

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA 119 13787

|                           |  |                       |              |
|---------------------------|--|-----------------------|--------------|
| Date In: 12/17/19 - 14:48 | Job description                          | Date & Time Completed | Done by      |
| Ref No: NA/INC19018354/24 | SAS e-filing                             |                       |              |
| Veh No: PC4301P           | E-mail (within 8hrs, AIC 2hrs)           |                       |              |
| D.O.A: 16/12/19 - 2:00    | i-Motor Claim Form                       | M71067320-001         | 12/17/19 MNA |
| 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: Vch No: SKZ 4686C          | 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                   | Amt (\$)    | Amt (\$) |
|---------------------------------|---|-------------|----------|
|                                 |   | Est Bill    | Add Bill |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |             |          |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |          |
| Damaged Portion:                | 3) TF: Towing Fee \$40/\$45                     |             |          |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |             |          |
| Auditors' Comments:-            | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |          |
| Date 1:                         | For claiming against INC Only (wef 10 Jan 2005) |             |          |
| Date 2/3:                       | 6) TR: Re-inspection \$75                       |             |          |
|                                 | 7) N1: Idao DA + SMRT Survey \$160              |             |          |
|                                 | 8) NTUC Additional Services:-                   |             |          |
|                                 | OD:   |             |          |
|                                 | *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 (N:n INC) against INC \$20         |             |          |
|                                 | 9) N12: Idao 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             | 17/10/2019 14:48 |
| Date Of Accident           | 16/10/2019 20:00 |
| Exact Location Of Accident | ANDERSON RD      |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | PC4391P              |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | JIE AN EXPRESS       |
| Co Reg No                   | 52912526M            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-94520920 |
| Alternative Phone No        | OFFICE-94520920      |

### Vehicle Particulars

|  |                         |
|--|-------------------------|
| Manufacturer   | TOYOTA                  |
| Model  | HIACE COMMUTER GL 3.0 A |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING                 |
| 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   | BUS                     |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5075688680-03                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | TEO HWEE BENG         |
| NRIC No              | S1430691I             |
| Date Of Birth        | 03/02/1960            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 24/01/1991            |
| Driving Experience   | 28 YEARS AND 8 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-94520920  |
| Fax Number           |                       |
| Contact Number       | OFFICE-94520920       |
| EEmail Address       | NOEMAIL               |

|   |                                 |
|---|---------------------------------|
| Address   | BLK 74 WHAMPOA DRIVE<br>#16-314 |
| Postcode  | 320074                          |
| Was driver an employee of the Insured's Company     | YES                             |
| If No, Relationship of the Driver with the Insured  |                                 |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                     |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                     |

### 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)   | 3   |

### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

### Circumstances of Accident

REFER TO STATEMENT.

### 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         | SKZ4686C    |
| Vehicle Make/Model/Colour           | MAXDA CX5   |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      | TAN HUI YAN |
| NRIC/Passport Number                | S8217396Z   |
| Contact Number                      |             |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

### DETAILS OF INJURED PERSON 1

|      |               |
|------|---------------|
| Name | TEO HWEE BENG |
|------|---------------|

|   |             |
|---|-------------|
| Approximate Age                                     |             |
| Injuries Sustain                                    | NECK & BACK |
| Injured person in which vehicle?                    | PC4391P     |
| Were seat belts worn?                               | YES         |
| Was this injured conveyed to hospital by ambulance? | NO          |
| Address   |             |
| Postcode  |             |

## SKETCH PLAN

### IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

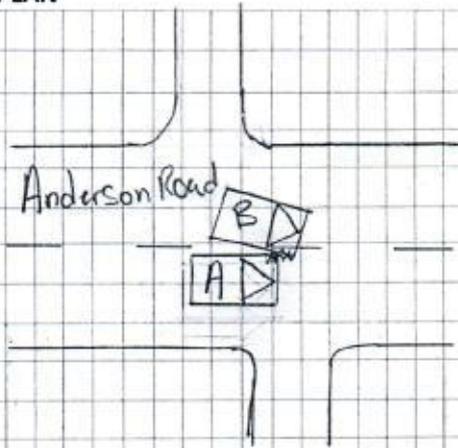


Policy holder's signature  
Date / time:

Driver's signature  
(if driver is not policy holder)  
Date / time:

reporting centre personnel's Signature  
Date / time:

SKETCH PLAN



A: PC 4391P

B: SKZ 4686 C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight on the extreme right lane along Anderson Road where suddenly vehicle B: SKZ 4686C abruptly turn right and collided onto the left front side of my vehicle.

