

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MNA18024097**

Date In: 19/1/18-19:22	Job description	Date & Time Completed	Done by
Ref No: NA/INC8003170/24	SAS e-filing		
Veh No: 8X222G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 16/1/18-12:20	i-Motor Claim Form	M7/0982728	19/1/18 22:58
OD : TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: 8G36277	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	Am't (\$)	Am't (\$)
		Int. Bill	Add. Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Dat 1:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
Dat 2 / 3:	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 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	19/02/2018 19:22
Date Of Accident	16/02/2018 12:20
Exact Location Of Accident	EUNOS LINK TWDS STILL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX222G
Insured/Policyholder	
Name Of Registered Owner	RS AUTO LEASING PRIVATE LIMITED
Co Reg No	201708659H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82457733
Alternative Phone No	OFFICE-82457733

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S300L
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5098025207
Cover Note Number	

Driver

Name of Driver	LEE KWANG HWEE
NRIC No	S7832708A
Date Of Birth	07/11/1978
Occupation	OUTDOOR
Date Of Driving Pass	05/11/2012
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81065588
Fax Number	
Contact Number	OFFICE-81065588
Email Address	NOEMAIL

Address	BLK 138 TAMPINES STREET 11 #04-138
Postcode	521138
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	2
Was any body injured in the Accident?	YES
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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180217/2083.

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	SLG3627T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE KWANG HWEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJX222G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

RS Auto Leasing Private Limited
57 Choa Chu Kang Loop #04-45 The Warren
Singapore 689685
Tel +65 9245 7733

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 16/2/2018 (DD/MM/YY) Time: 12:20pm (HH:MM)
Exact location of accident	Eunos Link towards Still Rd

Details of vehicle

Vehicle registration number	SJX 222 G
Vehicle make and model	Mercedes S300
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

Insurance information

Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	RS Auto Leasing	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	RS Auto Leasing Private Limited	
Contact	57 Choa Chu Kang Loop #04-45 The Warren	
Address	Singapore 689685 Tel: +65 6245 7733	

DriverSame as insured above (skip to D.O.B)

Name	LEE KHANG HUEE	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S783270 SA	
Contact	8106 5588	
Address	138 Tampines St 11 #04-13B S(521138)	
Email address		
Date of birth	7/11/1978	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	5/11/2012	

General information of the accident

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, relationship of the driver and insured: _____
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (Inclusive of driver)

Passenger 1

Name	Lee Kwang Hwee
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Other information

Was anybody injured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	SLG 3627T
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	Lee Kwang Hwe
Injuries sustained	Body
Which vehicle person in?	SSX 222G
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



**SINGAPORE
POLICE FORCE**



T/20180217/2083

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3
Report No. T/20180217/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/02/2018 21:44	Vide Report No.:	Station Diary No.: 66
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Informant's Particulars

Name of Informant: LEE KWANG HWEE		Address: APT BLK 138 TAMPINES STREET 11 #04-138 SINGAPORE 521138	
ID Type / ID No.: NRIC NO / S7832708A		Contact No.:	Mobile: 81065588
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 07/11/1978	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: UBER DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/02/2018 12:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 EUNOS LINK STILL ROAD Along Eunos Link towards Still Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX222G	Car				Slightly Damaged	0
SLG3627T	Car				Slightly Damaged	2

Details of Person Involved

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



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Driver			
Name	LEE KWANG HWEE	ID No.	S7832708A
Related Vehicle	SJX222G (Car)	Contact No.	81065588
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	YEO HONG HEE	ID No.	S7422502J
Related Vehicle	SLG3627T (Car)	Contact No.	NIL
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 16/02/2018 at about 1220hrs, I was driving a black coloured Mercedes bearing the registration plate SJX222G along Eunos Link towards Still Road.

While driving, the 'ESP' indicator, engine indicator and run flat indicator in vehicle lit up as such, I depressed the brakes of my vehicle to bring it to a halt. After my vehicle came to a complete stop, I felt a knock from the rear of my vehicle.

I then stepped out of my vehicle and realised that there was a brown coloured Nissan bearing the registration plate SLG3627T that collided into the rear of my vehicle. I then exchanged particulars with the driver of the Nissan vehicle, however did not manage to obtain the driver's contact number.

The collision resulted in my vehicle sustaining minor scratches on the rear bumper and a slightly dislodged and damaged exhaust. The other vehicle sustained minor scratches on the front bumper and a slightly dislodged front bumper.

No one was injured at the time of accident. I felt neck strain and back pain later in the night as such, I sought medical treatment at Mount Alvernia Hospital. I was subsequently granted three (3) days of medical leave from 17/02/2018 to 19/02/2018.



