

NATIONAL Assessment Centre Services.

(wef 1 Jan'05) **NA129200900M**

Date In: 9/12/20-17:10	Job description	Date & Time Completed	Done by
Ref No: NA114520013626/24	SAS e-filing		
Veh No: 164631M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/12/20-17:45	i-Motor Claim Form	NA1112993001	9/12/20 17:15
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: unknown	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 :-	Invoice Preparation Checklist	Am't (\$) Net Bill	Am't (\$) 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		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2 / 3:	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 (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 Submission	09/12/2020 17:10 (SGT)
Date of Accident	08/12/2020 17:45 (SGT)
Exact Location of Accident	173 Ang Mo Kio Ave 3, Singapore 560701
Additional Location Information	junction with amk ave 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY6315M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CARLANCE PRIVATE LIMITED
Company Reg No	2XXXXX919Z
Email Address	2939489@gmail.com
Mobile Phone No	(Phone) +65-89999999
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Airwave
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119466013
Cover Note Number	-

DRIVER

Name of Driver	ANG KWEE HOCK
NRIC No	SXXXX462B
Date Of Birth	28/02/1959
Occupation	Outdoor

Date Of Driving Pass	04/09/1980
Driving experience	40 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98341178
Alt. Phone Number	-
Email Address	2939489@gmail.com
Address	BLK 174 ANG MO KIO AVENUE 4
Address complement	#05-651
Postcode	560174
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	Collision - Cross Junction
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LOH KIU ENG
Gender	Female

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/20201208/2111 & T/20201209/7008.

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	UNKNOWN
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOH KIU ENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SGY6315M
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.



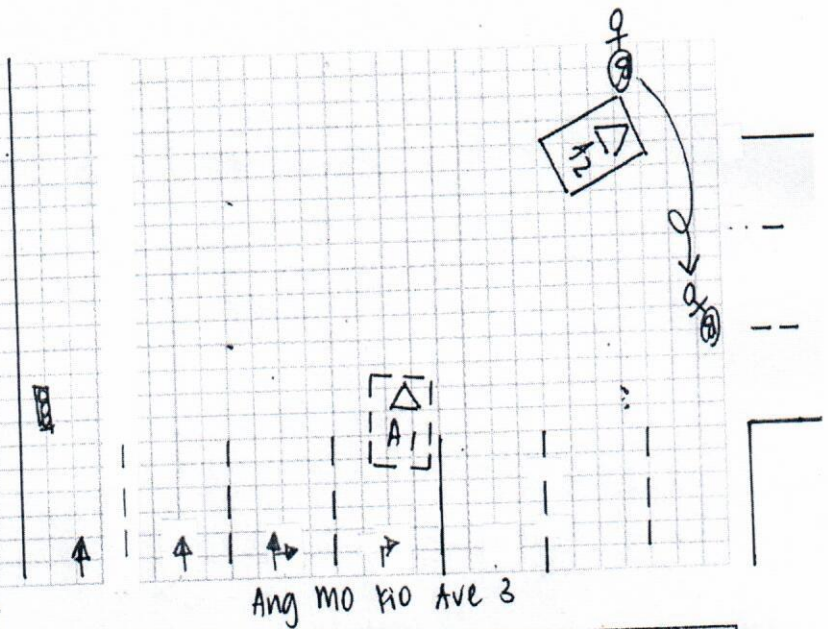
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Vehicle A: SGY6315M
Vehicle B: unknown



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report -

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.:

[Handwritten signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 08 / 12 / 2020 (DD/MM/YYYY), TIME: 17:45 (HH:MM)

LOCATION: Junction of Ang Mo Kio Ave 3 x 4.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGY6315M
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Airwave
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Carlane Private Limited (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 2020229192 CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
 (including driver)
(02)

Female passenger

- DRIVER
 a) NAME: Ang Kwee Hock (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S13494628 CONTACT: 98341178
 c) ADDRESS: 174 Ang Mo Kio Ave 4, #05-65 S (560174)

- d) DATE OF BIRTH: 28 / 02 / 1959 (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: thirer

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)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
 (including driver)
(01) male

- a) VEHICLE NUMBER: unknown MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

No of passenger
 (including driver)
()

