

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA 920C10003**

Date In: <b>11/12/20 - 10:27</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC2003157/24</b>	SAS e-filing		
Veh No: <b>5JY 4655</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>11/12/20 - 14:30</b>	i-Motor Claim Form	<b>11/11/1716-001</b>	<b>11/12/20 11:02</b>
OD: <b>TP</b> 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: **FSR84814**

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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$) Est. Bill	Amt (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Dat. 1:	TP (N11): TP (Non INC) against INC \$20		
Dat. 2 / 3:	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 Submission	01/12/2020 10:21 (SGT)
Date of Accident	28/11/2020 14:30 (SGT)
Exact Location of Accident	101 Thomson Rd, #B1-02 United Square, Singapore 307591
Additional Location Information	JUNCTION THOMSON RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY4635S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KIRALY PRIVATE LIMITED
Company Reg No	2XXXXX081C
Email Address	shaunheng301@gmail.com
Mobile Phone No	(Phone) +65-97656059
Alternative Phone No	+65-97656059

#### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113755262-01
Cover Note Number	-

#### DRIVER

Name of Driver	SHAUN HENG MING QUAN
NRIC No	SXXXX463H
Date Of Birth	08/03/1988
Occupation	Indoor

Date Of Driving Pass .....	10/12/2009
Driving experience .....	10 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87822606
Alt. Phone Number .....	-
Email Address .....	shaunheng301@gmail.com
Address .....	BLK 313D ANCHORVALE ROAD
Address complement .....	#08-136
Postcode .....	544313
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	NG LING JUAN JAMIE
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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 .....	FBR8981Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-
Contact Number .....	-



Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## 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.

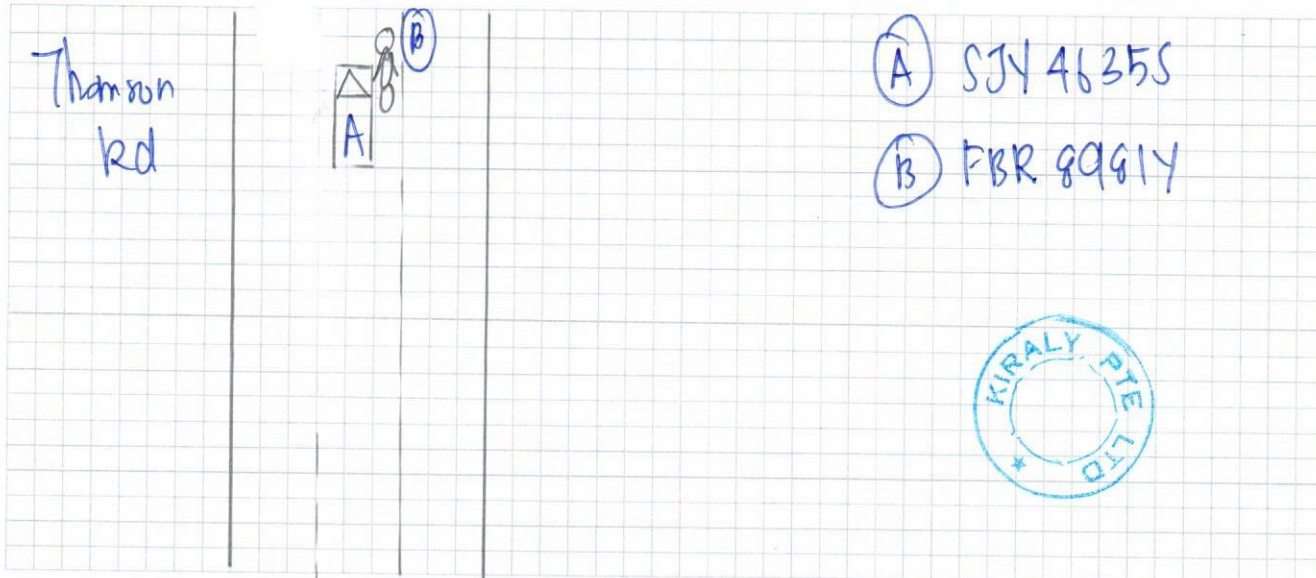


Policyholder's Signature  
Date & Time:

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

On 28.11.2020 at about 14:30hrs, I was travelling along Thomson rd. Upon reaching the traffic junction, I slow down & stop. While waiting for the traffic to turn green, all of a sudden I felt an impact on my left. Then I realised a motorbike FBR 8981Y had squeeze in between and collided onto my left side portion. That's all

