

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MA11916459**

|                                   |  |                       |         |
|-----------------------------------|--|-----------------------|---------|
| Date In: <b>12/1/19-13:39</b>     | Job description  | Date & Time Completed | Done by |
| Ref No: <b>NA/INC 19021979/14</b> | SAS e-filing   |                       |         |
| Veh No: <b>G884948E</b>           | E-mail (within 5hrs, AIC 2hrs)                         |                       |         |
| D.O.A: <b>12/1/19-04:15</b>       | i-Motor Claim Form                                     | <b>12/1/19 13:48</b>  |         |
| OD: <b>TP</b> Reporting Only      | i-Motor W/O (Within: OD 2hrs, TP 4hrs)                 |                       |         |
|                                   | i-Photo Uploaded                                       |                       |         |
| TP Insurer:                       | Assessment/Survey Report                               |                       |         |
|                                   | Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u> |                       |         |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: **1m 515C**

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

| <b>NA11916459</b><br>Claimant's Particulars:-<br>Driver/Owner:<br>Contact No:<br>Damaged Portion:<br>QC Checked by (Engr-In-Charge):<br>Auditors' Comments:-<br>Cat 1:<br>Cat 2 / 3: | Invoice Preparation Checklist                   |          | Am't (\$) | Am't (\$) |
|--|---|----------|-----------|-----------|
|  | 1st Bill  | Add Bill |           |           |
|  | 1) AR: Accident Reporting (\$30);               |          |           |           |
|  | 2) DA: Damage Assessment (\$100); INC (\$30)    |          |           |           |
|  | 3) TF: Towing Fee \$40/\$45                     |          |           |           |
|  | 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:  |   |          |           |           |
| *N5: Courtesy Car / Tpt Allowance  |   | \$5      |           |           |
| *N6: Repair Co-ordination  |   | \$10     |           |           |
| *N7: Post Repair Inspection  |   | \$25     |           |           |
| *N8: DV / Collect Excess Coordination  |   | \$5      |           |           |
| TP (N11): TP (Non INC) against INC   |   | \$20     |           |           |
| 9) N12: Idac Mobile  |   | \$0      |           |           |
| 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             | 13/12/2019 13:39 |
| Date Of Accident           | 12/12/2019 09:15 |
| Exact Location Of Accident | DEFU LANE 10     |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |  |
|-----------------------------|--|
| Vehicle Registration Number | GBB4948E                               |
| <b>Insured/Policyholder</b> |  |
| Name Of Registered Owner    | ESPIRIT BUILDING & ENGINEERING PTE LTD |
| Co Reg No                   | 200415274N                             |
| Email Address               | NOEMAIL                                |
| Mobile Phone No             |  |
| Alternative Phone No        | OFFICE-63855618                        |

### Vehicle Particulars

|  |                         |
|--|-------------------------|
| Manufacturer   | TOYOTA                  |
| Model  | DYNA 150 MANUAL 3SEATER |
| 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              | YES                                    |
| Policy Number             | 5111382118                             |
| Cover Note Number         |  |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | TOH TENG HUAT          |
| NRIC No              | S1208377G              |
| Date Of Birth        | 30/05/1956             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 06/01/1978             |
| Driving Experience   | 41 YEARS AND 11 MONTHS |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-96947973   |
| Fax Number           |                        |
| Contact Number       | OFFICE-96947973        |
| Email Address        | NOEMAIL                |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 691 HOUGANG STREET 61<br>#04-282 |
| Postcode  | 530691                               |
| Was driver an employee of the Insured's Company     | YES                                  |
| If No, Relationship of the Driver with the Insured  |                                      |
| Vehicle Registration Number of Driver's Own Vehicle | -                                    |
|   | -                                    |
|   | -                                    |
| Insurance Company of Driver's Own Vehicle           | -                                    |
|   | -                                    |
|   | -                                    |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| 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                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191212/7021.

#### 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 | YM6515C            |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              |                    |
| NRIC/Passport Number        |                    |
| Contact Number              |                    |
| Address                     |                    |
| Postcode                    |                    |
| Insurance Company Name      |                    |

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name TOH TENG HUAT

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBB4948E

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:

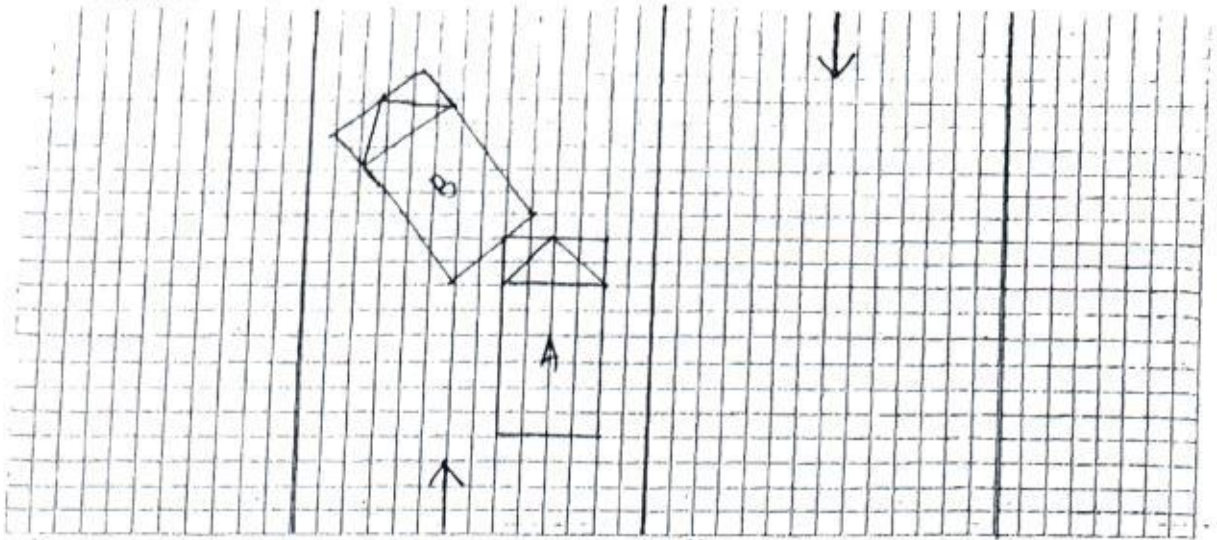
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

Vehicle A:  
GB04946E

Vehicle B:  
YM6515C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

I/We declare that 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.:



Date of Accident : 12/12/2019 Accident Time: 0915 HRS (24-HR-Format)  
Accident Place : Deva lane 10  
Vehicle Reg. No. (Car Plate No.) : GBB4948E  
Vehicle Make/Model : Toyota Dyna  
Insurance Company : NTUC Policy No. \_\_\_\_\_  
Owner or Company Name /IC No. : ESPIRIT Building & Engineering Pte Ltd  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 63855618 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Toh Teng Huat  
DRIVER'S Date Of Birth : 30/05/1956 DRIVER'S License Pass Date 06/01/1978  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Employee  
DRIVER'S Address : Blk 691 Hougang Street 61 #04-182  
DRIVER'S Contact No. / Alt No. : 1) 96947973 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : Admin@mycar.sg  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 0  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

|                                 |                               |
|---------------------------------|-------------------------------|
| Vehicle Reg. No: <u>YM6313C</u> | Vehicle Reg. No: _____        |
| Vehicle Make/Model: _____       | Vehicle Make/Model: _____     |
| Name Driver: _____              | Name Driver: _____            |
| IC No. Driver: _____            | IC No. Driver: _____          |
| Driver's Contact & Add: _____   | Driver's Contact & Add: _____ |

Injuries



**SINGAPORE  
POLICE FORCE**



T/20191212/7021

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

1 of 3

Report No. T/20191212/7021

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                    |                            |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>12/12/2019 17:29 |            | Vide Report No.:             |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                    |                            |
| Name of Informant:<br>TOH TENG HUAT        |            |                              | Address:<br>APT BLK 691 HOUGANG STREET 61 #04-282 SINGAPORE 530691 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S1208377G   |            |                              | Contact No.:<br>Home/Office: Mobile: 96947973                      |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>admin@mycar.sg   |                    |                            |
| Sex:<br>Male                               | Age:<br>63 | Date of Birth:<br>30/05/1956 | Type of Informant:<br>Driver                                       |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English   |                    | Institution / School Name: |
| Occupation:<br>Lorry driver                |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:           |                    |                            |

**General Information of the Accident**

|                                    |                  |                                    |  |                                    |
|------------------------------------|------------------|------------------------------------|--|------------------------------------|
| Type of Accident:                  | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>12/12/2019 09:15 | Type of Location:<br>Straight Road |
| Location:<br><br>DEFU LANE 10      |                  |                                    |  |                                    |
| 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>REAR TO HEAD |                  |                                    | Anyone conveyed by ambulance:<br>No        |                                    |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make   | Model | Color | Condition         | No of Passenger |
|-------------|-------|--------|-------|-------|-------------------|-----------------|
| GBB4948E    | Lorry | TOYOTA | DYNA  | Blue  | Seriously Damaged | 0               |
| YM6515C     | Lorry |        |       |       |                   | 0               |