- THIRD PARTY VEHICLE
 d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____ CONTACT: _____
 f) NRIC/FIN/PASSPORT: _____

email =

fax =



**SINGAPORE
POLICE FORCE**



T/20201208/2111

1 of 4

Report No. T/20201208/2111

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
08/12/2020 20:20

Vide Report No.:
F/20201208/0142

Station Diary No.:
19

Informant's Particulars

Name of Informant:
ANG KWEE HOCK

Address:
APT BLK 174 ANG MO KIO AVENUE 4 #05-651 SINGAPORE
560174

ID Type / ID No.:
NRIC NO / S1349462B

Contact No.:
Home/Office: Mobile: 98341178

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 61 Date of Birth: 28/02/1959

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
Hawker/Stall holder (prepared food or
drinks)

Driving Licence Information:
Class: 2B,3

Date of Expiry:

General Information of the Accident

Type of Accident:
Injury
Attended by Police

Drink
Drive:
No

Date/Time of
Accident:
08/12/2020 17:45

Type of Location:
T-Junction

Location:

ANG MO KIO AVENUE 4

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
Two Way

Traffic Control:
Traffic Light - Working

Traffic Volume:
Moderate

Type of Collision:
Between Moving Vehicles - Head On

Anyone conveyed by
ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGY6315M	Car	HONDA	AIRWAVE	Grey	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201208/2111

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Report No. T/20201208/2111

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

CONTINUATION OF REPORT

Driver		ID No.	
Name	ANG KWEE HOCK	S1349462B	
Related Vehicle		Contact No.	
SGY6315M (Car)		98341178	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
NIL		Class: 2B,3 Date of Expiry: NIL	
Date Treatment		Date Discharge	
NIL		NIL	
No. of Days granted Medical Leave		Degree of Injury	
NIL		NIL	
Passenger		ID No.	
Name	LOH KIU ENG	S1519024H	
Related Vehicle		Contact No.	
SGY6315M (Car)		96265479	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
NIL		Class: NIL Date of Expiry: NIL	
Date Treatment		Date Discharge	
NIL		NIL	
No. of Days granted Medical Leave		Degree of Injury	
NIL		NIL	

Brief Details.

On 08/12/2020 at about 5.45pm, whilst driving my rented car (Reg Plate No: SGY6315M), I stopped at the junction of Ang Mo Kio Avenue 3 and Avenue 4 where I was stationary for about 2 to 3 seconds. Although, the light was green and I was allowed to make a discretionary right turn, I waited for the green arrow to appear just to be safe. There were no other vehicles in front of me and I was first in the queue.

When the green right turn arrow appeared, I proceeded to perform a right turn. At this juncture, a motorcycle came from the opposite direction (Ang Mo Kio Avenue 3 towards Ang Mo Kio Hub) and collided into the front of my vehicle. The collision sent the rider flying forward before landing on the road. Initially, I stopped my car but when I realized that I may be obstructing traffic, I drove forward and stopped along Ang Mo Kio Avenue 4 near Blk 258 Ang Mo Kio. Both my wife, who was seated at the front passenger seat, and I alighted from the vehicle. I then rendered assistance to the rider and some pedestrians assisted to call for the ambulance.

During the incident, I observed that the rider was semi-conscious. I also noticed that he was bleeding on both of his legs and was unable to move at the time. The ambulance later arrived and the rider was conveyed to the hospital. The traffic police was also present at the location and I was advised to file a traffic accident report before meeting the IO at Traffic Police HQ.

I wish to state that at the material time, my wife and I do not have any visible injuries. However, we intend to check for any injuries at the clinic at a later time. I also state that I was unsure of the traffic light signal from the opposite traffic as I had not seen it and only know that the signal on my end was a green right turn arrow. I wish to state that the car has an in-car camera but it is faulty and not working.



