

NATIONAL Assessment Centre Services

Date In: 05/01/2018 15:11	Job description	Date & Time Completed	Done by
Ref No: NA/INC18000357/14	SAS e-filing		
Veh No: GBC 3279D	E-mail (within 8hrs, AIC 2hrs)		
DOA: 04/01/2018 16:45	i-Motor Claim Form	MT/0976700	8/1/18 10:25
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: SJU1688E	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	Date & Time Completed	Done by
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:-	NA1800182	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:		2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:		3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120		
		5) RT: 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:-		
		OP:		
		*N5: Courtesy Car / Tpt Allowance \$5		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
		TP (N11): TP (N/a 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 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 05/01/2018 15:11
 Date Of Accident 04/01/2018 16:45
 Exact Location Of Accident 18 NEW INDUSTRIAL RD GROUND LEVEL ONE WAY SIDE RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC3279D
Insured/Policyholder
 Name Of Registered Owner WELLCOME MOTOR AGENCIES
 Co Reg No 39853800W
 Email Address WELLCOME@SINGNET.COM.SG
 Mobile Phone No (LOCAL) +65-98609794
 Alternative Phone No OFFICE-98609794

Vehicle Particulars

Manufacturer NISSAN
 Model NV200 1.5L MT ABS AIRBAG 2WD 6DR
 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 THIRD PARTY
 Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5069180637-03
 Cover Note Number

Driver

Name of Driver MOHAMED IQBAL BIN MOHAMED ALI
 NRIC No S7117328C
 Date Of Birth 27/05/1971
 Occupation OUTDOOR
 Date Of Driving Pass 30/03/1994
 Driving Experience 23 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98609794
 Fax Number
 Contact Number OTHERS-98609794
 EMail Address WELLCOME@SINGNET.COM.SG

Address	BLK 717 TAMPINES ST 72 #09-73
Postcode	520717
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180104/2128

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	SJU1688E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DENNIS
NRIC/Passport Number	
Contact Number	91995229
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

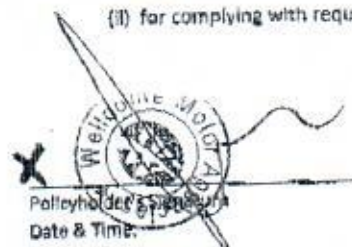
SKETCH PLAN

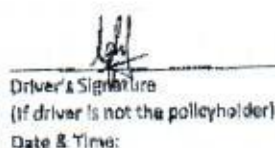
IMPORTANT NOTICE

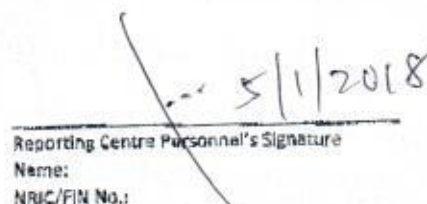
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to the Police Report
1/20180104/2128

DECLARATION

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

X

Policyholder's Signature
Date & Time:

GIATWEC SketchplanForm_V3



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

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

5/1/2018



SINGAPORE POLICE FORCE



T/20180104/2128

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180104/2128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2018 19:35	Vide Report No.:	Station Diary No.: 76
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Informant's Particulars

Name of Informant: MOHAMED IQBAL BIN MOHAMED ALI			Address: APT BLK 717 TAMPINES STREET 72 #09-73 SINGAPORE 520717		
ID Type / ID No.: NRIC NO / S7117328C			Contact No.: Home/Office: Mobile: 98609794		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 27/05/1971	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: FREELANCE DELIVERY			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/01/2018 16:45	Type of Location: Straight Road
Location: Along Road 1 NEW INDUSTRIAL ROAD 18 NEW INDUSTRIAL ROAD, ground level, one way side road.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC3279D	Van				Slightly Damaged	0
SJU1688E	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180104/2128

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20180104/2128

CONTINUATION OF REPORT

Driver				
Name	MOHAMED IQBAL BIN MOHAMED ALI		ID No.	S7117328C
Related Vehicle	GBC3279D (Van)		Contact No.	98609794
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	DENNIS		ID No.	NIL
Related Vehicle	SJU1688E (Car)		Contact No.	91995229
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the 04/01/2018 at about 1645hrs, I parked my van GBC3279D in this building, 18 New Industrial Road, along a one-way side road where a lot of cars were parallel parked there. In front of my car was parked SJU1688E. That was a commercial building. After I was done with my matter, I went back to my van and intend to move off. The SJU1688E driver was next to his car, gesturing something with his hands as if he was trying to assist me in moving my car out of the "parking chain". There after I felt an impact from the left side of my vehicle. Immediately I came out to make a check, and realised that the left side of my van scratched SJU1688E at its rear right side.

