

NATIONAL Assessment Centre Services [wef 1 Jan 05] MNA118061471

Date In: 11/5/18-14:24	Job description	Date & Time Completed	Done by
Ref No: NA/NC1808091/24	SAS e-filing		
Veh No: 5M18095	E-mail (within 3hrs, AIC 2hrs)		
D.O.A. 12/4/18-17:40	i-Motor Claim Form	MT/0991013-003	11/5/18 19:12
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: 5HC8839M 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 (\$) Est. Bill	Am't (\$) 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		
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ)*		
	*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 \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the 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	11/05/2018 14:24
Date Of Accident	13/04/2018 17:40
Exact Location Of Accident	ALONG POSTDOWN FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM1869S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STABLE PTE LTD
Co Reg No	201707058N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83689393
Alternative Phone No	OFFICE-83689393

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096905677
Cover Note Number	

### Driver

Name of Driver	MOHAMMED SIRAJ BIN SAYED ISHAK
NRIC No	S92208551
Date Of Birth	20/06/1992
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91473716
Fax Number	
Contact Number	OFFICE-91473716
E-Mail Address	NOEMAIL

Address	BLK 210A BUKIT BATOK STREET 21 #05-258
Postcode	651210
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - G/20180511/2039.

#### 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	SHC8829M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MOHAMAD RIDZUAN BIN DAUD
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

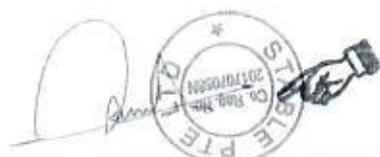
## SKETCH PLAN

### IMPORTANT NOTICE

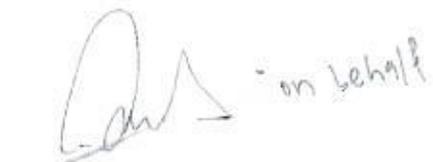
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

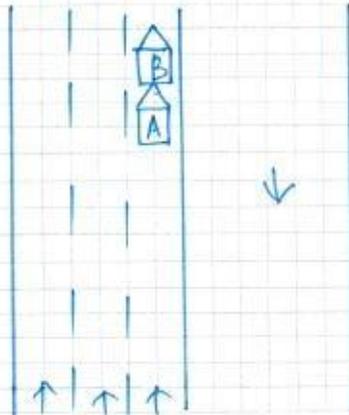


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

**SKETCH PLAN**



(A) SJM 1869S

(B) SHC 8829M.

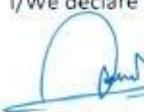
Along Postdown Flyover.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

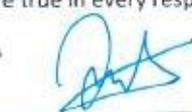
On 05 May 2018 i received a letter from Centro Legal Law Corporation and be informed that our company vehicle is Insurance being claimed by SHC 8829M. Our driver: Mr. Mohammed Siraj Bin Sayed Ishak did mentioned to us this accident is settled by privately but we unable to contact the driver currently.

**DECLARATION**

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

  
Policyholder's Signature

Date & Time:

 on behalf

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

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

VEHICLE NO : SJM 1869S

MAKE &amp; MODEL : Toyota Altis

Date of Accident	13 / 04 / 18
Time of Accident	1740 AM / PM
Location of Accident	Along Postdown Flyover.
Exact Purpose Usage	Personal / <u>Private Hire (Uber / Grab)</u> / Commercial
NAME OF OWNER :	Stable PR Ltd
Contact No.	<del>5096905677</del> 201707058N
Nric No	8368 9393 (Samuel).
Type Of Claim	Third Party / Own Damage / <u>Reporting only</u>
Insurance Co.	NTUC Income Insurance
Type of Coverage	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
Policy No	5096905677.
NAME OF DRIVER :	As above / <u>If No:</u> Mohammed Siraj Bin Sayed Ishak.
Nric No	S92208551. Any Passenger: unknown.
Date Of Birth	20 / 06 / 1992.
Occupation	<u>Outdoor</u> / Indoor
Date Of Driving Pass	11 / 07 / 2013
Gender	<u>Male</u> / Female
Contact no	9147 3716 Office : - Home : -
Address	412 Pasir Ris Dr 6 #03-365 8 (510412)
Driver Have Any Own Vehicle	<u>NO</u> / If Yes (Reg no) :
Relationship	Employee / If No : <u>Hirer</u> .
Weather Condition	<u>Clear</u> / Raining / Other :
Road Surface	<u>Dry</u> / Wet / Other :
Any Injuries	NO / If Yes Who?
Name	Contact :
Name	Contact :
Police Report	No / If Yes : Where?
Vehicle B No :	SJC 8829M. Any Passenger:
Name Of Driver	Mohamad Ridehan Bin Daud
Contact No :	
Vehicle C No :	Any Passenger:
Vehicle D No :	Any Passenger:
Vehicle E No :	Any Passenger:
Vehicle F No :	Any Passenger:
Any Witness	
Witness Contact No	
Have you been approach by unknow person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>
PARTICULAR WORKSHOP	PRECISE AUTO SERVICE
Address	1 Kaki Bukit Ave 6 #02-34
	Kaki Bukit @ Auto Bay.
	Singapore 417883
Email :	Tel : 6745 7367 Fax : 6841 3390



