NATIONAL Assessment Centre	Services. 1	. [60'net 1 19m	:		
Date In: 15/02/21	Jeb description		Date & Time Compl	stor!	Done by
Rei No Na/INC2100,2127/13	SAS c-filing		İ	_	,
Voh No SMH2305L	E-mall (within a	lics, AIC 2hrs)			
1101 13/02/21 0105	I-Motor Clain	1 Torm 16/01	m/110111	-002	
	I-Motor W/O	(Within: OD 2hrs,	TP 4hrs)		
(1) (1) Reporting Only	I-Photo Uplon	ded			
	Assessment/Sur	vey Report			
TP Insurer:	Ass'l Report by	Fax / Hand to			
Profested Wksp / INC Assign Wksp / QW: (- 1/1		Tol: *	Fax:	1
TP Particulars: , Veh No:	SCUDEDSX	. INC()	
Owner / Driver: (Tcl:)
Policy No: () Perio	d: ()	Cover Type: (
Confirmed by: (Date:	b	. 8d-100%	1 .
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	() /\$2,000		/	. ——	• •
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() Walk-In Customer: Customer's Inform	ation strictly Con	ildential & Str	ctly NO refer of rep	olrer.	
() Total Loss Case : to e-mail Insurer		•	, n., 1 ,)		
Drive-In ()/ Towad-In (); Invoice:		O(); To	wing Co: (# · 4	,	,)
				原源	in Thorothy
1) Apply for Transfort Allowance ()/ Cou	rtesy Car ()			
2) QC Check / Post Repair Inspection	.(•)				
3) Upload Resurvey Photo [Repair Cost > \$300	[0]	1			
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	Victoria (Victoria)		TIS AND THE POST OF THE		Consultation
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Driver/Owner:		3) TP : Towing P 4) FT : Pollow-Ti	rough Survey	\$120	
Contact No:	•	Porolalming	rough Survey (Resurvey)		
Damäged Portion:		7) NI : Idao DA	llon	2160	
and the state of t		8) NTUC Addition	nal Services:-		
2C Checked by (Engr-In-Charge):	Y	NS: Courlesy	Car/Tpt Allowaniu	310 310	
	COLUMN STRUMENT	•NG: Repair C	n-ordination	523	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability of 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 15/02/2021 16:46 (SGT) 13/02/2021 01:05 (SGT) Date of Accident **Exact Location of Accident** 22 Upper Weld Rd, Singapore 207379 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH2305L

INSURED/POLICYHOLDER

Is company? NG CHEE MENG Name Of Registered Owner SXXXX045D NRIC No daven12_leo@hotmail.com **Email Address** (Phone) +65-84180330 Mobile Phone No Alternative Phone No +65-84180330

VEHICLE PARTICULARS

Manufacturer Mazda Model 5 Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Private use

No - Claiming third party Private car

INSURANCE COMPANY

NTUC Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 5107298783-01 Policy Number Cover Note Number

DRIVER

NG CHEE MENG Name of Driver NRIC No SXXXX045D 12/08/1975 Date Of Birth Outdoor Occupation

Date Of Driving Pass	13/11/1998
Driving experience	22 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84180330
Alt. Phone Number	+65-84180330
Email Address	daven12_leo@hotmail.com
Address	BLK 476 SEMBAWANG DRIVE
Address complement	#10-311
Postcode	750476
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	140
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
insurance company of other vehicle owned by briver	
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 the accident?	No
Number of vehicles involved in the accident	
	5
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)	0
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Man the anxident reported to the police?	Van
Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE POLICE REPORT:T/20210213/2009	
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 OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLU2825X
Vehicle Manufacturer	· ·
Vehicle Model	1. The state of th
Vehicle Variant	

Private car

SXXXX975J

NARAYANSAMY ELAMARAN

NRIC No	
Accident report S	SN09212F000M

Vehicle Variant Vehicle Colour

Name of Driver

Vehicle Category

Contact Number	(Phone) +65-90600953
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	i d
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	11 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBG3658Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	•
Postcode	3
Insurance Company Name	₩ 8
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBG1840A
Vehicle Manufacturer	m)
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	GBD690M
Vehicle Manufacturer	
Vehicle Model	12774
Vehicle Variant	<u> </u>
Vehicle Colour	1 = (
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)	-

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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.
- 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Witnessed by Reporting Centre

Sketch Plan

A - Smm 78051 B - SLM 2825 X C - GB & 3658 Y D - GB & 1840 A E - GB & 640 m

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1								

IWe 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

Witnessed by Reporting Centre Personnel





1 of 5 Report No. T/20210213/2009

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

PERO	-					DENT
KEPU	K I	OF A	AIR	AFFIC	ACCI	DENI

WEI OILL OL W LIVALLIO MODIDEILI		
Date/Time Report Made:	Vide Report No.:	Station Diary No.:
13/02/2021 04:25	A/20210213/0019	30