## 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.:

**SINGAPORE ACCIDENT STATEMENT**TYPE OF CLAIMS : OWN DAMAGE ( ) 3rd PARTY ( ☒ ) REPORTING ONLY ( )DATE OF ACCIDENT : 28.11.2020 TIME : 4:30hrs  
LOCATION : Junction of Thomson Rd (In front of Velocity @ Norena Square)VEHICLE NUMBER : 8JY 4635S MAKE / MODEL Audi A4 1.8 TFSI mu  
OWNER INSURED : Kiraly Private Limited  
NRIC NO. : 201412091C CONTACT NUMBER: 9765 6059  
INSURANCE COMP: POLICY NUMBER:  
TYPE OF INSURANCE: COMPREHENSIVE ( ) TPFT ( ) 3RD PARTY ONLY ( )**DRIVER PARTICULAR****DRIVER SAME AS OWNER:** ( )DRIVER NAME : Shaun Heng Ming Quan NRIC NO.: S8809463H  
ADDRESS: 313D Anchorvale Rd #08-136 POSTAL: 544313  
CONTACT: 87822606 EMAIL: shaunheng301@gmail.com GENDER: M  
DOB: 08-03-1999 DATE OF PASS: 10-12-2009**(PLEASE TICK AND FILL THE RELEVANT CHOICES)**WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY ( ☒ ) YES ( ) NO

IF NO, RELATION OF DRIVER WITH INSURED:

( ) OWNER ( ) SPOUSE ( ) FRIEND ( ) RELATIVE ( ) CHILDREN ( ) SIBLING ( ☒ ) OTHERS *Driver*WEATHER CONDITION: ( ☒ ) CLEAR ( ) RAINING ( ) DRIZZLINGROAD SURFACE: ( ☒ ) DRY ( ) WET ( ) SLIPPERY

WAS ANYBODY INJURED: ( ) YES ( ) NO INJURIES SUSTAINED :

WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION:

( ) YES ( ) NO POLICE REPORT NUMBER:

ANY VIDEO CAPTURED: ( ) YES ( ) NO CONVEY BY AMBULANCE ( ) YES ( ) NO

NUMBER OF PASSENGER INCLUDE DRIVER: 2pax

PARTICULAR OF PASSENGER : Ng Ling Jian Jamie ( ) MALE ( ☒ ) FEMALE  
( ) MALE ( ) FEMALE  
( ) MALE ( ) FEMALE  
( ) MALE ( ) FEMALE**(THIRD PARTY PARTICULAR)**VEHICLE B FBK 8981Y NAME /NRIC: CONTACT:  
VEHICLE C NAME /NRIC: CONTACT:  
VEHICLE D NAME /NRIC: CONTACT:  
VEHICLE E NAME /NRIC: CONTACT:  
VEHICLE F NAME /NRIC: CONTACT:  
VEHICLE G NAME /NRIC: CONTACT:**WITNESS (IF ANY)**

NAME: HP NO.: NRIC:

\* TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT\*

> **Back to OneMotoring**

## **Enquire PARF/COE Rebate for Registered Vehicle**

### **Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	081C

### **Vehicle Details**

Vehicle No.:	SJY4635S
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2020
Vehicle Make:	AUDI
Vehicle Model:	A4 1.8 TFSI MU
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	CDH071766
Chassis No.:	WAUZZZ8K1AA070090
Maximum Power Output:	118.0 kW (158 bhp)
Open Market Value:	\$35,760.00
Original Registration Date:	03 Sep 2010
First Registration Date:	03 Sep 2010
Transfer Count:	3
Actual ARF Paid:	\$35,760.00

### **Intended PARF Rebate Details**

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

### **Intended COE Rebate Details**

COE Expiry Date:	31 Aug 2030
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$32,914.00
COE Rebate Amount:	\$31,816.00
<b>Total Rebate Amount:</b>	<b>\$31,816.00</b>

