

NATIONAL Assessment Centre Services. [wef: 1 Jan 09] MJA 120036085

Date In: 24/3/20 - 17:47	Job description	Date & Time Completed	Done by
Ref No: 46/INC 2000423/24	SAS e-filing		
Veh No: 5JM66716	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 16/3/20 - 05:00	i-Motor Claim Form	27/10/89388-001	24/3/20 14:03
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:	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

Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Amt (\$) for Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2009)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QD*				
*N5: Courtesy Car / Tpt Allowance		\$5		
*N6: Repair Co-ordination		\$10		
*N7: Post Repair Inspection		\$25		
*N8: DV / Collect Excess Coordination		\$5		
TP (N11): TP (Non INC) against INC		\$20		
9) N12: Idac Mobile		\$0		
Invoice dated		Fee Charged		
Invoice dated		Fee Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	24/03/2020 13:47
Date Of Accident	16/03/2020 05:00
Exact Location Of Accident	PAYA LEBAR RD BEFORE SIMS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM6671L
Insured/Policyholder	
Name Of Registered Owner	JASON LEE ZHENG DE
NRIC No	SXXXX686C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81029209
Alternative Phone No	OFFICE-81029209

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E 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	REPORTING ONLY
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	5107657273
Cover Note Number	

Driver

Name of Driver	LESLIE LEE ZHENG YI
NRIC No	SXXXX962B
Date Of Birth	29/01/1995
Occupation	INDOOR
Date Of Driving Pass	10/10/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91061148
Fax Number	
Contact Number	OFFICE-91061148
Email Address	NOEMAIL

Address	BLK 644 YISHUN STREET 61 #05-314
Postcode	760644
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
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	1
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)	4
Passenger 1	NAME: : TAY LAY LIAN GENDER: : FEMALE
Passenger 2	NAME: : CARIASO ROWENA DACANAY GENDER: : FEMALE
Passenger 3	NAME: : PHRAPRASERT PHUTHACHAT GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200316/2008, L/20200317/2092.

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 INJURED PERSON 1

Name	LESLIE LEE ZHENG YI
Approximate Age	
Injuries Sustain	BODY

Injured person in which vehicle?	SJM6671L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TAY LAY LIAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJM6671L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	CARIASO ROWENA DACANAY
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJM6671L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	PHRAPRASERT PHUTHACHAT
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJM6671L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

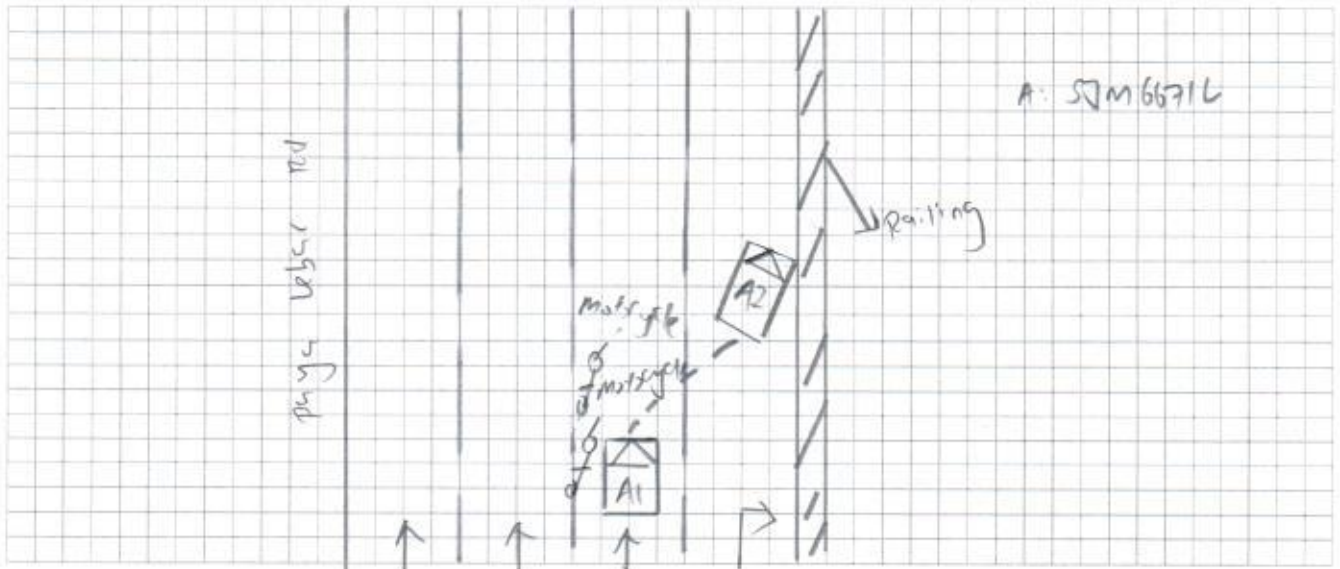
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2020316/2008, 6/2020317/2092.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (16/3/25) (DD/MM/YYYY), TIME: (05:00) (HH:MM)

