

# NATIONAL Assessment Centre Services

Date In: 20/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19014513/13	SAS e-filing		
Veh No: SJX1594B	E-mail (within 8hrs, AIC 2hrs)		
DOA: 17/08/19 2085	i-Motor Claim Form	MT/1058662-001	
OD: (P) 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: ( 6 SPEED AUTOWORKS ) Tel: Fax: )

TP Particulars:	Veh No: SK26146G	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

NA1906141	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR: Re-inspection \$75			
Cat. 2/3:	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 (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	20/08/2019 11:57
Date Of Accident	17/08/2019 20:35
Exact Location Of Accident	CLEMENTI RD TWDS MAJU CAMP
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX1594B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BENEFIT AUTO
Co Reg No	53121670E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

#### Vehicle Particulars

Manufacturer	HYUNDAI
Model	145
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110923222
Cover Note Number	

#### Driver

Name of Driver	WONG SOON FATT
NRIC No	S1803109D
Date Of Birth	30/04/1967
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1997
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98784647
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 62 LORONG 4 TOA PAYOH #03-105
Postcode	310062
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190818/2042

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ6146G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG NAM THAT
NRIC/Passport Number	S1163289J
Contact Number	96277838
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHF724T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KWOK CHONG YUN

NRIC/Passport Number

S0005272H

Contact Number

91386727

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

WONG SOON FATT

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJX1594B

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:

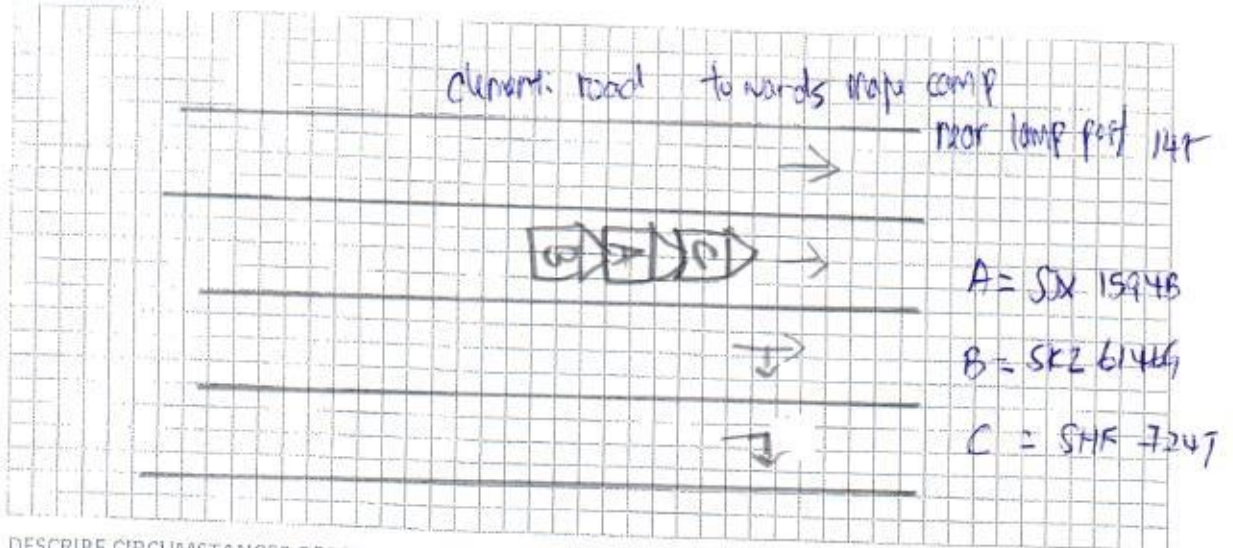
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this {form} and any other personal information provided by me or possessed by my insurer (collectively the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

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

GIARMC SketchPlanForm V3

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





# SINGAPORE POLICE FORCE



T/20190818/2042

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194

Tel No: 1800-2519999

1 of 4

Report No. T/20190818/2042

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
18/08/2019 12:00

Vide Report No.:

Station Diary No.:  
58

### Informant's Particulars

Name of Informant:  
WONG SOON FATT

Address:  
APT BLK 62 LORONG 4 TOA PAYOH #03-105 SINGAPORE  
310062

ID Type / ID No.:  
NRIC NO / S1803109D

Contact No.:  
Home/Office: Mobile: 98784647

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Male 52 30/04/1967

Type of Informant:  
Driver

Race:  
Chinese

Language: Institution / School Name:

Occupation:  
PRIVATE-HIRER

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: 17/08/2019 20:35	Type of Location: Straight Road
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Location:  
Along Road 1  
CLEMENTI ROAD

Along Clementi Road towards Maju Camp.  
Lamp Post Number: 145

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate
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Type of Collision: BETWEEN MOVING VEHICLE - CHAIN COLLISION	Anyone conveyed by ambulance: No
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### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF724T	Car					2
SJX1594B	Car				Seriously Damaged	0
SKZ6146G	Car					0





# SINGAPORE POLICE FORCE



T/20190818/2042

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Report No. T/20190818/2042

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KWOK CHONG YUN	ID No.	S0005272H
Related Vehicle	SHF724T (Car)	Contact No.	91386727
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	WONG SOON FATT	ID No.	S1803109D
Related Vehicle	SJX1594B (Car)	Contact No.	98784647
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/08/2019	Date Discharge	18/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	NG NAM THAT	ID No.	S1163289J
Related Vehicle	SKZ6146G (Car)	Contact No.	96277838
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

### Brief Details.

On 17 August 2019 at about 2036hrs, I was driving my Hyundai vehicle bearing reg no SJX1594B along Clementi Road towards Maju Camp. As I was approaching to a controlled traffic light, I slowed down my vehicle as the traffic light was red.

I managed to stop my vehicle behind a Transcab Renault taxi bearing reg no SHF724T. Straight after I stopped my vehicle, I felt a huge impact from the rear. Due to the huge impact, my vehicle collided onto the front taxi vehicle which resulted into a chain collision between 3 vehicles. I then came out of my vehicle and discovered that a Toyota vehicle bearing reg no SKZ6146G had collided onto my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20190818/2042

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20190818/2042

**CONTINUATION OF REPORT**

We managed to exchanged our particulars and the accident was near to lamp post 145. As my vehicle was no longer in functional condition, I called a tow truck vehicle over. The damages on my vehicle was serious dents at the rear bumper and slight dent at the front bumper.

Due to the accident, I felt pain of my neck area and I went to consult a doctor at Tan Tock Seng Hospital. I was also given 05 days of MC from 17 August 2019 to 21 August 2019. I wish to state that I do not have any in-build camera installed inside my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20190818/2042

4 of 4

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20190818/2042

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:

E /

Sgt 1 DARREN TAN YUANJIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/08/2019 12:00

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

SN 168

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

SIGNATURE



VEHICLE NO: SJX 1594B

MAKE &amp; MODEL: Hyundai 145

DATE OF ACCIDENT	17 / 08 / 19
TIME OF ACCIDENT	20 : 35 AM / PM
LOCATION OF ACCIDENT	Clementi Road towards mapu camp
Exact Purpose use during accident	
NAME OF OWNER	Benefit Auto
TELP NO	
NRIC	
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
PRIVATE HIRE	YES / NO ?
INSURANCE CO.	NTUC Income
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	5110723222 - 000003
NAME OF DRIVER	As above / If No: Wong Soon Fatt
NRIC	S180310910 Any passengers: NO
DATE OF BIRTH	30 / 04 / 1967
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	27 / 03 / 1997
GENDER	Male / Female
CONTACT NO.	9878 4647 Office: Home:
ADDRESS	Blk 62 Lorong 4 Toa Payoh #03-105 (S) 310067
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No:
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	No / If yes: Who? Yes: Wong Soon Fatt
CONTACT NO.	
POLICE REPORT	No / If yes: Where?
VEHICLE B NO.	SK2 61466 Any Passenger:
NAME	Ng Nam That 51163289J
CONTACT NO.	9627 7838
VEHICLE C NO.	SHE 7247 Any Passenger: 1 or 2
VEHICLE D NO.	Kwok cheng Yu S00250724 Any Passenger: M: 9138 6727
VEHICLE E NO.	
VEHICLE F NO.	
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)
	6 Speed Autowerkz Pte Ltd
	68 Kaki Bukit Avenue 6
	#02-05 ARK @ KB, Singapore 417896
	Tel: 6384 7037 Fax: 6384 7039
	Email: 6speedautowerkz@gmail.com

