

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MA1916094

Date In: 6/1/19 12:18	Job description	Date & Time Completed	Done by
Ref No: 49/191902560/24	SAS e-filing		
Veh No: 13E493A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 4/1/19 12:18	i-Motor Claim Form	6/1/19 12:18	6/1/19 12:18
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: 13E493A	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

MA1909134	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add. Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	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:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	06/12/2019 12:18
Date Of Accident	04/12/2019 20:45
Exact Location Of Accident	MAPLE BUSINESS CITY ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE9993A
Insured/Policyholder	
Name Of Registered Owner	LEE ZHEN CHENG
NRIC No	S9146294Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92475896
Alternative Phone No	OFFICE-92475896

Vehicle Particulars

Manufacturer	HONDA
Model	CBF150
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5105543865
Cover Note Number	

Driver

Name of Driver	LEE ZHEN CHENG
NRIC No	S9146294Z
Date Of Birth	09/12/1991
Occupation	INDOOR
Date Of Driving Pass	11/12/2014
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92475896
Fax Number	
Contact Number	OFFICE-92475896
EEmail Address	NOEMAIL

Address	BLK 81 MACPHERSON LANE #08-33
Postcode	360081
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - ROUNDABOUT
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	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/20191205/7018.

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 Witness 1

Name	MORVAN TAY
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME4503J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE YONG ON
NRIC/Passport Number	S1441096A

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE ZHEN CHENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBE9993A
Were seat belts worn?	
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 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' 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.



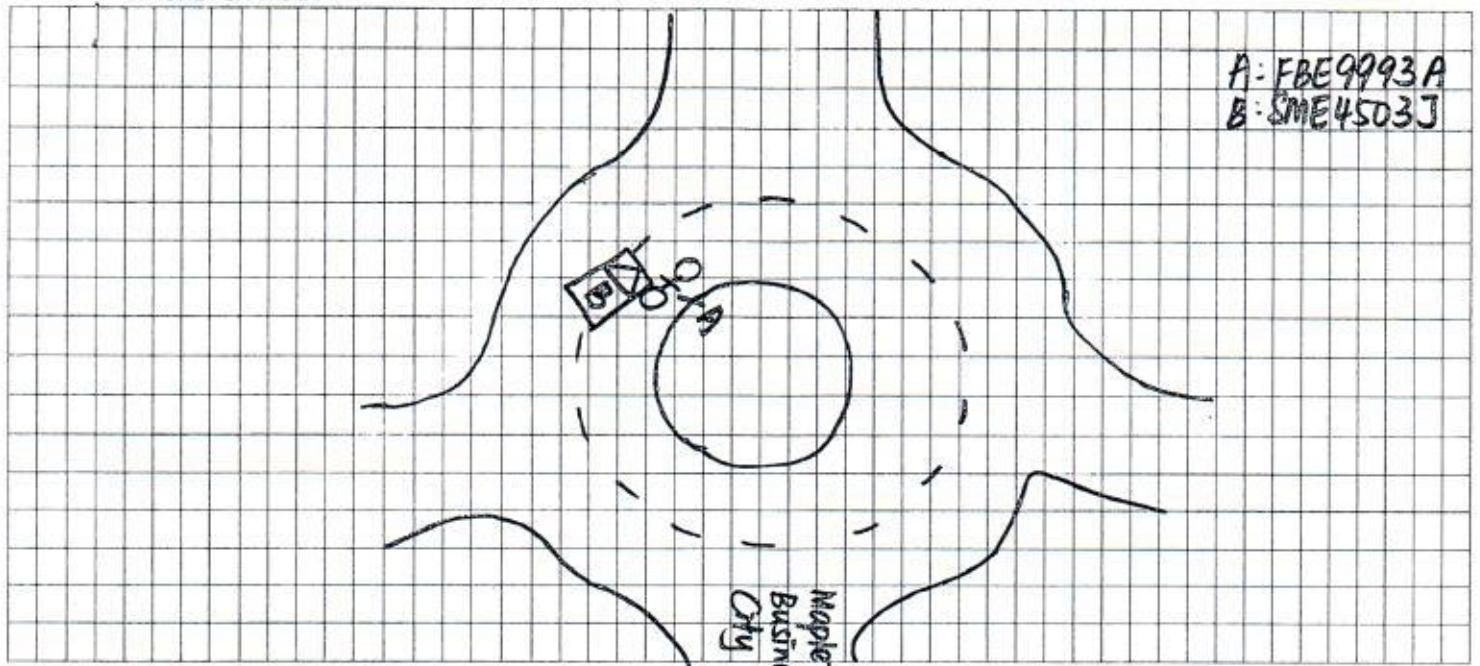
Policy holder's signature
Date / time:

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



reporting centre personnel's Signature
Date / time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

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	04/12/2019	(DD/MM/YY)
Time of accident	2046	(HH:MM)
Exact location of accident	At the roundabout outside the Mapletree Business City	

DETAILS OF VEHICLE

Vehicle registration number	FBE 9993 A		
Vehicle make and model	Honda CBF 150		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
Vehicle category	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input checked="" type="checkbox"/> Others: _____
Purpose of using at said time	Private <input type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input checked="" type="checkbox"/>
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/>		

INSURANCE INFORMATION

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

INSURED / POLICY HOLDER

Name	Lee Zhen Cheng		Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S91462942		
Contact	9247 5896		
Address	Blk 81 Macpherson Lane #08-33 S(360 081)		

DRIVER

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

Name			Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			
Email address			
Date of birth	09/12/1991		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	11/12/2014		

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" 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	01

(Inclusive of driver)

PASSENGER 1

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

PASSENGER 2

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

PASSENGER 3

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

PASSENGER 4

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

PASSENGER 5

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

PASSENGER 6

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

OTHER INFORMATION

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

DETAILS OF POLICE STATION ACTION

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

WITNESS 1

Name	MORVAN TAY
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WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1	
Vehicle registration number	SME 4503 J
Vehicle make model	
Name	Lee Yong On
NRIC / Fin / Passport number	S1441096A
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	Lee Zhen Cheng
Injuries sustained	Body
Which vehicle person in?	FBE 9993 A
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 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"/>



SINGAPORE POLICE FORCE



T/20191205/7018

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

1 of 3

Report No. T/20191205/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2019 17:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE ZHEN CHENG			Address: APT BLK 81 MACPHERSON LANE #08-33 SINGAPORE 360081		
ID Type / ID No.: NRIC NO / S9146294Z			Contact No.: Home/Office: Mobile: 92475896		
Nationality: SINGAPORE CITIZEN			Email: zhencheng.tov@gmail.com		
Sex: Male	Age: 27	Date of Birth: 09/12/1991	Type of Informant: Rider		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: SALES		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/12/2019 20:45	Type of Location: Roundabout
Location: AT THE ROUNDABOUT OUTSIDE MAPLETREE BUSINESS CITY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE9993A	Motorcycle	HONDA	CBF150	Black		0
SME4503J	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE9993A	NTUC Income Insurance Co-Operative Limited	5105543865	30/01/2019	09/06/2020



**SINGAPORE
POLICE FORCE**



T/20191205/7018

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

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Report No. T/20191205/7018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LEE ZHEN CHENG	ID No.	S9146294Z
Related Vehicle	FBE9993A (Motorcycle)	Contact No.	92475896
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	LEE YONG ON	ID No.	S1441096A
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the stated date and time, I was travelling along the roundabout outside the Mapletree Business City on my bike (FBE9993A). I was in the inner lane. There was another vehicle (SME4503J) travelling along the roundabout in between two lanes. Vehicle (SME4503J) abruptly cut into my lane and collided with the rear left portion of my bike. I fell onto the road.



