

NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

10292050013

Date In: 8/12/12-11:30	Job description	Date & Time Completed	Done by
Ref No: 101/INC2013507/14	SAS e-filing		
Veh No: 5M1678K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 7/12/12-08:50	i-Motor Claim Form	107/11/12 2787-201	8/12/12 11:30
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 6X 778K	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:	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	Amf (\$) Est Bill	Amf (\$) 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:-		
	ON*		
	*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 (N'n 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 Submission 08/12/2020 11:30 (SGT)
Date of Accident 07/12/2020 08:50 (SGT)
Exact Location of Accident Upper Serangoon Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML6708K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LU GENGBAO
NRIC No SXXXX162I
Email Address lugengbao@icloud.com
Mobile Phone No (Phone) +65-81268165
Alternative Phone No +--

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
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 hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5109836370-01
Cover Note Number -

DRIVER

Name of Driver LU GENGBAO
NRIC No SXXXX162I
Date Of Birth 23/06/1991
Occupation Indoor

Date Of Driving Pass	17/03/2014
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81268165
Alt. Phone Number	+--
Email Address	lugengbao@icloud.com
Address	BLK 432A SENGKANG WEST WAY
Address complement	#27-509
Postcode	791432
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201207/7014.

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	GX7278K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LU GENGBAO
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SML6708K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


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.

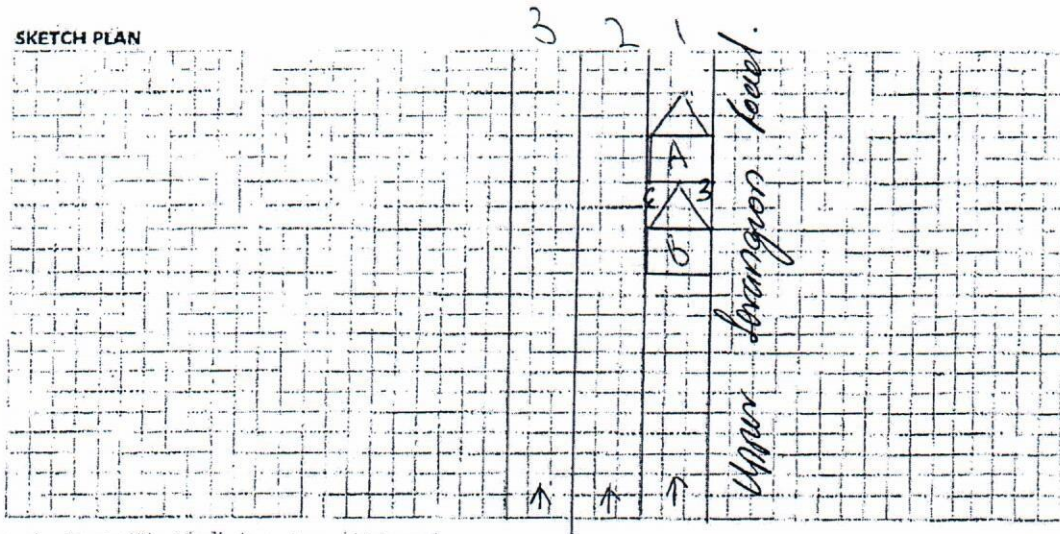

Policyholder's Signature
Date & Time:


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


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

A: SML6708K
B: GIX7278K

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING STRAIGHT IN VEHICLE A BEARING NUMBER PLATE SML6708K ON UPPER SERANGOON ROAD WHEN I WAS HIT FROM THE BACK BY VEHICLE B GIX7278K. I GOT DOWN MY CAR AND FIND THAT I WAS INVOLVED IN A TWO CAR COLLISION ACCIDENT. THE IMPACT CAUSED ME TO HAVE DISCOMFORT ON MY NECK AND BACK. I WILL BE CONSULTING A LOCAL GP LATER WITH REGARDS TO THE INJURY.

Refer to TP Report

T/20201207/7014

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

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 and time of accident	Date: 07/12/2018 (DD/MM/YY) Time: 08:50 AM (HH:MM)
Exact location of accident	UPPER SELANGHON ROAD

Details of vehicle

Vehicle registration number	SM16708K		
Vehicle make and model	HONDA FIT		
Type of vehicle	Saloon <input checked="" 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 checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	PRIVATE		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

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

Insured / Policy holder

Name	Lu Jeng Bao		Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9176182I		
Contact	8126 8165		
Address	Block 432A Serangoon West Way # 27-54 Singapore 55432		

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	Lugengbao@icloud.com		
Date of birth	23 June 1991		
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>		
Driving date pass	17 May 2014		

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>Self</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>1</u>	(Inclusive of driver)

Passenger 1

Name	<u>LI GENGHAO</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If yes, please state which police station.
Police station name	<u>TPHQ</u>	

Third party vehicle 1

Name	6X7278K
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	6X7278K
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	LI GENGHAO
Injuries sustained	NECK, BACK
Which vehicle person in?	VEHICLE A
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	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



SINGAPORE POLICE FORCE



T/20201207/7014

1 of 3

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

Report No. T/20201207/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2020 13:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LU GENGBAO			Address: 432A SENGKANG WEST WAY #27-509 SINGAPORE 791432		
ID Type / ID No.: NRIC NO / S9176162I			Contact No.: Home/Office: Mobile: 81268165		
Nationality: SINGAPORE CITIZEN			Email: LUGENGBAO@ICLOUD.COM		
Sex: Male	Age: 29	Date of Birth: 23/06/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: IT SUPPORT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/12/2020 08:50	Type of Location: Straight Road
Location: UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No.of
GX7278K	Van	TOYOTA		White	Slightly Damaged	1
SML6708K	Car	HONDA	FIT 1.3GF CVT	Silver	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20201207/7014