No one was injured.

My van suffered from some scratches at the left rear passenger door and there is a long dent from the left rear side passenger door leading to the top of the rear left wheel. There was a bit of dents here and there at the bottom of my left passenger door.

SJU1688E's car suffered from some scratches near the rear bumper, and some paint drop off.

We exchanged particulars and left.

No camera footage. No police attended to us.



**SINGAPORE
POLICE FORCE**



T/20180104/2128

3 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180104/2128

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:

G /

Sgt 2 CHIN XUE NI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Authentication Stamp

NP168



SIGNATURE

Signature Of Informant:

Date/Time:

04/01/2018 19:35

Classification Of Case:



wellcome motor agencies

289 TANJONG KATONG ROAD SINGAPORE 437072

TEL: (65) 6344-4012 FAX: (65) 6345-3140

Email: wma88@singnet.com.sg Website: www.wellcome.com.sg

RA No: 30290

CO. REG. NO: 39853800W

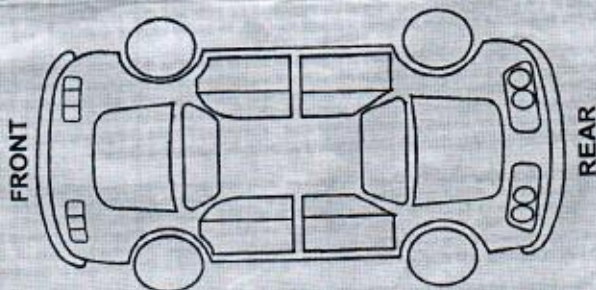
GST REG. NO: M9-0001228-R

DATE:

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULARS	
Name:	Mohamed Ali
Address:	Mohamed Ali, 114, 114, 114
Name & Address of Employer:	530-114
IC/PP No:	DL No:
Date of Birth:	Date of Issue/Expiry:
Nationality:	PL of Issue:
Occupation:	Driving Exp:
Tel No:(O)	(R) (HP)

DRIVER'S PARTICULARS	
Name:	
Address:	
IC/PP No:	DL No:
Date of Birth:	Date of Issue/Expiry:
Nationality:	PL of Issue:
Occupation:	Driving Exp:
Tel No:(O)	(R) (HP)



A-ACCIDENTS C-CRACKED D-DENTS S-SCRATCHES

HIRER'S
SIGNATURE & STAMP

DRIVER'S
SIGNATURE

VEHICLE'S PARTICULARS	
VEHICLE NO:	REPL. VEH. NO:
MAKE/MODEL	MAKE/MODEL
MILEAGE OUT	MILEAGE OUT
DATE OUT	DATE OUT
TIME OUT	TIME OUT
HIRE/PERIOD EXPIRY:	8

Rental Charges		
Daily	@ \$	per day
Weekly	@ \$	per week
Monthly	@ \$	per month
Hours	@ \$	per hour
Others	@ \$	
CDW	@ \$	per day/week/month
PAI	@ \$	per day/week/month

DELIVERY SERVICE	
	SUB-TOTAL S\$

PETROL/DIESEL LEVEL						
OUT	E	1/4	1/2	3/4	F	
IN	E	1/4	1/2	3/4	F	

Extension of Rental	
Repairs/Damages	
Collection Service	
MISC	
	GST @ 7%
	TOTAL CHARGES S\$

SECURITY DEPOSIT					
ADVANCE RENTAL PAID					
BY:	CASH	NETS	CHEQUE	BILL	CARD
CHEQUE/CARD NO:					
EXPIRY DATE					
AMOUNT DUE	REFUND				

REFUND	BY
RECEIVED S\$	RECEIVER

I/We have read and agree to the terms and conditions on both sides of this agreement. If I/We have presented a cheque/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my/our signature above will be considered to have been made on the cheque/credit card voucher. All information I/We have given WELLCOME MOTOR AGENCIES in connection with this agreement are true and accurate.

IMPORTANT

- Only persons above 24 and below 65 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company WELLCOME MOTOR AGENCIES.
- Use of the vehicle for illegal purpose (for instance: In connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- The hirer shall be liable for excess charges for any late return of the rate shown per hour or per day, inclusive of CDW and/or PAI where applicable.
- In case of accident, the hirer shall report to owner immediately, if there is bodily injuries a police report must be made within 24 hours.
- No refund will be given for early return of vehicle.
- The hirer is responsible for the first S\$ excess to the THIRD PARTY DAMAGE OR INJURY claims and/or also the first S\$ excess to the FIRST PARTY DAMAGE (I.E) WELLCOME MOTOR AGENCIES, upon payment of CDW for each and every accident/damage.