**POLICE REPORT (NP299)**

Report No. G/20180511/2039

Police Station Of Origin  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Date/Time Report Made 11/05/2018 11:04		Vide Report No.		Station Diary No. 50	
Name Of Informant SAMUEL TENG WEI TAT		Address APT BLK 122A SENGKANG EAST WAY #05-39 SINGAPORE 541122			
ID Type / ID No. NRIC NO / S9333661E		Contact No. Home/Office		Mobile 83689393	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation SALES EXECUTIVE		Sex Male	Age 24	Date of Birth 10/09/1993	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 05/05/2018 21:00		Location Of Incident 412 PASIR RIS DRIVE 6 #03-365 HDB-PASIR RIS SINGAPORE 510412 STABLE PTE LTD			

**Brief details.**

On the 05/05/2018 at about 2100hrs, I had opened my letterbox and received a letter of demand from Centro-Legal Law Corporation informing us that our rented vehicle, a silver in color Toyota Altis bearing the license plate number SJM1869S, was involved in a traffic accident with a taxi bearing the license plate number SHC8829M on the 13/04/2018 along Postdown Flyover. On the letter also stated that they demand a compensation of about SGD\$14,000.00/- for lawyer fees and medical compensation.

Signature Of Officer Recording The Report: G / Sgt 2 TOO YONG FOOK		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 11/05/2018 11:04	
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 2 MUNIRA BEE BINTE YAHAYA Contact No.: 62440000		Classification Of Case:	

Authentication Stamp





**SINGAPORE  
POLICE FORCE**

POLICE REPORT (NP299)

CONTINUATION OF REPORT



G/20180511/2039

2 of 2

Report No. G/20180511/2039

I wish to inform that at that point of time, our vehicle was rented out to a hirer by the name of Mohammed Siraj Bin Sayed Ishak, IC: S92208551, Apt B/210A Bukit Batok Street 21 #05-258, cont: 91473716. I also wish to inform that he had not been contactable for the past few days, and he owes my company rental of SGD\$1400/- that he had yet to pay up as well. I am lodging this report to disclaim any liabilities with regards to this matter.

Signature Of Officer Recording The Report:

G / Sgt 2 TOO YONG FOOK

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/05/2018 11:04

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
Sgt 2 MUNIRA BEE BINTE YAHAYA  
Contact No.: 62440000

Classification Of Case:

Authentication Stamp



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S9333661E**  
Name: **SAMUEL TENG WEI TAT**

Birth Date: **10 Sep 1993**  
Issue Date: **07 Dec 2015**

002500441E

SG 50



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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	07 Dec 2015

NP 428A

Licence No: S9333661E



Interim -  
Any pre-fixed accessory  
Mileage Upon Collection

**LEASE**

Effective Date 26/03/2018  
Lease Period 3 MONTH + 4 DAYS  
Lease End Date 29/06/2018

**CHARGES**

Rental Rate Type 2 WEEK  
Rental Rate Weekly \$1400 PER MONTH  
Monthly Payment Due Date 8/04, 22/04, 06/05, 20/05, 3/06, 17/06  
Security Deposit \$300  
1st Payment Amount -

PAYMENT TRANSFER TO : 002 872321 POSB SAVING

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9220851



Name MOHAMMED SIRAJ BIN SAYEESH ISHAK  
Race INDIAN  
Date of birth 20-06-1992  
Country of birth SINGAPORE

AND IF THE HIRER DOES NOT  
AGREE TO THE CONDITIONS OF THIS AG  
REASES TO BE EFFECTIVE. THE  
RT-DAY THEREOF AT THE CO

for the period stated above. I agr  
ing parts of the agreement.  
\$2000 of any c  
"Excess") howsoever caused to the vehicle whether or not such dama  
Authorized Driver's negligence.



