

NATIONAL Assessment Centre Services

Date In	21/02/2018 17:26	Job description	Date & Time Completed	Done by
Ref No	NA/INC18003328/K4	SAS e-filing		
Veh No	SJZ8539E	E-mail (within 8hrs, AIC 2hrs)		
DOA	13/02/2018 15:20	i-Motor Claim Form	MT/0983143	22/2/18 10:05
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: SJG8474H 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:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

- | | Amount (\$) | Amount (\$) |
|---|-------------|-------------|
| | 1st Bill | Add On |
| 1) AR: Accident Reporting (\$30); | | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| 3) TF: Towing Fee \$40/\$45 | | |
| 4) FT: Follow-Through Survey \$120 | | |
| 5) RT: Follow-Through Survey (Resurvey) \$30 | | |
| For claiming against INC Only (wef 10 Jan 2003) | | |
| 6) TR: Re-inspection \$75 | | |
| 7) NI: Idac DA + SMRT Survey \$160 | | |
| 8) NTUC Additional Services:- | | |
| OD* | | |
| *N5: Courtesy Car / Tpl Allowance \$5 | | |
| *N6: Repair Co-ordination \$10 | | |
| *N7: Post Repair Inspection \$25 | | |
| *N8: DV / Collect Excess Coordination \$5 | | |
| TP (N11): TP (Non INC) against INC \$20 | | |
| 9) N12: Idac Mobile 30 | | |

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	21/02/2018 17:26
Date Of Accident	13/02/2018 15:20
Exact Location Of Accident	SERANGOON RD TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8539E
Insured/Policyholder	
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE. LTD.
Co Reg No	201607970Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90623585
Alternative Phone No	OFFICE-90623585

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5079864471-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SOLEHIN BIN RAHIM
NRIC No	S9500894A
Date Of Birth	05/01/1995
Occupation	INDOOR
Date Of Driving Pass	22/02/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90623585
Fax Number	
Contact Number	OTHERS-90623585
Email Address	NOEMAIL

Address	BLK 44 CHAI CHEE STREET #07-112
Postcode	461044
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	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)	2
Passenger 1	NAME: : ROSMINI BTE AHMAD GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180213/2182

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	SJG8474H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DON
NRIC/Passport Number	
Contact Number	82223872
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD SOLEHIN BIN RAHIM

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJZ8539E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name ROSMINI BTE AHMAD

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJZ8539E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLANIMPORTANT 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 stored / 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.



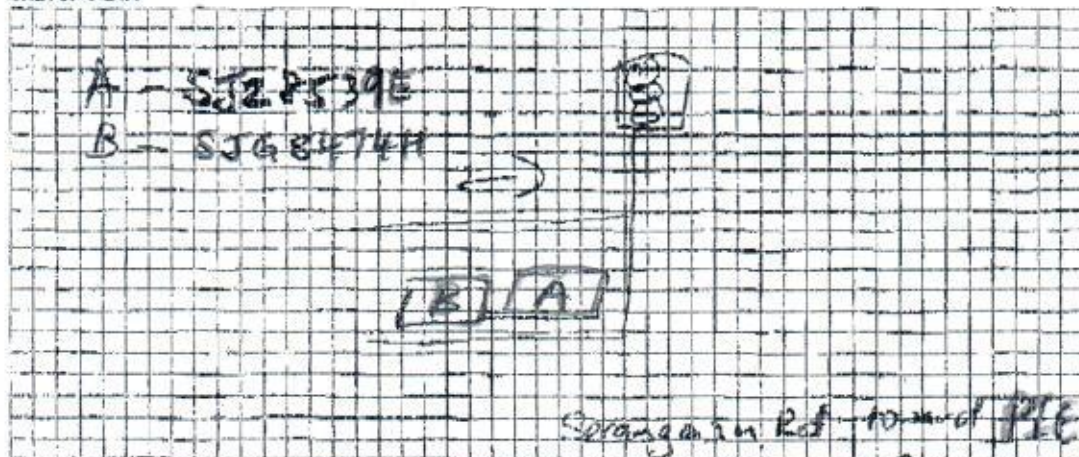
Policyholder's Signature
Date & Time:

