

# NATIONAL Assessment Centre Services

(wef 1 Jan 05)

NA1908251

|                            |  |                       |                |
|----------------------------|--|-----------------------|----------------|
| Date In: 18/11/19-16:48    | Job description                          | Date & Time Completed | Done by        |
| Ref No: NA/INC 19020424/24 | SAS e-filing                             |                       |                |
| Veh No: 3H284724           | E-mail (within 5hrs, AIC 2hrs)           |                       |                |
| D.O.A: 17/11/19-11:50      | i-Motor Claim Form                       | 17/10/2023-001        | 18/11/19 17:04 |
| 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: 3L63569C

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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |          |
|---------------------------------|---|-------------|----------|
| NA1908251                       | Invoice Preparation Checklist                   | Ant (\$)    | Ant (\$) |
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               | Int Bill    | Add Bill |
| 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              |             |          |
|                                 | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |          |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |             |          |
|                                 | 6) TR: Re-inspection \$75                       |             |          |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |             |          |
|                                 | 8) NTUC Additional Services:-                   |             |          |
| QC Checked by (Engr-In-Charge): | QD*   |             |          |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |          |
|                                 | *N6: Repair Co-ordination \$10                  |             |          |
|                                 | *N7: Post Repair Inspection \$25                |             |          |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |          |
| Auditors' Comments:-            | TP (N11): TP (N-in INC) against INC \$20        |             |          |
| Dat 1:                          | 9) N12: Idac Mobile 30                          |             |          |
| Dat 2 / 3:                      | 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             | 18/11/2019 16:48 |
| Date Of Accident           | 15/11/2019 11:50 |
| Exact Location Of Accident | MANDALAY RD      |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGZ8972Y             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | QIAN YE PTE LTD      |
| Co Reg No                   | 201729876D           |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-97730276 |
| Alternative Phone No        | OFFICE-97730276      |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | SUBARU             |
| Model  | IMPREZA 4AT        |
| 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   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5111505620                             |
| Cover Note Number         |  |

### Driver

|                      |                              |
|----------------------|------------------------------|
| Name of Driver       | SIM JUN CHONG (SHEN JUNCONG) |
| NRIC No              | S9042412B                    |
| Date Of Birth        | 09/11/1990                   |
| Occupation           | OUTDOOR                      |
| Date Of Driving Pass | 12/11/2018                   |
| Driving Experience   | 1 YEAR AND 0 MONTHS          |
| Gender               | MALE                         |
| Mobile Number        | (LOCAL) +65-97730276         |
| Fax Number           |                              |
| Contact Number       | OFFICE-97730276              |
| Email Address        | NOEMAIL                      |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 194 KIM KEAT AVENUE<br>#06-394 |
| Postcode  | 310194                             |
| 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   | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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                       | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY                   |
| Police Station Address                    | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 65470000 - FAX NO:                                    |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191115/7025.

#### 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 | SLG3569C              |
| Vehicle Make/Model/Colour   |                       |
| Details Of Properties       |                       |
| Vehicle Category            | PRIVATE CAR           |
| Name of Driver              | ENG PENG HUI, ANTHONY |
| NRIC/Passport Number        |                       |
| Contact Number              |                       |
| Address                     |                       |
| Postcode                    |                       |
| Insurance Company Name      |                       |

Nature Of Damage  
No. Of Passenger (Including Driver)  
Passenger 1

2  
NAME: :  
GENDER: :

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC5056X  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

#### DETAILS OF INJURED PERSON 1

Name SIM JUN CHONG (SHEN JUNCONG)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SGZ8972Y  
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.