**SINGAPORE
POLICE FORCE**



T/20201208/2111

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Report No. T/20201208/2111

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201208/2111

4 of 4

Report No. T/20201208/2111

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

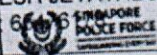
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Staff Sgt MUHAMMAD FAHMY BIN RAZALI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No. 65474885

Authentication Stamp
NP168



SIGNATURE

Signature Of Informant:

Date/Time:
08/12/2020 20:20

Classification Of Case:



SINGAPORE POLICE FORCE



T/20201209/7008

1 of 3

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

Report No. T/20201209/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2020 12:46	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ANG KWEE HOCK		Address: 174 ANG MO KIO AVENUE 4 #05-651 SINGAPORE 560174	
ID Type / ID No.: NRIC NO / S1349462B		Contact No.: Home/Office:	Mobile: 98341178
Nationality: SINGAPORE CITIZEN		Email: 2939489@gmail.com	
Sex: Male	Age: 61	Date of Birth: 28/02/1959	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Hawker/Stall holder (excluding prepared food or drinks)		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/12/2020 17:45	Type of Location: T-Junction
Location: ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGY6315M	Car	HONDA	AIRWAVE		Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201209/7008

2 of 3

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

Report No. T/20201209/7008

CONTINUATION OF REPORT

Passenger				
Name	LOH KIU ENG		ID No.	S1519024H
Related Vehicle	SGY6315M (Car)		Contact No.	96265479
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/12/2020		Date	09/12/2020
No. of Days granted Medical Leave	04	Degree of	Slight	
Driver				
Name	ANG KWEE HOCK		ID No.	S1349462B
Related Vehicle	SGY6315M (Car)		Contact No.	98341178
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

FURTHER TO MY POLICE REPORT THAT WAS LODGED ON 08/12/2020 AT TRAFFIC POLICE HQ, I WOULD LIKE TO STATE THAT MY WIFE - WHO WAS THE PASSENGER IN MY VEHICLE HAD SEEK MEDICAL ATTENTION ON 09/12/2020 AT INTEMEDICAL 24HR CLINIC @ AMK, AND WAS GIVEN 4 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20201209/7008

3 of 3

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

Report No. T/20201209/7008

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 /
THABAGESH JEYATHESH
Contact No.: 65476178

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:
09/12/2020 12:46

Classification Of Case:

eBaoTech

GeneralClaim

[Change Language](#)[Change Password](#)[Log Out](#)

Hello, NAC_PAYA_UBI_800601

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

08/12/2020 17:45

Vehicle No. (For Motor)

SGY6315M

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5119466013		CARLANCE PRIVATE LIMITED	202022919Z	GPC	drivo CLASSIC	SGY6315M	SGY6315M	21/10/2020	20/10/2021

Continue

Policy Information

▼ Policy Information

Policy No.	5119466013	Policyholder Name	CARLANCE PRIVATE LIMITED	Policyholder NRIC	202022919Z
Certificate No.					
Address	BLK 143 #12-349 SERANGOON NORTH AVENUE 1 SINGAPORE 550143				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	21/10/2020	Effective Date	21/10/2020 00:00	Expiry Date	20/10/2021 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	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 143 #12-349	Address 2	SERANGOON NORTH AVENUE 1	Address 3	SINGAPORE 550143
Address 4		Address Type	Singapore address	Post Code	550143
Unit No.	12-349	Related Policy Number	5119466013		

▶ Insured Object: SGY6315M

▼ Endorsements

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

Accident MT/1112993

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CARLACE PRIVATE LIMITED	Insured NRIC	202022919Z
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OJ Vehicle Number	SGY6315M	TP Vehicle Number	UNKNOWN
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGY6315M / UNKNOWN ON 8 Dec 2020				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	09/12/2020 00:00
Date Registered	09/12/2020 17:15	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Attachment














Accident No.	MT/1112993	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/12/2020 17:17

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="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="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="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="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="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"/>

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Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Dec 2020 17:17	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Dec 2020 17:17	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Dec 2020 17:16	SAS		Normal	SAS 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Dec 2020 17:16	Photos		Normal	Photos 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Dec 2020 17:16	Photos		Normal	Photos 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Dec 2020 17:16	Photos		Normal	Photos 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Dec 2020 17:16	Photos		Normal	Photos 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Dec 2020 17:15	Photos		Normal	Photos 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Dec 2020 17:15	Photos		Normal	Photos 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Dec 2020 17:15	Photos		Normal	Photos 2020-12-9	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Dec 2020 17:15	Photos		Normal	Photos 2020-12-9	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 09 Dec 2020 17:15	Photos		Normal	Photos 2020-12-9	

Video List

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