

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

NA119162398

Date In: 10/1/19-11:55	Job description	Date & Time Completed	Done by
Ref No: NA/INC19021701/24	SAS e-filing		
Veh No: SKR31467	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/1/19-08:10	i-Motor Claim Form	10/1/19 5:58 am	10/1/19 12:08
OD: TP Reporting Only	i-Motor W/O (Within: OD 3hrs, 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: SKU8900	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( ) %	[Note-Est. Status (WO): N: 0-20%, P: 21-79%, F: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:-

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA1929294	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st 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: Idao 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			
	9) N12: Idao Mobile \$0			
Pat 1:	Invoice dated	Fee Charged		
Pat 2/3:	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	10/12/2019 11:55
Date Of Accident	09/12/2019 08:10
Exact Location Of Accident	SLE (TPE) BEFORE SELETAR LINK EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR3146T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	53350846X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PREMIO 1.5F A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5112801747
Cover Note Number	

### Driver

Name of Driver	LIEW GUO FU
NRIC No	S9607030F
Date Of Birth	06/03/1996
Occupation	OUTDOOR
Date Of Driving Pass	04/03/2016
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97458350
Fax Number	
Contact Number	OFFICE-97458350
EEmail Address	NOEMAIL

Address	BLK 114 ANG MO KIO AVENUE 4 #08-367
Postcode	560114
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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)	2
Passenger 1	NAME: : YAP HUI YAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191210/2014 & T/20191210/2039.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU8900J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PARWIN KAUR
NRIC/Passport Number	S8725362G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### DETAILS OF INJURED PERSON 1

Name YAP HUI YAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKR3146T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

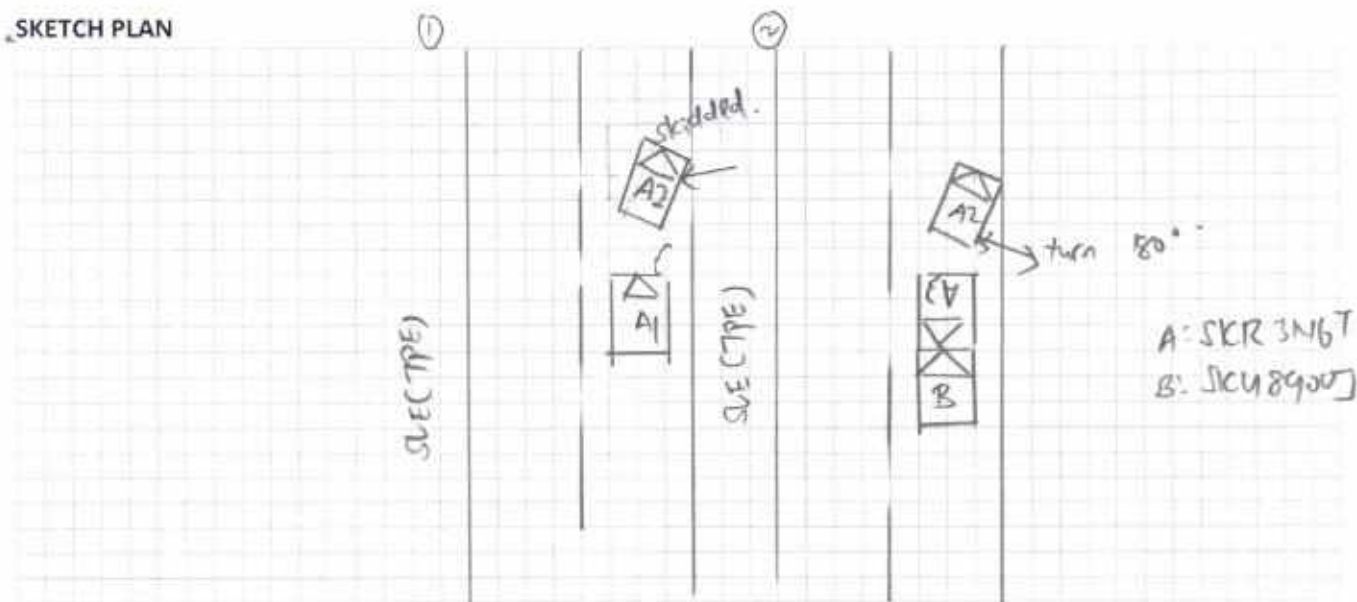


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 7/2019/10/20/2034.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

Signature

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

Signature

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

## ACCIDENT STATEMENT

ACCIDENT DATE: ( 9 / 10 / 19 ) (DD/MM/YYYY), TIME: ( 08 : 10 ) (HH:MM)

LOCATION: #3 SUECTPS before Seletar link

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR31467  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91449265  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Liew Hui Fu (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S967030F CONTACT: 92458352  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: ( 6 / 3 / 1966 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 4 1/2 yrs.

