

NATIONAL Assessment Centre Services [wef 1 Jan'05] **MHA119169721**

Date In: 26/12/14-14:44	Job description	Date & Time Completed	Done by
Ref No: NA/INC/9022627/24	SAS e-filing		
Veh No: 5J68036P	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 21/12/14-00:20	i-Motor Claim Form	26/12/14 14:54	
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **FSM 7272C** 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Est Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
Dat. 2 / 3:	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	26/12/2019 14:44
Date Of Accident	21/12/2019 00:20
Exact Location Of Accident	KJE TWDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG8036P
Insured/Policyholder	
Name Of Registered Owner	CHUA PENG CHENG
NRIC No	SXXXX951C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84188039
Alternative Phone No	OFFICE-84188039

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION A1.5 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	NO
Policy Number	5102978151-01
Cover Note Number	

Driver

Name of Driver	CHUA PENG CHENG
NRIC No	SXXXX951C
Date Of Birth	13/11/1953
Occupation	OUTDOOR
Date Of Driving Pass	18/06/1977
Driving Experience	42 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84188039
Fax Number	
Contact Number	OFFICE-84188039
Email Address	NOEMAIL

Address	BLK 95 HAVELOCK ROAD #07-583
Postcode	160095
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 - 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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191221/2054.

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	FBM7717C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	CHUA PENG CHENG
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJG8036P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

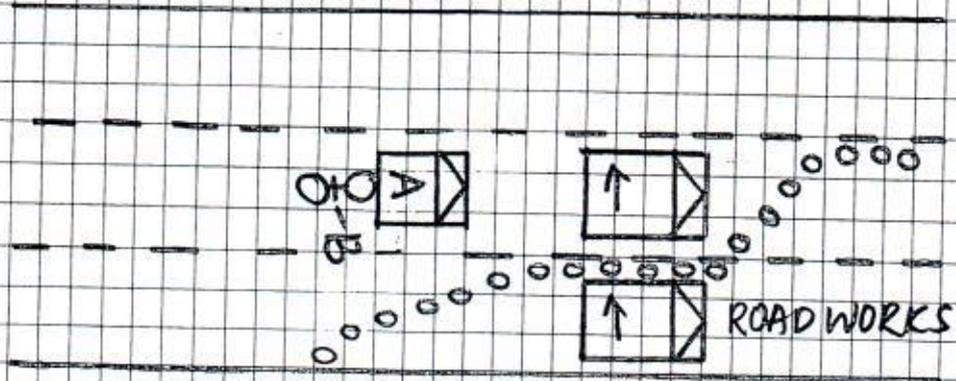
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**insurers**"), the insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
 - (I) Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) Investigations the accident and/or my claims;
 - (III) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (IV) Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of 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



A: SJG 8036P
B: FBM 7717C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

Peckham,

Policy holder's signature
Date & time:

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

[Signature]

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	21/12/2019 (DD/MM/YY)
Time of accident	0020 (HH:MM)
Exact location of accident	Along KJE towards BKE

DETAILS OF VEHICLE	
Vehicle registration number	SJA 8036P
Vehicle make and model	Toyota Allion
Type of vehicle	Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input 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	Chua Peng Cheng Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1852951C
Contact	8418 8039
Address	BK 95 Havelock Road #07-583 S(160 095)

DRIVER	SAME AS INSURED ABOVE <input checked="" type="checkbox"/> (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	13/11/1953
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Driving date pass	18/06/1977

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	03 (Inclusive of driver)

PASSENGER 1

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

PASSENGER 2

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

PASSENGER 3

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

PASSENGER 4

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

PASSENGER 5

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

PASSENGER 6

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

OTHER INFORMATION

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

DETAILS OF POLICE STATION ACTION

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

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1	
Vehicle registration number	FBM 7717C
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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	Chua Peng Cheng
Injuries sustained	Back and neck
Which vehicle person in?	SJG 8036P
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



**SINGAPORE
POLICE FORCE**



T/201912210014

1 of 3

Report No. T/201912210014

Police Station Of Origin
River Valley NDP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No. 1800-2788999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 21/12/2019 12:42	Video Report No. F/201912210014	Station Diary No. 18
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Informant's Particulars			
Name of Informant CHUA PENG CHENG		Address APT BLK 85 HAYELOCK ROAD #07-553 SINGAPORE 150085	
ID Type / ID No NRIC NO / S1852051C		Contact No Home/Office	Mobile: 84185039
Nationality SINGAPORE CITIZEN		Email	
Sex Male	Age 60	Date of Birth 13/11/1953	Type of Informant Driver
Race Chinese		Language	Institution / School Name
Occupation PRIVATE HIRED DRIVER		Driving Licence Information Class	Date of Expiry

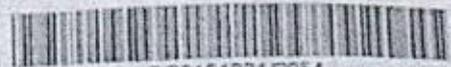
General Information of the Accident				
Type of Accident	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident 21/12/2019 00:20	Type of Location Straight Road
Location Along Road 1 KRANJI EXPRESSWAY				
Towards BKE Lamp Post Number: 62				
Weather Clear		Road Surface Dry	Road Speed Limit	
Traffic Flow One Way		Traffic Control Not Controlled	Traffic Volume Moderate	
Type of Collision Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
F0M7717C	Motorcycle				Seriously Damaged	0
SJG0030P	Car	TOYOTA	ALLION AT S EVOA A		Seriously Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJG0030P	NTUC Income Insurance Co-Operative Limited	6102976111-01	15/07/2019	15/07/2022



