

NATIONAL Assessment Centre Services (wef 10 Jan 05)

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 23/03/21 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC 24003712/13 | SAS e-filing | | |
| Veh No: SGH68815 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 22/03/21 0900 | i-Motor Claim Form 24/03 MT/1175582-001 | | |
| 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: SKV1530J 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:- (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 | |
|---------------------------------|---|----------------------|
| | Ant (\$) 1st Bill | Ant (\$) 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) RT: Follow-Through Survey (Resurvey) \$30 | |
| Cat. 1: | For claiming against INC Only (wef 10 Jan 2005) | |
| Cat. 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 \$0 | |
| | 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 | 23/03/2021 12:05 (SGT) |
| Date of Accident | 22/03/2021 09:00 (SGT) |
| Exact Location of Accident | Bartley Rd East, Singapore |
| Additional Location Information | TWDS TAMPINES AVE 10 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SGH6881J |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | YIP YAHUI |
| NRIC No | SXXXX601C |
| Email Address | YIPYAHUI@YAHOO.COM |
| Mobile Phone No | (Phone) +65-97836832 |
| Alternative Phone No | +65-97836832 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Wish |
| 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 |
| Transmission | Auto |
| CC | 1794 |

INSURANCE COMPANY

| | |
|---------------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5110191453-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|-----------|
| Name of Driver | YIP YAHUI |
| NRIC No | SXXXX601C |

| | |
|--|-----------------------------|
| Date Of Birth | 15/01/1983 |
| Occupation | Indoor |
| Date Of Driving Pass | 07/07/2009 |
| Driving experience | 11 YEARS AND 8 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-97836832 |
| Alt. Phone Number | +65-97836832 |
| Email Address | YIPYAHUI@YAHOO.COM |
| Address | BLK 518D TAMPINES CENTRAL 7 |
| Address complement | #01-42 |
| Postcode | 524518 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| 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) | 4 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|-----------------|
| Name | RENA WEE YU XIN |
| Gender | Female |

PASSENGER 2

| | |
|--------|--------------------|
| Name | RACHEL WEE YU XUAN |
| Gender | Female |

PASSENGER 3

| | |
|--------|----------------|
| Name | YEO SIEW KIANG |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|--------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Bedok Division Headquarters |
| Police Station Phone No | (Phone) +65-18002440000 |
| Alt. Police Station Phone No | (Fax) +65-64443009 |
| Police Station Address | 30 Bedok North Road Singapore 469676 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED 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 SKV1530J
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 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 2

Vehicle Registration Number SLA5356T
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 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 YIP YAHUI
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? SGH6881J
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person RENA WEE YU XIN
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? SGH6881J
 Were seat belts worn? -
 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 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



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

2/ym 23/03/21

Witnessed by Reporting Centre Personnel

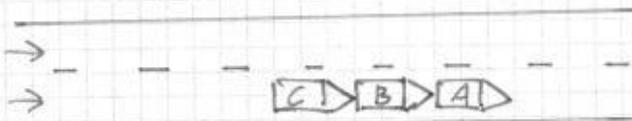
Sketch Plan

BARTLEY ROAD EAST TOWARDS TAMPINES AVE 10

VEH. A - SGH6881T

VEH. B - SKV1530J

VEH. C - SLA5356T



Describe Circumstances of the Accident

ON THE STATED DATE AND TIME. I, VEHICLE 'A'
WAS TRAVELLING ON THE STATED VENUE. AS
MY VEHICLE WAS MOVING STRAIGHT. SUDDENLY,
VEHICLE 'B' BANG ONTO MY VEHICLE'S REAR
PORTION. I THEN REALISED I WAS INVOLVED
IN A CHAIN COLLISION OF 3 VEHICLES.

Declaration

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

 23/03/21
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



G/20210322/7096

1 of 2

POLICE REPORT (NP299)

Report No. G/20210322/7096

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

| | | |
|---|---|---------------------|
| Date/Time Report Made 22/03/2021 21:13 | Vide Report No. | Station Diary No. |
| Name Of Informant YIP YAHUI | Address 518D TAMPINES CENTRAL 7 #01-42 SINGAPORE 524518 | |
| ID Type / ID No. NRIC NO / S8300601C | Contact No. Home/Office: | Mobile: 97836832 |
| Nationality SINGAPORE CITIZEN | Email Address YIPYAHUI@YAHOO.COM | |
| Occupation Administration manager | Sex Female | Age 38 |
| Institution/School Name | Date of Birth 15/01/1983 | Race Chinese |
| Date/Time Of Incident 22/03/2021 09:00 | Location Of Incident BARTLEY ROAD EAST | |

Brief details.

