

# NATIONAL Assessment Centre Services

Date In: <b>20/08/19</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC19014498/13</b>	SAS e-filing		
Veh No: <b>SLN37086</b>	E-mail (within 8hrs, AIC 2hrs)		
DOA: <b>14/08/19 1010</b>	i-Motor Claim Form	<b>MT/1058666-001</b>	
OD: <b>(IP) Reporting Only</b>	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: ( **6 SPEED AUTOWERKZ** ) Tel: Fax: )

TP Particulars:	Veh No: <b>SLC9607T</b>	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( ) %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%. 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

NA1906138	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	6) TR: Re-inspection \$75		
<b>Cat. 1:</b>	7) N1: Idac DA + SMRT Survey \$160		
<b>Cat. 2 / 3:</b>	8) NTUC Additional Services:-		
	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	20/08/2019 09:51
Date Of Accident	14/08/2019 10:10
Exact Location Of Accident	GEYLANG ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN3708G
Insured/Policyholder	
Name Of Registered Owner	BENEFIT AUTO
Co Reg No	53121670E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110923222
Cover Note Number	
Driver	
Name of Driver	CHUA BEE KHIM(CAI MEIQIN)
NRIC No	S88018071
Date Of Birth	20/01/1988
Occupation	OUTDOOR
Date Of Driving Pass	27/04/2007
Driving Experience	12 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87542529
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 6610 EDGEDALE PLAINS #16-610
Postcode	821661
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)	4
Passenger 1	NAME: : ZAR PHYU PWINT GENDER: : FEMALE
Passenger 2	NAME: : LEXIE LIM LE XI GENDER: : FEMALE
Passenger 3	NAME: : LIM WAN TING YVONNE GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190814/2140

### Attachment(s)

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

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC9407T
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LAM YEUN YEN

NRIC/Passport Number

S7667842A

Contact Number

97929283

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name CHUA BEE KHIM(CAI MEIQIN)  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLN3708G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name ZAR PHYU PWINT  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLN3708G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 3**

Name LEXIE LIM LE XI  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLN3708G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 4**

Name LIM WAN TING YVONNE  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLN3708G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

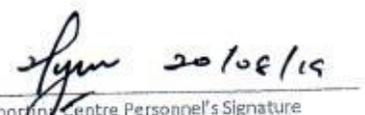
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

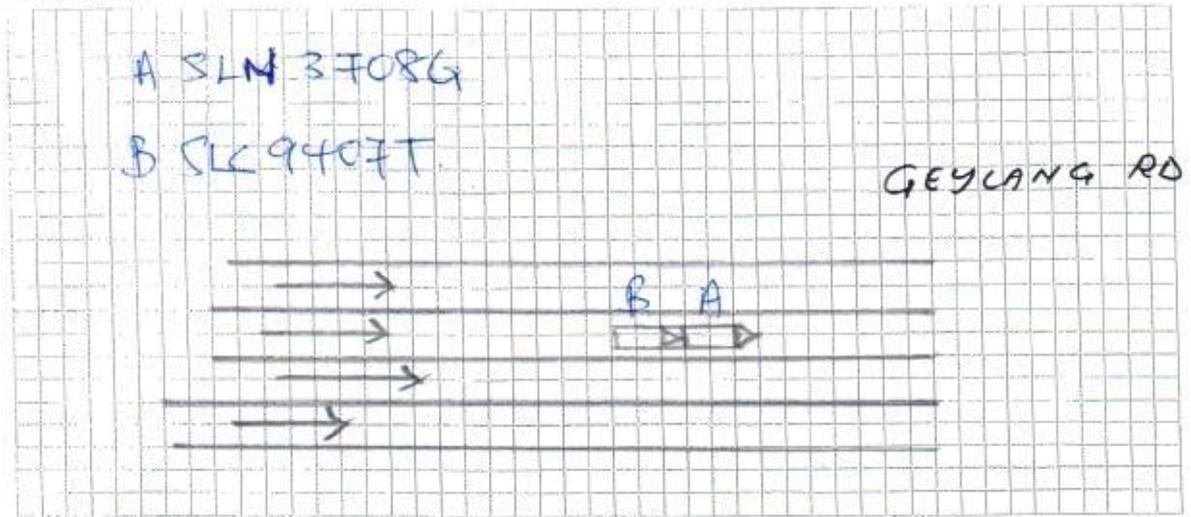
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per  
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:

GRAND Sketchplanform V.3

 20/08/19  
Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

\*\* PLEASE EMAIL A COPY TO : WHEELSEXPRESSRENTAL@GMAIL.COM



Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20190814/2140

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/08/2019 17:11	Vide Report No.:	Station Diary No.: 55
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**Informant's Particulars**

Name of Informant: CHUA BEE KHIM		Address: APT BLK 661A EDGEDALE PLAINS #16-610 SINGAPORE 821661	
ID Type / ID No.: NRIC NO / S88018071		Contact No.: Home/Office:	Mobile: 87542529
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 31	Date of Birth: 20/01/1988	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GOJEK DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/08/2019 10:10	Type of Location: Straight Road
Location: Along Road 1 GEYLANG ROAD				
Near to Geylang Lorong 21				
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
SLC9407T	Car					0
SLN3708G	Car					3

**Details of Person Involved**

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



Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20190814/2140

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LAM YEUN YEN	ID No.	S7667842A
Related Vehicle	SLC9407T (Car)	Contact No.	97929283
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
<b>Driver</b>			
Name	CHUA BEE KHIM	ID No.	S8801807I
Related Vehicle	SLN3708G (Car)	Contact No.	87542529
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/08/2019	Date Discharge	14/08/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Passenger</b>			
Name	ZAR PHYU PWINT	ID No.	G2359129X
Related Vehicle	SLN3708G (Car)	Contact No.	NIL
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/08/2019	Date Discharge	14/08/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Passenger</b>			
Name	LEXIE LIM LE XI	ID No.	T1831288Z
Related Vehicle	SLN3708G (Car)	Contact No.	NIL
Hospital/Clinic	RED DOT MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/08/2019	Date Discharge	14/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL



Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20190814/2140

CONTINUATION OF REPORT

Passenger			
Name	LIM WAN TING YVONNE	ID No.	S8846867H
Related Vehicle	SLN3708G (Car)	Contact No.	92376942
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/08/2019	Date Discharge	14/08/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On 14/08/2019 at about 1010hrs, I was driving my car, SLN3708G along Geylang Road on the third lane. As I approached near Geylang Lorong 21, the traffic light was not in the favour and there a traffic build up in front of me. As such I form up behind a car and stopped my car.

Out of sudden, I felt an impact from the rear of my car. I immediately went out of my car to make a check on my baby and helper. I managed to bring them to the side of the road while my friend assess the damaged as a car, SLC9407T have collided into my rear.

My friend managed to exchange particulars with the driver.

My passengers and I went to seek medical attention as we felt pain and nausea. We were given 7 days medical certificate from 14/08/2019 to 20/08/2019. I also brought my baby to the clinic to make a check and she was given 3 days medical certificate 14/08/2019 to 16/08/2019.

I wish to state that I have an in-car camera installed in my car.



Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20190814/2140

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:  
F /  
Sr Staff Sgt MUHAMMAD FARID BIN KAMIS

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/08/2019 17:11

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP168

VEHICLE NO: SLN3708G MAKE & MODEL: Honda Shuttle

DATE OF ACCIDENT	14 / 08 / 2019	
TIME OF ACCIDENT	10:10 (AM) PM	
LOCATION OF ACCIDENT	GEYLANG ROAD	
Exact Purpose use during accident		
NAME OF OWNER	BENEFIT AUTO	
TELP NO		
NRIC		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only	
PRIVATE HIRE	<u>YES</u> / NO ?	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	<del>5110923222</del> 5110923222 - 000 D16	
NAME OF DRIVER	As above / (If No) CHUA BEE KHIAM	
NRIC	S8801807I Any passengers: <del>THREE</del> THREE	
DATE OF BIRTH	20 / 01 / 1988	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	27 / 04 / 2007	
GENDER	Male / <u>Female</u>	
CONTAC NO.	87542524 Office: Home:	
ADDRESS	661A EDGEDACE PLAINS #16-610 (821661)	
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes: Reg No:	
RELATIONSHIP	Employee / If No: <u>HIRE</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other: ①	
ANY INJURIES	No / If yes: Who? (LIM WAN TING (CHUA BEE KHIAM) ②	
CONTAC NO.	③ ZAR PHYU PYINT, LEXIE LIM LEXI ④	
POLICE REPORT	No (If yes: Where? Punggol) NPC	
VEHICLE B NO.	SLC 9407T Any Passenger:	
NAME	LAM YEUN YEN	
CONTAC NO.	97929283	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd	
TELP NO	1 Kaki bukit ave 6 #02-15	
CONTACT PERSON	Autobay @ kaki bukit	
FAX NO.	Singapore 417883	
	Tel: 67476106 (6 lines)	
	Speed Autowerkz Pte Ltd	
	88 Kaki Bukit Avenue 6	
	#02-05 ARK @ KB, Singapore 417896	
	Tel: 6384 7037 Fax: 6384 7039	
	Email: 6speedautowerkz@gmail.com	