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20191212/7021

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

2 of 3

Report No. T/20191212/7021

**CONTINUATION OF REPORT**

|                                   |                         |  |  |                                 |
|-----------------------------------|-------------------------|--|--|---------------------------------|
| <b>Driver</b>                     |                         |  |  |                                 |
| Name                              | TOH TENG HUAT           |  | ID No.                                 | S1208377G                       |
| Related Vehicle                   | GBB4948E (Lorry)        |  | Contact No.                            | 96947973                        |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL |  | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                     |  | Date Discharge                         | 12/12/2019                      |
| No. of Days granted Medical Leave | 03                      |  | Degree of Injury                       | Slight                          |

Brief Details.

ON THE STATED TIME AND DATE,  
I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER GBB4948E ON DEFU LANE 10, WHILE GOING STRAIGHT, VEHICLE B BEARING CARPLATE NUMBER YM6515C REVERSED OUT FROM THE SIDE OF THE ROAD AND COLLIDED ONTO THE FRONT PORTION OF MY VEHICLE. MY VEHICLE FRONT PORTION WAS BADLY DAMAGED AND MY WINDSCREEN SHATTERED. I FELT MUCH PAIN AND CONSULTED A DOCTOR WHICH I WAS THEN AWARDED



**SINGAPORE  
POLICE FORCE**



T/20191212/7021

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

3 of 3

Report No. T/20191212/7021

**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 /  
WONG SIEU LUI  
Contact No.: 65476151

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:  
12/12/2019 17:29

Classification Of Case:



**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: 5111882118 000002

Cover: Comprehensive

1. Index mark and Registration Number of Vehicle

GBB4948E

Chassis Number

JTFAT35V50K200525

2. Name of Policyholder

ESPIRIT BUILDING & ENGINEERING PTE. LTD.

3. Effective Date of Insurance

30 Aug 2019

4. Expiry Date of Insurance

29 Aug 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

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business

This Policy does not cover

(a) Use for hire or reward

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

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

\* 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

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : ETHOZ GROUP LTD.

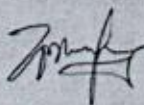
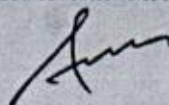
SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : NET LINK COMMERCIAL PTE. LTD. (00000615136)

Date of Issue : 29 Jul 2019 17:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

|   |   |                    |   |                   |         |               |             |                |               |             |
|---|---|--------------------|---|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| Policy No.                              | <input type="text" value="5111382118"/> | Date of Accident   | <input type="text" value="12/12/2019 09:15"/> |                   |         |               |             |                |               |             |
| Vehicle No.(For Motor)                  | <input type="text" value="GBB4948E"/>   | 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"/>                   | 5111382118                              | 5111382118-000002  | ESPIRIT BUILDING & ENGINEERING PTE. LTD.      | 200415274N        | GFM     | Comprehensive | GBB4948E    | GBB4948E       | 30/08/2019    | 29/08/2020  |
| <input type="button" value="Continue"/> |   |                    |   |                   |         |               |             |                |               |             |



## Claim Handling

Accident MT/1075545

|                     |   |                     |   |                      |            |
|---------------------|---|---------------------|---|----------------------|------------|
| Policy No.          | 511382118   | Vehicle No.         | GBB4948E  | GST Registration No. | 200415274N |
| Certificate No.     | 511382118-000002  |                     |   |                      |            |
| Policyholder Name   | ESPIRIT BUILDING & ENGINEERING PTE. LTD.                      |                     |   | Policyholder NRIC    | 200415274N |
| Product Code        | FLEET MASTER INSURANCE  | Cover Type          | Comprehensive   | Loading              | 0          |
| Contact No.(Mobile) | NIL   | Contact No.(Office) |   | Contact No.(Home)    |            |
| Email Address       |   | Special Remark      |   | eCode                |            |
| KPK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |            |
| NCD Protection      | No  | NCD Entitlement(%)  | 0   | Private Hire         | No         |

**Accident Details**

|                   |                  |                               |       |                     |                          |
|-------------------|------------------|-------------------------------|-------|---------------------|--------------------------|
| Report Date       | 13/12/2019 10:00 | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Head to Rear |
| Date of Accident  | 12/12/2019       | Time of Accident (hh:mm)      | 09:15 | Country of Accident | Singapore                |
| Reporting Centre  |                  | Orange Force                  |       | ICM No.             |                          |
| Accident Location | 125 DEPU LANE 30 |                               |       |                     |                          |