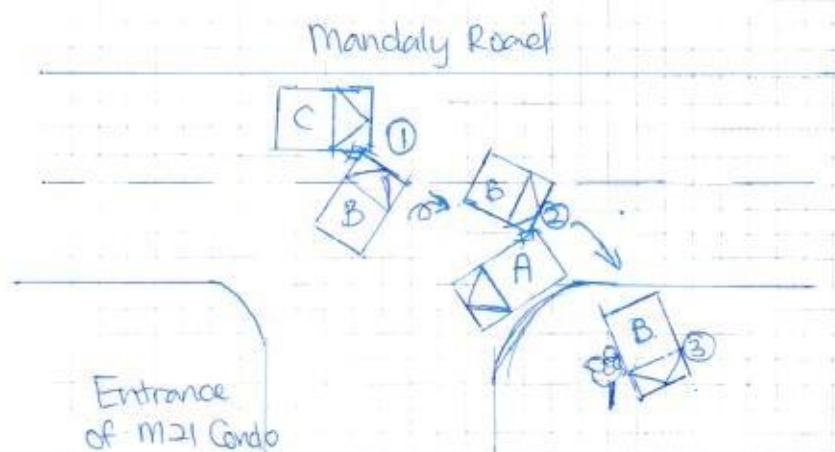


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



Vehicle A: SGZ 8972Y

Vehicle B: SLG 3569C

Vehicle C: SHC 5056X

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report no: T/20191115/7025

## 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.:

|                                   |   |                   |                            |
|-----------------------------------|---|-------------------|----------------------------|
| <b>Vehicle No.</b>                | SGZ 89724                                 | Model / Make      | Subaru                     |
| Date of Accident                  | 15/11/2019                                |                   |                            |
| Time of Accident                  | 1150                                      | HRS               |                            |
| Location of Accident              | Along Mandalay Road                       |                   |                            |
| Exact purpose use during accident | Work                                      |                   |                            |
| <b>Name of Owner</b>              | Qian Ye Pte Ltd                           |                   |                            |
| Telephone No.                     | H/P: 9773 0276                            | Home :            | Office :                   |
| NRIC                              | 201729876D                                |                   |                            |
| Address                           | BLK 194 Kim Kent Avenue #06-394 S(310194) |                   |                            |
| Claim type                        | OD  | THIRD PARTY       | REPORTING ONLY             |
| Insurance Company                 | NTUC                                      |                   |                            |
| Type of Coverage                  | Comprehensive                             | Third Party       | Third Party / Fire / Theft |
| Policy No.                        | 5111505620                                |                   |                            |
| <b>Name of Driver</b>             | As Above If No, Sim Jun Chong             |                   |                            |
| NRIC                              | S9042412B                                 | Any Passengers :  | -                          |
| Date of birth                     | 9/11/1990                                 |                   |                            |
| Occupation                        | Outdoor / Indoor                          |                   |                            |
| Driving License Pass Date         | 12/11/2018                                |                   |                            |
| Gender                            | Male / Female                             |                   |                            |
| Contact No.                       | H/P: 9773 0276                            | Home :            | Office :                   |
| Address                           | BLK 194 Kim Kent Avenue #06-394 S(310194) |                   |                            |
| Driver have any own vehicle       | No, If yes, Reg No.                       |                   |                            |
| Relationship                      | Employee, If no, state Director           |                   |                            |
| Weather condition                 | Clear Raining Other                       |                   |                            |
| Road Surface                      | Dry Wet Other                             |                   |                            |
| Any Injuries                      | No, If Yes, Who?                          |                   |                            |
| Name And Contact No.              | Sim Jun Chong 9773 0276                   |                   |                            |
| Name And Contact No.              |   |                   |                            |
| Police Report                     | No, If Yes, Where? 10 Ubi Avenue 3        |                   |                            |
| <b>Vehicle B No.</b>              | SLB 3569C                                 | Any Passengers :  | 1                          |
| Name of Driver                    | Eng Peng Hui, Anthony                     | Contact No. :     |                            |
| <b>Vehicle C No.</b>              | SHC 5056X                                 | Any Passengers :  | -                          |
| <b>Vehicle D No.</b>              |   | Any Passengers :  |                            |
| <b>Vehicle E no.</b>              |   | Any Passengers :  |                            |
| <b>Vehicle F No.</b>              |   | Any Passengers :  |                            |
| <b>Vehicle G No.</b>              |   | Any Passengers :  |                            |
| Witness Name                      |   | Witness Contact : |                            |
| Accident Portion                  | Right rear portion                        |                   |                            |
| Camera Recorder                   | Yes / No                                  |                   |                            |
| Email Address                     | Jacob901990@gmail.com                     |                   |                            |
|                                   |   |                   |                            |
|                                   |   |                   |                            |
| <b>PARTICULAR WORKSHOP</b>        | N-51 Automotive Pte Ltd                   |                   |                            |
| <b>CONTACT NO.</b>                | 6842 0051 / 6744 0510                     |                   |                            |
| <b>CONTACT PERSON</b>             | Zi Ting                                   |                   |                            |
| <b>FAX NO</b>                     | 6741 0510                                 |                   |                            |
| <b>WORKSHOP EMAIL ADDRESS</b>     | Sales@n51.com.sg                          |                   |                            |