The information contained herein is correct as at 30 Nov 2020

OK

Start: 19/06/2020  
End: 18/06/2021

1-2 = \$294  
3-4 = \$350  
5-6 = \$406



Total \_\_\_\_\_ day @ \$ \_\_\_\_\_ per day  
Security Deposit: \$500

By: Paynew AT

24 HOURS HOTLINE: 9869 3087 / 9423 3975

### VEHICLE HIRING AGREEMENT

Rented Vehicle No.: 83446358

Hirer's Signature \_\_\_\_\_

Hirer's Own Vehicle No.: \_\_\_\_\_

2nd Driver's Signature \_\_\_\_\_

**HIRER / DRIVER'S PARTICULARS**

Name (as in I/C): Shaun Heng Ming Quan  
NRIC/Passport No.: S88094634  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name & Address of Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Age: \_\_\_\_\_  
Driving Exp: \_\_\_\_\_ Passed Date: \_\_\_\_\_  
Driving License No.: \_\_\_\_\_  
D/L Type: Local / International / Others: \_\_\_\_\_  
Tel: (C) \_\_\_\_\_ H/P \_\_\_\_\_

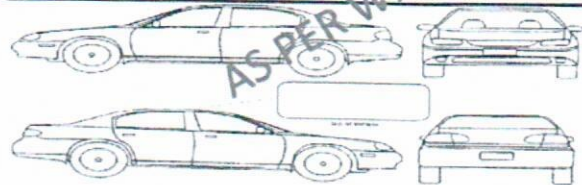
Make & Model: Audi A4

Date/Time Out: 19/06/2020 Mileage: \_\_\_\_\_

Petrol Level Out: E / 1/4 / 1/2 / 3/4 / F

Date/Time In: 18/06/2021 Mileage: \_\_\_\_\_

Petrol Level In: E / 1/4 / 1/2 / 3/4 / F



I have read and agree to the terms and condition on both sides of this agreement. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to your account. All information that I have given to Kiraly Group in connection with this agreement is true.

#### Important

1. Only persons above 23 & below 65 yrs of age with more than 2 yrs driving experience authorised licensed and signing this agreement may drive this vehicle.
2. All vehicles are supplied with petrol and should be returned with petrol level likewise. A service charge of \$10 on top of the petrol surcharge is payable by the hirer should he fail to return the vehicle at the appropriate petrol level.
3. No refund for early return of vehicle. The hirer shall be liable for additional charges for any late return at the rate shown per hour per day, inclusive of CDW and/or PAI where applicable. Any returns after our operation hours will be charged as full day rental.
4. Use of vehicle for illegal purpose (For instance: in connection with theft, drug pedalling or trafficking, smuggling) is strictly prohibited.
5. Vehicle strictly for Singapore use only and may not be driven out of Singapore without prior written consent of Kiraly Group. The hirer is liable for a penalty fee of \$200 in addition to the appropriate insurance top up in the case of non-disclosure of Malaysia usage.
6. The hirer and/or driver shall be responsible for all damages or losses howsoever caused, all traffic violations, fines, and penalties imposed on the vehicle for whatsoever reason in respect of or in connection with its use or operation.
7. The hirer and/or driver shall be responsible for all claims, damages, losses, increased insurance premiums, non-waiver excess and cost expense (including legal costs on a full indemnity basis), whatsoever and howsoever brought against, suffered or incurred by you in respect of the vehicle or the use or the operation of the vehicle. Full excess amount to be paid immediately in the event of an accident.
8. Smoke or permit smoking and transport of pets in the vehicle are not allowed. Any offensive smell e.g. cigarette, durian or pet's smell, the hirer and/or driver shall bear the cost of removing the offensive smell or pet's hair between \$200-\$400.
9. Any punctured tyres, empty petrol tank, loss of vehicle's key or locked key inside a vehicle, by itself, does not constitute a breakdown and that in the event the owner's 24-hours Emergency Service is called upon to respond to such occurrence, the hirer shall bear the cost of such response at \$100.00 per trip.
10. In case of accident, the hirer shall report to rental office immediately. An accident report must be made within 24 hours. Failure to comply, the hirer will have to borne all liability from all parties claim. Full excess amount have to be paid immediately in the event of an accident.
11. The hirer/driver also have the responsibility to ensure that the radiator water level in the car is sufficient and do not drive when the vehicle is stall and does not have sufficient water. Any damage to the engine will be bear by the hirer/driver.
12. I understand and agree to the personal data collection statement.