We then alighted to exchange particulars and agreed to proceed with insurance claim.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policy holder's signature  
Date & time:

Driver's signature  
(if driver is not policy holder)  
Date & time:

reporting centre personnel's Signature  
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 of accident           | 16/10/2019             | (DD/MM/YY) |
| Time of accident           | 2000 hrs               | (HH:MM)    |
| Exact location of accident | Anderson Road, Orchard |            |

### DETAILS OF VEHICLE

|  |                                  |  |   |
|--|----------------------------------|--|---|
| Vehicle registration number                        | PC4391P                          |  |   |
| Vehicle make and model                             | Toyota Hiace                     |  |   |
| Type of vehicle                                    | Saloon <input type="checkbox"/>  | MPV <input type="checkbox"/>                   | CRV <input type="checkbox"/> Van <input checked="" type="checkbox"/>  |
|  | Lorry <input type="checkbox"/>   | Bus <input type="checkbox"/>                   | Motorcycle <input type="checkbox"/> Others: _____   |
| Vehicle category                                   | Private <input type="checkbox"/> | Commercial <input checked="" type="checkbox"/> | Motorcycle <input type="checkbox"/>   |
| Purpose of using at said time                      | work                             |  |   |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/>     | No <input type="checkbox"/>                    | if no, please select:<br>Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

### INSURANCE INFORMATION

|                   |   |   |                                  |
|-------------------|---|---|----------------------------------|
| Insurance company | NTUC  |   |                                  |
| Policy number     | 5075688680-03                                     |   |                                  |
| Type of policy    | Comprehensive <input checked="" type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

### INSURED / POLICY HOLDER

|                              |                                      |                               |                                 |
|------------------------------|--------------------------------------|-------------------------------|---------------------------------|
| Name                         | Jie An EXPRESS                       | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number |                                      |                               |                                 |
| Contact                      | 94520920                             |                               |                                 |
| Address                      | Blk 74 Whampoa Drive #16-31A S(1232) |                               |                                 |

### DRIVER

### SAME AS INSURED ABOVE (SKIP TO D.O.B)

|                              |                                      |   |                                 |
|------------------------------|--------------------------------------|---|---------------------------------|
| Name                         | Teo Hwee Beng                        | Male <input checked="" type="checkbox"/>    | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S14306911                            |   |                                 |
| Contact                      | 94520920                             |   |                                 |
| Address                      | Blk 74 Whampoa Drive #16-31A S(1232) |   |                                 |
| Email address                |                                      |   |                                 |
| Date of birth                | 03/02/1960                           |   |                                 |
| Occupation                   | Indoor <input type="checkbox"/>      | Outdoor <input checked="" type="checkbox"/> |                                 |
| Driving date pass            | 09/11/1982                           |   |                                 |

u

| GENERAL INFORMATION OF THE ACCIDENT              |   |
|--|---|
| Was driver an employee of the insured's company? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>If no, relationship of the driver and insured: _____ |
| 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                                  | 3 (Inclusive of driver)   |

| PASSENGER 1 |  |
|-------------|--|
| Name        | _____  |
| Gender      | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 2 |  |
|-------------|--|
| Name        | _____  |
| Gender      | Male <input type="checkbox"/> Female <input checked="" 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 STATION ACTION |  |
|----------------------------------|--|
| Reported to police?              | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name              | _____  |

| WITNESS 1 |       |
|-----------|-------|
| Name      | _____ |

| WITNESS 2 |       |
|-----------|-------|
| Name      | _____ |

| THIRD PARTY VEHICLE 1        |             |
|------------------------------|-------------|
| Vehicle registration number  | SKZ 4696C   |
| Vehicle make model           | MAZDA CX5   |
| Name                         | Tan Hui Yun |
| NRIC / Fin / Passport number | S8217396Z   |
| Contact                      |             |

| THIRD PARTY VEHICLE 2        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 3        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 4        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 5        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 6        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 7        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| INJURED PERSON 1                               |   |
|--|---|
| Name   | Teo Hwee Beng   |
| Injuries sustained                             | Neck and back   |
| Which vehicle person in?                       | PC 4391P  |
| 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"/> |

| INJURED PERSON 5                               |  |
|--|--|
| 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 6                               |  |
|--|--|
| 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"/> |

