

NATIONAL Assessment Centre Services (ref: 1 Jan 2005) MJA/2006785

Date In: 6/1/06 - 14:45	Job description	Date & Time Completed	Done by
Ref No: NA/INC12002486/14	SAS e-filing		
Veh No: 6LXG5124	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 6/1/06 - 00:20	i-Motor Claim Form	6/1/06 10:32:56:00	6/1/06 15:04
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 6LXG5124	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

NA2001180	Invoice Preparation Checklist	Amr (\$)	Amr (\$)
		Inc Bill	Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ref 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	* N5: Courtesy Car / Tpl 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: Idao Mobile \$30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Ref 1			
Ref 2 / 3:			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	06/02/2020 14:49
Date Of Accident	06/02/2020 00:20
Exact Location Of Accident	BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX9312Y
Insured/Policyholder	
Name Of Registered Owner	LOW MUN FATT
NRIC No	SXXXX028D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90618825
Alternative Phone No	OFFICE-90618825

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114612088
Cover Note Number	

Driver

Name of Driver	LOW MUN FATT
NRIC No	SXXXX028D
Date Of Birth	09/12/1964
Occupation	OUTDOOR
Date Of Driving Pass	26/12/1984
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90618825
Fax Number	
Contact Number	OFFICE-90618825
Email Address	NOEMAIL

Address	BLK 730 TAMPINES STREET 71 #04-63
Postcode	520730
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: : LOW JIA YI GENDER: : FEMALE
Passenger 2	NAME: : MOW GEOK PHENG MARY GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200206/7001.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH67S
Vehicle Make/Model/Colour	FIAT DABLO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver	NOR AZMI BIN NOREZAN
NRIC/Passport Number	SXXXX517B
Contact Number	89289515
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LOW MUN FATT
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLX9312Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LOW JIA YI
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLX9312Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	MOW GEOK PHENG MARY
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLX9312Y
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

Bedok North Avenue 3

A: SLX 9312 Y

B: GBH 67S

Bedok North Avenue 4

Refer to police Report

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



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	06-02-2020	(DD/MM/YY)
Time of accident	0620HRS	(HH:MM)
Exact location of accident	Bedok North Avenue 3	

DETAILS OF VEHICLE

Vehicle registration number	SLX 9312Y
Vehicle make and model	Honda Freed
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 checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	Driving Home
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input 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	5114612088
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Low Mun, Fatt	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S16520280	
Contact	9061 8825	
Address	APT B1C 730 Tampines Street 71 #04-03 157 520730	

DRIVER

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

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	09-12-1964	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	26-12-1984	

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If no, relationship of the driver and insured: <u>Owner</u>	
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input 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	<u>02</u> (Inclusive of driver)

PASSENGER 1

Name	<u>Mow Gook Pheng</u>
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 2

Name	<u>Low Jia Yi</u>
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	G8M 675
Vehicle make model	Fiat Doha
Name	Nor Azmi Bin Norazam
NRIC / Fin / Passport number	S92435176
Contact	89289515

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	Low Mun Fatt
Injuries sustained	B & N
Which vehicle person in?	SLX 9312Y
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	Low Jia Yi
Injuries sustained	B & N
Which vehicle person in?	SLX 9312Y
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 3	
Name	Mow Geok Pheng Mary
Injuries sustained	B & N
Which vehicle person in?	SLX 9312Y
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 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/20200206/7001

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

1 of 4

Report No. T/20200206/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2020 02:25		Vide Report No.: G/20200206/0007		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOW MUN FATT			Address: APT BLK 730 TAMPINES STREET 71 #04-63 SINGAPORE 520730		
ID Type / ID No.: NRIC NO / S1552028D			Contact No.: Home/Office: Mobile: 90618825		
Nationality: SINGAPORE CITIZEN			Email: jimmylow1964@gmail.com		
Sex: Male	Age: 55	Date of Birth: 09/12/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2020 00:20	Type of Location: Straight Road
Location: BEDOK NORTH AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH67S	Car					0
SLX9312Y	Car	HONDA	FREED+HY BRID+1.5G+ AUTO	Red		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLX9312Y	NTUC Income Insurance Co-Operative Ltd	5114612088	06/12/2019	05/12/2020



**SINGAPORE
POLICE FORCE**



T/20200206/7001

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

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Report No. T/20200206/7001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW MUN FATT	ID No.	S1652028D
Related Vehicle	SLX9312Y (Car)	Contact No.	90618825
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
Passenger			
Name	LOW JIA YI	ID No.	T0024132B
Related Vehicle	SLX9312Y (Car)	Contact No.	94502412
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	05	Degree of Injury	Slight
Passenger			
Name	MOW GEOK PHENG MARY	ID No.	S7134086D
Related Vehicle	SLX9312Y (Car)	Contact No.	86606266
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	05	Degree of Injury	Slight

Brief Details.

I was stationary along Bedok north avenue 3 towards Bedok reservoir road as it was red light where suddenly i felt a collision on the left rear side of my vehicle.

As i went down to check on the other party driver, he told me that he had fallen asleep and lost control of the vehicle and hence colliding on to my vehicle.

I made a call to the police and subsequently the ambulance and traffic police came down and the driver of the vehicle who collided on to me was being conveyed by the ambulance.



**SINGAPORE
POLICE FORCE**



T/20200206/7001

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

3 of 4

Report No. T/20200206/7001

CONTINUATION OF REPORT

I have also sustained injuries from the above mentioned accident and was issued 5 days of medical certificate.

