

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA 2004874

Date In: 27/1/05 - 16:35	Job description	Date & Time Completed	Done by
Ref No: NA/NCW025435/04	SAS e-filing		
Veh No: 960996W	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/1/05 - 19:30	i-Motor Claim Form	27/1/05 19:40-001	27/1/05 19:11
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: Ym88H	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 Transp.ort Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA2002787	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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 30		
	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	27/04/2020 16:35
Date Of Accident	26/04/2020 19:30
Exact Location Of Accident	BLK 303 CHOA CHU KANG AVE 4 SERVICE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9962M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHAN YIN
Co Reg No	5XXXX009C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91087393
Alternative Phone No	OFFICE-91087393

### Vehicle Particulars

Manufacturer	TOYOTA
Model	REGIUS ACE SUPER GL DARK PRIME II 2.8 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113588476
Cover Note Number	

### Driver

Name of Driver	TAN JUN HUI
NRIC No	SXXXX156J
Date Of Birth	21/02/1996
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2017
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91087393
Fax Number	
Contact Number	OFFICE-91087393
Email Address	NOEMAIL

Address	BLK 167 PETIR ROAD #08-142
Postcode	670167
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200426/2044.

#### 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	YM88H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CAO MINGJUN
NRIC/Passport Number	
Contact Number	82116824
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1



## 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 (POPA)**

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.

X



SHAN YIN

Policyholder's Signature  
Date & Time:

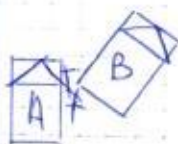


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN



Vehicle A: GBJ9662M

Vehicle B: YM88H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No. T/20200426/2074

## DECLARATION

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

2

SHAN YIN

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.:



<b>Vehicle No.</b>	GBJ9962M		<b>Model / Make</b>	Nissan NV350
<b>Date of Accident</b>	26/4/2020			
<b>Time of Accident</b>	1930	HRS		
<b>Location of Accident</b>	Along BLK 303 Choa Chu Kang Avenue 4 service road			
<b>Exact purpose use during accident</b>	Work			
<b>Name of Owner</b>	Shan Yin			
<b>Telephone No.</b>	H/P: 91087393	Home:	Office:	
<b>NRIC</b>	53405009C			
<b>Address</b>	167 Petir Road #08-142 S(670167)			
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY	
<b>Insurance Company</b>	N TUC			
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	5113588476			
<b>Name of Driver</b>	As Above If No, Tan Jun Hui			
<b>NRIC</b>	S9606156J		Any Passengers: —	
<b>Date of birth</b>	21/2/1996			
<b>Occupation</b>	Outdoor	/	Indoor	
<b>Driving License Pass Date</b>	18/4/2017			
<b>Gender</b>	Male	/	Female	
<b>Contact No.</b>	H/P: 91087393	Home:	Office:	
<b>Address</b>	BLK 167 Petir Road #08-142 S(670167)			
<b>Driver have any own vehicle</b>	No	If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state		
<b>Weather condition</b>	Clear	Raining	Other	
<b>Road Surface</b>	Dry	Wet	Other	
<b>Any Injuries</b>	No	If Yes, Who?		
<b>Name And Contact No.</b>				
<b>Name And Contact No.</b>				
<b>Police Report</b>	No,	If Yes, Where?	Choa Chu Kang N.P.C	
<b>Vehicle B No.</b>	YM88H	Any Passengers: —		
<b>Name of Driver</b>	Cap Ming Jun	Contact No.: 82116824		
<b>Vehicle C No.</b>		Any Passengers:		
<b>Vehicle D No.</b>		Any Passengers:		
<b>Vehicle E no.</b>		Any Passengers:		
<b>Vehicle F No.</b>		Any Passengers:		
<b>Vehicle G No.</b>		Any Passengers:		
<b>Witness Name</b>		Witness Contact:		
<b>Accident Portion</b>	Right portion			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>	HelloKitty1maaz@hotmail.com			
<b>PARTICULAR WORKSHOP</b>	N51 Automotive Pte Ltd			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Brandon			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg			





# SINGAPORE POLICE FORCE



T/20200426/2044

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

1 of 3

Report No. T/20200426/2044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/04/2020 21:46	Vide Report No.: J/20200426/0210	Station Diary No.: 120
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**Informant's Particulars**

Name of Informant: TAN JUN HUI			Address: APT BLK 167 PETIR ROAD #08-142 SINGAPORE 670167	
ID Type / ID No.: NRIC NO / S9606156J			Contact No.: Home/Office: Mobile: 91087393	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 24	Date of Birth: 21/02/1996	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: DELIVERYMAN			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/04/2020 19:30	Type of Location: Car Park
Location: Along Road 1 CHOA CHU KANG AVENUE 4				
Choa Chu Kang Avenue 4, service road near to Blk 303.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ9962M	Van	TOYOTA	REGIUS ACE SUPER GL DARK PRIME II 2.8 A	Black	Slightly Damaged	0
YM88H	Lorry	MITSUBISHI	FE639C6SR DEA	White	No Damage	0





**SINGAPORE  
POLICE FORCE**



T/20200426/2044

2 of 3

Report No. T/20200426/2044

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAN JUN HUI	ID No.	S9606156J
Related Vehicle	GBJ9962M (Van)	Contact No.	91087393
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	CAO MINGJUN	ID No.	G8884045W
Related Vehicle	YM88H (Lorry)	Contact No.	82116824
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 26/04/2020 at about 1930hrs, I parked my vehicle (GBJ9962M) at the service road of Blk 303, Choa Chu Kang Ave 4 and went to take my grabfood order. When I came back to scene, I discovered my right rear door was smashed. I called the police immediately and when the traffic police arrived at my location, the driver of (YM88H) came back and inform that he had hit my car. Subsequently, the traffic police came and took photo of the scene and ask me to make a police report. No one was injured at the time of accident.