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)  Certificate Number

Search

| Select                | Policy No.    | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5075688680-03 |                    | JIE AN EXPRESS    | 52912526M         | GBS     | Comprehensive | PC4391P     | PC4391P        | 17/11/2018    | 16/11/2019  |

Continue

▼ Policy Information

|                             |   |                             |                  |                                  |                  |
|-----------------------------|---|-----------------------------|------------------|----------------------------------|------------------|
| Policy No.                  | 5075688680-03                                 | Policyholder Name           | JIE AN EXPRESS   | Policyholder NRIC                | 52912526M        |
| Certificate No.             |   |                             |                  |                                  |                  |
| Address                     | BLK 74 #16-314 WHAMPOA DRIVE SINGAPORE 320074 |                             |                  |                                  |                  |
| Product Name                | BUS INSURANCE                                 | Plan                        |                  | Group Policy Flag                | N                |
| Policy Issue Date           | 30/10/2018                                    | Effective Date              | 17/11/2018 00:00 | Expiry Date                      | 16/11/2019 23:59 |
| Excess Type                 |   | All Claims Excess           |                  |                                  |                  |
| Third Party Excess          | 3000  | Own damage Excess           | 2000.0           | Windscreen Excess                | 100              |
| Additional Excess           |   | OS Premium                  | 0                |                                  |                  |
| Outside Singapore OD Excess |   | Outside Singapore TP Excess |                  | Young/Inexperience Driver Excess |                  |
| Agent                       | NLE INSURANCE AGENCIES PTE                    | Agent Tel.                  | 64250080         | GST Flag                         | Y                |
| Co-insurance Flag           | No  |                             |                  |                                  |                  |
| Open Policy Info            |   |                             |                  |                                  |                  |
| Certificate Info            |   |                             |                  |                                  |                  |

▼ Policyholder Mailing Address

|           |                  |                       |                   |           |               |
|-----------|------------------|-----------------------|-------------------|-----------|---------------|
| Address 1 | BLK 74 #16-314   | Address 2             | WHAMPOA DRIVE     | Address 3 | WHAMPOA COURT |
| Address 4 | SINGAPORE 320074 | Address Type          | Singapore address | Post Code | 320074        |
| Unit No.  | 16-314           | Related Policy Number | 5075688680-03     |           |               |

▶ Insured Object: PC4391P

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Continue Cancel

**Claim Handling**

Accident MT/1067320

|                     |   |                     |   |                      |           |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No.          | 507568660-03  | Vehicle No.         | PC4391P   | GST Registration No. |           |
| Certificate No.     |   |                     |   |                      |           |
| Policyholder Name   | JIE AN EXPRESS  |                     |   | Policyholder NRIC    | 52912526M |
| Product Code        | BUS INSURANCE   | Cover Type          | Comprehensive   | Loading              | 0         |
| Contact No.(Mobile) | 94520920  | Contact No.(Office) | 0   | Contact No.(Home)    | 0         |
| Email Address       |   | Special Remark      |   | eCode                | 1: v      |
| KFX                 | <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(%)  | 20  | Private Hire         | No        |

**Accident Details**

|                   |                  |                               |       |                     |                                 |
|-------------------|------------------|-------------------------------|-------|---------------------|---------------------------------|
| Report Date       | 17/10/2019 14:57 | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Change / Cross lane |
| Date of Accident  | 16/10/2019       | Time of Accident hh:mm        | 20:00 | Country of Accident | Singapore                       |
| Reporting Centre  |                  | Orange Force                  |       | ICM No.             |                                 |
| Accident Location | ANDERSON RD      |                               |       |                     |                                 |

**Excess**

|                       |          |                             |  |                   |        |
|-----------------------|----------|-----------------------------|--|-------------------|--------|
| Own damage Excess     | 2,000.00 | Additional Excess           |  | Windscreen Excess | 100.00 |
| Unnamed Driver Excess |          | Outside Singapore OD Excess |  |                   |        |
| Third Party Excess    | 3,000.00 | Outside Singapore TP Excess |  |                   |        |

**Benefits**

**GST Registered Information**

|                      |   |                       |     |
|----------------------|---|-----------------------|-----|
| GST Registered       | No  | GST Registration Date |     |
| GST Registration No. |   | GST Status Verified   | Yes |
| Modification History | 17/10/2019 14:58:50 System changed GST Status Verified from No to Yes |                       |     |

