEX |
| Address 4 | SINGAPORE 051531 | Address Type          | Singapore address  | Post Code | 051531           |
| Unit No.  | 04-113           | Related Policy Number | 5099177068-01      |           |                  |

## Insured Object: SJT72365

## Endorsements

| Sequence | Date of Endorsement | Endorsement Type              | Endorsement Number | Endorsement Status         | Endorsement Content  |
|----------|---------------------|-------------------------------|--------------------|----------------------------|--|
| 1        | 03/11/2018 00:00    | Basic Information Endorsement | 000001286936207    | Endorsement Take Effective | <p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SFG3688M 03-11-2018 \$973.17 In view of this amendment, a refund of \$973.17 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJN1477J 12-12-2018 \$796.07 2. SLZ9021B 18-12-2018 \$853.19 In view of this amendment, a refund of \$1,649.26 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKM7320G 11-02-2019 \$706.55 In view of this amendment, a refund of \$706.55 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the</p> |
| 2        | 18/12/2018 00:00    | Basic Information Endorsement | 000001286965694    | Endorsement Take Effective |  |
| 3        | 12/02/2019 00:00    | Basic Information Endorsement | 000001287005216    | Endorsement Take Effective |  |



- Exit.

### Claim Handling

The premium on this policy has not been collected.

Accident MT/1058051

|                      |   |                      |   |                      |   |
|----------------------|---|----------------------|---|----------------------|---|
| Policy No.           | 5099368818-01   | Vehicle No.          | 5JT7236S  | GST Registration No. |   |
| Certificate No.      |   |                      |   | Policyholder NRIC    | S3378320A   |
| Policyholder Name    | MENG CHENG TRANSPORT & SERVICES                               |                      |   | Loading              | 0   |
| Product Code         | FLEET INSURANCE   | Cover Type           | Third Party   | Contact No. (Home)   | 0   |
| Contact No. (Mobile) | 90088701  | Contact No. (Office) | 0   | eCode                | <div> <div></div> <div> <div></div> <div></div> </div> </div> |
| Email Address        |   | Special Remark       |   | eCode Reason         |   |
| KFX                  | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                  | <input checked="" type="radio"/> No <input type="radio"/> Yes | Private Hire         | Yes   |
| NCD Protection       | No  | NCD Entitlement(%)   | 0   |                      |   |

### ▼ Accident Details

|                   |                                |                               |       |                     |                                 |
|-------------------|--------------------------------|-------------------------------|-------|---------------------|---------------------------------|
| Report Date       | 17/08/2019 10:24               | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Change / Cross lane |
| Date of Accident  | 16/08/2019                     | Time of Accident (h:mm)       | 20:05 | Country of Accident | Singapore                       |
| Reporting Centre  |                                | Orange Force                  |       | ICM No.             |                                 |
| Accident Location | GEYLANG RD NEAR LOR 21 GEYLANG |                               |       |                     |                                 |

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 |    |                       |     |

▼ Policyholder Mailing Address

|           |                  |                       |                    |           |                  |
|-----------|------------------|-----------------------|--------------------|-----------|------------------|
| Address 1 | BLK 531A #04-113 | Address 2             | UPPER CROSS STREET | Address 3 | HONG LIM COMPLEX |
| Address 4 | SINGAPORE 051531 | Address Type          | Singapore address  | Post Code | 051531           |
| Unit No.  | 04-113           | Related Policy Number | 5099177068-01      |           |                  |

🔍 **Q1 Driver Info**

|   |   |                     |                   |                        |                |
|---|---|---------------------|-------------------|------------------------|----------------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver    | Driver DOB             | 27/03/1971     |
| Unnamed driver Name                     | TAN CHEN CHYE   | Driver NRIC         | S7148203J         | Driving Experience     | 10             |
| Register Date of Driver License         | 22/05/2009  | Driver Age          | 48                | Contact No.(Home)      | 0              |
| Contact No.(Mobile)                     | 88202669  | Contact No.(Office) | 0                 | Address 3              | SIN MING VILLE |
| Address 1                               | BLK 23  | Address 2           | SIN MING ROAD     | Post Code              | 570023         |
| Address 4                               | SINGAPORE 570023  | Address Type        | Singapore address |                        |                |
| Unit No.                                | 12-27   |                     |                   |                        |                |
| 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 type="radio"/> Yes <input checked="" type="radio"/> NO |
|-------------------------------------|------|-------------|---|