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

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

21/2/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note across the section: *pls Refer to the Police Report T/20180213/2182*

DECLARATION

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

Policyholder's Signature
Date & Time

GARVC Sketch Plan form v3

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

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

21/2/2018



SINGAPORE POLICE FORCE



T/20180213/2182

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20180213/2182

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2018 22:35		Vide Report No.:		Station Diary No.: 156	
Informant's Particulars					
Name of Informant: MUHAMMAD SOLEHIN BIN RAHIM			Address: APT BLK 44 CHAI CHEE STREET #07-112 SINGAPORE 461044		
ID Type / ID No.: NRIC NO / S9500894A			Contact No.: Home/Office: Mobile: 90623585		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 05/01/1995	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/02/2018 15:20	Type of Location: Straight Road
Location: Along Road 1 SERANGOON ROAD				
ALONG SERANGOON ROAD TOWARDS PIE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG8474H	Car	HONDA	FIT 1.3G A	Blue	Slightly Damaged	1
SJZ8539E	Car	HYUNDAI	AVANTE 1.6 AT ABS D/AB 2WD 4DR	Beige	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20180213/2182

2 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20180213/2182

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	"DON"	ID No.	NIL
Related Vehicle	SJG8474H (Car)	Contact No.	82223872
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
Driver			
Name	MUHAMMAD SOLEHIN BIN RAHIM	ID No.	S9500894A
Related Vehicle	SJZ8539E (Car)	Contact No.	90623585
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/02/2018	Date Discharge	13/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 13/02/2018 at about 1520hrs, I was involved in an accident which happened at Serangoon Road towards PIE. While I was travelling with my vehicle, SJZ8539E, along Serangoon Road at Lane 2. I came to a stop at the stop line near the traffic light as the light turned red. Out a sudden, vehicle SJG8474H collided to my vehicle from behind while my vehicle was still stationary. The front of vehicle SJG8474H had dents and so is the rear of my vehicle SJZ8539E. Both of us got down our vehicle and he asked if I wanted a private settlement or insurance. As my vehicle is a rented car, I told him that I will get back to him. He had one passenger and my mother was inside the vehicle with me when the incident happened. I wish to state that he did not explained to me why he was not able to stop in time since it was still red light.

My mother, 'Rosmini' and I went to see a doctor at Changi General Hospital after which and we were both given 3 days of MC. Hence, I am lodging this report.



SINGAPORE
POLICE FORCE



T/20180213/2182

3 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No: T/20180213/2182

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

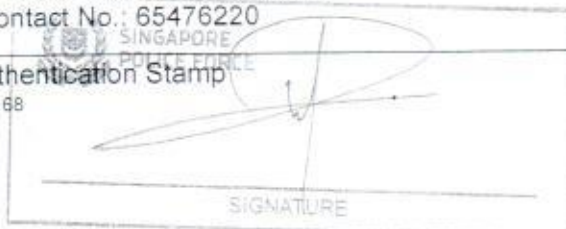
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 KOH WEN RUI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI DZUL HAIRIE BIN RAMLI
Contact No.: 65476220

Authentication Stamp
NP168



Signature Of Informant:

Date/Time:
13/02/2018 22:35

Classification Of Case:

Reported on 21/2/2018
@1300HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (13/02/2018) (DD/MM/YYYY), TIME: (15:20) (HH:MM)

LOCATION: Serangoon Rd towards PIE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ78539E
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: 90623585
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) Rental
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) 2 person (Injury)

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJG8474H MODEL: _____
b) DRIVER'S NAME: DON
c) NRIC/FIN/PASSPORT: _____ CONTACT: 82223872

9. THIRD PARTY VEHICLE

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

Workshop: benzbodykit@gmail.com ✓

Email =

fax =

Waiting for Company Chop?