**Policyholder Mailing Address**

|           |                  |                       |                   |           |               |
|-----------|------------------|-----------------------|-------------------|-----------|---------------|
| Address 1 | BLK 74 # 16-314  | Address 2             | WHAMPOA DRIVE     | Address 3 | WHAMPOA COURT |
| Address 4 | SINGAPORE 320074 | Address Type          | Singapore address | Post Code | 320074        |
| Unit No.  | 16-314           | Related Policy Number | 507568660-03      |           |               |

**OI Driver Info**

|   |   |                     |                   |                        |               |
|---|---|---------------------|-------------------|------------------------|---------------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver    | Driver DOB             | 03/02/1960    |
| Unnamed driver Name                     | TEO HWEE BENG   | Driver NRIC         | S14306911         | Driving Experience     | 28            |
| Register Date of Driver License         | 24/01/1991  | Driver Age          | 59                | Contact No.(Home)      | 0             |
| Contact No.(Mobile)                     | 94520920  | Contact No.(Office) | 0                 | Address 3              | WHAMPOA COURT |
| Address 1                               | BLK 74  | Address 2           | WHAMPOA DRIVE     | Post Code              | 320074        |
| Address 4                               | SINGAPORE 320074  | Address Type        | Singapore address |                        |               |
| Unit No.                                | 16-314  |                     |                   |                        |               |
| 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 *                   | OO-MX                             | Insured Name            | JIE AN EXPRESS                   | Insured NRIC        | 52912526M                  |  |
| Contact No.(Mobile)            |                                   | Contact No.(Home)       |                                  | Contact No.(Office) |                            |  |
| Email Address                  |                                   | OI Vehicle Number       | PC4391P                          | TP Vehicle Number   | SK24686C                   |  |
| Claimant Type Claimant Type *  | Please Select                     | Type of Benefit *       | Please Select                    |                     |                            |  |
| Claimant Name *                |                                   | Claimant NRIC *         |                                  |                     |                            |  |
| Claimant Address               |                                   |                         |                                  |                     |                            |  |
| Claim Description              | PC4391P / SK24686C ON 16 Oct 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       | 17/10/2019 00:00           |  |
| Date Registered                | 17/10/2019 14:59                  | Claim Close Date        |                                  |                     |                            |  |
| Report Taken By                | Jackson                           |                         |                                  |                     |                            |  |

Print AK letter

Save Submit

**Attachment**

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/1067320  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 17/10/2019 15:00 |

| Path *               | Category *    | Confidential | Urgency * | Description * |
|----------------------|---------------|--------------|-----------|---------------|
| <input type="text"/> | Please Select | NO           | Normal    |               |
| <input type="text"/> | Please Select | NO           | Normal    |               |
| <input type="text"/> | Please Select | NO           | Normal    |               |
| <input type="text"/> | Please Select | NO           | Normal    |               |
| <input type="text"/> | Please Select | NO           | Normal    |               |
| <input type="text"/> | Please Select | NO           | Normal    |               |

Send Message

Attachment List

Msg Sent?

| Attachment | Uploaded By/Date  | Category              |   | Urgency | Description                      | (CO) |
|------------|---|-----------------------|---|---------|----------------------------------|------|
|            | NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 15:00 | NRIC/ Driving License | Y | Normal  | NRIC/ Driving License 2019-10-17 |      |
|            | NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 15:00 | NRIC/ Driving License | Y | Normal  | NRIC/ Driving License 2019-10-17 |      |
|            | NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 15:00 | SAS                   |   | Normal  | SAS 2019-10-17                   |      |
|            | NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 14:59 | Photos                |   | Normal  | Photos 2019-10-17                |      |
|            | NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 14:59 | Photos                |   | Normal  | Photos 2019-10-17                |      |
|            | NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 14:59 | Photos                |   | Normal  | Photos 2019-10-17                |      |
|            | NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 14:59 | Photos                |   | Normal  | Photos 2019-10-17                |      |
|            | NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 14:59 | Photos                |   | Normal  | Photos 2019-10-17                |      |
|            | NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 14:59 | Photos                |   | Normal  | Photos 2019-10-17                |      |
|            | NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 14:59 | Photos                |   | Normal  | Photos 2019-10-17                |      |
|            | NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 14:59 | Photos                |   | Normal  | Photos 2019-10-17                |      |
|            | NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 14:59 | Photos                |   | Normal  | Photos 2019-10-17                |      |
|            | NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 14:59 | Photos                |   | Normal  | Photos 2019-10-17                |      |
|            | NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 14:59 | Photos                |   | Normal  | Photos 2019-10-17                |      |

Video List

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