**SINGAPORE
POLICE FORCE**



T/20191205/7018

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

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Report No. T/20191205/7018

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 / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp

NP168

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

Date/Time:
05/12/2019 17:16

Classification Of Case:

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105543865		LEE ZHEN CHENG	S9146294Z	GMC	Third Party	FBE9993A	FBE9993A	30/01/2019	29/01/2020

Policy Information

Policy No.	5105543865	Policyholder Name	LEE ZHEN CHENG	Policyholder NRIC	S9146294Z
Certificate No.					
Address	BLK 81 #08-33 MACPHERSON LANE MACPHERSON VIEW SINGAPORE 360081				
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/11/2018	Effective Date	30/01/2019 00:00	Expiry Date	29/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	DIRECT BUSINESS DEPT	Agent Tel.	NIL	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 81 #08-33	Address 2	MACPHERSON LANE	Address 3	MACPHERSON VIEW
Address 4	SINGAPORE 360081	Address Type	Singapore address	Post Code	360081
Unit No.	08-33	Related Policy Number	5105543865		

Insured Object: FBE9993A

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	07/11/2019 00:00	Basic Information Endorsement	Entry Rejected	<p>Thank you for giving us the opportunity to serve you. We confirm that from 07 Nov 2019, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$13.10 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 14 Nov 2019, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$12.01 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF</p>
2	14/11/2019 00:00	Basic Information Endorsement	Entry Rejected	

Claim Handling

Accident MT/1074611

Policy No.	5105543865	Vehicle No.	FBE9993A	GST Registration No.	
Certificate No.					
Policyholder Name	LEE ZHEN CHENG	Cover Type	Third Party	Policyholder NRIC	S9146294Z
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	92475896	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	06/12/2019 12:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	04/12/2019	Time of Accident (h:mm)	20:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MAPLE BUSINESS CITY ROUNDABOUT				

Excess

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

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 81 #08-33	Address 2	MACPHERSON LANE	Address 3	MACPHERSON VIEW
Address 4	SINGAPORE 360081	Address Type	Singapore address	Post Code	360081
Unit No.	08-33	Related Policy Number	5105543865		

DI Driver Info

Driver Name	Lee Zhen Cheng	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9146294Z	Driver DOB	09/12/1991
Register Date of Driver License	11/12/2014	Driver Age	27	Driving Experience	4
Contact No.(Mobile)	92475896	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 81	Address 2	MACPHERSON LANE	Address 3	MACPHERSON VIEW
Address 4	SINGAPORE 360081	Address Type	Singapore address	Post Code	360081
Unit No.	08-33				
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
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Modification History

Claim 001 **New**

Claim Type *	OD-PK	Insured Name	LEE ZHEN CHENG	Insured NRIC	S9146294Z
Contact No.(Mobile)	+6592475896	Contact No.(Home)	68468951	Contact No.(Office)	
Email Address	ZHENCHENG.TOV@GMAIL.COM	DI Vehicle Number	FBE9993A	TP Vehicle Number	SME45031
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	<input type="text"/>	Claimant NRIC *	<input type="text"/>		
Claimant Address	<input type="text"/>				
Claim Description	FBE9993A / SME45031 DN 4 Dec 2019				
Preferred Workshop Contact No.	<input type="text"/>	Insured Liability *	Not at Fault	Name of Preferred Workshop	<input type="text"/>
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/12/2019 12:38	Claim Close Date	<input type="text"/>	Date Received	06/12/2019 00:00
Report Taken By	Jackson				

☐ Print AX letter

Save Submit

Attachment

Accident No. MT/1074611 Claim No. 001

Last Doc Received ☒ Yes ☐ No Upload Date 06/12/2019 12:39

Path *	Category *	Confidential	Urgency *	Description *
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

Msg Sent?

Attachment	Uploaded By/Date	Category	Urgency	Description	(CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 06 Dec 2019 12:39	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 06 Dec 2019 12:39	SAS		Normal	SAS 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 06 Dec 2019 12:39	Photos		Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 06 Dec 2019 12:38	Photos		Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 06 Dec 2019 12:38	Photos		Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 06 Dec 2019 12:38	Photos		Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 06 Dec 2019 12:38	Photos		Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 06 Dec 2019 12:38	Photos		Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 06 Dec 2019 12:38	Photos		Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 06 Dec 2019 12:38	Photos		Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 06 Dec 2019 12:38	Photos		Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 06 Dec 2019 12:38	Photos		Normal	Photos 2019-12-6
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 06 Dec 2019 12:38	Photos		Normal	Photos 2019-12-6
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 06 Dec 2019 12:38	Photos		Normal	Photos 2019-12-6
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 06 Dec 2019 12:38	Photos		Normal	Photos 2019-12-6

Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

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Scan and uploading