13/02/2	021 04:25		A/2021021010	30
Informa	nt's Partic	ulars		
Name o	f Informant EE MENG		750476	ANG DRIVE #10-311 SINGAPORE
CONTRACTOR OF THE PERSON OF TH	/ ID No.: O / S75290	45D	Contact No.: Home/Office:	Mobile: 84180330
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 45	Date of Birth: 12/08/1975	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupati Grab Dri			Driving Licence Informat Class: 3	tion: Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/02/2021 01:05	Type of Location Straight Road
Location: UPPER WELI	OROAD			
Weather:		Road Surface:		Road Speed Limit:
Weather:		Road Surface: Dry		
Weather: Clear Traffic Flow: One Way				Road Speed Limit: Traffic Volume: No Traffic

Details of V	Communication (Communication)	PRINCIPALS PRINCIPALS CONTRACTOR	Model	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	Model		No	0
GBD690M	Lorry				Damage	
GBG1840A	Van				Slightly Damaged	0
GBG3658Y	Lorry				Slightly Damaged	0
SLU2825X	Car				Slightly Damaged	0







Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

3 of 5 Report No. T/20210213/2009

CONTINUATION OF REPORT

Driver					
Name	NARAYANSAMY ELAMARAN		ID No.		S8284975J
Related Vehicle	SLU2825X (Car)		Contact No.		NIL
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ee &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	
Vehicle Owner	and the second second desired the				
Name	NG CHEE MENG		ID No		S7529045D
Related Vehicle	SMH2305L (Car)		Conta	ct No.	84180330
Hospital/Clinic	NIL		Class Driving Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
	ed Medical Leave NIL	Degree of	Injury	NIL	

Brief Details.

On 13/02/2021 at about 0105hrs, I was at home and suddenly heard a loud bang as my kitchen window was facing the carpark. My vehicle was parked at lot no. 22. I then went to make a check at the kitchen window and saw my vehicle (license registration no. SMH2305L) was already damaged and the vehicle (license registration no. SLU2825X) rear bumper had already collided onto my vehicle front bumper. The alarm of my vehicle also went off.

At that point of time, my vehicle rear bumper had collided onto a lorry's front bumper (license registration no. GBG3658Y). The lorry rear bumper had collided onto a van's front bumper (license registration no. GBG1840A). The van rear bumper had collided onto another lorry's front bumper (license registration no. GBD690M)

Subsequently, I went down and approached the vehicle owner (Narayansamy) who was driving vehicle (license registration no. SLU2825X) as his vehicle was parked in front of my vehicle. When I went down, Narayansamy's vehicle had already moved to the front. When Narayansamy came down from the vehicle, I asked him to exchange particulars with me however, he asked me not to report the matter to the police. Subsequently, I managed to take Narayansamy's particulars. I called for police assistance as there were 5 vehicles involved in this accident. Police attended to the incident and advised me to lodge a police report.

My vehicle's front bumper was dented and had scratches. The rear windscreen of my vehicle was shattered into pieces.





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No. 1800-2949999

9 of 5 Report No. T/20210213/2009

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:
A /
Sgt 2 LEE JUN LIANG, KENNETH
Signature Of Interpreter:
Not applicable

Officer in Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No : 65476246

Authentication Stamp

Date/Time:
13/02/2021 04:25

Classification Of Case:

VEHICLE NO: SMH 2305L	MAKE & MODEL: MAZDA 5 (AUTO) MANUAL
DATE OF ACCIDENT:	13 10 2 1 20 21 CC: 2.0
TIME OF ACCIDENT:	0105 HRS
LOCATION OF ACCIDENT:	22 upper world hand
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER:	No One Mena
TEL NO:	H/P: 8418-0330 OFFICE: - HOME:
	S7529045D
NRIC:	476 Sembornary Drive #10-311 Stagggove 750476
ADDRESS:	Daven 12 Leo @ hot mail. Com
EMAIL:	
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY
FLEET POLICY:	YES (NO)
INSURANCE COMPANY:	NTUC
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO:	510 7298 783-01
NAME OF DRIVER:	AS ABOVE / IF NO:
NRIC:	\$45790450 ANY PASSENGER: N.A.
DATE OF BIRTH:	12 108 11975 LICENCE PASSED DATE: 13/11/1998
OCCUPATION:	OUTDOOR / INDOOR
GENDER:	MALD / FEMALE
CONTACT NO:	H/P: 8418 0330 OFFICE: HOME:
ADDRESS:	476 Senbanong Pain #10-311 Singapon 750476
EMAIL:	470
DOES DRIVER OWNED ANY VEHICLE:	NO) IF YES, REG NO: INSURER: WTUC
	Ohrer
RELATIONSHIP:	CLEAR / RAINING / OTHERS:
WEATHER CONDITION:	ORY WET / OTHER:
ROAD SURFACE:	
ANY INJURIES:	NO) IF YES, WHO?
NAME & CONTACT:	
NAME & CONTACT:	0) 1/0 (
POLICE REPORT:	NO / IF YES, WHERE? Rochar N.P.C
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?
VEHICLE B REG NO:	SLY 2875X ANY PASSENGERS: N.A.
NAME OF DRIVER:	Narayana Samy Elamaran CONTACT NO: 9060 0953
VEHICLE C REG NO:	GBG 3658Y ANY PASSENGERS: N.A.
VEHICLE D REG NO:	GEG 18 40A. ANY PASSENGERS: N.A.
VEHICLE E REG NO:	GBD 690m ANY PASSENGERS: N.A.
VEHICLE F REG NO:	ANY PASSENGERS:
VEHICLE G REG NO:	ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO RECORDED?	YES / NO
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO
ACCIDENT PORTION:	Front & Rear Portion
Have you been approach by unknown person soliciting	
WORKSHOP PARTICULAR:	Twincar Antomotive Pte Ltd
CONTACT NO:	68420051 / 67440510
CONTACT PERSON:	Hui Xin
FAX NO:	67410510
WORKSHOP EMAIL:	sales@n51.com.sg



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: 5107298783-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMH2305L

Chassis Number

: JM6CW1071F0121097

2. Name of Policyholder

: NG CHEE MENG

3. Effective Date of Insurance

: 27 Mar 2020

4. Expiry Date of Insurance

: 26 Mar 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 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

EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS : \$\$2,000 : S\$1.500

ADDITIONAL EXCESS

: S\$100 : N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE

: NO : YES : NO

NCD PROTECTION TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

PRIMARY DRIVER NAMED DRIVER (1)

: NG CHEE MENG (HUANG ZHIMING) : N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: CARZY FINANCIAL PTE LTD

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

: INSURE LINK PTE LTD (00000614836)

Date of Issue

: 24 Mar 2020 10:20 hrs

Reprint

: 24 Mar 2020 10:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Enquire Vehicle Registration Details

Vehicle Registration Details

•	
	Vehicle No. SMH2305L
	Make/ Model MAZDA/MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
	Vehicle Scheme -
	Current Propellant Petrol
	Chassis No. JM6CW1071F0121097
	Vehicle Type Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover
	Owner's Details
	Owner Name:
	NG CHEE MENG (HUANG ZHIMING)
	Owner ID Type:
	Singapore NRIC
	NRIC/Passport/Company Cert No.:
	S7529045D
	Registered Address:
	APT BLK 476 SEMBAWANG DRIVE #10-311 SINGAPORE 750476
	Mailing Address:
	Birth Date:

Registration Details

Previous Vehicle No.: Effective Date of Ownership: 19 Feb 2019 Original Registration Date: 27 Mar 2015 Registration Date: 27 Mar 2015 No. of Transfers: 1 IU Label No.: 1125671586 **Vehicle Specifications** Engine No.: PE10203539 Chassis No.: JM6CW1071F0121097 Year of Manufacture: 2015 Primary Colour: Blue Secondary Colour: Passenger Capacity: 6 Engine Capacity / Power Rating: 1998 cc / -Maximum Power Output: 111.0 kW (148 bhp)

Max Unladen Weight:

Vehicle Attachment 2:
•
Vehicle Attachment 3:
-
Additional Registration Fee (ARF) and COE Information
Open Market Value:
\$17,969.00
Additional Registration Fee Rate:
First \$17,969.00 (100%)
Actual ARF Paid:
\$12,969.00
Vehicle Lifespan Expiry Date:
No Lifespan
OPC Cash Rebate Eligibility:
No
QP during COE Bidding Exercise:
\$71,889.00
COE No.:
2015040103000976H
COE Expiry Date:
26 Mar 2025
COE Category:
B - Car above 1600cc or 97kW (130bhp)
COE Registration Category:
B - Car above 1600cc or 97kW (130bhp)
Quota Premium (QP) / Prevailing Quota Premium
\$71,889.00 / -
Actual QP Paid
\$71,889.00

1535 kg

2130 kg

Maximum Laden Weight:

Vehicle Attachment 1:

With Sun Roof

QP (Regn Cat): \$71,889.00	
PARF Rebate Details	
PARF Eligibility: Yes	
PARF Eligibility Expiry Date: 26 Mar 2025	
Minimum PARF Benefit: \$6,484.00	
Vehicle Emissions Details	
CO2 Emission: 158.00 (g/km)	
CEV/VES Rebate Utilised Amount: \$5,000.00	
CO Emission:	
HC Emission:	
NOx Emission:	
PM Emission:	
Message:	D. T
To renew the COE, the Prevailing Quota Premium payable is that of Cate is a public service vehicle.	egory B. This
Print	OK →
Save as PDF	
Copy as Text	