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S88018071



Name

CHUA BEE KHIM  
(CAI MEIQIN)

蔡美琴

For LKK/NAC Use Only

Race

CHINESE

Date of birth

20-01-1988

Sex

F

Country/Place of birth

SINGAPORE

S88018071

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S88018071

Name:

CHUA BEE KHIM  
(CAI MEIQIN)

For LKK/NAC Use Only

Birth Date: 20 Jan 1988

Issue Date: 27 Apr 2007



6105219



NRIC No. S88018071



For LKK/NAC Use Only

Date of issue

17-01-2019

Address

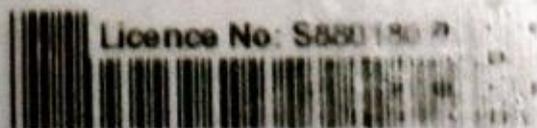
APT BLK 661A EDGEDALE PLAINS  
#16-610  
SINGAPORE 821661

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

PASS DATE

**Class 3** Motor Cars= $\leq$  3000kg with  $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 27 Apr 2007

For LKK/NAC Use Only



Licence No: S88018071

**Certificate of Insurance**

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

Certificate Number: 5110922227-000016 Cover : drive CLASS

- |  |                |
|--|----------------|
| 1. Index mark and Registration Number of Vehicle | : SLN3708G     |
| Classis Number                                   | : GK81007675   |
| 2. Name of Policyholder                          | : BENEFIT AUTO |
| 3. Effective Date of Insurance                   | : 14 Jul 2019  |
| 4. Expiry Date of Insurance                      | : 13 Jul 2020  |

5. Persons or Classes of Persons entitled to drive#

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

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

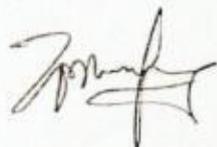
# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SING INVESTMENTS & FINANCE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

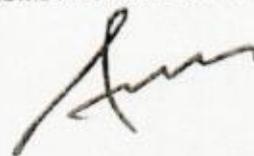
Agency : BENEFIT AUTO INSURANCE AGENCY (00000573333)  
Date of Issue : 04 Jul 2019 14:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

**Claim Handling**

**Accident MT/1058666**

Policy No.	5110923222	Vehicle No.	SLN3708G	GST Registration No.
Certificate No.	5110923222-000016			
Policyholder Name	BENEFIT AUTO			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

**Accident Details**

Report Date	20/08/2019 18:56	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/08/2019	Time of Accident hh:mm	10:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	GEYLANG ROAD			

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable		Total TP Excess Applicable	1,500.00	

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	2 SIMS CLOSE	Address 2	#01-08 GEMINI @ SIMS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5110923222	

**O1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	CHUA BEE KHIM(CAI MEIQIN)	Driver NRIC	S88018071	Driving Experience
Register Date of Driver License	27/04/2007	Driver Age	31	Contact No.(Home)
Contact No.(Mobile)	87542529	Contact No.(Office)	0	Address 3
Address 1	BLK 661A	Address 2	EDGE DALE PLAINS	Post Code
Address 4	SINGAPORE 821661	Address Type	Singapore address	
Unit No.	#16-610			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

**Declaration**

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

**Claim 001 OD-MX** New

Claim Type *	OD-MX	Insured Name	BENEFIT
Contact No.(Mobile)	94247885	Contact No.(Home)	
Email Address	JOBENEFITAUTO@GMAIL.COM	O1 Vehicle Number	SLN370
Claim Description	SLN3708G / SLC9407T ON 14 Aug 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Benefit No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report Received
Date Registered	20/08/2019 19:01	Claim Close Date	

Report Taken By

ROSLINDA

Workshop  
Repairer

Print AK letter

Save Submit

Attachment

Accident No. MT/1058666 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 20/08/2019 00:00

Path \*

Category \*

Confidential

- Choose File No file chosen

Clear

Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des.
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 19:01	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 19:01	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 19:01	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 19:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 19:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 19:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 19:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 19:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 19:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 19:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 19:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 19:00	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name
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