

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA119132805

Date In: 7/1/19-16:53	Job description	Date & Time Completed	Done by
Ref No: NA114019017624/24	SAS e-filing		
Veh No: 534 95957	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 7/1/19 00:05	i-Motor Claim Form	NA11065722001	7/1/19 17:14
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: SUB67604	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

NA11907546	<b>Invoice Preparation Checklist</b>	Amt (\$) Est 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)		
Pat. 1:	6) TR : Re-inspection \$75		
Pat. 2/3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	07/10/2019 16:53
Date Of Accident	05/10/2019 00:05
Exact Location Of Accident	WOODLANDS CENTRE RD BEFORE MASJID AN-NUR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH9590T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH RYUI HAN
NRIC No	S9440898I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82997123
Alternative Phone No	OFFICE-82997123

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8 RSZ A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104560148
Cover Note Number	

### Driver

Name of Driver	KOH RYUI HAN
NRIC No	S9440898I
Date Of Birth	30/10/1994
Occupation	OUTDOOR
Date Of Driving Pass	01/06/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82997123
Fax Number	
Contact Number	OFFICE-82997123
Email Address	NOEMAIL

Address	BLK 2 MARSILING DRIVE #02-35
Postcode	730002
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - 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?	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	WOODLANDS EAST N.P.C
Police Station Address	<b>ROAD:</b> 3 WOODLANDS DRIVE 63 , <b>POSTCODE:</b> 737890 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191005/2123.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB6760Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name KOH RYUI HAN

Approximate Age

Injuries Sustain BACK

Injured person in which vehicle? SJH9590T

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

A: SM 95301

B: SLB 64604



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to traffic police report

T1 20181005/2123

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 ACCIDENT STATEMENT

### IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

### Accident details

Date and time of accident	Date: 05 Oct 2018 (DD/MM/YY) Time: 0005 (HH:MM)
Exact location of accident	Along Woodlands Centre Road beside Masjid An-Nur

### Details of vehicle

Vehicle registration number	SJH 95807		
Vehicle make and model	Honda Stream		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input checked="" type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	Private		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	if no, please select:	
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

### Insurance information

Insurance company	NTUC		
Policy number	5104560148		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

### Insured / Policy holder

Name	Loh Pyus Han	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9440898 I	
Contact	8289 7123	
Address	Block 2 Marsiling Drive #01-25 Singapore 736002	

### Driver

Same as insured above ☒ (skip to D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address	pyus.han.loh@gmail.com	
Date of birth	30 Oct 1994	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	01 June 2016	

### General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (Inclusive of driver)

#### Passenger 1

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### Details of police action

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	Woodlands NPC

Third party vehicle 1 (Vehicle B)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SLB 67604
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	Koh Kyu Han	
Injuries sustained	Back pain.	
Which vehicle person in?	BJH 95807.	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Injured person 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



# SINGAPORE POLICE FORCE



T/20191005/2123

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

1 of 3

Report No. T/20191005/2123

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/10/2019 21:41		Vide Report No.:		Station Diary No.: 171	
<b>Informant's Particulars</b>					
Name of Informant: KOH RYUI HAN			Address: APT BLK 2 MARSILING DRIVE #02-35 SINGAPORE 730002		
ID Type / ID No.: NRIC NO / S9440898I			Contact No.: Home/Office: Mobile: 82997123		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 30/10/1994	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Deliveryman			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/10/2019 00:05	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS CENTRE ROAD  Along Woodlands Centre Road Beside Masjid An-Nur				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH9590T	Car	HONDA	STREAM 1.8 RSZ A	Blue	Slightly Damaged	0
SLB6760Y (Not Accurate)	Car	SKODA	OCTAVIA 1.4 TSI	Black	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJH9590T	NTUC Income Insurance Co-Operative Limited	5104560148	11/10/2018	27/02/2020



**SINGAPORE  
POLICE FORCE**



T/20191005/2123

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

2 of 3

Report No. T/20191005/2123

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KOH RYUI HAN	ID No.	S9440898I
Related Vehicle	SJH9590T (Car)	Contact No.	82997123
Hospital/Clinic	888 PLAZA FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 05/10/2019 at about 0005hrs, I was travelling on my vehicle SJH9590T along woodlands Centre Road beside Masjid An-Nur mosque towards BKE. While I proceeded to make a right turn at the junction, a vehicle plate number SLB6760Y or SLB6780Y (unsure of the plate number as the in-car camera was not clear) Black Skoda brand vehicle on my right lane change abruptly to my lane resulting the other vehicle's front left side of the vehicle to hit my vehicle's front right bumper and my right driver's door. After my vehicle was hit, the driver did not stop to assist or exchange particular. Instead, the other vehicle drove off. I wish to state that there is an in-car camera in my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20191005/2123

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

3 of 3

Report No. T/20191005/2123

**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: L / SC2 MOHAMED AIMAN ANZARI BIN MOHAMED TAHIR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/10/2019 21:41
Officer In Charge Of Case: TP / HRT / Insp GOH GEOK LYE Contact No.: 65476148	Classification Of Case:

Authentication Stamp  
NP168



## Certificate of Insurance

\$ 2,098.23

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: 5104560148

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SJH9590T  
 Chassis Number : RN61077920  
 2. Name of Policyholder : KOH RYUI HAN  
 3. Effective Date of Insurance : 11 Oct 2018  
 4. Expiry Date of Insurance : 10 Oct 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

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

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)

Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) : \$5600

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : \$5100

ADDITIONAL EXCESS : \$51,500

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 : KOH RYUI HAN

NAMED DRIVER (1) : KOH BOON YONG

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : SPEEDO CAPITAL PTE. LTD.