Claim Handling

Accident MT/1121011						
Policy No.	5107298783-01	Vehicle No.	SMH2305L		GST Registration No.	
Certificate No.						
Policyholder Name	NG CHEE MENG				Policyholder NRIC	S7529045D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	0
Contact No.(Mobile)	na	Contact No.(Office)			Contact No.(Home)	
Email Address		Special Remark			eCode	No V
KFK	No Yes	TCA	No Yes		eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50		Private Hire	No
Report Date	15/02/2021 13:48	Accident Report Within 24 hrs	Yes		Accident Type	Chain Collision
Date of Accident	13/02/2021	Time of Accident hh:mm	01:00		Country of Accident	Singapore
Reporting Centre		Orange Force			ICM No.	
Accident Location	Upper Weld 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		YIED TP Excess			Driver is Covered?	Not Applicable
Additional Excess	0.00					
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable		1,500.00		
▽ Benefits						
GST Registered Informat	tion					
GST Registered	No		GST Regist	tration Date		
GST Registration No.			GST Status	s Verified	Yes	
Modification History						
Policyholder Mailing Add		Address 2	SEMBAWANG DRIV	/F	Address 3	SINGAPORE 7504
Address 1	BLK 476 #10-311		Singapore address		Post Code	750476
Address 4		Address Type				
Unit No.		Related Policy Number	5107298783-01			
OI Driver Info						
Driver Name		Driver Type			Driver DOB	
Unnamed driver Name		Driver NRIC			Driving Experience	
Register Date of Driver License		Driver Age			Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)			Address 3	
Address 1		Address 2			Post Code	
Address 4		Address Type	Foreign address		Post Code	
Unit No.						
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			Driver Insurer Company	
Modification History						
Claim 002 OD-MX New						
30% Store ()	-					
Claim Type *				OD-MX	Insured NG CHEE MENG	Insured NRIC
					Contact	Contact No.
Contact No.(Mobile)				84180330	No. [68541931 (Home)	(Office)
					OI Vehicle SMH2305L	TP
Email Address					Number	Number
Claim Description				SMH2305L / SLU2825X	ON 13 Feb 2021	Name of Preferred Worksho
						WOLKSHO
Preferred Workshop	Insured Liability Not at Fault	GIA Gassius		1		
Finalisation Yes	Repair Option Preferred Workshop, Nam	ne unknown report Received	d v	-	Claim	Date
Date Registered	- Copies			16/02/2021 12:29	Close Date	Received
				ROSLINDA	Workshop	Total Los but
Report Taken By				ROSLINDA	Repairer	Repaired
Print AK letter						
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Attachment			Save Submit			
Attachment						
₩				003		
Accident No.	MT/1121011	Claim No.		002		
Last Doc. Received	● Yes ○ No	Upload Date		16/02/2021 00:00		
	Path *			Category *		Irgency *
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Claim Handling(Claim Task 002 OD-MX)

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9	Attachment List	

Attachment	Uploaded By/Date	Ca	ategory	Urgency	D	escription
Attributed to the same of the	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT C 16 Feb 2021 12:29	ENTRE SERVICES) on NRIC/ D	riving License	Y Normal	NRIC/ Drivin	g License 2021-2-16
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT C 16 Feb 2021 12:29	ENTRE SERVICES) on	SAS	Normal	SAS	5 2021-2-16
> @.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT C 16 Feb 2021 12:29	ENTRE SERVICES) on	Photos	Normal	Phot	os 2021-2-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT C 16 Feb 2021 12:29	ENTRE SERVICES) on	Photos	Normal	Phot	os 2021-2-16
-	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT C 16 Feb 2021 12:28	ENTRE SERVICES) on	Photos	Normal	Phot	os 2021-2-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT C 16 Feb 2021 12:28	EENTRE SERVICES) on	Photos	Normal	Phot	os 2021-2-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT C 16 Feb 2021 12:28	ENTRE SERVICES) on	Photos	Normal	Phot	os 2021-2-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT C 16 Feb 2021 12:28	ENTRE SERVICES) on	Photos	Normal	Phot	os 2021-2-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT C 16 Feb 2021 12:28	EENTRE SERVICES) on	Photos	Normal	Phot	os 2021-2-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT O 16 Feb 2021 12:28	EENTRE SERVICES) on	Photos	Normal	Phot	os 2021-2-16
	Uploaded By/Date Fo	lder Date	File N	ame	9	Source

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