2 of 3

Report No. T/20201207/7014

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML6708K	NTUC Income Insurance Co-Operative Limited	5109836370-01	30/05/2020	29/05/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LU GENGBAO	ID No.	S9176162I
Related Vehicle	SML6708K (Car)	Contact No.	81268165
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

I WAS DRIVING STRAIGHT ON UPPER SERANGOON ROAD IN MY VEHICLE BEARING NUMBER PLATE SML6708K WHEN I WAS SUDDENLY HIT FROM THE REAR BY VEHICLE BEARING NUMBER PLATE GX7278K. I GOT DOWN MY VEHICLE AND FIND THAT I WAS INVOLVED IN A TWO VEHICLE COLLISION ACCIDENT. THE IMPACT CAUSED ME DISCOMFORT ON MY NECK AND BACK. I CONSULTED A LOCAL GP AND WAS GIVEN 3 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20201207/7014

3 of 3

Report No. T/20201207/7014

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
07/12/2020 13:13

Classification Of Case:

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

07/12/2020 08:50

Vehicle No.(For Motor)

SML6708K

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"/>	5109836370-01		LU GENGBAO	S91761621	GPC	drivo CLASSIC	SML6708K	SML6708K	30/05/2020	29/05/2021

Policy Information

Policy No.	5109836370-01	Policyholder Name	LU GENGBAO	Policyholder NRIC	S91761621
Certificate No.					
Address	BLK 432A #27-509 SENGKANG WEST WAY FERNVALE PALMS SINGAPORE 791432				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	17/04/2020	Effective Date	30/05/2020 00:00	Expiry Date	29/05/2021 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	VINCAR PTE LTD	Agent Tel.	64741119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	BLK 432A #27-509	Address 2	SENGKANG WEST WAY	Address 3	FERNVALE PALMS
Address 4	SINGAPORE 791432	Address Type	Singapore address	Post Code	791432
Unit No.	27-509	Related Policy Number	5109836370-01		

Insured Object: SML6708K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/10/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 27 Oct 2020, the following amendment(s) is/are made to this policy: 1. The Policy is extended to cover use for hire or reward. 2. An excess of S\$2,000.00 is imposed under Section 1 of this policy. 3. An excess of S\$1,500.00 is imposed under Section 2 of this policy 4. The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience. In view of this amendment, an additional premium of \$492.35 (inclusive of GST) is payable under your policy. This amount will be debited to your credit card account number 5520-38xx-xxxx-1378.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that from 26 Oct 2020, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$494.64 (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>
2	27/10/2020 00:00	Basic Information Endorsement	Entry Rejected	

Continue

Cancel

Claim Handling

Accident MT/1112787

Policy No.	5109836370-01	Vehicle No.	SML6708K	GST Registration No.	
Certificate No.					
Policyholder Name	LU GENGBAO			Policyholder NRIC	S9176162I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81268165	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(%)	10	Private Hire	Yes
▼ Accident Details					
Report Date	08/12/2020 11:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/12/2020	Time of Accident hh:mm	08:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Upper Serangoon Rd				
▼ Total Excess Applicable					
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	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		

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 432A #27-509	Address 2	SENGKANG WEST WAY	Address 3	FERNVALE PALMS
Address 4	SINGAPORE 791432	Address Type	Singapore address	Post Code	791432
Unit No.	27-509	Related Policy Number	5109836370-01		

▼ OI Driver Info

Driver Name	LU GENGBAO	Driver Type	Main Driver	Driver DOB	23/06/1991
Unnamed driver Name		Driver NRIC	S9176162I	Driving Experience	6
Register Date of Driver License	17/03/2014	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	81268165	Contact No.(Office)	0	Address 3	FERNVALE PALMS
Address 1	BLK 432A	Address 2	SENGKANG WEST WAY	Post Code	791432
Address 4	SINGAPORE 791432	Address Type	Singapore address		
Unit No.	27-509				
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**

Claim Type *	OD-MX	Insured Name	LU GENGBAO	Insured NRIC	S9176162I
Contact No.(Mobile)	81268165	Contact No.(Home)		Contact No.(Office)	
Email Address	LUGENGBAO@ICLOUD.COM	OI Vehicle Number	SML6708K	TP Vehicle Number	GX7278K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SML6708K / GX7278K ON 7 Dec 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	08/12/2020 11:34	Claim Close Date		Date Received	08/12/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1112787	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/12/2020 11:36
Path *		Category *	
	Browse... Clear Please Select	Confidential	Normal
	Browse... Clear Please Select	Confidential	Normal
	Browse... Clear Please Select	Confidential	Normal
	Browse... Clear Please Select	Confidential	Normal
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	Browse... Clear Please Select	Confidential	Normal

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Reserve Note

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2020 11:36	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-8		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2020 11:36	SAS		Normal	SAS 2020-12-8		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2020 11:35	Photos		Normal	Photos 2020-12-8		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2020 11:35	Photos		Normal	Photos 2020-12-8		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2020 11:35	Photos		Normal	Photos 2020-12-8		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2020 11:34	Photos		Normal	Photos 2020-12-8		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2020 11:34	Photos		Normal	Photos 2020-12-8		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2020 11:34	Photos		Normal	Photos 2020-12-8		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2020 11:34	Photos		Normal	Photos 2020-12-8		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 08 Dec 2020 11:34	Photos		Normal	Photos 2020-12-8		

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
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Display in New Window

Scan and uploading