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: None

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Drizzling)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) -

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKM8900J MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Kevin Kaur  
c) NRIC/FIN/PASSPORT: S8725362H CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email =

fax =

video = ☒



**SINGAPORE  
POLICE FORCE**



T/20191210/2014

1 of 4

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No: T/20191210/2014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/12/2019 08:13	Video Report No:	Station Diary No.: 39
--------------------------------------------	------------------	--------------------------

**Informant's Particulars**

Name of Informant: LIEW GUO FU		Address: APT BLK 114 ANG MO KIO AVENUE 4 #08-367 SINGAPORE 560114	
ID Type / ID No: NRIC NO / S9607030F		Contact No.: Home/Office: Mobile: 97458350	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 06/03/1996	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/12/2019 08:15	Type of Location: Expressway
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY				
2nd Exit towards TPE / Jalan Kayu				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKR3146T	Car					1
SKU8900J	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20191210/2014

Police Station Of Origin:  
Sengkang N P C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343-8999

2 of 4  
Report No: T/20191210/2014

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	Yap Hui Yan	ID No.	S9612302G
Related Vehicle	SKR3146T (Car)	Contact No.	84441757
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LIEW GUO FU	ID No.	S9607030F
Related Vehicle	SKR3146T (Car)	Contact No.	97458350
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Parrwin Kaur	ID No.	S8725362G
Related Vehicle	SKU8900J (Car)	Contact No.	94525025
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 09/12/2019 at about 0815hrs, I was driving my vehicle bearing the registration number SKR3146T along the Kallang Paya Lebar Expressway Tunnel. I wish to inform that I had another passenger, my girlfriend, seating in my vehicle on the front passenger side and her particulars is as follow, Yap Hui Yan, S9612302G, DOB 10/04/1996 residing Block 610 Ang Mo Kio Avenue 4 #05-1251 Singapore 560610, contact number 84441757.

Whilst I was travelling on the first lane in the said KPE Tunnel, I lost control of my vehicle and it hit into the right concrete slabs in the tunnel just beside the first lane. I wish to inform that as a result it had caused my vehicle to spin 180 degrees before stopping in the same first lane. I also wish to inform that I tried to apply my brakes to stop my vehicle initially but to no avail.



**SINGAPORE  
POLICE FORCE**



T/20191210/2014

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 4  
Report No. T/20191210/2014

**CONTINUATION OF REPORT**

I turned on my hazard light immediately after my vehicle stopped to warn other traffic of the danger. I got out of my vehicle to call my rental company and to check what I should do since it was my first time coming across such a situation. I wish to inform that a few cars what was oncoming had managed to filter onto the 2nd lane and avoid my car however whilst I was speaking to the staff from the rental company. I saw a vehicle coming from the first lane and then collided into the front portion of my vehicle. I wish to inform that at this point, my girlfriend was in the vehicle.

I made a check on her and she informed that due to the collision she had hit the dashboard and flew off from her seat and her head hit onto the windscreen and back onto the seat. Due to the impact from her head to the windscreen, the windscreen cracked. At that point, of time, she was flustered and I managed exchanged particulars with the other driver. I wish to state that an EMAS towing had passed by and assisted me to tow my vehicle to Jalan Kayu Carpark. When we arrived there, I took grab together with my girlfriend and went to Sengkang General Hospital as she felt pain at her neck and head area and had bruise at her chin area and some laceration on her lips.

Currently, she is warded since 09/12/2019 and is conscious however pending further medical examination and advised by the medical staff. I have a footage of the incident. That is all.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No. 1800-343 8999



T/20191210/2014

4 of 4

Report No. T/20191210/2014

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
F /  
Sgt 3 MOHAMMED RAMDHAN BIN ROSELAN  
PANE

Signature Of Interpreter:  
Not applicable

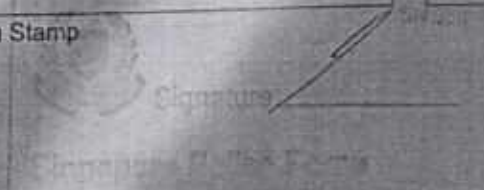
Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTE AHMAD  
Contact No.: 65476219

Authentication Stamp  
NP188

Signature Of Informant:

Date/Time:  
10/12/2019 08:13

Classification Of Case:





T/20191210/2039

1 of 3

Report No. T/20191210/2039

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No. 0

Report Number T/20191210/2039

Vide Report Number T/20191210/2014

Date/Time of Report Made 10/12/2019 11:42

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant Liew Guo Fu

ID Type / ID No. NRIC NO / S9607030F

Home/Office

Mobile 97458350

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 09/12/2019 08:15

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKR3146T	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20191210/2039

2 of 3

Report No. T/20191210/2039

**Continuation of CSF For NP168**

Driver			
Name	Liew Guo Fu	ID No.	S9607030F
Related Vehicle	NIL	Contact No.	97458350
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 Facts.**

Facts reference T/20191210/2014. Correct location should be along Yio Chu Kang Road Flyover towards Tampines Expressway (TPE).

