

NATIONAL Assessment Centre Services. (url) (1/1/2000)

Date In: 18/01/2018 16:53	Job description	Date & Time Completed	Done by
Ref No: NBA/INC18001151/K4	SAS e-tiling		
Veh No: SLU 5320R	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 16/01/2018 12:00	t-Motor Claim Form	MT/0978513	19/01/18 09:05
OD / TP / Reporting Only	1-Motor W/O (within 24 hrs, TP 2hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / OW: ( )		Tel: ( )		Fax: ( )	
TP Particulars: ( )		Yell No: UNKNOWN		INC ( ) / Non-INC ( )	
Owner / Driver: ( )		Tel: ( )			
Policy No: ( )		Period: ( )		Cover Type: ( )	
Confirmed by: ( )		Date: ( )		Time: ( )	
Insured/Driver Liability: ( )		(%) (Note: BSL Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)			
Year of Registration: ( )		Warranty: YES ( ) / NO ( )			
Excess: (\$ )		Loading: \$1,000 ( ) / \$2,000 ( )			

General Remarks: \_\_\_\_\_  
 ( ) Walk-In Customer | Customers Information strictly Confidential & Strictly NO refer of repeller.  
 ( ) Total Loss Case | to e-mail Insurer URGENTLY, \_\_\_\_\_  
 Drive-In ( ) / Towed-In ( ) | Invoice: YES ( ) / NO ( ) | Towing Co: ( )

Remarks	QC Point No. (6/8/8/0016)	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) ( )			

[illegible]

NA 1800 436		Invoice Preparation Checklist		Bill	Adj. Bill
Human's Requirements		1) AR: Accident Reporting (\$30)			
Driver/Owner:		2) DA: Damage Assessment (\$100)	INC (\$30)		
Contact No:		3) TP: Towing Fee	\$40/\$40		
Damaged Portion:		4) FT: Follow-Through Survey	\$150		
		5) RT: Follow-Through Survey (Re-survey)	\$30		
		Forclaiming against INC Only (w/ 10 Jan 2001)			
		6) TR: Re-inspection	\$15		
		7) NI: Day DA + SMRT Survey	\$160		
		8) NTUC Additional Services			
		9) NI: Courtesy Car / Tpl Allowance	\$5		
		10) NI: Repair Coordination	\$10		
		11) NI: Post Repair Inspection	\$15		
		12) NI: DY / Collision Unsett Coordination	\$5		
		TE (NI) / TP (NI) / INC	against INC	\$70	
		9) NI: Mobiles	10		
		Invoice dated	Not Charged		
		Invoice dated	Not 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 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	18/01/2018 16:53
Date Of Accident	16/01/2018 12:00
Exact Location Of Accident	JLN AHMAD IBRAHIM TWDS PIONEER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU5320R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	199902927C
Email Address	TJ.LIM@TOSHIBA-MACHINE.COM.SG
Mobile Phone No	(LOCAL) +65-91129196
Alternative Phone No	OFFICE-91129196
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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 CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093336938
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM THIAM JOO
NRIC No	S6801355J
Date Of Birth	06/01/1968
Occupation	INDOOR
Date Of Driving Pass	26/02/1988
Driving Experience	29 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91129196
Fax Number	
Contact Number	OTHERS-91129196
EEmail Address	TJ.LIM@TOSHIBA-MACHINE.COM.SG



Address	BLK 447 CHOA CHU KANG AVE 4 #06-377
Postcode	680447
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	COLLISION - HEAD TO REAR
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?	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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	





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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.
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:

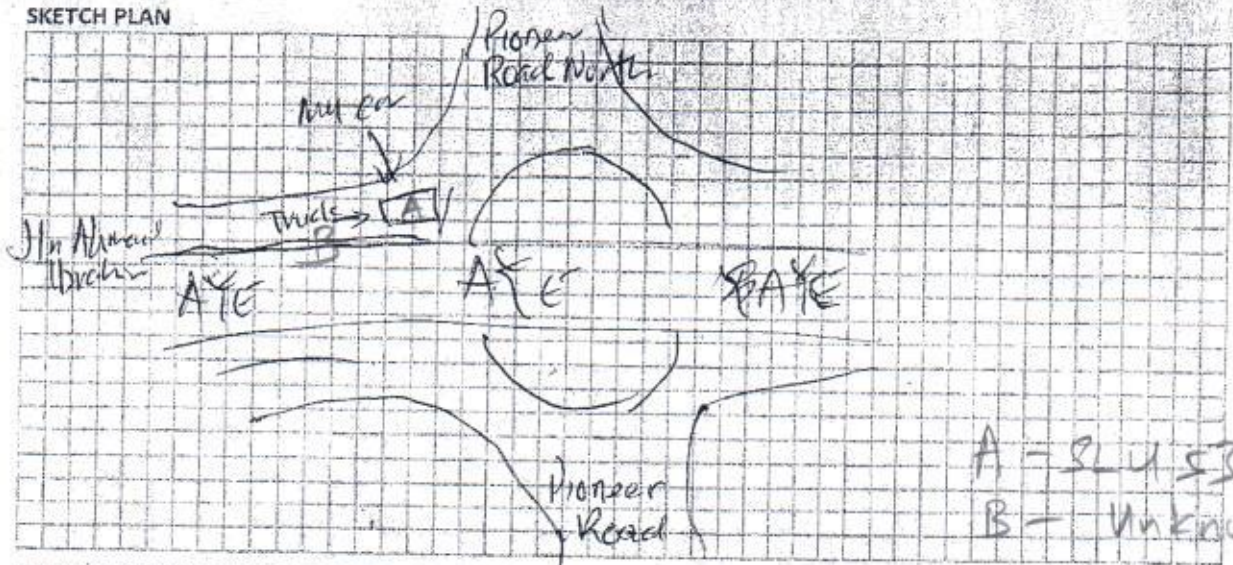
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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





SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While waiting to exit the PIONEER ROAD circle of Jln Ahmad Ibrahim, the white color truck hit the back of the car.

Since my car was out of the circle, continue to drive around the round about, but the truck just drove off. Unable to identify the truck number plate.

DECLARATION

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

Policyholder's Signature  
Date & Time:

GLARBE Motorway Car Repairs, 17

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:  
17/1/18

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

18/1/2018



## Register New Vehicle (Acknowledgement)

### Vehicle Particulars

Vehicle No.:	SLU5320R	Vehicle Scheme:	Normal
Vehicle Type:	R11 - Private Hire (Self-Drive) Station Wagon/Jeep/Land Rover		
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	VEZEL 1.5X CVT
Chassis No.:	RU11229238	Engine No.:	L15B4429241
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1496 cc	Power Rating:	-
Maximum Power Output:	96.0 kW ( 128 bhp )		
Unladen Weight:	1190 kg	Maximum Laden Weight:	1465 kg
Primary Colour:	Silver	Secondary Colour:	-
First Registration Date:	05 Dec 2017	Original Registration Date:	05 Dec 2017
Manufacturing Year:	2017	Open Market Value:	\$20,430.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$5,301.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$430.00 (140%)
Actual ARF Paid:	\$10,602.00		

### Owner Particulars

Owner Name:	MOTORWAY CAR RENTALS PTE LTD
Owner ID Type:	Company
Owner ID:	199902927C
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	1094
Registered Street Name:	LOWER DELTA ROAD
Registered Unit No.:	-
Registered Building Name:	MOTORWAY BUILDING
Registered Postal Code:	169205
COE No. / Expiry Date:	2017100101001797H / 04 Dec 2027
COE Bid Category:	A - Car up to 1600cc & 97kW (130bhp)
QP Paid:	\$36,001.00
Transaction Details	
Business Transaction Ref. No.:	20171205150235137897
Business Transaction Date:	05 Dec 2017
Business Transaction Time:	15:02:35

### Message

The above vehicle has been successfully registered.

Please note that \$12,146.00 will be deducted from your GIRO account.







KLKuan @ motorway.com.sg  
Tel 65719635 (Tony)  
KLKuan @ motorway.com.sg ✓

MotorWay Car Care Centre Pte Ltd  
(CO. REG NO.: 20000-0606-)  
1094, Lower Delta Road, Motorway Building, Singapore 169205  
Tel: (65) 6468 2200 Fax: (65) 6273 5535  
Website: www.motorway.com.sg

### ACCIDENT STATEMENT FORM

Please attach this form together with Driver IC, driving license and Insurance Certificate.

Date of Accident : 16/01/2018  
Time of Accident : 12:00 am / pm / noon  
Exact Location of Accident : Jln Ahmad Ibrahim → Pioneer Rd.