# SINGAPORE POLICE FORCE



T/20191115/7025

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20191115/7025

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>15/11/2019 22:16 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

|  |            |  |                              |
|--|------------|--|------------------------------|
| <b>Informant's Particulars</b>           |            |  |                              |
| Name of Informant:<br>SIM JUN CHONG      |            | Address:<br>APT BLK 194 KIM KEAT AVENUE #06-394 SINGAPORE 310194 |                              |
| ID Type / ID No.:<br>NRIC NO / S9042412B |            | Contact No.:<br>Home/Office:                                     | Mobile: 97730276             |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:<br>jacob901990@gmail.com                                  |                              |
| Sex:<br>Male                             | Age:<br>29 | Date of Birth:<br>09/11/1990                                     | Type of Informant:<br>Driver |
| Race:<br>Chinese                         |            | Language:<br>English   | Institution / School Name:   |
| Occupation:<br>Director                  |            | Driving Licence Information:<br>Class:                           | Date of Expiry:              |

**General Information of the Accident**

|  |                  |                                    |   |                                    |
|--|------------------|------------------------------------|---|------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>15/11/2019 11:50 | Type of Location:<br>Straight Road |
| Location:<br><br>MANDALAY ROAD                               |                  |                                    |   |                                    |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               | Road Speed Limit:<br>50 Km/h                  |                                    |
| Traffic Flow:<br>Two Way                                     |                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Light                      |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                  |                                    | Anyone conveyed by<br>ambulance:<br>No        |                                    |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make           | Model | Color | Condition            | No of Passenger |
|-------------|------|----------------|-------|-------|----------------------|-----------------|
| SGZ8972Y    | Car  |                |       |       |                      | 0               |
| SHC5056X    | Car  | RENAULT        |       | Red   | Seriously<br>Damaged | 0               |
| SLG3569C    | Car  | VOLKSWAGO<br>N |       | Blue  | Seriously<br>Damaged | 0               |

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20191115/7025

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20191115/7025

**CONTINUATION OF REPORT**

| Driver                            |                          |  |                                   |
|-----------------------------------|--------------------------|--|-----------------------------------|
| Name                              | SIM JUN CHONG            | ID No.                                 | S9042412B                         |
| Related Vehicle                   | SGZ8972Y (Car)           | Contact No.                            | 97730276                          |
| Hospital/Clinic                   | MOUNT ELIZABETH HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 15/11/2019               | Date Discharge                         | 15/11/2019                        |
| No. of Days granted Medical Leave | 05                       | Degree of Injury                       | Slight                            |

**Brief Details.**

My vehicle (SGZ8972Y) was stationary along the entrance of M21 condo, this vehicle (SLG3569C) was coming out from the M21 condo, did not take a look out of on coming vehicle along mandalay road and just dash out and bang on to a taxi (SHC5056X). Upon the impact, vehicle (SLC3569C) lost control of his vehicle, veered towards my direction, collided onto the right rear portion of my vehicle and mounted the road kerb. I felt unwell after accident and i went to mount E and see the doctor and i was given 5 days mc