On the stated date and time I was travelling along the stated venue with my mum Yeo Siew Kiang and my 2 daughters Rachel Wee Yu Xuan and Rena Wee Yu Xin. We were in our vehicle SGH6881J. Suddenly vehicle SKV1530J came from behind and hit onto our vehicle rear portion. We then alighted and realised that it was a 3 car chain collision. The last vehicle is SLA5356T. The impact was great and we all suffered bodily pain. We then proceeded to K L TAY CLINIC AND SURGERY to seek treatment. Me and my mum were given 3 days MC each. I then send my 2 daughters to Unihealth bedok clinic to seek treatment and they were given 2 days MC

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 22/03/2021 21:13 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20210322/7096

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210322/7096

each.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

22/03/2021 21:13

Classification Of Case:

Date of Accident : 22/03/2021 Accident Time: 0900 (24-HR-Format)
 Accident Place : BARTLEY ROAD EAST TOWARDS TAMPINES AVE 10.
 Vehicle No. (Car Plate No.) : SGM 6881J Make/Model: TOYOTA WISH
 Insurance Company : NTUC Policy No: 5110191453-01
 Owner or Company Name /IC No. : Yip Yahui 883 00601 C
 Owner or Company Contact No. : _____ Owner's Hp 9783 6832 Company Tel _____
 DRIVER'S Name / IC No. : _____ As Above.
 DRIVER'S Date Of Birth : 15/11/1983 DRIVER'S License Pass Date 7/7/2009
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : Blk 518D Tampines Central 7 #01-42 S524518
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
 Email Address : YIPYAHUI@YAHOO.COM
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 04
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): YES

Other Party Driver's Particular (if any)

| | |
|---------------------------------|---------------------------------|
| Vehicle No: <u>(B) SKV1530J</u> | Vehicle No: <u>(C) SLA5356T</u> |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name Driver: _____ | Name Driver: _____ |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

*** NEW - Passenger's name & gender:**

RENA WEE YU XIN - FEMALE
RACHEL WEE YU XUAN - FEMALE
YEO SIEW KIANG - FEMALE

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: 5110191453-01

Cover : drivo CLASSIC

- | | |
|---|-------------------|
| 1. Index mark and Registration Number of Vehicle | : SGH6881J |
| Chassis Number | : ZNE100305275 |
| 2. Name of Policyholder | : YIP YAHUI |
| 3. Effective Date of Insurance | : 20 Jun 2020 |
| 4. Expiry Date of Insurance | : 19 Jun 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 business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (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) | : N/A |
| EXCESS (SECTION 2) | : N/A |
| 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 | : YES |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : YES |
| PRIMARY DRIVER | : YIP YAHUI |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| 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 : META AGENCY PTE. LTD. (00000573430)
Date of Issue : 22 May 2020 15:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 601C

Vehicle Details

Vehicle No.: SGH6881J
Vehicle to be Exported: No
Intended Deregistration Date: 30 Apr 2021
Vehicle Make: TOYOTA
Vehicle Model: WISH 1.8 A
Primary Colour: Grey
Manufacturing Year: 2006
Engine No.: 1ZZ2563835
Chassis No.: ZNE100305275
Maximum Power Output: 97.0 kW (130 bhp)
Open Market Value: \$22,081.00
Original Registration Date: 20 Jun 2006
First Registration Date: 20 Jun 2006
Transfer Count: 1
Actual ARF Paid: \$24,290.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Expiry Date: 31 May 2021
COE Category: B - Car (1601cc & above)
COE Period(Years): 5
PQP Paid: \$23,024.00
COE Rebate Amount: \$383.00
Total Rebate Amount: \$383.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 22 Mar 2021

OK

3/24/2021

Claim Handling

Accident MT/1125582

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No. | 5110191453-01 | Vehicle No. | SGH6881J | GST Registration No. | |
| Certificate No. | | | | Policyholder NRIC | S8300601C |
| Policyholder Name | YIP YAHUI | Cover Type | drive CLASSIC | Loading | 0 |
| Product Code | PRJVATE CAR INSURANCE | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 97836832 | Special Remark | | eCode | No |
| Email Address | | TCA | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | eCode Reason | |
| KFX | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | NCD Entitlement(%) | 50 | Private Hire | No |
| NCD Protection | Yes | | | | |

▼ **Accident Details**

| | | | | | |
|-------------------|--------------------------------------|-------------------------------|-------|---------------------|-----------------|
| Report Date | 24/03/2021 17:58 | Accident Report Within 24 hrs | Yes | Accident Type | Chain Collision |
| Date of Accident | 22/03/2021 | Time of Accident hh:mm | 09:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | BARTLEY RD EAST TWDS TAMPINES AVE 10 | | | | |