RETURN OF VEHICLE - The Hirer / Driver is required to sign in the column "Signature of Hirer / Driver" Failing which the day and time inserted below shall deemed to be the day and time the vehicle is returned to WELLCOME MOTOR AGENCIES and the same shall be accepted as conclusive evidence of the same and shall not be challenged or questioned on any account whatsoever.

Date In	Time In	Mileage In	Checked By	Remarks

Signature of HIRER / DRIVER

Reported on 5/1/2018
@ 15:15 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (04/01/2018) (DD/MM/YYYY), TIME: (16:45) (HH:MM)

LOCATION: 18 New Industrial Road, ground level, one way side Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC3279D
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: _____
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: SJU1685E 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 = wellcome@singnet.com.sg ✓

fax = 63453140


Tel: 63444012

miq711@hotmail.com

miq711@hotmail.com ✓

*Waiting for Company
chop by
Fax?

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S7117328C



**MOHAMED IQBAL BIN
 MOHAMED ALI**

Race: **MALAY**
 Date of Birth: **27-05-1971** Sex: **M**
 Country of Birth: **SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7117328C**
 Name: **MOHAMED IQBAL BIN
 MOHAMED ALI**

Birth Date: **27 May 1971**
 Issue Date: **21 May 2003**




NRIC No. **S7117328C**

Valid Until: **03-08-2005**


**APT BLK 717 TAMPINES STREET 72 #09-73
 SINGAPORE 520717**

S7117328C Valid Until: **31/03/2018**

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

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

PASS DATE: **30 Mar 1994**



NP 42/A

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="04/01/2018 16:45"/>
Vehicle No.(For Motor)	<input type="text" value="GBC3279D"/>		

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5069180637-03	WELLCOME MOTOR AGENCIES	39853800W	GFT	Comprehensive	GBC3279D	GBC3279D	01/01/2018	

▼ Policy Information

Policy No.	5069180637-03	Policyholder Name	WELLCOME MOTOR AGENCIES	Policyholder NRIC	39853800W
Address	289 TANJONG KATONG ROAD SINGAPORE 437072				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/01/2018	Effective Date	01/01/2018 00:00	Expiry Date	31/12/2018 23:59
Third Party Excess	0.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess		OS Premium	9494.77		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	NEWSTATE STENHOUSE (S) PTE	Agent Tel.	62229188	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	289 TANJONG KATONG ROAD	Address 2	SINGAPORE 437072	Address 3	
Address 4		Address Type	Singapore address	Post Code	437072
Unit No.		Related Policy Number	5069188937-03		

► Insured Object: GBC3279D

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
<div>ContinueCancel</div>					

Claim Handling

The premium on this policy has not been collected.

Accident MT/0976700

Policy No.	5069180637-03	Vehicle No.	GBC3279D	GST Registration No.	M90
Policyholder Name	WELLCOME MOTOR AGENCIES			Policyholder NRIC	398
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98609794	Contact No.(Office)	0	Contact No.(Home)	0
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	Private Hire	No

▼ Accident Details

Report Date	08/01/2018 10:14	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	04/01/2018	Time of Accident hh:mm	16:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	18 NEW INDUSTRIAL RD GROUND LEVEL ONE WAY SIDE RD				

▼ Benefits

▼ Excess

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

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	M90001228R	GST Status Verified	No
Modification History			

▼ Policyholder Mailing Address

Address 1	289 TANJONG KATONG ROAD	Address 2	SINGAPORE 437072	Address 3	
Address 4		Address Type	Singapore address	Post Code	4370
Unit No.		Related Policy Number	5069188937-03		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/0
Unnamed driver Name	MOHAMED IQBAL BIN MOHAMEE	Driver NRIC	S7117328C	Driving Experience	23
Register Date of Driver License	30/03/1994	Driver Age	46	Contact No.(Home)	0
Contact No.(Mobile)	98609794	Contact No.(Office)	0	Address 3	
Address 1	BLK 717	Address 2	TAMPINES STREET 72	Post Code	520
Address 4		Address Type	Singapore address		
Unit No.	#09-73				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	WELLCOME MOTOR AGENCIES	Insured NRIC	398
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	634
Email Address		OI Vehicle Number	GBC3279D	TP Vehicle Number	SJU
Claim Description	GBC3279D / SJU1688E ON 4 Jan 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	08/01/2018 10:26	Claim Close Date		Date Received	08/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No. MT/0976700 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 08/01/2018 10:25

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Describe
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:26	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:24	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:24	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:24	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:24	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:24	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:23	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:23	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:23	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:23	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:23	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:23	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:23	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:23	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:23	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Jan 2018 10:23	Photos	Normal	Photos 20

Video List

Uploaded By/Date Folder Date File Name Source

Display in New Window

Scan and uploading