**SINGAPORE
POLICE FORCE**



T/20191221/2054

2 of 3

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20191221/2054

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUA PENG CHENG	ID No.	S1852951C
Related Vehicle	SJG8036P (Car)	Contact No.	84188039
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 21/12/2019 at around 0020hrs, I was driving my vehicle (SJG8036P) with 2 passengers on Kranji Expressway towards Bukit Timah Expressway on lane 2. As there was a road construction on lane 1 and lane 2, I stopped behind a TMA while signaling to convert to lane 3.
Susequently, I heard a loud bang and my vehicle jerked forward. I came down from my vehicle and I saw a motorcycle (FBM7717C) and the rider on the floor. A few vehicles stopped to render assistance by calling for Traffic Police and ambulance. None of my passengers nor myself were injured.
When the ambulance arrived, the rider was conveyed to hospital but I do not know which hospital he was sent to so I am unable to get any information on the rider. The Traffic Police officer then issued me a case card and told me lodge a police report.
I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20191221/2054

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

3 of 3

Report No: T/20191221/2054

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: E / Sgt 1 CHAN JUN MIN, STANLEY
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NORAMEERA BINTE MOHAMED HUSSEIN Contact No: 65476236
Authentication Stamp NP168

Signature Of Informant:
Date/Time: 21/12/2019 12:42
Classification Of Case: SN 069

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: 5102978151-01	Cover : drivo CLASSIC
1. Index mark and Registration Number of Vehicle	: SJG8036P
Chassis Number	: NZT2603028524
2. Name of Policyholder	: CHUA PENG CHENG
3. Effective Date of Insurance	: 16 Jul 2019
4. Expiry Date of Insurance	: 15 Jul 2020
5. Persons or Classes of Persons entitled to drive#	
(a) The Policyholder.	
(b) Any other person who is driving on the Policyholder's order or with his/her permission.	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6. Limitations as to Use#	
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.	

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHUA PENG CHENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ABWIN PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : LEE POH LING (00000587423)
 Date of Issue : 01 Jul 2019 12:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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"/>	5102978151-01		CHUA PENG CHENG	S1852951C	GPC	drive CLASSIC	SJG8036P	SJG8036P	16/07/2019	15/07/2020

Policy Information

Policy No.	5102978151-01	Policyholder Name	CHUA PENG CHENG	Policyholder NRIC	S1852951C
Certificate No.					
Address	BLK 95 #07-583 HAVELOCK ROAD SINGAPORE 160095				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	01/07/2019	Effective Date	16/07/2019 00:00	Expiry Date	15/07/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	LEE POH LING	Agent Tel.	62221889	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	BLK 95 #07-583	Address 2	HAVELOCK ROAD	Address 3	SINGAPORE 160095
Address 4		Address Type	Singapore address	Post Code	160095
Unit No.		Related Policy Number	5102978151-01		

Insured Object: SJG8036P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Claim Handling

Accident MT/1077262

Policy No.	S102978151-01	Vehicle No.	SJGB036P	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA PENG CHENG			Policyholder NRIC	S1852951C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	84188039	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<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	Yes
Accident Details					
Report Date	26/12/2019 14:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	21/12/2019	Time of Accident (hh:mm)	00:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KJE TWDS BKE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

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 95 #07-583	Address 2	HAVELOCK ROAD	Address 3	SINGAPORE 160095
Address 4		Address Type	Singapore address	Post Code	160095
Unit No.		Related Policy Number	S102978151-01		

DI Driver Info

Driver Name	CHUA PENG CHENG	Driver Type	Main Driver	Driver DOB	13/11/1953
Unnamed driver Name		Driver NRIC	S1852951C	Driving Experience	42
Register Date of Driver License	18/06/1977	Driver Age	66	Contact No.(Home)	0
Contact No.(Mobile)	84188039	Contact No.(Office)	0	Address 1	SINGAPORE 160095
Address 1	BLK 95	Address 2	HAVELOCK ROAD	Address 3	SINGAPORE 160095
Address 4		Address Type	Singapore address	Post Code	160095
Unit No.	07-583				
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 *	DD-MX	Insured Name	CHUA PENG CHENG	Insured NRIC	S1852951C	
Contact No.(Mobile)	84188039	Contact No.(Home)	NIL	Contact No.(Office)	62788288	
Email Address	PENGCHENGCHUA@YAHOO.CO	OI Vehicle Number	SJGB036P	TP Vehicle Number	FBM7717C	
Claimant Type	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	SJGB036P / FBM7717C ON 21 Dec 2019				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	26/12/2019 14:59	Claim Close Date		Date Received	26/12/2019 00:00	
Report Taken By	Jackson					

Print AK letter

Save **Submit**

Attachment

Accident No. HT/1077262 Claim No. 001

Last Doc. Received Yes No Upload Date 26/12/2019 15:00

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

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 15:00	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 15:00	SAS	Normal	SAS 2019-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 14:59	Photos	Normal	Photos 2019-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 14:59	Photos	Normal	Photos 2019-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 14:59	Photos	Normal	Photos 2019-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 14:59	Photos	Normal	Photos 2019-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 14:59	Photos	Normal	Photos 2019-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 14:59	Photos	Normal	Photos 2019-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 14:59	Photos	Normal	Photos 2019-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 14:59	Photos	Normal	Photos 2019-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 14:59	Photos	Normal	Photos 2019-12-26	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 14:59	Photos	Normal	Photos 2019-12-26	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Dec 2019 14:59	Photos	Normal	Photos 2019-12-26	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
				<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>