Hirer's Signature \_\_\_\_\_

PAID  
DATE 19/06/20  
CASH AT (126)

## 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:** 5113755262-01

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJY4635S**  
 Chassis Number : WAUZZZ8K1AA070090
2. Name of Policyholder : KIRALY PRIVATE LIMITED
3. Effective Date of Insurance : 31 Aug 2020
4. Expiry Date of Insurance : 30 Aug 2021
5. Persons or Classes of Persons entitled to drive#  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

**6. Limitations as to Use#**

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

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.  
 (b) Use for the carriage of goods (other than samples) in connection with any trade or business.  
 (c) Use for the carriage of passengers for reward purposes.  
 (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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DICKSON CAPITAL PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

**TECK WEI CREDIT PTE LTD**  
 Co. Reg. No. 200512300K  
 210 Turf Club Road  
 The Grandstand, Lot A8  
 Singapore 287995  
 Tel: 6465 0020 Fax: 6465 0017  
 Email: info@teckwei.com.sg

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 : TECK WEI CREDIT PTE. LTD. (00000572499)

Date of Issue : 26 Aug 2020 18:50 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



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"/>	5113755262-01		KIRALY PRIVATE LIMITED	201412081C	GPC	drivo CLASSIC	SJY4635S	SJY4635S	31/08/2020	30/08/2021

## ▼ Policy Information

Policy No.	5113755262-01	Policyholder Name	KIRALY PRIVATE LIMITED	Policyholder NRIC	201412081C
Certificate No.					
Address	8 KAKI BUKIT AVENUE 4 #06-43 PREMIER @ KAKI BUKIT SINGAPORE 415875				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/08/2020	Effective Date	31/08/2020 00:00	Expiry Date	30/08/2021 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	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 null	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#06-43 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	04-607	Related Policy Number	5120080298		

## ► Insured Object: SJY4635S

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	31/08/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 31 Aug 2020, the following amendment(s) is/are made to this policy: 1. The cover is amended from Third Party to drivo CLASSIC 2. The Endorsement M1 stated in the Policy is not applicable 3. Section 1 of this Policy is subject to an excess of S\$2,000.00. In view of this amendment, an additional premium of \$607.04 (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/1111796

Policy No.	5113755262-01	Vehicle No.	SJY4635S	GST Registration No.	
Certificate No.					
Policyholder Name	KIRALY PRIVATE LIMITED			Policyholder NRIC	201412081C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97656059	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value="Nc"/>
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(%)	20	Private Hire	No
<b>▼ Accident Details</b>					
Report Date	01/12/2020 10:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	28/11/2020	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION THOMSON RD				
<b>▼ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	01/12/2020 11:01:35 System changed GST Status Verified from No to Yes		

## Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#06-43 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	04-607	Related Policy Number	5120080298		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SHAUN HENG MING QUAN	Driver NRIC	S8809463H	Driver DOB	08/03/1988
Register Date of Driver License	10/12/2009	Driver Age	32	Driving Experience	10
Contact No.(Mobile)	87822606	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 313D	Address 2	ANCHORVALE ROAD	Address 3	ANCHORVALE GARDENS
Address 4	SINGAPORE 544313	Address Type	Singapore address	Post Code	544313
Unit No.	08-136				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History













Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KIRALY PRIVATE LIMITED	Insured NRIC	201412081C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	64921782
Email Address	andrew90034096@gmail.com	O1 Vehicle Number	SJY4635S	TP Vehicle Number	FBR8981Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJY4635S / FBR8981Y ON 28 Nov 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	01/12/2020 11:02	Claim Close Date		Date Received	01/12/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1111796	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/12/2020 11:04
<b>Path *</b>			
	Browse...	Category *	Confidential
	Browse...	Urgency *	Description *
	Browse...		
	Browse...		
	Browse...		
	Browse...		
	Browse...		
	Browse...		

<div> <div>Message Read</div> <div> <div>Attachment List</div> <div> <div>Send Message</div> </div> </div> </div>						
Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Dec 2020 11:04	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Dec 2020 11:04	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Dec 2020 11:04	SAS		Normal	SAS 2020-12-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Dec 2020 11:03	Photos		Normal	Photos 2020-12-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Dec 2020 11:03	Photos		Normal	Photos 2020-12-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Dec 2020 11:03	Photos		Normal	Photos 2020-12-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Dec 2020 11:03	Photos		Normal	Photos 2020-12-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Dec 2020 11:03	Photos		Normal	Photos 2020-12-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Dec 2020 11:03	Photos		Normal	Photos 2020-12-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Dec 2020 11:03	Photos		Normal	Photos 2020-12-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Dec 2020 11:03	Photos		Normal	Photos 2020-12-1	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICE) on 01 Dec 2020 11:03	Photos		Normal	Photos 2020-12-1	
<div> <div>Video List</div> </div>						
Uploaded By/Date	Folder Date	File Name		Source	Action	
<div> <div>Display in New Window</div> <div>Scan and uploading</div> </div>						