**SINGAPORE  
POLICE FORCE**



T/20200426/2044

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

3 of 3

Report No: T/20200426/2044

**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:

J /  
Sgt JONG WEI SONG

Signature Of Interpreter:

Not applicable

SIGNATURE

Officer In Charge Of Case:

TP / GIT /  
Sr Staff Sgt NOR HIDAYU BINTE ABDUL  
SAMAD

Contact No.: 65476423

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

26/04/2020 21:46

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 :** 5113588476

**Cover :** Preferred Workshop Plan

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : <b>GBJ9962M</b>   |
| Chassis Number  | : GDH2011025190   |
| 2. Name of Policyholder   | : SHAN YIN  |
| 3. Effective Date of Insurance  | : 05 Nov 2019   |
| 4. Expiry Date of Insurance   | : 04 Nov 2020   |
| 5. Persons or Classes of Persons entitled to drive#   |   |
| (a) The Policyholder.   |   |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.                         |   |
|   | Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |
| 6. Limitations as to Use#   |   |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. |   |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.                     |   |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK 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 : ABWIN PTE LTD (00000614234)

Date of Issue : 01 Nov 2019 09:03 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"/>	5113588476		SHAN YIN	53405009C	GCV	Preferred Workshop Plan	GBJ9962M	GBJ9962M	05/11/2019	04/11/2020



## Policy Information

Policy No.	5113588476	Policyholder Name	SHAN YIN	Policyholder NRIC	53405009C				
Certificate No.									
Address	BLK 167 #08-142 PETIR ROAD SINGAPORE 670167								
Product Name	COMMERCIAL VEHICLE INSURAI Plan			Group Policy Flag	N				
Policy Issue Date	01/11/2019	Effective Date	05/11/2019 00:00	Expiry Date	04/11/2020 23:59				
Excess Type	Per Accident	All Claims Excess							
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100				
Additional Excess		OS Premium	0						
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess					
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

## Policyholder Mailing Address

Address 1	BLK 167 #08-142	Address 2	PETIR ROAD	Address 3	SINGAPORE 670167
Address 4		Address Type	Singapore address	Post Code	670167
Unit No.	08-142	Related Policy Number	5113588476		

## Insured Object: GBJ9962M

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	05/11/2019 00:00	POI Move	Endorsement Take Effective	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 Nov 2019 TO 04 Nov 2020
2	05/11/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 05 Nov 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: UNITED OVERSEAS BANK LIMITED CHASSIS NUMBER: GDH2011025910 ENGINE NUMBER: 1GD8425734 VEHICLE REGISTRATION NUMBER: N/A ORIGINAL REGISTRATION DATE: 05 Nov 2019
3	05/11/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 05 Nov 2019, the Vehicle Model is amended as follows: VEHICLE MAKE AND MODEL: TOYOTA REGIUS ACE
4	05/11/2019 00:00	Basic Information Endorsement	Endorsement Undo	Thank you for giving us the opportunity to serve you. We confirm that from 05 Nov 2019, the Vehicle Model is amended as follows: VEHICLE MAKE AND MODEL: TOYOTA REGIUS ACE In view of this amendment, an additional premium of \$89.15 (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.

## Claim Handling

Accident MT/1091940

Policy No.	511358476	Vehicle No.	GB9962M	GST Registration No.	
Certificate No.					
Policyholder Name	SHAN YIN			Policyholder NRIC	53405009C
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	91087393	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	17/04/2020 16:52	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	26/04/2020	Time of Accident (hh:mm)	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 303 CHOA CHU KANG AVE 4 SERVICE RD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	500.00	TP Standard Excess	0.00		
YIED OD Excess	1000.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	1600.00	Total TP Excess Applicable			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 167 #08-142	Address 2	PETIR ROAD	Address 3	SINGAPORE 670167
Address 4		Address Type	Singapore address	Post Code	670167
Unit No.	08-142	Related Policy Number	511358476		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/02/1996
Unnamed driver Name	TAN JUN HUI	Driver NRIC	SXXXX1561	Driving Experience	3
Register Date of Driver License	18/04/2017	Driver Age	24	Contact No.(Home)	0
Contact No.(Mobile)	91087393	Contact No.(Office)	0	Address 3	SINGAPORE 670167
Address 1	BLK 167	Address 2	PETIR ROAD	Post Code	670167
Address 4		Address Type	Singapore address		
Unit No.	08-142				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SHAN YIN	Insured NRIC	53405009C
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	GB9962M	TP Vehicle Number	YMBBH
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GB9962M / YMBBH ON 26 Apr 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	27/04/2020 17:11	Claim Close Date		Date Received	27/04/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1091940	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/04/2020 17:12
Path *		Category *	
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO
	Browse... Clear	Please Select	NO



Thumbnail ☐ Send Message

Attachment List						
Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 27 Apr 2020 17:12	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 27 Apr 2020 17:11	SAS		Normal	SAS 2020-4-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 27 Apr 2020 17:11	Photos		Normal	Photos 2020-4-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 27 Apr 2020 17:11	Photos		Normal	Photos 2020-4-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 27 Apr 2020 17:11	Photos		Normal	Photos 2020-4-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 27 Apr 2020 17:11	Photos		Normal	Photos 2020-4-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 27 Apr 2020 17:11	Photos		Normal	Photos 2020-4-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 27 Apr 2020 17:11	Photos		Normal	Photos 2020-4-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV[CES] on 27 Apr 2020 17:11	Photos		Normal	Photos 2020-4-27	
Video List						
	Uploaded By/Date	Folder Date	File Name		Source	Action
<div><div>Display in New Window</div><div>Scan and uploading</div></div>						