

Date In: 27/11/2017 16:23	Job description	Date & Time Completed	Done by
Ref No: NA/INC17022548/K4	SAS e-filing		
Veh No: SLD 5675G	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 05/11/2017 21:30	i-Motor Claim Form	MT/0968620	27/11/2017 17:20
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: SHB8515Z	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	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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 / Tpl 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		
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2/3:			

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 ability.
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 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 Report	27/11/2017 16:23
Date Of Accident	05/11/2017 21:30
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5675G
Insured/Policyholder	
Name Of Registered Owner	H & H CAR RENTAL & LEASING
Co Reg No	53331980C
Email Address	TEORONNIE@YMAIL.COM
Mobile Phone No	(LOCAL) +65-97537470
Alternative Phone No	OFFICE-97537470

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078818993-01
Cover Note Number	

Driver

Name of Driver	DON KEERTHIRATNA WIJENDRA
NRIC No	S7146243I
Date Of Birth	25/11/1971
Occupation	OUTDOOR
Date Of Driving Pass	05/12/1991
Driving Experience	25 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97537470
Fax Number	
Contact Number	OTHERS-97537470
Email Address	TEORONNIE@YMAIL.COM

Address	BLK 175D PUNGGOL FIELD #04-539
Postcode	824175
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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	SHB8515Z
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

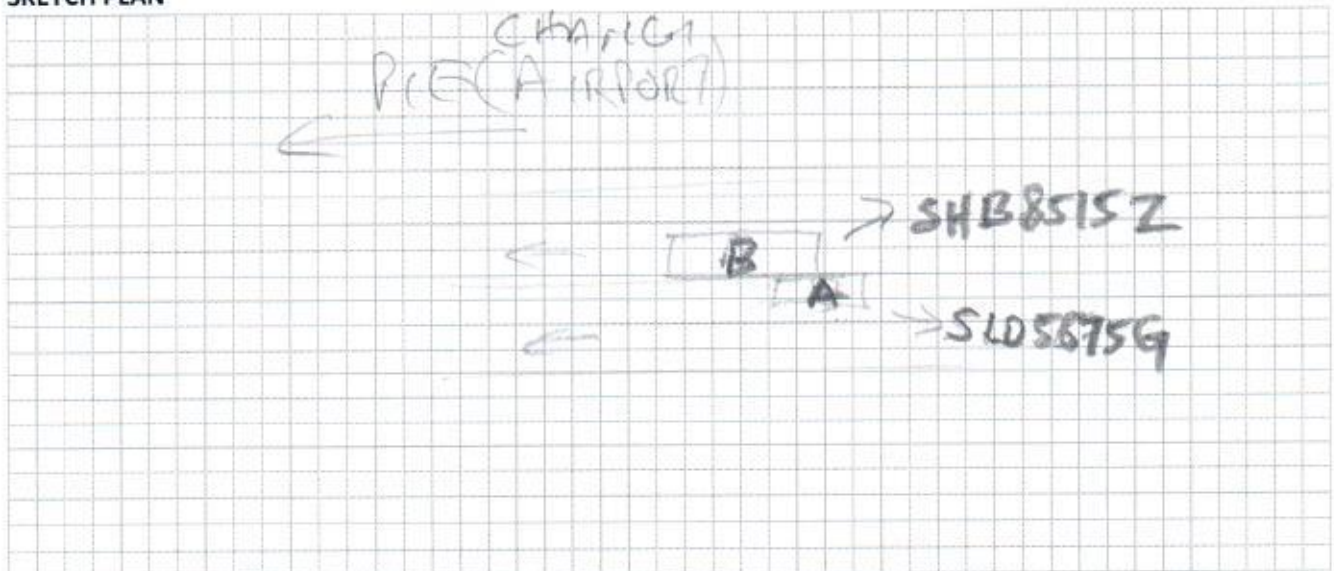


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE A and B WERE DRIVING ALONG PIE TO CHANGI AIRPORT. ROAD ~~was~~ MILD TRAFFIC. VEHICLE A WAS IN THE CENTRE LANE. VEHICLE A GAVE SIGNAL OF AN MOVING TO ~~the~~ RIGHT LANE WHEN VEHICLE B CAME ON THE RIGHT. SEVERE IMPACT ~~was~~ ~~on~~ ON THE LINE VEHICLE B (down)

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 27/11/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



H & H Car Rental & Leasing

61 Ubi Avenue 2 #04-12 Automobile Megamart Singapore 408898

Tel : 6743 3291 Fax : 6743 3530

ROC No. 53331980C

RENTAL & LEASING AGREEMENT NO.: HH-2017- 131

DATE: 19th June 2017

Schedule

This is a Rental Agreement made between us, **H&H CAR RENTAL & LEASING (RB No. 53331980C)** (hereinafter referred to as "**the Company**") which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address 61 Ubi Avenue 2 #04-12 Automobile Megamart Singapore 408898 **AND YOU**, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

NAME OF HIRER(S) (IN FULL): Don Keerthiratna Wijendra

NRIC/PASSPORT/RC/RB NO. : S71462431

ADDRESS : Block 253, Pasir Ris Street 21, #06-237, Singapore 510253.

