

NATIONAL Assessment Centre Services

Date In: 19/01/2018 14:24

Ref No: NBA/INC1800469

Veh No: SJF 3636X

D.O.A: 14/01/2018 12:20

OD / TP / Reporting Only

TP Insured:

Job Description	Date & Time Completed	Done by
SAS e-illing		
E-mall (with 3hrs, 100hrs)		
E-Motor Claim Form	MT/0971989	22/1/18 15:05
E-Motor W/O (with 100 hrs, 100 hrs)		
E-Photo Uploaded		
Assessment/Survey Report		
Assessment Report by Fax/Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / OW:

Tel:

Fax:

TP Particulars: Yeh No: SKH 9511K, 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:

() Work-In Custom: Customer's 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: INC Hotline: 6788 6616

Date & Time Completed:

Done by:

() Apply for Transport Allowance () / Courtesy Car ()

() QC Check / Post Repair Inspection ()

() Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:

Date/Time	Action

NA1800469

Amounts/Particulars	Invoice Preparation Charge	Amount	Amount
	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100)	INC (\$30)	
	3) TP: Towing Fee	\$40/\$43	
	4) FT: Follow-Through Survey	\$130	
	5) RT: Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (wef 10 Jan 2018)		
	6) TR: Re-inspection	\$75	
	7) H1: DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	Q11:		
	N1: Courtesy Car / Tpl Allowance	\$3	
	N6: Repair Coordination	\$10	
	N7: Post Repair Inspection	\$13	
	N8: DY / Collision Cases Coordination	\$3	
	T2 (N1) / TP (N1) / INC	\$30	
	N3: Inc Mobile	\$0	
	Invoice dated	File Charged	
	Invoice filed	File Charged	

2/2

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	19/01/2018 14:24
Date Of Accident	14/01/2018 12:20
Exact Location Of Accident	BETWEEN SCOTTS RD & NEWTON CIRCLE (THE ROUNDABOUT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF3636X
Insured/Policyholder	
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	199902927C
Email Address	ELMF88@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-88186008
Alternative Phone No	OFFICE-88186008

Vehicle Particulars

Manufacturer	BMW
Model	730LI
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5093337471
Cover Note Number	

Driver

Name of Driver	CHEW WAI LING
NRIC No	S1520346C
Date Of Birth	26/02/1962
Occupation	INDOOR
Date Of Driving Pass	24/11/1981
Driving Experience	36 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-88186008
Fax Number	
Contact Number	OTHERS-88186008
Email Address	ELMF88@YAHOO.COM.SG

Address	28 ROBIN ROAD
Postcode	258217
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	DRIZZLING
Road Surface	WET

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	SKH9511K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HAN KWANG WEI
NRIC/Passport Number	S6901474G
Contact Number	96918568
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	



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 : 14/01/2018

Time of Accident : 12:20 am / pm / noon

Exact Location of Accident : Between Scotts Road & Newton Circle (The roundabout)

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 : SJF 3636X

Vehicle Make and Model : BMW 730Li

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 : _____

Details of Own Vehicle - Driver

Name of Driver : CHEW WAI LING

NRIC / FIN / Passport number : S1520346C

Date of Birth : 26/02/1962

Occupation : DIRECTOR

Date of driving pass : 24/NOV/1981

Address : 6 CLAYMORE HILL 11-01 CLAYMORE PLAZA

H/P : 88186008

Email : ELMF88@YAHOO.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 _____

www.motorway.com.sg

~~Reported on 19/12/18~~
~~2:10:50 AM~~



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

Details of Other Vehicle / Property 1

Vehicle Registration Number: SKH 9511K

Vehicle Make and Model: Audi

Name of Driver: HAN KWANG WEI

NRIC / FIN / Passport number: S6901474G

Address: 257 JALAN KAMPONG CHANTOK

H/P: 96918568

Insurance Company Name: AIG

Details of Other Vehicle / Property 2

Vehicle Registration Number:

Vehicle Make and Model:

Name of Driver: NA

NRIC / FIN / Passport number:

Address:

H/P:

Insurance Company Name:

Details of Witness (If any)

Name

Address: NA

H/P:

Email:

Details of Injured Person 1 (If any)

Name

Address: NA

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: NA

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: 1 / 1 @

Driver's signature:

Date and time: 15/01/2018 @

www.motorway.com.sg

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.
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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

Pls Refer to the Attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Attached

DECLARATION

I/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:

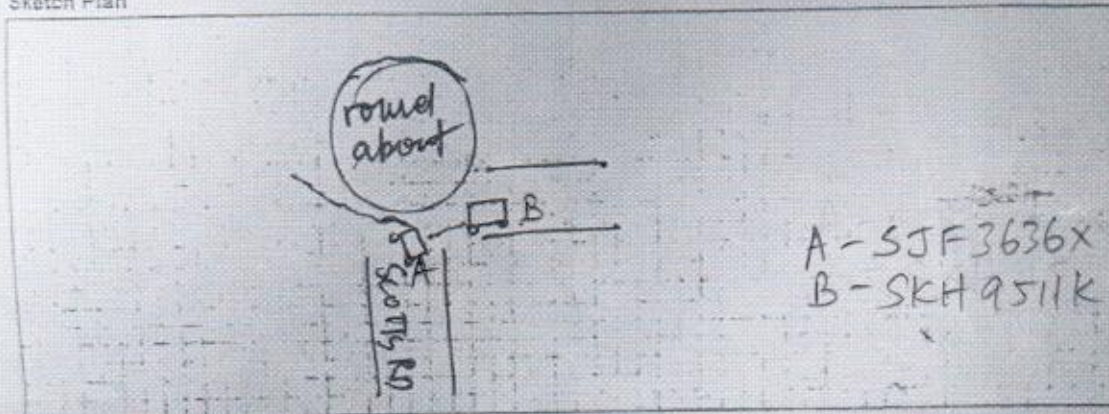
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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 lodging 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.

Sketch Plan



Describe Circumstances of the Accident

I was driving on Scotts Rd at the speeds of 60 plus, turning towards Kampong Java Rd, at the round about, the other car was on the round about waiting for traffic light. When my car turning the other side the traffic also turned green so I was trying to stop however not in time, the other car just hit on my right back part.

Declaration

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

19/11/2018

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1520346C



Name

CHEW WAI LING

Race

CHINESE

Date of Birth

26-02-1962

Sex

F

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S1520346C

Name

CHEW WAI LING

Birth Date: 26 Feb 1962

Issue Date: 15 Oct 2003



1247767



NRIC No. S1520346C

Blood Group: Date of Issue:

O+ 07-10-1993

28 ROBIN ROAD
SINGAPORE 258217

NRIC No: S1520346C

Date: 03/12/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

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

24 Nov 1981

96367862



NP 428A

Text size + -

0% 25% 50% 75% 100%

Transfer Of Vehicle Ownership (Acknowledgement)

Vehicle Details

Vehicle No.:	SJF3636X		
Vehicle Type:	N18 - Passenger (Co) Company Car (Single Rate)	Vehicle Scheme:	Normal
Vehicle Make:	B.M.W.	Vehicle Model:	730Li
Chassis No.:	WBAHN22040DE97740	Engine No.:	07956600N52B30AF
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	2996 cc	Power Rating:	-
Unladen Weight:	1910 kg	Maximum Laden Weight:	2415 kg
Primary Colour:	Black	Secondary Colour:	-
IU Label No.:	1125661769	Maximum Power Output:	190.0 kW (254 bhp)
First Registration Date:	27 Mar 2008	Original Registration Date:	27 Mar 2008
Manufacturing Year:	2007	Open Market Value:	\$88,298.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$44,149.00
No. of Transfer:	1	Actual ARF Paid:	\$88,298.00

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: 2008040107000100M / 26 Mar 2018

COE Bid Category: E - Open Category

QP Paid: \$18,670.00

Transaction Details

Business Transaction Ref. No.: 20160718143835949880

Business Transaction Date: 18 Jul 2016

Business Transaction Time: 14:38:35

Message

Vehicle has been successfully transferred to MOTORWAY CAR RENTALS PTE LTD (199902927C).