#### Detail of Own vehicle - Policyholder

Name of registered Owner : Motorway Car Rentals Pte Ltd  
NRIC / FIN / Passport number : 199902927C  
Address : 1094 Lower Delta Road, Motorway Building (S) 169205  
H/P : 64682200  
Fax : 62735535

#### Vehicle Particulars

Vehicle Registration Number : SLU 5320R  
Vehicle Make and Model : HONDA VEZEL  
Purpose was being used at time of accident : Private use / Commercial use / Hire & reward  
Action to be taken for repair your vehicle : Third party claims / Own damage claims / Reporting only

#### Insurance Company

Name of Insurance Company : Liberty Insurance / Tokio Marine Insurance  
Type of coverage : Comprehensive / Third Party Fire & Theft / Third party only  
Policy number : 5093336938

NTUC income insurance

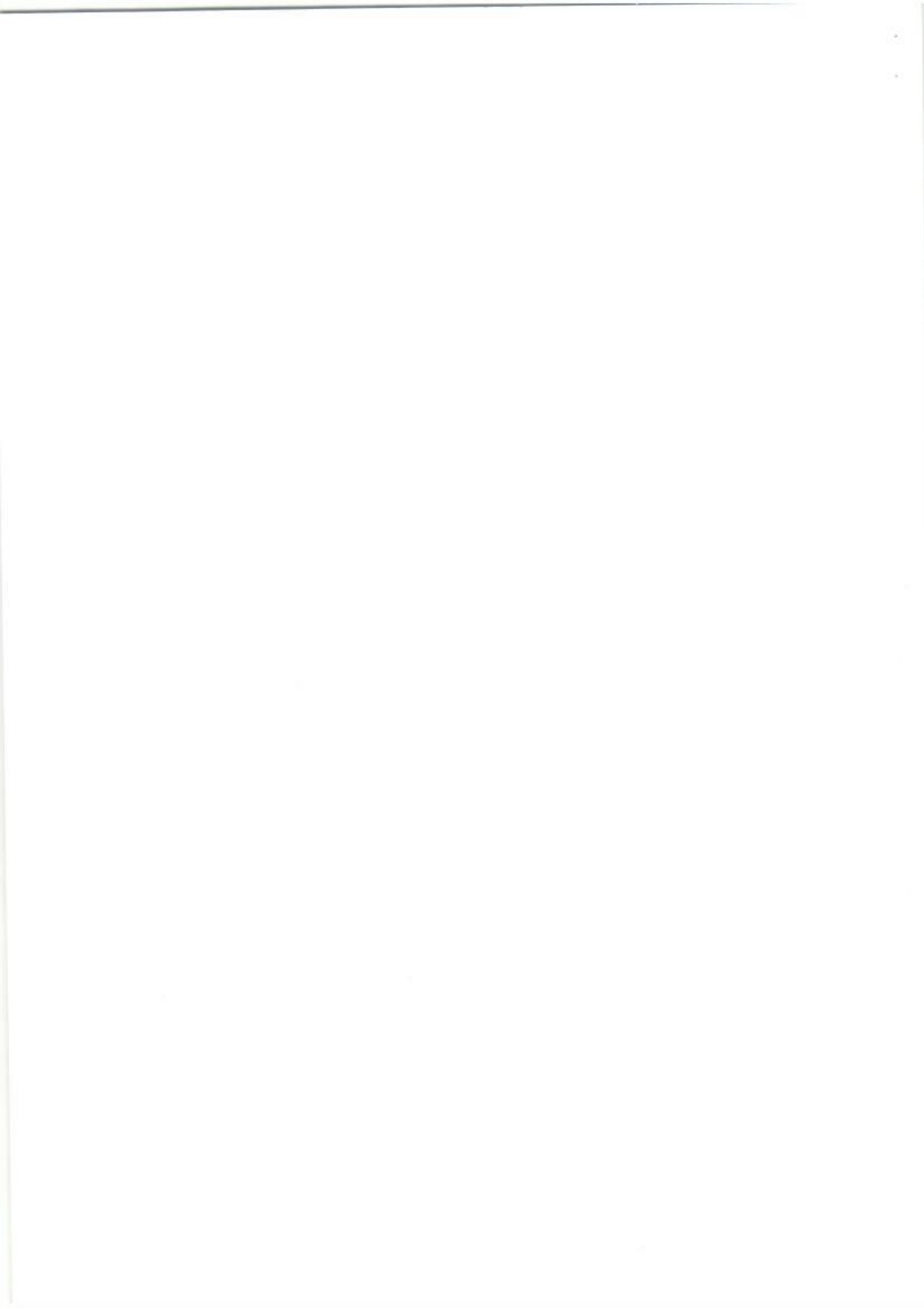
1 Driver

#### Details of Own Vehicle - Driver

Name of Driver : LIM THAM JOO  
NRIC / FIN / Passport number : S6801355J  
Date of Birth : 06/01/1968  
Occupation : S-MANAGER  
Date of driving pass : 31/1/  
Address : BLK 447, CHOA CHU KANG AVE 4. #06-377. SINGAPORE 680447  
H/P : 91129196  
Email : tj.lim@toshiba-machine.com.sg  
Relationships of the Driver with the Insured : Hire & reward

#### Information Of The Accident (Please circle)

Injuries even if slight : Yes (No)  
Any Material or property damaged: Yes (No)  
Weather conditions : (Clear) / Raining / Drizzling  
Road surface: Wet / (Dry)  
Was the accident reporting to the police : Yes (No)  
Was notice of intended prosecution given : Yes (No) If Yes, against to \_\_\_\_\_







MotorWay Car Care Centre Pte Ltd

(CO. REG NO.: 20000-0606-)

1094, Lower Delta Road, Motorway Building, Singapore 169205

Tel: (65) 6466 2200 Fax: (65) 6273 5535

Website: www.motorway.com.sg

Details of Other Vehicle / Property 1

Vehicle Registration Number : UNKNOWN

Vehicle Make and Model : \_\_\_\_\_