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

德威信貨私人有限公司  
**TECK WEI CREDIT PTE LTD**  
 Co. Reg. No. 200512300K  
 210 Turf Club Road, The Grandstand  
 Lot A8 Singapore 287985  
 Tel: 6485 0020 Fax: 6485 0017  
 Email: info@teckwei.com.sg

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 : TECK WEI CREDIT PTE. LTD. (00000572499)

Date of Issue : 11 Oct 2018 14:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

  
 Authorised Officer

  
 Chief Executive

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"/>	5104560148		KOH RYUI HAN	S94408981	GPC	drive CLASSIC	SJH9590T	SJH9590T	11/10/2018	27/02/2020

## Policy Information

Policy No.	5104560148	Policyholder Name	KOH RYUI HAN	Policyholder NRIC	S94408981
Certificate No.					
Address	BLK 2 #02-35 MARSILING DRIVE MARSILING SPRING SINGAPORE 730002				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	11/10/2018	Effective Date	11/10/2018 00:00	Expiry Date	27/02/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 null	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 2 #02-35	Address 2	MARSILING DRIVE	Address 3	MARSILING SPRING
Address 4	SINGAPORE 730002	Address Type	Singapore address	Post Code	730002
Unit No.		Related Policy Number	5104560148		

## Insured Object: SJH9590T

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	26/08/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 11 Oct 2018 TO 27 Feb 2020 In view of this amendment, an additional premium of \$804.80 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number xxxx xxxx 1252.

Continue

Cancel

## Claim Handling

Accident MT/1065722

Policy No.	S104560148	Vehicle No.	SIH9590T	GST Registration No.	
Certificate No.					
Policyholder Name	KOH RYU HAN			Policyholder NRIC	S9440898I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	82997123	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		sCode	11
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	sCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

**Accident Details**

Report Date	07/10/2019 17:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	05/10/2019	Time of Accident Minimum	00:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS CENTRE RD BEFORE MASJID AN-NUR				

**Excess**

Own damage Excess	600.00	Additional Excess	1500	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**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 2 #02-35	Address 2	MARSILING DRIVE	Address 3	MARSILING SPRING
Address 4	SINGAPORE 730002	Address Type	Singapore address	Post Code	730002
Unit No.		Related Policy Number	S104560148		

**01 Driver Info**

Driver Name	KOH RYU HAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9440898I	Driver DOB	30/10/1994
Register Date of Driver License	01/06/2016	Driver Age	24	Driving Experience	3
Contact No.(Mobile)	82997123	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 2	Address 2	MARSILING DRIVE	Address 3	MARSILING SPRING
Address 4	SINGAPORE 730002	Address Type	Singapore address	Post Code	730002
Unit No.	02-35				
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 checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	---

## Modification History

Claim 001 **New**

Claim Type *	OD-Mix	Insured Name	KOH RYU HAN	Insured NRIC	S9440898I
Contact No.(Mobile)	82997123	Contact No.(Home)		Contact No.(Office)	
Email Address	ryuifhankoh@gmail.com	O1 Vehicle Number	SIH9590T	TP Vehicle Number	SLB6760Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIH9590T / SLB6760Y ON 5 Oct 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/10/2019 17:12	Claim Close Date		Date Received	07/10/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit









## Attachment

Accident No.	MT/1065722	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/10/2019 17:13

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

**Attachment List**

Msg Sent?

Attachment	Uploaded By/Date	Category	Urgency	Description	(CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 07 Oct 2019 17:12	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 07 Oct 2019 17:12	SAS		Normal	SAS 2019-10-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 07 Oct 2019 17:12	Photos		Normal	Photos 2019-10-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 07 Oct 2019 17:12	Photos		Normal	Photos 2019-10-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 07 Oct 2019 17:12	Photos		Normal	Photos 2019-10-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 07 Oct 2019 17:12	Photos		Normal	Photos 2019-10-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 07 Oct 2019 17:12	Photos		Normal	Photos 2019-10-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 07 Oct 2019 17:12	Photos		Normal	Photos 2019-10-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 07 Oct 2019 17:12	Photos		Normal	Photos 2019-10-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 07 Oct 2019 17:12	Photos		Normal	Photos 2019-10-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 07 Oct 2019 17:12	Photos		Normal	Photos 2019-10-7
Video List					
Uploaded By/Date	Folder Date	File Name		Source	Action
		Display in New Window	Scan and uploading		