

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA No 398

| | | | |
|-------------------------|--|-----------------------|--------------|
| Date In: 2/1/05-12:30 | Job description | Date & Time Completed | Done by |
| Ref No: HA/INC000130214 | SAS e-filing | | |
| Veh No: SPV88760 | E-mail (within 4hrs, AIC 2hrs) | | |
| D.O.A: 2/1/05 06:15 | 1-Motor Claim Form | 2/1/05 23:00 | 3/1/05 12:30 |
| OD: (TP) Reporting Only | 1-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | 1-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: SU5594 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| NA2000898 | Invoice Preparation Checklist | Ant (\$) | Ant (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | In Bill | Add Bill |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TP: 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: Idas DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| QC Checked by (Engr-In-Charge): | ON* | | |
| | *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 (Non INC) against INC \$20 | | |
| Ref 1: | 9) N12: Idas Mobile 20 | | |
| Ref 2/3: | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

| | |
|----------------------------|------------------------------|
| Date Of Report | 31/01/2020 12:38 |
| Date Of Accident | 24/01/2020 06:15 |
| Exact Location Of Accident | SECOND LINK TWDS TUAS CUSTOM |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SFV8876A |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM CHIAN ENG |
| NRIC No | SXXXX325H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96359595 |
| Alternative Phone No | OFFICE-96359595 |

Vehicle Particulars

| | |
|--|-----------------------|
| Manufacturer | SUBARU |
| Model | SUBARU FORESTER 2.0XT |
| 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 CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5106090658-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | WONG YEW CHOONG RAYMOND |
| NRIC No | SXXXX785B |
| Date Of Birth | 26/07/1970 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/03/1989 |
| Driving Experience | 30 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97117717 |
| Fax Number | |
| Contact Number | OFFICE-97117717 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 789 WOODLANDS AVENUE 6 #06-645 |
| Postcode | 730789 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO STATEMENT.

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 | SLE539U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | KENNY CHIA |
| NRIC/Passport Number | |
| Contact Number | 96780202 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

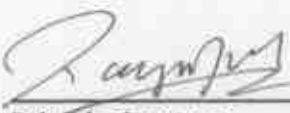
IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

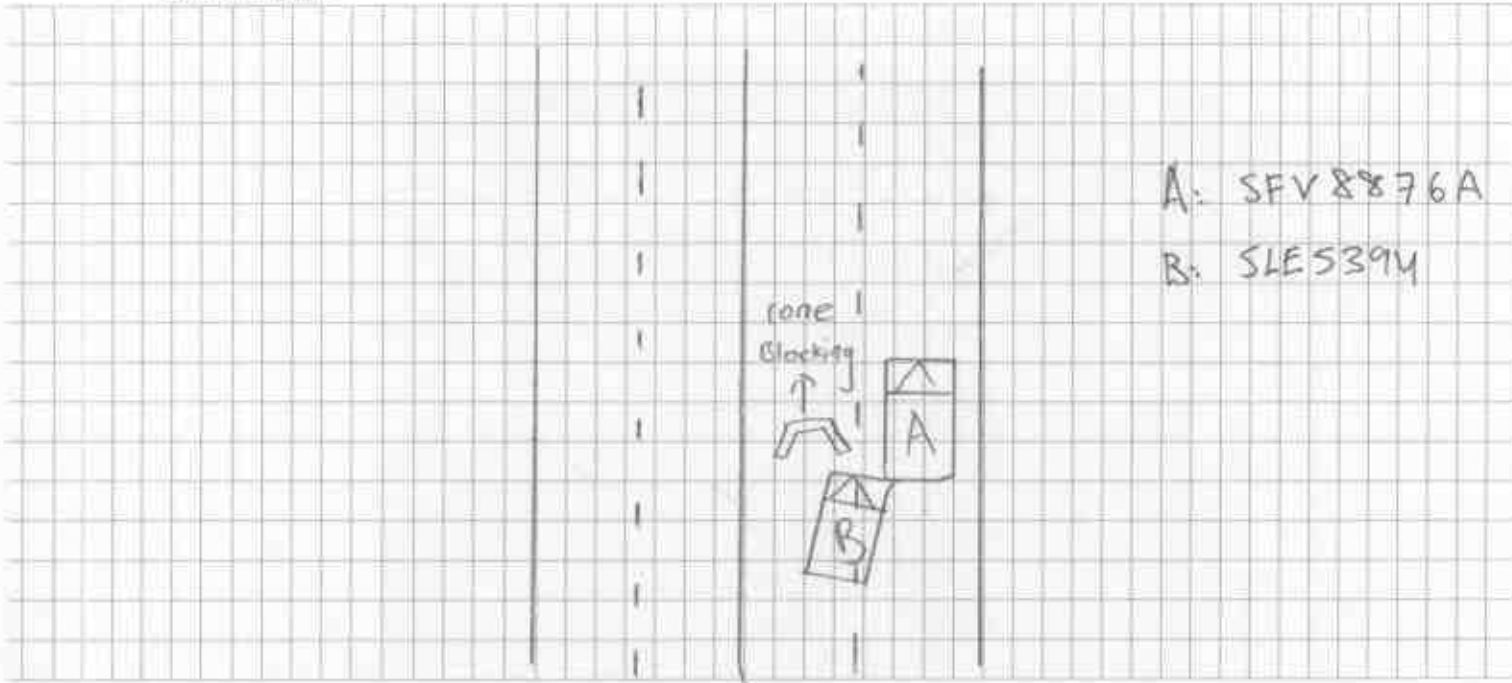
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policy holder's signature
Date / time:


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


reporting centre personnel's Signature
Date / time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was stationary along second link towards Tuas on the right lane. As the traffic was very heavy all the vehicles were queuing to move forward. Vehicle B which is on my left decided to cut into my lane and collided onto my vehicle. rear left portion

DECLARATION

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

Policy holder's signature
Date & time:

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

reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

| | | |
|----------------------------|---------------------------------|------------|
| Date of accident | 24/01/20 | (DD/MM/YY) |
| Time of accident | 0618am | (HH:MM) |
| Exact location of accident | Second Link towards Tuas custom | |

DETAILS OF VEHICLE

| | | | |
|--|---|---|---|
| Vehicle registration number | SFV 8876A | | |
| Vehicle make and model | Subaru Forester | | |
| Type of vehicle | Saloon <input type="checkbox"/> | MPV <input checked="" 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 checked="" 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 checked="" type="checkbox"/> | if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

INSURANCE INFORMATION

| | |
|-------------------|--|
| Insurance company | NTUC |
| Policy number | 5106090658-01 |
| Type of policy | Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

INSURED / POLICY HOLDER

| | | | |
|------------------------------|--|-------------------------------|---------------------------------|
| Name | Lim Chian Eng | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S7115325H | | |
| Contact | 96359595 | | |
| Address | Blk 789 Woodlands Ave 6 #06-645 S(730789) | | |

DRIVER

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

| | | | |
|------------------------------|---|-------------------------------|---------------------------------|
| Name | Wong Yew Chong Raymond | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S7024785B | | |
| Contact | 97117717 | | |
| Address | Blk 789 Woodlands Ave 6 #06-645 S(730789) | | |
| Email address | | | |
| Date of birth | 26/07/1970 | | |
| Occupation | Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> | | |
| Driving date pass | 28/03/1989 | | |

| 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 | 1 (Inclusive of driver) |

| PASSENGER 1 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 2 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 3 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 4 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 5 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 6 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| OTHER INFORMATION | |
|----------------------------|---|
| Was anybody injured? | Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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 | SL E 53 9u |
| Vehicle make model | |
| Name | Kenny Chia |
| NRIC / Fin / Passport number | |
| Contact | 9678 0202 |

| 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 | |
| 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 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"/> |