**Total Excess Applicable**

|                            |              |                            |        |                    |                |
|----------------------------|--------------|----------------------------|--------|--------------------|----------------|
| Excess Type                | Per Accident | Windscreen Excess          | 100.00 | Driver is Covered? | Not Applicable |
| OD Standard Excess         | 600.00       | TP Standard Excess         |        |                    |                |
| YIED OD Excess             |              | YIED TP Excess             |        |                    |                |
| Additional Excess          |              |                            |        |                    |                |
| Total OD Excess Applicable | 600.00       | Total TP Excess Applicable | 0.00   |                    |                |

**Benefits**

**GST Registered Information**

|                      |   |                       |            |
|----------------------|---|-----------------------|------------|
| GST Registered       | Yes   | GST Registration Date | 01/09/2010 |
| GST Registration No. | 200415274N  | GST Status Verified   | Yes        |
| Modification History | 13/12/2019 10:01:34 System changed GST Registration Date from 01/01/2015 to 01/09/2010<br>13/12/2019 10:01:34 System changed GST Status Verified from No to Yes |                       |            |

**Policyholder Mailing Address**

|           |                       |                       |                             |           |                  |
|-----------|-----------------------|-----------------------|-----------------------------|-----------|------------------|
| Address 1 | 8 KAKI BUKIT AVENUE 4 | Address 2             | #01-09 PREMIER @ KAKI BUKIT | Address 3 | SINGAPORE 415875 |
| Address 4 |                       | Address Type          | Singapore address           | Post Code | 415875           |
| Unit No.  |                       | Related Policy Number | 511382421                   |           |                  |

**DI Driver Info**

|   |   |                     |                 |                        |  |
|---|---|---------------------|-----------------|------------------------|--|
| Driver Name                             | Unnamed driver Name   | Driver Type         |                 | Driver DOB             |  |
| Register Date of Driver License         |   | Driver NRIC         |                 | Driving Experience     |  |
| Contact No.(Mobile)                     |   | Driver Age          |                 | Contact No.(Home)      |  |
| Address 1                               |   | Contact No.(Office) |                 | Address 3              |  |
| Address 4                               |   | Address 2           |                 | Post Code              |  |
| Unit No.                                |   | Address Type        | Foreign address |                        |  |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                 | Driver Insurer Company |  |

Modification History

Claim 002 **New**

|                                |                                   |                         |                                  |                            |                  |
|--------------------------------|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *                   | OD-MX                             | Insured Name            | ESPIRIT BUILDING & ENGINEER      | Insured NRIC               | 200415274N       |
| Contact No.(Mobile)            | 93801813                          | Contact No.(Home)       |                                  | Contact No.(Office)        | 63855618         |
| Email Address                  |                                   | DI Vehicle Number       | GBB4948E                         | TP Vehicle Number          | YM6515C          |
| Claimant Type Claimant Type *  | Please Select                     | Type of Benefit *       | Please Select                    |                            |                  |
| Claimant Name *                |                                   | Claimant NRIC *         |                                  |                            |                  |
| Claimant Address               |                                   |                         |                                  |                            |                  |
| Claim Description              | GBB4948E / YM6515C ON 12 Dec 2019 |                         |                                  |                            |                  |
| Preferred Workshop Contact No. |                                   | Insured Liability *     | Not at Fault                     | Name of Preferred Workshop |                  |
| Require Finalisation           | Yes                               | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report                 | Received         |
| Date Registered                | 13/12/2019 13:48                  | Claim Close Date        |                                  | Date Received              | 13/12/2019 00:00 |
| Report Taken By                | Jackson                           |                         |                                  |                            |                  |

☒ Print AK letter

Save Submit

## Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/1075545  | Claim No.   | 002              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 13/12/2019 13:49 |

| Path * | Browse... | Clear | 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**

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? |
|------------|------------------|----------|---------|-------------|-----------|
|------------|------------------|----------|---------|-------------|-----------|

(CD)

|   |  |                       |   |        |                                  |
|---|--|-----------------------|---|--------|----------------------------------|
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 13 Dec 2019 13:49 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2019-12-13 |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 13 Dec 2019 13:49 | SAS                   |   | Normal | SAS 2019-12-13                   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 13 Dec 2019 13:49 | Photos                |   | Normal | Photos 2019-12-13                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 13 Dec 2019 13:49 | Photos                |   | Normal | Photos 2019-12-13                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 13 Dec 2019 13:49 | Photos                |   | Normal | Photos 2019-12-13                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 13 Dec 2019 13:49 | Photos                |   | Normal | Photos 2019-12-13                |
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|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 13 Dec 2019 13:48 | Photos                |   | Normal | Photos 2019-12-13                |

Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

Display in New Window

Scan and uploading