**SINGAPORE  
POLICE FORCE**



T/20191115/7025

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20191115/7025

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
15/11/2019 22:16

Classification Of Case:

Authentication Stamp

NP168

## 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:** 5111505620

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SGZ8972Y**  
Chassis Number : JF1GD5KR57G072271
2. Name of Policyholder : QIAN YE PTE LTD
3. Effective Date of Insurance : 29 Jul 2019
4. Expiry Date of Insurance : 28 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 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)                   | : S\$600  |
| EXCESS (SECTION 2)                   | : N/A   |
| 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                | : KENSO LEASING PTE LTD                           |
| SUM INSURED                          | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

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

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)  
Date of Issue : 29 Jul 2019 16:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

|   |                                       |                    |   |                   |         |               |             |                |               |             |
|---|---------------------------------------|--------------------|---|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| Policy No.                              | <input type="text"/>                  | Date of Accident   | <input type="text" value="15/11/2019 11:50"/> |                   |         |               |             |                |               |             |
| Vehicle No.(For Motor)                  | <input type="text" value="SGZ8972Y"/> | Certificate Number | <input type="text"/>                          |                   |         |               |             |                |               |             |
| <input type="button" value="Search"/>   |                                       |                    |   |                   |         |               |             |                |               |             |
| Select                                  | Policy No.                            | Certificate Number | Policyholder Name                             | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input type="radio"/>                   | 5111505620                            |                    | QIAN YE PTE LTD                               | 201729876D        | GPC     | drive CLASSIC | SGZ8972Y    | SGZ8972Y       | 29/07/2019    | 28/07/2020  |
| <input type="button" value="Continue"/> |                                       |                    |   |                   |         |               |             |                |               |             |

## Policy Information

|                             |  |                             |                  |                                  |                  |  |  |  |  |
|-----------------------------|--|-----------------------------|------------------|----------------------------------|------------------|--|--|--|--|
| Policy No.                  | 5111505620   | Policyholder Name           | QIAN YE PTE LTD  | Policyholder NRIC                | 201729876D       |  |  |  |  |
| Certificate No.             |  |                             |                  |                                  |                  |  |  |  |  |
| Address                     | BLK 194 #06-394 KIM KEAT AVENUE KIM KEAT VIEW SINGAPORE 310194 |                             |                  |                                  |                  |  |  |  |  |
| Product Name                | PRIVATE CAR INSURANCE  | Plan                        |                  | Group Policy Flag                | N                |  |  |  |  |
| Policy issue Date           | 29/07/2019   | Effective Date              | 29/07/2019 00:00 | Expiry Date                      | 28/07/2020 23:59 |  |  |  |  |
| Excess Type                 | Per Accident   | All Claims Excess           |                  |                                  |                  |  |  |  |  |
| Third Party Excess          | 0  | Own damage Excess           | 600              | Windscreen Excess                | 100              |  |  |  |  |
| Additional Excess           | 0  | OS Premium                  | 0                |                                  |                  |  |  |  |  |
| Outside Singapore OD Excess | 600  | Outside Singapore TP Excess | 0                | Young/Inexperience Driver Excess |                  |  |  |  |  |
| Agent                       | DICKSON INSURANCE AGENCY                                       | Agent Tel.                  | 63447667         | GST Flag                         | Y                |  |  |  |  |
| Co-insurance Flag           | No   |                             |                  |                                  |                  |  |  |  |  |
| Open Policy Info            |  |                             |                  |                                  |                  |  |  |  |  |
| Certificate Info            |  |                             |                  |                                  |                  |  |  |  |  |