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: S106090658-01

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SFV8876A |
| Chassis Number | : JF1SJGK85EG030526 |
| 2. Name of Policyholder | : LIM CHIAN ENG |
| 3. Effective Date of Insurance | : 30 Dec 2019 |
| 4. Expiry Date of Insurance | : 29 Dec 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
- Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

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

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

| | |
|--------------------------------------|---|
| EXCESS (SECTION 1) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : LIM CHIAN ENG |
| NAMED DRIVER (1) | : WONG YEW CHOONG RAYMOND |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : HONG LEONG FINANCE LIMITED |
| 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 : B.A.S. INSURANCE AGENCY (00000573236)
Date of Issue : 16 Dec 2019 16:46 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. 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"/> | 5106090658-01 | | LIN CHEAN ENG | 57115329H | GPC | drive CLASSIC | SPV8876A | SPV8876A | 30/12/2019 | 29/12/2020 |

Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|------------------|----------------------------------|------------------|
| Policy No. | 5106090658-01 | Policyholder Name | LIM CHUAN ENG | Policyholder NRIC | S7115325H |
| Certificate No. | | | | | |
| Address | BLK 789 #06-645 WOODLANDS AVE 6 SINGAPORE 730789 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | Group Policy Flag | N |
| Policy Issue Date | 16/12/2019 | Effective Date | 30/12/2019 00:00 | Expiry Date | 29/12/2020 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OO Excess | 600 | Outside Singapore TP Excess | 0 | Young/Inexperience Driver Excess | |
| Agent | B.A.S. INSURANCE AGENCY | Agent Tel | 67492112 | GST Flag | Y |
| Cp-Insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 789 #06-645 | Address 2 | WOODLANDS AVE 6 | Address 3 | SINGAPORE 730789 |
| Address 4 | | Address Type | Singapore address | Post Code | 730789 |
| Unit No. | | Related Policy Number | 5106090658-01 | | |

Insured Object: SFV8876A

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|------------------|--------------------|---------------------|
|----------|---------------------|------------------|--------------------|---------------------|

Continue

Cancel

Claim Handling

Accident MY1082436

| | | | | | |
|----------------------|---|----------------------|---|----------------------|-----------|
| Policy No. | 515824858-01 | Vehicle No. | SP55764 | SST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | LIM CHIAN ENG | Cover Type | drive CLASSIC | Policyholder NRIC | S7113329H |
| Product Code | PR247E CAR INSURANCE | Contact No. (Office) | 0 | Loading | 0 |
| Contact No. (Mobile) | 96355505 | Special Remark | | Contact No. (Home) | 0 |
| Unit Address | | TCA | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | eCode | |
| WPC | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | NCD Endorsment(%) | 40 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|------------------------------|-------------------------------|-------|---------------------|--------------------------|
| Report Date | 31/01/2020 17:53 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Head |
| Date of Accident | 24/01/2020 | Time of Accident (h:mm) | 08:15 | Country of Accident | Singapore |
| Reporting Centre | | Charge Force | | ICN No. | |
| Accident Location | SECOND LINK TWO TURN CUSTODY | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|---------|
| Excess Type | Per Accident | Windscreens Excess | 100.00 | | |
| OD Standard Excess | 800.00 | TP Standard Excess | 0.00 | Driver is Covered? | Covered |
| YED OD Excess | 0.00 | YED TP Excess | 0.00 | | |
| Additional Excess | 0 | | | | |
| Total OD Excess Applicable | 800.00 | Total TP Excess Applicable | 0.00 | | |

Benefit

| | |
|-----------|-------------|
| Coverage | Sum Insured |
| Accessory | 0.00 |