I am making this report for investigation purposes and for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20200206/7001

4 of 4

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

Report No. T/20200206/7001

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 /
LIM ENG KUAN, CLARENCE
Contact No.: 65476195

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:
06/02/2020 02:25

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: S114612086

Cover : drive CLASSIC

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 1. Index mark and Registration Number of Vehicle | SLX933ZY |
| Chassis Number | GB71091085 |
| 2. Name of Policyholder | LOW MUN FAT |
| 3. Effective Date of Insurance | 06 Dec 2019 |
| 4. Expiry Date of Insurance | 05 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 or Hire'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)	SS2,000
EXCESS (SECTION 2)	SS1,500
WINDSCREEN EXCESS	SS100
ADDITIONAL EXCESS	N/A
UNNAMED DRIVER EXCESS	PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	NO
INSURE WITH COI	YES
NCD PROTECTION	NO
TRANSPORT ALLOWANCE	NO
EXCESS WAIVER	NO
PRIMARY DRIVER	LOW MUN FAT
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	PRIME MOTOR & LEASING PTE LTD
MODE 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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)
Date of issue : 05 Dec 2019 15:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorized 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"/>	Date of Accident	<input type="text" value="06/02/2020 00:20"/>
Vehicle No. (For Motor)	<input type="text" value="SLX9312Y"/>	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"/>	5114612088		LOW M/P/ FATT	S16520380	GPC	drive CLASSIC	SLX9312Y	SLX9312Y	06/12/2019	05/12/2020

Policy Information

Policy No.	5114612088	Policyholder Name	LOW MUN FAYT	Policyholder NRIC	S1652038D
Certificate No.					
Address	BLK 730 #04-63 TAMPINES STREET 71 TAMPINES COURTVIEW SINGAPORE 520730				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	10/12/2019	Effective Date	06/12/2019 00:00	Expiry Date	05/12/2020 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	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 730 #04-63	Address 2	TAMPINES STREET 71	Address 3	TAMPINES COURTVIEW
Address 4	SINGAPORE 520730	Address Type	Singapore address	Post Code	520730
Unit No.		Related Policy Number	5114612088		

Insured Object: SLX9312Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>				

Claim Handling

Accident #HT/1083256

Policy No.	SL14812088	Vehicle No.	SUR332V	GST Registration No.	
Certificate No.					
Policyholder Name	LOW MUN YATT	Driver Type	DRIVER CLASSIC	Policyholder NRIC	S15520380
Product Code	PRG475 CAR INSURANCE	Contact No (Office)	0	Jobbing	0
Contact No (Home)	90458525	Contact No (Mobile)	0	Contact No (Home)	0
Email Address		Special Remarks		eClass	
NPS	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	YCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eClass Reason	
ACD Provision	Ad	ACD Subsequent Y/N	0	Private Hire	Yes

Accident Details

Report Date	30/02/2020 17:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	06/02/2020	Time of Accident (H:MM)	06:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	22004 NORTH AVE 3				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
CD Standard Excess	2,800.00	TP Standard Excess	1,800.00
YER CD Excess	0.00	YED TP Excess	0.00
Additional Excess	0	Driver is Covered?	Covered
Total CD Excess Applicable	2,800.00	Total TP Excess Applicable	1,800.00

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 700 404-01	Address 2	SAFFORD STREET 7C	Address 3	SAFFORD COURTVIEW
Address 4	SINGAPORE 520730	Address Type	Singapore address	Post Code	520730
Unit No.		Subsidiary Policy Number	SL14812088		

OC Driver Info

Driver Name	LOW MUN YATT	Driver Type	Pass Driver	Driver DOB	06/12/1984
Uninsured Driver Name		Driver NRIC	S15520380	Driving Experience	0L
Register Date of Driver License	26/12/1984	Driver Age	35	Contact No (Home)	0
Contact No (Mobile)	90458525	Contact No (Office)	0	Address 1	SAFFORD STREET 7C
Address 1	BLK 700	Address 2	SAFFORD STREET 7C	Address 3	SAFFORD COURTVIEW
Address 4	SINGAPORE 520730	Address Type	Singapore address	Post Code	520730
Unit No.	04-01				
Does he own a Singapore Registered Car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Insured/Insurer or Blood Test Reading?	Strong	Any Injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Registration History

Claim #01 **New**

Claim Type *	CD-PR	Insured Name	LOW MUN YATT	Insured NRIC	S15520380
Contact No (Mobile)	90458525	Contact No (Home)	0	Contact No (Office)	0
Email Address		CD Vehicle Number	SUR332V	TP Vehicle Number	CD4075
Claimant Type/Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	MR	Claimant NRIC *			
Claimant Address					
Claim Description	SUR332V / S15520380 ON 6 Feb 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Requires Validation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GR report	Received
Date Registered	06/02/2020 15:06	Claim Close Date		Date Received	06/02/2020 15:06
Report Taken By	Admin				
<input checked="" type="checkbox"/> Print & Sign					

Save Submit

Attachment

Accident No.	HT/1083256	Claim No.	001
Last Doc. Approved	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	30/02/2020 15:06

Page *	Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	<input type="checkbox"/> Normal <input checked="" type="checkbox"/>	
	Browse... Clear	Please Select	<input type="checkbox"/> Normal <input checked="" type="checkbox"/>	
	Browse... Clear	Please Select	<input type="checkbox"/> Normal <input checked="" type="checkbox"/>	
	Browse... Clear	Please Select	<input type="checkbox"/> Normal <input checked="" type="checkbox"/>	
	Browse... Clear	Please Select	<input type="checkbox"/> Normal <input checked="" type="checkbox"/>	
	Browse... Clear	Please Select	<input type="checkbox"/> Normal <input checked="" type="checkbox"/>	