#### Modification History

Claim 001 00-MX **New**

|   |                                    |                         |                                  |                         |                            |
|---|------------------------------------|-------------------------|----------------------------------|-------------------------|----------------------------|
| Claim Type *  | OD-MX                              | Insured Name            | MENG CHENG TRANSPORT & SE        | Insured NRIC            | S3378329A                  |
| Contact No (Mobile)                                 | 92395579                           | Contact No.(Home)       |                                  | Contact No.(Office)     | +                          |
| Email Address                                       |                                    | OJ Vehicle Number       | SJT72365                         | TP Vehicle Number       | SMN4626R                   |
| Claimant Type                                       | Claimant Type *                    | Type of Benefit *       | Please Select                    |                         |                            |
| Claimant Name *                                     |                                    | Claimant NRIC *         |                                  |                         |                            |
| Claimant Address                                    |                                    |                         |                                  |                         |                            |
| Claim Description                                   | SJT72365 / SMN4626R ON 16 Aug 2019 |                         |                                  |                         | Name of Preferred Workshop |
| Preferred Workshop Contact No.                      |                                    | Insured Liability *     | Not at Fault                     | GIA report              | Received                   |
| Require Finalisation                                | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received           | 17/08/2019 10:41           |
| Date Registered                                     | 17/08/2019 10:26                   | Claim Close Date        |                                  | Total Loss but Repaired |                            |
| Report Taken By                                     | Jackson                            | Workshop Repairer       |                                  |                         |                            |
| <input checked="" type="checkbox"/> Print AK letter |                                    |                         |                                  |                         |                            |

## Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT1058051   | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 17/08/2019 10:41 |

| Path *               | Category *   | Confidential   | Urgency *   | Description *        |
|----------------------|--|--|---|----------------------|
| <input type="text"/> | <input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/> | <input type="button" value="NO"/> <input type="button" value="YES"/> | <input type="button" value="Normal"/> <input type="button" value="Urgent"/> | <input type="text"/> |
| <input type="text"/> | <input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/> | <input type="button" value="NO"/> <input type="button" value="YES"/> | <input type="button" value="Normal"/> <input type="button" value="Urgent"/> | <input type="text"/> |
| <input type="text"/> | <input type="button" value="Browse..."/> <input type="button" value="Clear"/> <input type="text" value="Please Select"/> | <input type="button" value="NO"/> <input type="button" value="YES"/> | <input type="button" value="Normal"/> <input type="button" value="Urgent"/> | <input type="text"/> |

|           |       |               |     |        |  |
|-----------|-------|---------------|-----|--------|--|
| Browse... | Clear | Please Select | N/D | Normal |  |
| Browse... | Clear | Please Select | N/D | Normal |  |
| Browse... | Clear | Please Select | N/D | Normal |  |

☐ Send Message

## Attachment List

| Attachment | Uploaded By/Date  | Category              | Urgency | Description                     | Msg Sent? (CO) | Action               |
|------------|---|-----------------------|---------|---------------------------------|----------------|----------------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:41 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2019-8-17 |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:40 | SAS                   | Normal  | SAS 2019-8-17                   |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:39 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:39 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:38 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:38 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:38 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:38 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:38 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:37 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:37 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:37 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:37 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:37 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:37 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:35 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:35 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:35 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:35 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:35 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:35 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:33 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:33 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:33 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:33 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:33 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:31 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV1 CES) on 17 Aug 2019 10:31 | Photos                | Normal  | Photos 2019-8-17                |                | <a href="#">Edit</a> |



|  |   |        |        |                  |                      |
|--|---|--------|--------|------------------|----------------------|
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Aug 2019 10:31 | Photos | Normal | Photos 2019-8-17 | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Aug 2019 10:31 | Photos | Normal | Photos 2019-8-17 | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Aug 2019 10:31 | Photos | Normal | Photos 2019-8-17 | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Aug 2019 10:31 | Photos | Normal | Photos 2019-8-17 | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Aug 2019 10:30 | Photos | Normal | Photos 2019-8-17 | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Aug 2019 10:30 | Photos | Normal | Photos 2019-8-17 | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Aug 2019 10:30 | Photos | Normal | Photos 2019-8-17 | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Aug 2019 10:30 | Photos | Normal | Photos 2019-8-17 | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Aug 2019 10:30 | Photos | Normal | Photos 2019-8-17 | <a href="#">Edit</a> |
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|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Aug 2019 10:28 | Photos | Normal | Photos 2019-8-17 | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Aug 2019 10:27 | Photos | Normal | Photos 2019-8-17 | <a href="#">Edit</a> |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Aug 2019 10:27 | Photos | Normal | Photos 2019-8-17 | <a href="#">Edit</a> |
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|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 17 Aug 2019 10:26 | Photos | Normal | Photos 2019-8-17 | <a href="#">Edit</a> |
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[Video List](#)

| Uploaded By/Date | Folder Date | File Name                             | Source                             | Action |
|------------------|-------------|---------------------------------------|------------------------------------|--------|
|                  |             | <a href="#">Display in New Window</a> | <a href="#">Scan and uploading</a> |        |