TELEPHONE : Hp: 97537470

PERSON IN CHARGE : Ronnie Teo

NAME OF DRIVER(S) (IN FULL) : Don Keerthiratna Wijendra

NRIC/PASSPORT NO. : S71462431

DATE OF BIRTH : 25/11/1971

DRIVING LICENCE NO : S71462431

ISSUE / EXPIRY DATE : 24/06/2003 (Pass Date: 05/12/1991).

COUNTRY OF ISSUE : Singapore

1. DESCRIPTION OF VEHICLE ("THE VEHICLE")

REGISTRATION NO. : SLD 5675 G

MAKE / MODEL : Chevrolet Cruze 1.6L Auto

COLOUR : Red

ENGINE NO. : F16D35566941

CHASSIS NO. : KL1JA6961AK617975

TYPE. : PASSENGER

(•delete where inapplicable)

Date, Time and Mileage for Collection: 19th June 2017 (date) _____ hrs (time) _____ (mileage)

Date, Time and Mileage for Return: 18th September 2017 (date) _____ (time) _____ (mileage)

Petrol Out : Empty / ¼ tank / ½ tank / ¾ tank / Full•

(Vehicle must be returned with same level of petrol)

Maximum Mileage : _____ km per day/week/month•

• delete where inapplicable

Additional mileage in excess of the maximum mileage will be chargeable at S\$0.30 per additional kilometre or part thereof plus GST.

2. PERIOD OF LEASE

For 03 Months from 19th June 2017 ("Commencement Date") to 18th September 2017 ("Lease Period").

3. LEASE CHARGES

Amount S\$400.00 per week (collectively, "Lease Charges") payable in advance on Commencement Date



4. DEPOSIT

Amount: S\$300.00 (Not pay yet).



H & H Car Rental & Leasing

61 Ubi Avenue 2 #04-12 Automobile Megamart Singapore 408898

Tel : 6743 3291 Fax : 6743 3530

ROC No. 53331980C

5. INSURANCE, ROAD TAX AND MAINTENANCE

You as the Hirer shall be solely liable and responsible for all insurance, road tax, maintenance, servicing and other charges, costs and expenses relating to the use of the Vehicle.

6. EARLY TERMINATION

You shall be liable to our clients for early termination as provided under the Terms and Conditions annexed hereto.

7. PAYMENT

For cheque payments, please issue the cheque to the Company and indicate the vehicle number on the back of the cheque. The cheques must be delivered to the Company's registered address as stated above and any payment sent to the Company by post will be at your own risk.

The Agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement.

IN WITNESS whereof the Parties hereto have set their hands the day and the year first above written.

Signed by the Hirer

***Insurance Excess: \$3,500.00**

Name: **Don Keerthiratna Wijendra**

Company Stamp: N.A

Signed for and on behalf of
H&H CAR RENTAL & LEASING



Name: **Ronnie C. H. Teo**
Designation : **Manager**
Company Stamp:



Text size + -

Enquire PARF/COE Rebate for Registered Vehicle
Vehicle Owner Particulars

Owner ID Type: Business

Owner ID: 1980C

Vehicle Details

Vehicle No.: SLD5675G

Vehicle to be Exported: Yes

Intended De-registration
Date: 12 Jun 2017

Vehicle Make: CHEVROLET

Vehicle Model: CRUZE 1.6L AUTO ABS D/AB 2WD 4DR

Primary Colour: Red

Manufacturing Year: 2010

Engine No.: F16D35566941

Chassis No.: KL1JA6961AK617975

Maximum Power Output: 80.0 kW (107 bhp)

Open Market Value: \$12,747.00

Original Registration
Date: 26 Aug 2010

First Registration Date: 26 Aug 2010

Transfer Count: 1

Actual ARF Paid: \$12,747.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry
Date: 25 Aug 2020

PARF Rebate Amount: \$8,285.00

Intended COE Rebate Details

COE Expiry Date: 25 Aug 2020

COE Category: A - Car (1600cc & below)