## Policyholder Mailing Address

|           |                  |                       |                   |           |               |
|-----------|------------------|-----------------------|-------------------|-----------|---------------|
| Address 1 | BLK 194 #06-394  | Address 2             | KIM KEAT AVENUE   | Address 3 | KIM KEAT VIEW |
| Address 4 | SINGAPORE 310194 | Address Type          | Singapore address | Post Code | 310194        |
| Unit No.  | 06-394           | Related Policy Number | 5113513737        |           |               |

Insured Object: SGZ8972Y

## Endorsements

| Sequence                              | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|---------------------------------------|---------------------|------------------|--------------------|---------------------|
| <div>Continue</div> <div>Cancel</div> |                     |                  |                    |                     |

## Claim Handling

Accident MT/1071873

|   |   |                               |   |                        |                       |
|---|---|-------------------------------|---|------------------------|-----------------------|
| Policy No.                              | 511505620   | Vehicle No.                   | SGZ8972Y  | GST Registration No.   |                       |
| Certificate No.                         |   |                               |   |                        |                       |
| Policyholder Name                       | QIAN YE PTE LTD   | Cover Type                    | Drive CLASSIC   | Policyholder NRIC      | 201729875D            |
| Product Code                            | PRIVATE CAR INSURANCE   | Contact No.(Office)           | 0   | Leading                | 0                     |
| Contact No.(Mobile)                     | 97730276  | Special Remark                |   | Contact No.(Home)      | 0                     |
| Email Address                           |   | TCA                           | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode                  |                       |
| KFK                                     | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%)            | 0   | eCode Reason           |                       |
| NCD Protection                          | No  |                               |   | Private Hire           | No                    |
| <b>Accident Details</b>                 |   |                               |   |                        |                       |
| Report Date                             | 18/11/2019 17:02  | Accident Report Within 24 hrs | Yes   | Accident Type          | Damaged whilst parked |
| Date of Accident                        | 15/11/2019  | Time of Accident Approx       | 11:50   | Country of Accident    | Singapore             |
| Reporting Centre                        |   | Orange Force                  |   | ICM No.                |                       |
| Accident Location                       | MANDALAY RD   |                               |   |                        |                       |
| <b>Total Excess Applicable</b>          |   |                               |   |                        |                       |
| Excess Type                             | Per Accident  | Windscreen Excess             | 100.00  |                        |                       |
| OD Standard Excess                      | 600.00  | TP Standard Excess            | 0.00  |                        |                       |
| YIED OD Excess                          | 0.00  | YIED TP Excess                |   | Driver is Covered?     |                       |
| Additional Excess                       | 0   |                               |   |                        |                       |
| Total OD Excess Applicable              | 600.00  | Total TP Excess Applicable    |   |                        |                       |
| <b>Benefits</b>                         |   |                               |   |                        |                       |
| <b>GST Registered Information</b>       |   |                               |   |                        |                       |
| GST Registered                          | No  | GST Registration Date         |   |                        |                       |
| GST Registration No.                    |   | GST Status Verified           | Yes   |                        |                       |
| Modification History                    |   |                               |   |                        |                       |
| <b>Policyholder Mailing Address</b>     |   |                               |   |                        |                       |
| Address 1                               | BLK 194 #06-394   | Address 2                     | KIM KEAT AVENUE   | Address 3              | KIM KEAT VIEW         |
| Address 4                               | SINGAPORE 310194  | Address Type                  | Singapore address   | Post Code              | 310194                |
| Unit No.                                | 06-394  | Related Policy Number         | 5113513737  |                        |                       |
| <b>OT Driver Info</b>                   |   |                               |   |                        |                       |
| Driver Name                             | Unnamed Driver  | Driver Type                   | Unnamed Driver  | Driver DOB             | 05/11/1990            |
| Unnamed driver Name                     | SIM JUN CHONG (SHEN JUNCOR)                                   | Driver NRIC                   | S90424128   | Driving Experience     | 1                     |
| Register Date of Driver License         | 12/11/2018  | Driver Age                    | 29  | Contact No.(Home)      | 0                     |
| Contact No.(Mobile)                     | 97730276  | Contact No.(Office)           | 0   | Address 3              | KIM KEAT VIEW         |
| Address 1                               | BLK 194   | Address 2                     | KIM KEAT AVENUE   | Post Code              | 310194                |
| Address 4                               | SINGAPORE 310194  | Address Type                  | Singapore address   |                        |                       |
| Unit No.                                | 06-394  |                               |   |                        |                       |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.            |   | Driver Insurer Company |                       |
| <b>Declaration</b>                      |   |                               |   |                        |                       |
| Breathalyzer 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-MX                              | Insured Name            | QIAN YE PTE LTD                  | Insured NRIC               | 201729875D       |
| Contact No.(Mobile)                                 | N/A                                | Contact No.(Home)       |                                  | Contact No.(Office)        |                  |
| Email Address                                       |                                    | OT Vehicle Number       | SGZ8972Y                         | TP Vehicle Number          | SLG3569C         |
| Claimant Type Claimant *                            | Please Select                      | Type of Benefit *       | Please Select                    |                            |                  |
| Claimant Name *                                     |                                    | Claimant NRIC *         |                                  |                            |                  |
| Claimant Address                                    |                                    |                         |                                  |                            |                  |
| Claim Description                                   | SGZ8972Y / SLG3569C ON 15 Nov 2019 |                         |                                  |                            |                  |
| Preferred Workshop Contact No.                      |                                    | Insured Liability *     | Not at Fault                     | Name of Preferred Workshop |                  |
| Require Finalisation                                | Yes                                | Preferred Repair Option | Preferred Workshop, Name unknown | GSA report                 | Received         |
| Date Registered                                     | 18/11/2019 17:04                   | Claim Close Date        |                                  | Date Received              | 18/11/2019 00:00 |
| Report Taken By                                     | Jackson                            |                         |                                  |                            |                  |
| <input checked="" type="checkbox"/> Print AK letter |                                    |                         |                                  |                            |                  |