**SINGAPORE
POLICE FORCE**



T/20180217/2083

3 of 3

Report No. T/20180217/2083

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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: F / Sgt 2 LIM ENJIE	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	

Signature Of Informant:	
Date/Time: 17/02/2018 21:44	
Classification Of Case:	

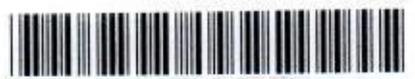
Authentication Stamp
NP168

Signature:
Singapore Police Force

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 05 Nov 2012



NRIC No. S7832708A



Date of issue
22-01-2015

Address
APT BLK 138 TAMPINES STREET 11
#04-138
SINGAPORE 521138



NP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S7832708A**

Name
LEE KWANG HWEE

Birth Date **07 Nov 1978**
Issue Date **05 Nov 2012**

002120397D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7832708A**

Name
LEE KWANG HWEE

李 光 辉

Race
CHINESE

Date of birth
07-11-1978

Country/Place of birth
SINGAPORE

Sex
M

S7832708A




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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098025207	RS AUTO LEASING PRIVATE LIMITED	201708659H	GPC	drivo CLASSIC	SJX222G	SJX222G	09/02/2018	08/02/2019

Policy Information

 Policy Information

Policy No.	5098025207	Policyholder Name	RS AUTO LEASING PRIVATE LIM	Policyholder NRIC	201708659H
Address	57 CHOA CHU KANG LOOP #04-45 THE WARREN SINGAPORE 689685				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	09/02/2018	Effective Date	09/02/2018 00:00	Expiry Date	08/02/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	3185.42		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	66310728	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 Policyholder Mailing Address

Address 1	57 CHOA CHU KANG LOOP	Address 2	#04-45 THE WARREN	Address 3	SINGAPORE 689685
Address 4		Address Type	Singapore address	Post Code	689685
Unit No.	04-45	Related Policy Number	5098097436		

 Insured Object: SJX222G

 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Exit

Claim Handling

The premium on this policy has not been collected.

Accident MT/0982728

Policy No.	S098025207	Vehicle No.	SJX222G	GST Registration No.	
Policyholder Name	RS AUTO LEASING PRIVATE LIMITED	Cover Type	drive CLASSIC	Policyholder NRIC	201708659H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	82457733	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value=""/>
KFK	<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
Accident Details			Accident Type	Collision - Head to Rear	
Report Date	19/02/2018 22:55	Time of Accident hh:mm	12:20	Country of Accident	Singapore
Date of Accident	16/02/2018	Orange Force		ICM No.	
Reporting Centre					
Accident Location	EUNGS LINK TWDS STILL RD				
Benefits					
Coverage		Sum Insured	1000		
Accessory					
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	No		
Modification History					

Policyholder Mailing Address					
Address 1	57 CHOA CHU KANG LOOP	Address 2	#04-45 THE WARREN	Address 3	SINGAPORE 689685
Address 4		Address Type	Singapore address	Post Code	689685
Unit No.	04-45	Related Policy Number	S098097436		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/11/1978
Unnamed driver Name	LEE KWANG HWEI	Driver NRIC	S7832708A	Driving Experience	5
Register Date of Driver License	05/11/2012	Driver Age	39	Contact No.(Home)	0
Contact No.(Mobile)	81085888	Contact No.(Office)	0	Address 3	SINGAPORE 521138
Address 1	BLK 138	Address 2	TAMPINES STREET 11	Post Code	521138
Address 4		Address Type	Singapore address		
Unit No.	04-138			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	RS AUTO LEASING PRIVATE LIM	Insured NRIC	201708659H	
Contact No.(Mobile)	82457733	Contact No.(Home)		Contact No.(Office)		
Email Address	ADMIN@RS-AUTOLEASING.COM	01 Vehicle Number	SJX222G	TP Vehicle Number	SLG3627T	
Claim Description	SJX222G / SLG3627T ON 16 Feb 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	19/02/2018 00:00	
Date Registered	19/02/2018 22:58	Claim Close Date				
Report Taken By	Jackson					
<input checked="" type="checkbox"/> Print AK letter						
Save Submit						

Attachment

Accident No.	MT/0982728	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/02/2018 22:59
Path *		Category *	
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency * Normal <input type="checkbox"/>
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency * Normal <input type="checkbox"/>
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency * Normal <input type="checkbox"/>
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency * Normal <input type="checkbox"/>
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency * Normal <input type="checkbox"/>
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency * Normal <input type="checkbox"/>

Please Select
1/1
Normal
 Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-2-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:59	SAS	Normal	SAS 2018-2-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:58	Photos	Normal	Photos 2018-2-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:58	Photos	Normal	Photos 2018-2-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:58	Photos	Normal	Photos 2018-2-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:58	Photos	Normal	Photos 2018-2-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:58	Photos	Normal	Photos 2018-2-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:58	Photos	Normal	Photos 2018-2-19		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2018 22:58	Photos	Normal	Photos 2018-2-19		Edit

Video List

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