Name of Driver : \_\_\_\_\_

NRIC / FIN / Passport number : \_\_\_\_\_

Address : \_\_\_\_\_

H/P : \_\_\_\_\_

Insurance Company Name : \_\_\_\_\_

Details of Other Vehicle / Property 2

Vehicle Registration Number : \_\_\_\_\_

Vehicle Make and Model : \_\_\_\_\_

Name of Driver : \_\_\_\_\_

NRIC / FIN / Passport number : \_\_\_\_\_

Address : \_\_\_\_\_

H/P : \_\_\_\_\_

Insurance Company Name : \_\_\_\_\_

Details of Witness (If any)

Name : \_\_\_\_\_

Address : \_\_\_\_\_

H/P : \_\_\_\_\_

Email : \_\_\_\_\_

Details of Injured Person 1 (If any)

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Injuries sustained : \_\_\_\_\_

Injured person in which vehicle : \_\_\_\_\_

Was injured conveyed to hospital by ambulance : Yes / NO

Details of Injured Person 2 (If any)

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Injuries sustained : \_\_\_\_\_

Injured person in which vehicle : \_\_\_\_\_

Was injured conveyed to hospital by ambulance : Yes / NO

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

Policyholder's signature : \_\_\_\_\_ Date and time : \_\_\_\_/\_\_\_\_/\_\_\_\_ @ \_\_\_\_\_

Driver's signature : \_\_\_\_\_ Date and time : \_\_\_\_/\_\_\_\_/\_\_\_\_ @ \_\_\_\_\_



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6801355J



Name  
LIM THIAM JOO

林 添 裕

Race  
CHINESE

Date of Birth  
06-01-1968

Sex  
M

Country of birth  
SINGAPORE

S6801355J

REPUBLIC OF SINGAPORE DRIVING LICENCE



License number S6801355J

Name  
LIM THIAM JOO

Birth Date 06 Jan 1968

Valid Date 13 Jan 2009

0001118510

4534825




NRIC No. S6801355J

Date of issue  
01-03-2010

Address  
APT BLK 447 CHOA CHU KANG AVENUE 4  
#05-377  
SINGAPORE 680447

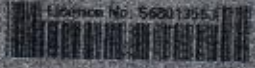
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars and Motor Trailers the weight of which together does not exceed 2000 kilograms