## Continuation of CSF For NP168

### Sketch Plan

Informant is not able to provide sketch plan.

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / JUREMAH BINTE AHMAD
Classification of Case	1) INJURY / OTHERS

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.  Date of Accident   
Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5112801747	5112801747-000003	VDULEZ CARS	53350846X	GFM	drive CLASSIC	SKR3146T	SKR3146T	25/09/2019	24/09/2020

 Policy Information

Policy No.	5112801747	Policyholder Name	VOULEZ CARS	Policyholder NRIC	53350846X
Certificate No.	5112801747-000003				
Address	BLK 102 #09-908 SIMEI STREET 1 SINGAPORE 520102				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	20/09/2019	Effective Date	25/09/2019 00:00	Expiry Date	24/09/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	1500	Windscreen Excess	100
Additional Excess	0	OS Premium	24468.67		
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	BLK 102 #09-908	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520102
Address 4		Address Type	Singapore address	Post Code	520102
Unit No.	09-908	Related Policy Number	5112801747		

 Insured Object: 5112801747-000003

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
<b> Certificate Endorsements</b>					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue

Cancel

## Claim Handling

The premium for this policy has not been collected.

Accident MT/1075058

Policy No.	5112801747	Vehicle No.	SKR3148T	GST Registration No.	
Certificate No.	5112801747-000003				
Policyholder Name	VOULEZ CARS			Policyholder NRIC	S1350646X
Product Code	FLEET MASTER (INSURANCE)	Cover Type	Irrev CLASSIC	loading	0
Contact No.(Mobile)	91449205	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remarks		sCode	
40%	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	sCode Reason	
NCD Protection	No	NCD Endowment(%)	0	Private Hire	Yes

## Accident Details

Report Date	10/12/2019 12:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - road on collision
Date of Accident	09/12/2019	Time of Accident (hr:min)	08:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLE (TPE) BEFORE SELETAR LINK EXIT				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	1,300.00	TP Standard Excess	1,300.00	Driver is Covered?	
YIED OD Excess	0.00	YIED TP Excess			
Additional Excess	0				
Total OD Excess Applicable	1300.00	Total TP Excess Applicable			

## 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 112 #09-908	Address 2	SIMEI STREET 1	Address 3	SINGAPORE S20102
Address 4		Address Type	Singapore address	Post Code	S20102
Unit No.	09-908	Related Policy Number	5112801747		

## OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/03/1986
Unnamed Driver Name	130W BLUD HU	Driver NRIC	99687030P	Driving Experience	1
Register Date of Driver License	04/03/2016	Driver Age	33	Contact No.(Home)	0
Contact No.(Mobile)	97458350	Contact No.(Office)	0	Address 3	KEBUN SARU H250HT5
Address 1	BLK 114	Address 2	ANG MO KIO AVENUE 4	Post Code	S60114
Address 4	SINGAPORE S60114	Address Type	Singapore address		
Unit No.	08-187				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	
Destination					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Modification history

Claim 001 New

Claim Type *	OD-MK	Insured Name	VOULEZ CARS	Insured NRIC	S1350646X
Contact No.(Mobile)	91449205	Contact No.(Home)	NIL	Contact No.(Office)	+
Email Address		OT Vehicle Number	SKR3148T	TP Vehicle Number	SKUB9001
Claimant Type Claimant Type *	Please Select	Type of benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKR3148T / SKUB9001 ON 9 Dec 2019				Name of Preferred Workshop
Preferred Workshop Contact No.		Inured Liability *	Not at fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	10/12/2019 12:06	Claim Close Date		Date Received	10/12/2019 00:00
Report Taken By	JEKISSUN				
<input checked="" type="checkbox"/> Print AA letter					

Save Submit

## Attachment

or

Accident No.	MT/1075058	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	10/12/2019 12:06
Path *		Category *	
	Browse... Clear	Please Select	Confidential
	Browse... Clear	Please Select	Urgency *
	Browse... Clear	Please Select	Description *
	Browse... Clear	Please Select	
	Browse... Clear	Please Select	
	Browse... Clear	Please Select	

Browse...
Clear
Please Select
Normal

☐ Send Message

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 12:09	NRIC/Driving License	Y	Normal	NRIC/Driving License 2019-12-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 12:09	SAS		Normal	SAS 2019-12-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 12:09	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 12:09	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 12:09	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 12:09	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 12:09	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 12:09	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 12:09	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 12:09	Photos		Normal	Photos 2019-12-10
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 10 Dec 2019 12:09	Photos		Normal	Photos 2019-12-10

**Video List**

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>Display in New Window</span> <span>Scan and Uploading</span> </div>				