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1803109D**  
Name: **WONG SOON FATT**

**For LKK/NAC Use Only**

Birth Date: 30 Apr 1967  
Issue Date: 16 Feb 2004

1001122446H



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S1803109D**

Name: **WONG SOON FATT**

**For LKK/NAC Use Only**

Race: **CHINESE**  
Date of Birth: **30-04-1967** Sex: **M**  
Country of Birth: **SINGAPORE**



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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 27 Mar 1997

**For LKK/NAC Use Only**

Licence No: S1803109D



0140204

**For LKK/NAC Use Only**

NRIC No: **S1803109D**

Blood Group: **O+** Date of issue: **25-10-1991**

Address: **APT BLK 62 LORONG 4 TOA PAYOH #03-105 SINGAPORE 310062**

NRIC No: **S1803109D** Date: **10/05/2010** No: **6452082**





Land Transport Authority



**VOCATIONAL LICENCE**

Licence No : S1803109D  
Name : WONG SOON FATT

**For LKK/NAC Use Only**

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

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

Type	Description	Issue Date
12	TAXI VL	24/08/2018

**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:** 5110923222-000003

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : SJX1594B  
Chassis Number : KMHEC41CMBA135196
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	: MAYBANK SINGAPORE LIMITED
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)

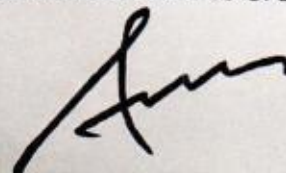
Agency : BENEFIT AUTO INSURANCE AGENCY (00000573333)  
Date of Issue : 04 Jul 2019 14:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/1058662

Policy No.	5110923222	Vehicle No.	SJX1594B	GST Registration No.
Certificate No.	5110923222-000003			
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 type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	20/08/2019 18:34	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	17/08/2019	Time of Accident hh:mm	20:35	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CLEMENTI RD TWDS MAJU CAMP			

## ▼ 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	20/08/2019 18:37:12 System changed GST Status Verified from No to Yes		

## ▼ 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	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	WONG SOON FATT	Driver NRIC	S1803109D	Driving Experience
Register Date of Driver License	27/03/1997	Driver Age	52	Contact No.(Home)
Contact No.(Mobile)	98784647	Contact No.(Office)	0	Address 3
Address 1	BLK 62	Address 2	LORONG 4 TOA PAYOH	Post Code
Address 4	SINGAPORE 310062	Address Type	Singapore address	
Unit No.	#03-105			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com.

## Declaration

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

Claim 001 OD-MX

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Repair Option	Preferred	Preferred Workshop, Name unknown			
Date Registered					

OD-MX	Insured Name	BENEFIT
94247885	Contact No. (Home)	
JOBENEFITAUTO@GMAIL.COM	Vehicle Number	SJX159
SJX1594B / SKZ6146G ON 17 Aug 2019		

20/08/2019 18:40	Claim Close Date	
------------------	------------------	--

Report Taken By

ROSILINDA

Workshop  
Repairer

Print AK letter

Save

Submit

## Attachment

Accident No.	MT/1058662	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/08/2019 00:00

Choose File	No file chosen	Path *	Category *	Confidential
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Message Read			Please Select	NO

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:40	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:40	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:39	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:39	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:38	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Aug 2019 18:38	Photos	Normal	Photos





Video List

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on  
20 Aug 2019 18:38

Photos

Normal

Photos

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on  
20 Aug 2019 18:38

Photos

Normal

Photos

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on  
20 Aug 2019 18:38

Photos

Normal

Photos

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading