

NATIONAL Assessment Centre Services

(wef 1 Jan'05) NA 118 068 189

Date In: 25/5/18 - 15:04	Job description	Date & Time Completed	Done by
Ref No: NA 118 068 189 24	SAS e-filing		
Veh No: 5H 2907	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/5/18 - 09:00	i-Motor Claim Form	MT/0995914-001	25/5/18 15:34
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: 5H 2907	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

NA 180 3290	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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 \$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	25/05/2018 15:04
Date Of Accident	24/05/2018 09:00
Exact Location Of Accident	SIN MING DR BESIDE NEA NORTH EAST REGIONAL OFFICE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH290T
Insured/Policyholder	
Name Of Registered Owner	FERME VEHICLES RENTAL LLP
Co Reg No	T17LL0525A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98774495
Alternative Phone No	OFFICE-98774495

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E 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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5091887996
Cover Note Number	

Driver

Name of Driver	HAROLD KHOO TECK KIAT
NRIC No	S1366276B
Date Of Birth	19/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	04/12/1976
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93693098
Fax Number	
Contact Number	OFFICE-93693098
Email Address	NOEMAIL

Address	BLK 196 KIM KEAT AVENUE #19-514
Postcode	310196
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : SAM LIM ZHI XIANG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180525/2044.

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	SJX7228U
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)

1

DETAILS OF INJURED PERSON 1

Name HAROLD KHOO TECK KIAT

Approximate Age

Injuries Sustain HEAD, NECK & BODY

Injured person in which vehicle? SJH290T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SAM LIM ZHI XIANG

Approximate Age

Injuries Sustain HEAD, NECK & BODY

Injured person in which vehicle? SJH290T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

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.

Vehicles Rental Ltd
No: T17LL0523

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.:

A: SJH 0907

B: SJH 7228V

Refer to police report - 7/20180520/2044.

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

Date & Time:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (24/5/18) (DD/MM/YYYY), TIME: (09:00) (HH:MM)

LOCATION: Along Sa Ming Dr beside NEA North East Regional Office

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5H290T
b) INSURANCE COMPANY: NTOL
c) POLICY NUMBER: 5091887996
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Cougar
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Commercial
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: Ferme Vehicles Rental LLP (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 717660525A CONTACT: 98774495
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Harold Ichon Teck Kiat (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1366276B CONTACT: 93693098
c) ADDRESS: Blk 196 Kim Keat Avenue #19-114 (310196)

*d) DATE OF BIRTH: (19/4/1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 4/12/1976

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Wife

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 51X7228U MODEL: _____ *No of pass
b) DRIVER'S NAME: _____ (including d
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____ (1)

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____ *No of pass
e) DRIVER'S NAME: _____ (including d
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____ (1)

passenger: Sam Lim Zhi Xiang
(male)

email = fermevehicles@gmail.com

fax = ezcapital01@gmail.com



**SINGAPORE
POLICE FORCE**



T/20180525/2044

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20180525/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2018 11:13	Vide Report No.:	Station Diary No.: 32
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Informant's Particulars

Name of Informant: HAROLD KHOO TECK KIAT			Address: APT BLK 196 KIM KEAT AVENUE #19-514 SINGAPORE 310196	
ID Type / ID No.: NRIC NO / S1366276B			Contact No.: Home/Office: Mobile: 93693098	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 19/04/1959	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/05/2018 09:00	Type of Location: Straight Road
Location: Along Road 1 SIN MING ROAD				
Nearby NEA HQ				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicle against Stationary Vehicle				Anyone conveyed by ambulance: No Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH290T	Car				Seriously Damaged	1
SJX7228U					Slightly Damaged	0

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20180525/2044

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Report No. T/20180525/2044

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Passenger			
Name	SAM LIM ZHI XIANG	ID No.	S1470449C
Related Vehicle	SJH290T (Car)	Contact No.	84329090
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	HAROLD KHOO TECK KIAT	ID No.	S1366276B
Related Vehicle	SJH290T (Car)	Contact No.	93693098
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	24/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	TAN CHEE KIANG	ID No.	S7232273H
Related Vehicle	SJX7228U	Contact No.	96988594
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.

I am a grab driver and on the 24/05/2018 at about 0900hrs, I was travelling along Sin Ming Road in my vehicle (SJH290T) nearby NEA HQ and I had one passenger on board. My vehicle had came to a stop and was stationary before a yellow box due to a traffic junction ahead and that the light that was showing red. Suddenly another vehicle (SJX7228U) had collided onto the rear of my vehicle and the impact was so strong that it had pushed my vehicle forward into the yellow box. Due to this impact both of us were injured and my passenger had to crawl out of the vehicle onto the roadside. I had also alighted the vehicle to take pictures of the other driver's particulars as well as the damages of my vehicle. I had then proceeded to call for an ambulance as well. Soon after that both the traffic police and ambulance arrived and the traffic police officers had taken down our particulars. Myself and my passenger were conveyed onto the ambulance to Tan Tock Seng Hospital due to our injuries. I was given 3 days of medical leave and my passenger was given 4 days of medical leave. I wish to state that I had followed the traffic



**SINGAPORE
POLICE FORCE**



T/20180525/2044

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20180525/2044

CONTINUATION OF REPORT

regulations on the said road. My vehicle has both a front and rear in-car camera but I do not know if the camera had captured the footage. My vehicle had also suffered serious damages to the rear and was towed away as well. I was contacted by a TP IO namely Arfis (65476355) to lodge a report regarding this incident. I am also lodging a report for repair and insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20180525/2044

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Report No. T/20180525/2044

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

Sgt 2 JOVI BENEDICK TAN WEI MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/05/2018 11:13

Officer In Charge Of Case:

TP / GIT /

SSI TAN CHIN YONG

Contact No.: 65476178

Classification Of Case:

SN 10

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1366276B



Name
HAROLD KHOO TECK KIAT

Race
CHINESE

Date of birth
19-04-1959

Country/Place of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S1366276B**

Name
HAROLD KHOO TECK KIAT

Birth Date: **19 Apr 1959**

Issue Date: **23 Apr 2004**




1001202916E

5263837



NRIC No. S1366276B



Date of issue
03-02-2014

APT BLK 196 KIM KEAT AVENUE #19-514
SINGAPORE 310196

NRIC No: S1366276B

Date: 27/01/2017

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Dec 1976
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	11 Nov 1983

NP 428A

License No: S1366276B



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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091887996	FERME VEHICLES RENTAL LLP	T17LL0525A	GFT	drive CLASSIC	SJH290T	SJH290T	03/02/2018	

Policy Information					
Policy No.	5091887996	Policyholder Name	FERME VEHICLES RENTAL LLP	Policyholder NRIC	T17LL0525A
Address	105 PETIR ROAD #12-13 FORESQUE RESIDENCES SINGAPORE 678274				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	12/06/2017	Effective Date	13/06/2017 00:00	Expiry Date	12/06/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00	Young/Inexperience Driver Excess	
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyholder Mailing Address					
Address 1	105 PETIR ROAD	Address 2	#12-13 FORESQUE RESIDENCE	Address 3	SINGAPORE 678274
Address 4		Address Type	Singapore address	Post Code	678274
Unit No.	12-13	Related Policy Number	5100952999		
Insured Object: SJH290T					
Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	13/06/2017 00:00	Basic Information Endorsement	000001286578052	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 13 Jun 2017, the Original Registration Date is amended as follows: ORIGINAL REGISTRATION DATE: 02 Oct 2009</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLR3935X 18-08-2017 \$1,209.60 In view of this amendment, an additional premium of \$1,209.60 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJZ1166T 28-08-2017 \$1,169.14 In view of this</p>
2	15/08/2017 00:00	Basic Information Endorsement	000001286619847	Endorsement Take Effective	

Claim Handling

Exit

Accident MT/0995914

Policy No.	5091987996	Vehicle No.	SIH290T	GST Registration No.	
Policyholder Name	FERME VEHICLES RENTAL LLP			Policyholder NRIC	T17LL0525A
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98774495	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
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	Yes

Accident Details

Report Date	25/05/2018 15:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/05/2018	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SIN HONG DR BESIDE NEA NORTH EAST REGIONAL OFFICE				

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			

Policyholder Mailing Address

Address 1	105 PETIR ROAD	Address 2	#12-13 PORESQE RESIDENCE	Address 3	SINGAPORE 678274
Address 4		Address Type	Singapore address	Post Code	678274
Unit No.	12-13	Related Policy Number	SI00952999		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/04/1959
Unnamed driver Name	HAROLD KHOO TECK KIAT	Driver NRIC	S1366276B	Driving Experience	41
Register Date of Driver License	04/12/1976	Driver Age	59	Contact No.(Home)	0
Contact No.(Mobile)	93691098	Contact No.(Office)	0	Address 3	GOLDEN CLOVER
Address 1	BLK 196	Address 2	KIM KEAT AVENUE	Post Code	310196
Address 4	SINGAPORE 310196	Address Type	Singapore address		
Unit No.	19-514				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-Mix	Insured Name	FERME VEHICLES RENTAL LLP	Insured NRIC	T17LL0525A
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SIH290T	TP Vehicle Number	SIK7228U
Claim Description	SIH290T / SIK7228U ON 24 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/05/2018 15:34	Claim Close Date		Date Received	25/05/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0995914	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	25/05/2018 15:35

Path *

	Browse...	Clear	Please Select	Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select				
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? Action (CO)
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 15:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-25	Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 15:35	SAS	Normal	SAS 2018-5-25	Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 15:35	Photos	Normal	Photos 2018-5-25	Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 15:35	Photos	Normal	Photos 2018-5-25	Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 15:35	Photos	Normal	Photos 2018-5-25	Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 15:35	Photos	Normal	Photos 2018-5-25	Edit
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	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 15:34	Photos	Normal	Photos 2018-5-25	Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 15:34	Photos	Normal	Photos 2018-5-25	Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 15:34	Photos	Normal	Photos 2018-5-25	Edit
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	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 15:34	Photos	Normal	Photos 2018-5-25	Edit
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 May 2018 15:34	Photos	Normal	Photos 2018-5-25	Edit
Video List					
Uploaded By/Date	Folder Data	File Name		Source	Action
		Display in New Window	Scan and uploading		