▼ **Total Excess Applicable**

| Excess Type | Per Accident | Windscreen Excess | 100.00 | Driver is Covered? | Covered |
|----------------------------|--------------|----------------------------|--------|--------------------|---------|
| OD Standard Excess | 0.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | | |
| Additional Excess | 0.00 | Total TP Excess Applicable | 0.00 | | |
| Total OD Excess Applicable | 0.00 | | | | |

▼ **Benefits**

| | | |
|---------------|-------------|-------------|
| Coverage | Sum Insured | 99999999.99 |
| Excess Waiver | | |

▼ **GST Registered Information**

| | | | |
|----------------------|----|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

▼ **Policyholder Mailing Address**

| | | | | | |
|-----------|------------------|-----------------------|----------------------|-----------|------------------|
| Address 1 | BLK 622 #07-1500 | Address 2 | BEDOK RESERVOIR ROAD | Address 3 | SINGAPORE 470622 |
| Address 4 | | Address Type | Singapore address | Post Code | 470622 |
| Unit No. | | Related Policy Number | 5110191453-01 | | |

▼ **OI Driver Info**

| | | | | | |
|---|---|---------------------|--------------------|------------------------|-------------------------|
| Driver Name | YIP YAHUI | Driver Type | Main Driver | Driver DOB | 15/01/1983 |
| Unnamed driver Name | | Driver NRIC | S8300601C | Driving Experience | 13 |
| Register Date of Driver License | 01/01/2008 | Driver Age | 38 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 97836832 | Contact No.(Office) | 0 | Address 3 | THE PREMIERE @ TAMPINES |
| Address 1 | BLK 51BD | Address 2 | TAMPINES CENTRAL 7 | Post Code | 524518 |
| Address 4 | SINGAPORE 524518 | Address Type | Singapore address | | |
| Unit No. | #01-42 | | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Driver Vehicle No. | | | |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 OD-MX **New**

| | | | | | |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | YIP YAHUI | Insured NRIC | S8300601C |
| Contact No.(Mobile) | 97836832 | Contact No.(Home) | 62450288 | Contact No.(Office) | 67346832 |
| Email Address | yipyahui@yahoo.com | OI Vehicle Number | SGH6881J | TP Vehicle Number | SKV1530J |
| Claim Description | SGH6881J / SKV1530J ON 22 Mar 2021 | | | | |
| 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 | 24/03/2021 18:03 | Claim Close Date | | Date Received | 24/03/2021 00:00 |
| Report Taken By | ROSLINDA | Workshop Repairer | | Total Loss but Repaired | |

Print AK letter

Save Submit

Attachment

| | | | |
|---|---|--|------------------|
| Accident No. | MT/1125582 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 24/03/2021 00:00 |
| Path * | | Category * | |
| <input type="button" value="Choose File"/> No file chosen | | <input type="button" value="Clear"/> Please Select | NO |
| <input type="button" value="Choose File"/> No file chosen | | <input type="button" value="Clear"/> Please Select | NO |
| <input type="button" value="Choose File"/> No file chosen | | <input type="button" value="Clear"/> Please Select | NO |
| <input type="button" value="Choose File"/> No file chosen | | <input type="button" value="Clear"/> Please Select | NO |
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| <input type="button" value="Choose File"/> No file chosen | | <input type="button" value="Clear"/> Please Select | NO |

Message Form

Attachment List

| Attachment | Uploaded By/Date | Category | | Urgency | Description | Msg Sent? (CO) |
|------------|---|-----------------------|---|---------|---------------------------------|----------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 18:03 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2021-3-24 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 18:03 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2021-3-24 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 18:02 | SAS | | Normal | SAS 2021-3-24 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 18:02 | Photos | | Normal | Photos 2021-3-24 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 18:02 | Photos | | Normal | Photos 2021-3-24 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 18:02 | Photos | | Normal | Photos 2021-3-24 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 18:02 | Photos | | Normal | Photos 2021-3-24 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 18:02 | Photos | | Normal | Photos 2021-3-24 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 18:02 | Photos | | Normal | Photos 2021-3-24 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 18:02 | Photos | | Normal | Photos 2021-3-24 | |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 18:02 | Photos | | Normal | Photos 2021-3-24 | |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 24 Mar 2021 18:02 | Photos | | Normal | Photos 2021-3-24 | |

Video List

| Uploaded By/Date | Folder Date | File Name | | Source |
|--|-------------|-----------|--|--------|
| <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> | | | | |