Please note that \$11.00 will be deducted from your GIRO account.

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: 5093337471

Cover : Third Party, Fire & Theft

- | | |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJF3636X |
| Chassis Number | : WBAHN22040DE97740 |
| 2. Name of Policyholder | : MOTORWAY CAR RENTALS PTE LTD |
| 3. Effective Date of Insurance | : 01 Sep 2017 |
| 4. Expiry Date of Insurance | : 31 Aug 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MOTOR-WAY CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : MOTOR-WAY CREDIT PTE LTD (00000614920)
Date of issue : 10 Aug 2017 11:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

General Claim

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093337471	MOTORWAY CAR RENTALS PTE LTD	199902927C	GFT	Third Party, Fire & Theft	SJF3636X	SJF3636X	01/09/2017	

Claim Handling

Task Transfer Exit

Accident MT/0977989

LOS SAL SUB

Policy No.	5093337471	Vehicle No.	SJF3636X	GST Registration No.	199902927C
Policyholder Name	MOTORWAY CAR RENTALS PTE LTD			Policyholder NRIC	199902927C
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	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	Private Hire	Not available

Accident Details

Report Date	16/01/2018 09:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	14/01/2018	Time of Accident hh:mm	12:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEWTON CIRCUS				

Benefits

Excess

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

GST Registered Information

GST Registered	Yes	GST Registration Date	01/08/1999
GST Registration No.	199902927C	GST Status Verified	Yes
Modification History			

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		

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

The premium on this policy has not been collected.

Accident MT/0977989

Policy No.	5093337471	Vehicle No.	SJF3636X	GST Registration No.	1999
Policyholder Name	MOTORWAY CAR RENTALS PTE LTD			Policyholder NRIC	1999
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	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	Private Hire	Yes

▼ Accident Details

Report Date	16/01/2018 09:36	Accident Report Within 24 hrs	No	Accident Type	Coll
Date of Accident	14/01/2018	Time of Accident hh:mm	12:10	Country of Accident	Sing
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	NEWTON CIRCUS				

▼ Benefits

▼ Excess

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

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/08/1999
GST Registration No.	199902927C	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	1094 LOWER DELTA ROAD	Address 2	MOTORWAY BUILDING	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	169.
Unit No.		Related Policy Number	5093337471		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHEW WAI LING	Driver NRIC	S1520346C	Driver DOB	26/C
Register Date of Driver License	24/11/1981	Driver Age	55	Driving Experience	36
Contact No.(Mobile)	88186008	Contact No.(Office)		Contact No.(Home)	
Address 1	28 #NA ROBIN ROAD	Address 2	SINGAPORE 258217	Address 3	
Address 4		Address Type	Singapore address	Post Code	258.
Unit No.	NA				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	MOTORWAY CAR RENTALS PTE L	Insured NRIC	1999
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	646
Email Address	rent@motorwaycarrentals.com	OI Vehicle Number	SJF3636X	TP Vehicle Number	SKH
Claim Description	SJF3636X / SKH9511K ON 14 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	22/01/2018 15:09	Claim Close Date		Date Received	22/01
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0977989	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/01/2018 15:05

Path *		Category *	Confidential	Urgency *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> <input type="text" value="Please Select"/>	<input type="button" value="NO"/>	<input type="button" value="Normal"/>
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<input type="button" value="Message Read"/>				

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 15:09	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 15:08	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 15:07	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 15:07	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 15:07	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 15:07	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 15:07	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 15:07	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 15:07	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 15:06	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 15:06	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 15:06	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 15:06	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 15:06	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 15:06	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Jan 2018 15:06	Photos	Normal	Photos 20:

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"/>