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S9500894A**

Name: **MUHAMMAD SOLEHIN BIN RAHIM**

Birth Date: **05 Jan 1995**


Issue Date: **22 Feb 2017**



 002659544E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9500894A**




Name: **MUHAMMAD SOLEHIN BIN RAHIM**

محمد صليبين بن راحم

Race: **MALAY**

Date of birth: **05-01-1995** Sex: **M**

Country of birth: **SINGAPORE**



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

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE: **22 Feb 2017**

NP 428A

Licence No: **S9500894A**

4644329



NRIC No: **S9500894A**



Date of issue: **22-10-2010**

Address: **APT BLK 44 CHAI CHEE STREET
#07-112
SINGAPORE 461044**



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: 5079864471-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SJZ8539E

Chassis Number

: KMHQU41BMAU033001

2. Name of Policyholder

: AUTOBAHN RENT A CAR PTE. LTD.

3. Effective Date of Insurance

: 26 Apr 2017

4. Expiry Date of Insurance

: 25 Apr 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\$3,500

EXCESS (SECTION 2)

: S\$3,000

WINDSCREEN EXCESS

: S\$100

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: N/A

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: MAYBANK

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : HAMILTON AUTOHUB PTE. LTD. (00000573281)

Date of Issue : 21 Apr 2017 15:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC_PAYA_UBI_800601

• Change Language

• Change Password

• Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

13/02/2018 15:20

Vehicle No.(For Motor)

SJZ8539E

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5079864471-01	AUTOBAHN RENT A CAR PTE. LTD.	201607970Z	GFT	drivo CLASSIC	SJZ8539E	SJZ8539E	26/04/2017	

Continue

▼ Policy Information

Policy No.	5079864471-01	Policyholder Name	AUTOBAHN RENT A CAR PTE. LT	Policyholder NRIC	201607970Z
Address	NIL				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	21/04/2017	Effective Date	26/04/2017 00:00	Expiry Date	25/04/2018 23:59
Third Party Excess	3000.00	Own damage Excess	3500.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	3500.00	Outside Singapore TP Excess	3000.00		
Agent	HAMILTON AUTOHUB PTE. LTD.	Agent Tel.	64751946	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	999999
Unit No.	LOT38	Related Policy Number	5079864471-01		

► Insured Object: SJZ8539E

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	26/04/2017 00:00	Basic Information Endorsement	000001286547733	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKF4489K 26-04-2017 \$440.55 In view of this amendment, a refund of \$440.55 (inclusive of GST) will be adjusted against the outstanding premium.
2	21/06/2017 00:00	Basic Information Endorsement	null	Underwriting Rejected	Thank you for giving us the opportunity to serve you.
3	30/06/2017 00:00	Basic Information Endorsement	000001286589438	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 28 Jun 2017, the Vehicle Number SKB438E is amended as follows: VEHICLE REGISTRATION NUMBER: SGM37T
4	21/08/2017 00:00	Basic Information Endorsement	000001286623192	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 3 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1.

Claim Handling

Accident MT/0983143

Policy No.	5079864471-01	Vehicle No.	SJZ8539E	GST Registration No.	
Policyholder Name	AUTOBAHN RENT A CAR PTE. LTD.			Policyholder NRIC	2011
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90623585	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	22/02/2018 09:59	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	13/02/2018	Time of Accident hh:mm	15:20	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	SERANGOON RD TWDS PIE				

▼ Benefits

▼ Excess

Own damage Excess	3,500.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	3,500.00		
Third Party Excess	3,000.00	Outside Singapore TP Excess	3,000.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	NIL	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	9991
Unit No.	LOT38	Related Policy Number	5079864471-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD SOLEHIN BIN RAHI	Driver NRIC	S9500894A	Driver DOB	05/0
Register Date of Driver License	22/02/2017	Driver Age	23	Driving Experience	0
Contact No.(Mobile)	90623585	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 44	Address 2	CHAI CHEE STREET	Address 3	
Address 4		Address Type	Singapore address	Post Code	4611
Unit No.	#07-112				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	AUTOBAHN RENT A CAR PTE. LT	Insured NRIC	2011
Contact No.(Mobile)	88380101	Contact No.(Home)		Contact No.(Office)	6471
Email Address	INSURANCEHAMILTONAUTOHUB	OI Vehicle Number	SJZ8539E	TP Vehicle Number	SJGB474H
Claim Description	SJZ8539E / SJGB474H ON 13 Feb 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	22/02/2018 10:11	Claim Close Date		Date Received	22/02/2018
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

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Attachment