Save Submit

## Attachment

|                    |   |                          |                  |
|--------------------|---|--------------------------|------------------|
| Accident No.       | MT/1071873  | Claim No.                | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date              | 18/11/2019 17:05 |
| Path *             | Category *  | Confidential             | Urgency *        |
| Browse... Clear    | Please Select   | <input type="checkbox"/> | Normal           |
| Browse... Clear    | Please Select   | <input type="checkbox"/> | Normal           |
| Browse... Clear    | Please Select   | <input type="checkbox"/> | Normal           |
| Browse... Clear    | Please Select   | <input type="checkbox"/> | Normal           |
| Browse... Clear    | Please Select   | <input type="checkbox"/> | Normal           |
| Browse... Clear    | Please Select   | <input type="checkbox"/> | Normal           |
| Browse... Clear    | Please Select   | <input type="checkbox"/> | Normal           |

☐ Send Message

## Attachment List

| Attachment  | Uploaded By/Date   | Category              | Urgency | Description                      | Msg Sent? (CO) |
|---|--|-----------------------|---------|----------------------------------|----------------|
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Nov 2019 17:05 | NRIC/ Driving License | Normal  | NRIC/ Driving License 2019-11-18 |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Nov 2019 17:05 | SAS                   | Normal  | SAS 2019-11-18                   |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Nov 2019 17:04 | Photos                | Normal  | Photos 2019-11-18                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Nov 2019 17:04 | Photos                | Normal  | Photos 2019-11-18                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Nov 2019 17:04 | Photos                | Normal  | Photos 2019-11-18                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Nov 2019 17:04 | Photos                | Normal  | Photos 2019-11-18                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Nov 2019 17:04 | Photos                | Normal  | Photos 2019-11-18                |                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Nov 2019 17:04 | Photos                | Normal  | Photos 2019-11-18                |                |

## Video List

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