LOCATION: Paya Lebar Rd before Sims Ave.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM6671L
 b) INSURANCE COMPANY: NIA
 c) POLICY NUMBER: 5122657277
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (YES)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Jason Lee Zheng De (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8931685E CONTACT: 81029209
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Leslie Lee Zheng Yi (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9506962B CONTACT: 91061148
 c) ADDRESS: _____

*d) DATE OF BIRTH: (29/1/1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Sibling

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) - waiting
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
 (Including driver)
(4)
3 female

① Tay Lay Lian

② Cariaso Rowena
 Darcany

③ Phrayasart
 Phatthachart

* No of passenger
 (Including driver)
()

* No of passenger
 (Including driver)
()

less 27 years
 after 2 years

Email =

fax =

video =



SINGAPORE POLICE FORCE

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999



T/20200316/2008

1 of 3

Report No. T/20200316/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2020 07:57		Vide Report No.:	Station Diary No.: 17
Informant's Particulars			
Name of Informant: LESLIE LEE ZHENG YI		Address: APT BLK 644 YISHUN STREET 61 #05-314 SINGAPORE 760644	
ID Type / ID No.: NRIC NO / S9506962B		Contact No.: Home/Office: Mobile: 91061148	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 29/01/1995	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: CUSTOMER SERVICE		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/03/2020 05:00	Type of Location: Straight Road
Location: Along Road 1 PAYA LEBAR ROAD Outside PLQ Mall				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM6671L	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200316/2008

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No. T/20200316/2008

CONTINUATION OF REPORT

Driver				
Name	LESLIE LEE ZHENG YI		ID No.	S9506962B
Related Vehicle	SJM6671L (Car)		Contact No.	91061148
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 16/03/2020 at about 0500hrs, I was driving my V1) SJM6671L vehicle along Paya Lebar Road, outside Paya Lebar Quarter.

I was driving along lane 2 of the 4 lanes when 1 motorcycle had passed by near me from the right. Subsequently, when I checked my left side mirror, I noticed another motorcycle rode near towards my left side of my vehicle causing me to switch to lane 1. Before making a lane change, I signaled right and check my blindspot for the oncoming traffic.

I wish to state that when I am switching to lane 1, another motorcycle had rode next to my vehicle thus I am unable to straighten my vehicle causing me to hit onto the barricade of the center divider.

I quickly switch off my engine and alight from my vehicle to make a check. I noticed that there barricade of the center divider was damaged. I wish to add that the barricade was detached from the center divider and it was on the opposite side of the road. I had then moved the barricade to the side of the road to prevent any disruption of the traffic flow.

I had then went to Paya Lebar Quarter wash room to make a check on myself where subsequently the police and ambulance was already at scene.

I wish to state that I have an in-car camera however I am unsure whether the camera is working.