SST Registered Information

| | | | |
|----------------------|----|-----------------------|----|
| SST Registered | No | SST Registration Date | |
| SST Registration No. | | SST Status Verified | No |
| Registration History | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 790 #08-445 | Address 2 | WOODLANDS AVE 8 | Address 3 | SINGAPORE 730788 |
| Address 4 | | Address Type | Singapore address | Post Code | 730788 |
| Unit No. | | Related Policy Number | 515824858-01 | | |

OT Driver Info

| | | | | | |
|---|---|----------------------|--------------------|------------------------|------------------|
| Driver Name | WONG YEW CHOONG RAYMOND | Driver Type | Named Driver | Driver DOB | 26/07/1970 |
| Unnamed driver Name | | Driver NRIC | S7024795H | Driving Experience | 30 |
| Register Date of Driver License | 28/03/1989 | Driver Age | 49 | Contact No. (Home) | 0 |
| Contact No. (Mobile) | 97117717 | Contact No. (Office) | 0 | Address 1 | SINGAPORE 730788 |
| Address 1 | BLK 790 | Address 2 | WOODLANDS AVENUE 8 | Address 3 | SINGAPORE 730788 |
| Address 4 | | Address Type | Singapore address | Post Code | 730788 |
| Unit No. | 08-445 | | | | |
| Does he own a Singapore Registered car? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyzer or Blood Test Reading? | 0 mg | Any Injury? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-------------------------------------|------|-------------|---|

Registration History

Claim 961 **Next**

| | | | | | |
|--------------------------------|----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | CO-HR | Insured Name | LIM CHIAN ENG | Insured NRIC | S7113329H |
| Contact No. (Mobile) | 96355505 | Contact No. (Office) | 03465562 | Contact No. (Home) | |
| Unit Address | | OT Vehicle Number | SP55764 | TP Vehicle Number | 0433792 |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | SP55764 / 0433792 ON 24 Jan 2020 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GSA report | Reserved |
| Date Registered | 31/01/2020 17:53 | Claim Close Date | | Date Received | 31/01/2020 00:00 |
| Report Taken By | Jackson | | | | |

Print All Letter

Attachment

| | | | |
|--------------------|---|--------------|------------------|
| Accident No. | MY1082436 | Claim No. | 800 |
| Last Doc. Received | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Upload Date | 31/01/2020 17:54 |
| Rate * | | Category * | Confidential |
| | | Confidential | Legacy * |
| | | | Description * |
| | | | |
| | | | |
| | | | |

| | | | | | | |
|---------|--|------|---------------|------|--------|--|
| Browser | | Open | Please Select | File | Normal | |
| Browser | | Open | Please Select | File | Normal | |

Send Message

17 Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent (00) |
|------------|---|----------------------|---------|-------------|--------------------------------|
| | NAC_PAXA_URI_800803(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 17:54 | MEIC Driving License | Y | Normal | MEIC Driving License 2020-1-31 |
| | NAC_PAXA_URI_800803(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 17:54 | Sex | | Normal | Sex 2020-1-31 |
| | NAC_PAXA_URI_800803(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 17:54 | Photo | | Normal | Photo 2020-1-31 |
| | NAC_PAXA_URI_800803(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 17:54 | Photo | | Normal | Photo 2020-1-31 |
| | NAC_PAXA_URI_800803(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 17:53 | Photo | | Normal | Photo 2020-1-31 |
| | NAC_PAXA_URI_800803(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 17:53 | Photo | | Normal | Photo 2020-1-31 |
| | NAC_PAXA_URI_800803(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 17:53 | Photo | | Normal | Photo 2020-1-31 |
| | NAC_PAXA_URI_800803(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 17:53 | Photo | | Normal | Photo 2020-1-31 |
| | NAC_PAXA_URI_800803(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 17:53 | Photo | | Normal | Photo 2020-1-31 |
| | NAC_PAXA_URI_800803(NATIONAL ASSESSMENT CENTRE SERV) CES) on 31 Jan 2020 17:53 | Photo | | Normal | Photo 2020-1-31 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source | Action |
|---|-------------|-----------|--------|--------|
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