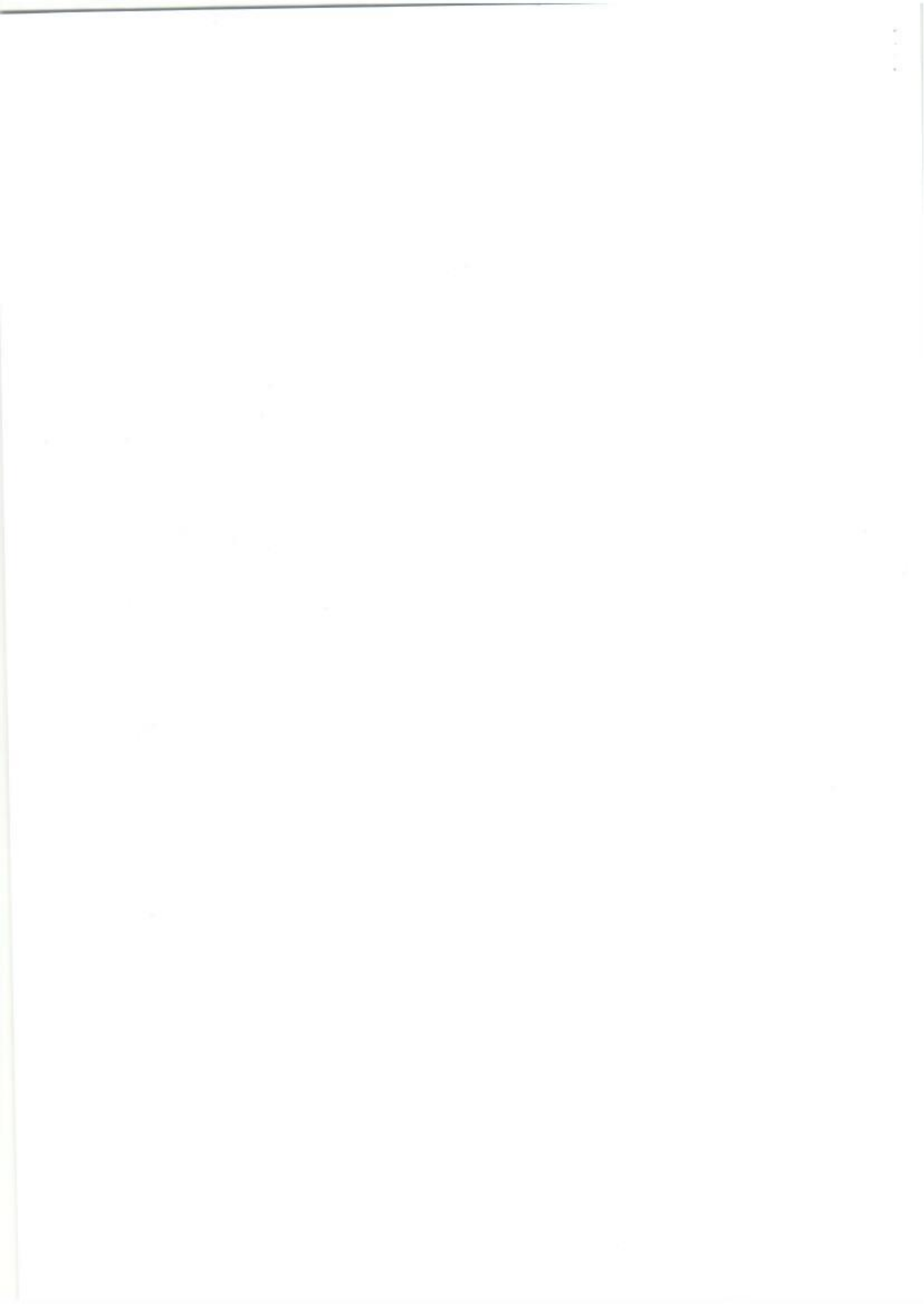
28 Feb 1968

NP 428A

License No. S6801355J







## 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:** 5093336938

**Cover :** drive PREMIUM

1. Index mark and Registration Number of Vehicle

: To Be Advised SLU5320R

Chassis Number

: ~~115B4429241~~ RU1103 9138

2. Name of Policyholder

: MOTORWAY CAR RENTALS PTE LTD

3. Effective Date of Insurance

: 05 Dec 2017

4. Expiry Date of Insurance

: 04 Dec 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\$1,000
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	: YES
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	: DBS BANK 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 : MOTOR-WAY CREDIT PTE LTD (00000614920)

Date of Issue : 10 Aug 2017 11:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive





eBaoTech

GeneralClaim

Hello, NAC\_BUKIT\_MERAH\_800676

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"/>	5093336938	MOTORWAY CAR RENTALS PTE LTD	199902927C	GFT	drive PREMIUM	SLU5320R	SLU5320R	05/12/2017	