Any ...  
Mileage Upon Collection

**LEASE**

Effective Date 26/03/2018  
Lease Period 3 MONTH + 4 DAYS  
Lease End Date 29/06/2018

**CHARGES**

Rental Rate Type 2 WEEK  
Rental Rate Weekly \$1400 PER MONTH  
Payment Due Date 8/04, 22/04, 06/05, 20/05, 3/06, 17/06  
Deposit \$300

IM U



HRIC No S92208551

Address APT BLK 210A PUKIT BATOK STREET 21 #05-258 SINGAPORE 650240

Date: 04/02/2013 No: 7318251

TE AND IF THE HIRER  
3 THE CONDITIONS  
E CLASSES TO BE EFF  
H PART-DAY THEREOF  
HIRER.

1. I agree to  
terms and conditions  
understood.

Responsible for the first SGD \$2000  
vehicle whether or n

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

Class	Description	Effective Date
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	20 May 2013
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	24 Feb 2016
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	11 Jul 2013
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	20 Aug 2013

S / No. 9000260454

S92208551

NP 428A

Licence No: S92208551



Authorised D  
it.

Stable Pte Liu  
Date:



**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:** 5096905677 **Cover :** drivo CLASSIC

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SJM1869S</b>   |
| Chassis Number  | : MR0532EE106124059 |
| 2. Name of Policyholder   | : STABLE PTE LTD    |
| 3. Effective Date of Insurance  | : 22 Dec 2017       |
| 4. Expiry Date of Insurance   | : 22 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: DORIS LEE HUI LENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE 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 : HOBBS INSURANCE AGENCY (00000572363)  
Date of Issue : 22 Dec 2017 10:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096905677	STABLE PTE LTD	201707058N	GPC	drivo CLASSIC	SJM1869S	SJM1869S	22/12/2017	22/12/2018

Continue

Exit

Claim Handling

Accident MT/0991013

Policy No.	S096905677	Vehicle No.	SJM18695	GST Registration No.	
Policyholder Name	STABLE PTE LTD			Policyholder NRIC	201707058N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<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	19/04/2018 11:53	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	13/04/2018	Time of Accident (h:mm)	17:20	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	POSTDOWN FLYOVER (TWOS NORMANTON PARK)X AYE (TOLL ROAD)				

**Benefits**

**Excess**

Own damage Excess	2,000.00	Additional Excess	0	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	Yes
Modification History	23/04/2018 10:37:37 Emily Tan changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	12 ALLUMBO ROAD	Address 2	#06-02E KH PLAZA @ ALJUNIED	Address 3	SINGAPORE 38901
Address 4		Address Type	Singapore address	Post Code	38901
Unit No.	06-02E	Related Policy Number	S096905677		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 003 **New**

Claim Type *	OD-MK	Insured Name	STABLE PTE LTD	Insured NRIC	201707058N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OJ Vehicle Number	SJM18695	TP Vehicle Number	5HC829M
Claim Description	SJM18695 / 5HC829M ON 17 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	11/05/2018 00:00
Date Registered	11/05/2018 19:12	Claim Close Date			
Report Taken By	Jackson				

Print AK letter

**Save** **Submit**

Attachment

Accident No.	MT/0991013	Claim No.	003
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/05/2018 19:14

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CD)
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NAC\_MAYA\_USI\_800801( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 May

	y 2018 19:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-11	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ma y 2018 19:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-11	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ma y 2018 19:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-11	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ma y 2018 19:13	SAS	Normal	SAS 2018-5-11	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ma y 2018 19:13	Photos	Normal	Photos 2018-5-11	<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ma y 2018 19:12	Photos	Normal	Photos 2018-5-11	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ma y 2018 19:12	Photos	Normal	Photos 2018-5-11	<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ma y 2018 19:12	Photos	Normal	Photos 2018-5-11	<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ma y 2018 19:12	Photos	Normal	Photos 2018-5-11	<a href="#">Edit</a>
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Ma y 2018 19:12	Photos	Normal	Photos 2018-5-11	<a href="#">Edit</a>

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	