Traffic police with incident reference G/20200316/0049 and ambulance was at scene. The barricade of the center divider was detached.

I was advised from the traffic police to lodged a police report.



Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20200316/2008

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:

LI

Sgt 2 MUHAMMAD IRYANI BIN JOHARI

Signature Of Informant:

Date/Time:

16/03/2020 07:57

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No.: 65476171

Classification Of Case:

Authentication Stamp

NP168



Since $\gamma_1, \gamma_2, \dots, \gamma_n$ are



**SINGAPORE
POLICE FORCE**



L/20200317/2092

1 of 2

POLICE REPORT (NP299)

Report No. L/20200317/2092

Police Station Of Origin
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

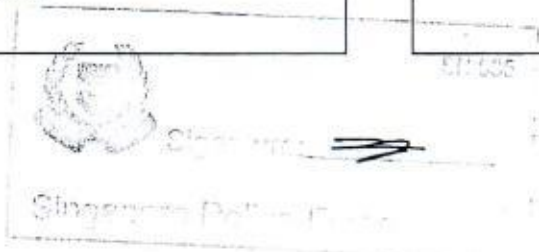
Date/Time Report Made 17/03/2020 20:51	Vide Report No. T/20200316/2008	Station Diary No. 127
Name Of Informant LESLIE LEE ZHENG YI	Address APT BLK 644 YISHUN STREET 61 #05-314 SINGAPORE 760644	
ID Type / ID No. NRIC NO / S9506962B	Contact No. Home/Office Mobile 91061148	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Customer service clerk	Sex Male	Age 25
Institution/School Name	Date of Birth 29/01/1995	Race Chinese
Date/Time Of Incident 16/03/2020 05:00	Location Of Incident 10 PAYA LEBAR ROAD PLQ MALL SINGAPORE 409057 Outside PLQ Mall, Along Paya Lebar Road	

Brief details.

On 16/03/2020 at about 0757hrs, I came into Yishun South NPC to lodge a Road Traffic Accident, Vide Report No: T/20200316/2008. My lawyer then informed that the particulars of my passengers who were involved in the accident was not inside the report, hence I am making this report to inform that 3 of my family members who were my passengers were injured after the incident occurred. 2 of my family members went to Intemedical 24hrs Clinic on the 16/03/2020 and they received 5 days of MC, however my other family member went to the Intemedical 24hrs Clinic on 17/03/2020 and received 3 days of MC. I

Signature Of Officer Recording The Report: L / SC2 MUHAMMAD SYAFI'IE BIN JUPRI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/03/2020 20:51
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Sgt 3 ROGER GOH XIN YAN Contact No.: 64660000	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



L/20200317/2092

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200317/2092

would like to inform that I went to Platinum Medical Centre on the 16/03/2020 and was given 3 days of MC.

Passengers that went to the said Clinic on the 16/03/2020

- 1) Phrprasert Phuthachat, G1584475U
- 2) Cariaso Rowena Dacanay, G8790474T

Passengers that went to the said Clinic on the 17/03/2020

- 1) Tay Lay Lian, S1450224F

Signature Of Officer Recording The Report:

L / SC2 MUHAMMAD SYAFI'IE BIN JUPRI

Signature Of Interpreter:
Not applicable

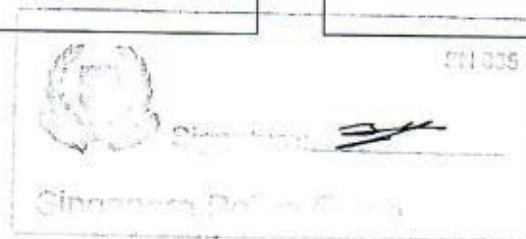
Officer In-Charge Of Case:
L / Woodlands Police Divisional Investigation Branch /
Sgt 3 ROGER GOH XIN YAN
Contact No.: 64660000

Signature Of Informant:

Date/Time:
17/03/2020 20:51

Classification Of Case:

Authentication Stamp



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="16/03/2020 05:00"/>
Vehicle No.(For Motor)	<input type="text" value="SJM6671L"/>	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"/>	5107657273		JASON LEE ZHENG DE	S8931686C	GPC	drive CLASSIC	SJM6671L	SJM6671L	05/03/2019	12/07/2020

Policy Information

Policy No.	5107657273	Policyholder Name	JASON LEE ZHENG DE	Policyholder NRIC	S8931686C
Certificate No.					
Address	BLK 663A #03-223 YISHUN AVENUE 4 SINGAPORE 761663				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	05/03/2019	Effective Date	05/03/2019 00:00	Expiry Date	12/07/2020 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	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 663A #03-223	Address 2	YISHUN AVENUE 4	Address 3	SINGAPORE 761663
Address 4		Address Type	Singapore address	Post Code	761663
Unit No.		Related Policy Number	5107657273		

Insured Object: SJM6671L

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	09/01/2020 00:00	PO1 Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 05 Mar 2019 TO 12 Jul 2020 In view of this amendment, an additional premium of \$684.60 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>

Continue

Cancel

Claim Handling

Accident MT/1089388

Policy No.	5107657273	Vehicle No.	SJM6671L	GST Registration No.	
Certificate No.					
Policyholder Name	JASON LEE ZHENG DE			Policyholder NRIC	S8931686C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81029209	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	24/03/2020 14:00	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	15/03/2020	Time of Accident hh:mm	05:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PAYA LEBAR RD BEFORE SIMS AVE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
DO Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED DO Excess	2500.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total DO Excess Applicable	4500.00	Total TP Excess Applicable			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 663A #03-223	Address 2	YISHUN AVENUE 4	Address 3	SINGAPORE 761663
Address 4		Address Type	Singapore address	Post Code	761663
Unit No.		Related Policy Number	5107657273		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LESLIE LEE ZHENG YI	Driver NRIC	SXXXX962B	Driver DOB	29/01/1995
Register Date of Driver License	10/10/2017	Driver Age	25	Driving Experience	2
Contact No.(Mobile)	91061148	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 644	Address 2	YISHUN STREET 61	Address 3	SINGAPORE 760644
Address 4		Address Type	Singapore address	Post Code	760644
Unit No.	05-314				
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
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Claim Type *	GD-MX	Insured Name	JASON LEE ZHENG DE	Insured NRIC	S8931686C
Contact No.(Mobile)	81029209	Contact No.(Home)		Contact No.(Office)	67605462
Email Address	jason_shineguard@hotmail.com	OT Vehicle Number	SJM6671L	TP Vehicle Number	
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJM6671L ON 16 Mar 2020				
Preferred Workshop Contact No.		Insured Liability *	Full at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/03/2020 14:03	Claim Close Date		Date Received	24/03/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter











Save Submit

Attachment

Accident No.	MT/1089388	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/03/2020 14:04

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="No"/> <input type="button" value="Yes"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	

☐ Send Message

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Mar 2020 14:04	NRIC/ Driving License	Y	NRIC/ Driving License 2020-3-24		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Mar 2020 14:03	SAS	Normal	SAS 2020-3-24		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Mar 2020 14:03	Photos	Normal	Photos 2020-3-24		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Mar 2020 14:03	Photos	Normal	Photos 2020-3-24		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Mar 2020 14:03	Photos	Normal	Photos 2020-3-24		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Mar 2020 14:03	Photos	Normal	Photos 2020-3-24		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Mar 2020 14:03	Photos	Normal	Photos 2020-3-24		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Mar 2020 14:03	Photos	Normal	Photos 2020-3-24		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Mar 2020 14:03	Photos	Normal	Photos 2020-3-24		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 Mar 2020 14:03	Photos	Normal	Photos 2020-3-24		
Video List						
Uploaded By/Date	Folder Date	File Name		Source	Action	
		Display in New Window	Scan and uploading			