Continue



## Policy Information

Policy No.	5093336938	Policyholder Name	MOTORWAY CAR RENTALS PTE	Policyholder NRIC	199902927C
Address	1094 LOWER DELTA ROAD MOTORWAY BUILDING SINGAPORE 169205				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	10/08/2017	Effective Date	01/09/2017 00:00	Expiry Date	31/08/2018 23:59
Third Party Excess	0.00	Own damage Excess	1000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	11292.72		
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	0.00		
Agent	MOTOR-WAY CREDIT PTE LTD	Agent Tel.	64682200	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	1094 LOWER DELTA ROAD	Address 2	MOTORWAY BUILDING	Address 3	SINGAPORE 169205
Address 4		Address Type	Singapore address	Post Code	169205
Unit No.		Related Policy Number	5093337471		

## Insured Object: SLU5320R

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	01/09/2017 00:00	Basic Information Endorsement	000001286630041	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following 2 vehicles have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SCX42S 01-09-2017 \$1,412.40 2. SKG1563T 01-09-2017 \$1,112.80 In view of this amendment, a refund of \$2,525.20 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the following 2 vehicles have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJQ426Y 01-09-2017 \$856.00 2. SJT6633K 01-09-2017 \$1,112.80 In view of this amendment, a refund of \$1,968.80 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKJ2385T 22-09-2017 \$1,048.77 In view of this amendment, an additional premium of \$1,048.77 (inclusive of GST) is payable</p>
2	01/09/2017 00:00	Basic Information Endorsement	000001286625805	Endorsement Take Effective	

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## Claim Handling

The premium on this policy has not been collected.

Accident MT/0978513

Policy No.	5093336938	Vehicle No.	SLU5320R	GST Registration No.	
Policyholder Name	MOTORWAY CAR RENTALS PTE LTD	Cover Type	drive PREMIUM	Policyholder NRIC	
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	
Contact No.(Mobile)	91129196	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	
KFX	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	No
<b>Accident Details</b>		Time of Accident hh:mm	12:00	Accident Type	Collision - Head
Report Date	19/01/2018 09:10	Orange Force		Country of Accident	Singapore
Date of Accident	16/01/2018			ICM No.	
Reporting Centre					
Accident Location	JLN AHMAD IBRAHIM TWDS PIONEER RD				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	1,000.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/08/1999		
GST Registration No.	199902927C	GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	1094 LOWER DELTA ROAD	Address 2	MOTORWAY BUILDING	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5093337471		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	LIM THIAM JOO	Driver NRIC	S68013553	Driving Experience	
Register Date of Driver License	26/02/1988	Driver Age	58	Contact No.(Home)	
Contact No.(Mobile)	91129196	Contact No.(Office)	0	Address 3	
Address 1	BLK 447	Address 2	CHOA CHU KANG AVENUE 4	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	#06-377	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input checked="" type="radio"/> No <input type="radio"/>		
Modification History					

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MOTORWAY CAR RENTALS PTE	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	rent@motorwaycarrentals.com	O1 Vehicle Number	SLU5320R	TP Vehicle Number	
Claim Description	SLU5320R / UNKNOWN ON 16 Jan 2018	Insured Liability *	Not at Fault	Name of Preferred Workshop	
Preferred Workshop Contact No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Require Finalisation	Yes	Claim Close Date		Date Received	
Date Registered	19/01/2018 09:19	Workshop Repairer		Total Loss but Repaired	
Report Taken By	KRISHNASAMY				
<input checked="" type="checkbox"/> Print AK letter					
<b>Attachment</b>		Save Submit			

Accident No.	MT/0978513	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/01/2018 09:15
Path *		Category *	Confidential Urgency



<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
<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
<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_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Jan 2018 09:19	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Jan 2018 09:18	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Jan 2018 09:17	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Jan 2018 09:17	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Jan 2018 09:17	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Jan 2018 09:17	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Jan 2018 09:17	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Jan 2018 09:17	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Jan 2018 09:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Jan 2018 09:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Jan 2018 09:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Jan 2018 09:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Jan 2018 09:16	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 19 Jan 2018 09:16	Photos	Normal	Photo

### Video List

Uploaded By/Date	Folder Date	File Name	Source
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