COE Period(Years): 10

QP Paid: \$29,000.00

COE Rebate Amount: \$9,284.00

Total Rebate Amount: \$17,569.00

The information contained herein is correct as at 12 Jun 2017

OK



Reported on 27/11/2017
@ 1310HR
S

ACCIDENT STATEMENT

ACCIDENT DATE: (5/11/2017) (DD/MM/YYYY), TIME: (21:30) (HH:MM)

LOCATION: PIE Towards Changi Airport

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLD5675G
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97537470
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) HIREN
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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

- a) VEHICLE NUMBER: SHB8515Z MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email =

fax =

teorannie @ ymail . com .

teorannie @ ymail . com ✓


* Private Hire

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7146243I



Name
**DON KEERTHIRATNA
WIJENDRA**

Race
CEYLONESE

Date of Birth
25-11-1971

Country of Birth
SINGAPORE

Sex
M

14 6484

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S7146243I

Name
**DON KEERTHIRATNA
WIJENDRA**

Birth Date
25 Nov 1971

Issue Date
24 Jun 2003

000594415F

14 6484



NRIC No. **S7146243I**



Blood Group
O+

Date of issue
16-11-1993

APT BLK 1750 PUNGGOL FIELD #04-539
SINGAPORE 824175
NRIC No: S7146243I
Date: 10/03/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE
05 Dec 1991

Class 3
Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: S7146243I

NP 429A

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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5078818993-01

Cover : drive CLASSIC

- | | |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLO5675G |
| Chassis Number | : KL11A6961AK617975 |
| 2. Name of Policyholder | : H & H CAR RENTAL & LEASING |
| 3. Effective Date of Insurance | : 28 Mar 2017 |
| 4. Expiry Date of Insurance | : 27 Mar 2018 |
| 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 headings.

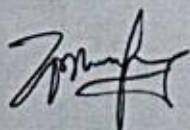
EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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)

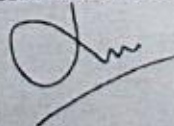
Agency : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 24 Mar 2017 14:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor)

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5078818993-01	H & H CAR RENTAL & LEASING	53331980C	GFT	drive CLASSIC	SLD5675G	SLD5675G	28/03/2017	

[Continue](#)

Claim Handling

Task Transfer Exit

LOS SAL SUB

Accident MT/0968620

Policy No.	5078818993-01	Vehicle No.	SLD5675G	GST Registration No.	
Policyholder Name	H & H CAR RENTAL & LEASING			Policyholder NRIC	53331980C
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No. (Mobile)	NA	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No
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 (%)	0		

Accident Details

Report Date	07/11/2017 09:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	05/11/2017	Time of Accident hh:mm	21:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TOWARDS CHANGI				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAF	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-12	Related Policy Number	5080141989-01		

OI Driver Info

Driver Name	Driver Type		
Unnamed driver Name	Driver NRIC	Driver DOB	
Register Date of Driver License	Driver Age	Driving Experience	
Contact No. (Mobile)	Contact No. (Office)	Contact No. (Home)	
Address 1	Address 2	Address 3	
Address 4	Address Type	Foreign address	Post Code

Claim Handling

Accident MT/0968620

Policy No.	5078818993-01	Vehicle No.	SLD5675G	GST Registration No.	
Policyholder Name	H & H CAR RENTAL & LEASING			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
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(%)	0		

▼ Accident Details

Report Date	07/11/2017 09:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Chan
Date of Accident	05/11/2017	Time of Accident hh:mm	21:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TOWARDS CHANGI				

▼ Benefits

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAR	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	04-12	Related Policy Number	5080141989-01		

▼ 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		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	H & H CAR RENTAL & LEASING	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLD5675G	TP Vehicle Number	
Claim Description	SLD5675G / SHB851SZ ON 5 Nov 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	27/11/2017 17:17	Claim Close Date		Total Loss but Repaired	
Report Taken By	KRISHNASAMY	Workshop Repairer			

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0968620	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/11/2017 17:20

Path *

Category *	Confidential	Urgency
Browse... Clear Please Select	NO	Normal
Browse... Clear Please Select	NO	Normal
Browse... Clear Please Select	NO	Normal
Browse... Clear Please Select	NO	Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 No v 2017 17:16	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 No v 2017 17:14	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 No v 2017 17:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 No v 2017 17:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 No v 2017 17:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 No v 2017 17:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 No v 2017 17:14	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 No v 2017 17:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 No v 2017 17:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 No v 2017 17:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 No v 2017 17:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 No v 2017 17:13	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 No v 2017 17:13	Photos	Normal	Photos

Video List

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