

NATIONAL Assessment Centre Services

Date In: 10/09/2018 14:51	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18016447/K4	SAS e-filing		
Veh No: SJM 5656M	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 06/09/2018 17:15	i-Motor Claim Form	MT/10/09/18-001 11/9/18	15
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHA 3693.E	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

NA1805793	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: 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:-		
	ON*		
	*N5: Courtesy Car / Tp 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	10/09/2018 14:51
Date Of Accident	06/09/2018 17:15
Exact Location Of Accident	ALONG SIMS AVE EAST TWDS NEW UPPER CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5656M
Insured/Policyholder	
Name Of Registered Owner	CARWAY LEASING & RENTAL
Co Reg No	53264813K
Email Address	FRANKIE@CARWAY.COM.SG
Mobile Phone No	(LOCAL) +65-87177112
Alternative Phone No	OFFICE-87177112

Vehicle Particulars

Manufacturer	HONDA
Model	FREED 1.5G A
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5067526313-04
Cover Note Number	

Driver

Name of Driver	AZHAR BIN OSMAN
NRIC No	S7240984A
Date Of Birth	10/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	17/11/1998
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87177112
Fax Number	
Contact Number	OTHERS-87177112
EMail Address	FRANKIE@CARWAY.COM.SG

Address	BLK 25 EUNOS CRESCENT #05-3071
Postcode	400025
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 - CHANGE/CROSS LANE
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NIL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

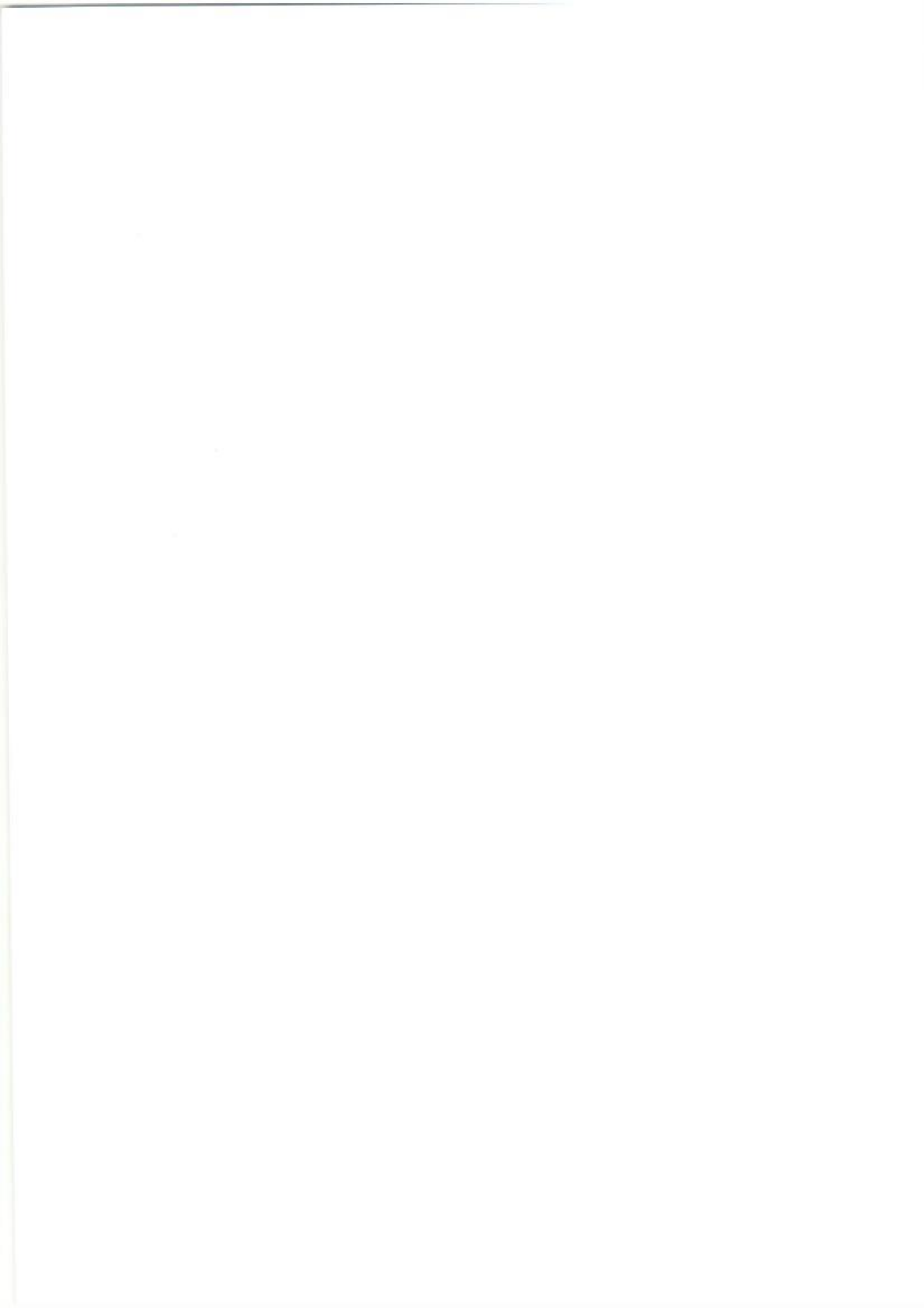
PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA3693E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	IDRIS BIN YUSUF
NRIC/Passport Number	S1581116A
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

Pls Refer to the Attached.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Attached.

DECLARATION

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

Policyholder's Signature
Date & Time:



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

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

One way direct
Darwin
 All-in from \$

122
 BOOK NOW
 Roll over for more details

streetdirectory.com

20 Sims Avenue East 416537

or Company

[Sim] 20 Sims Avenue East
(S)416537

Map Directions

Map

Building Directory

What's Nearby

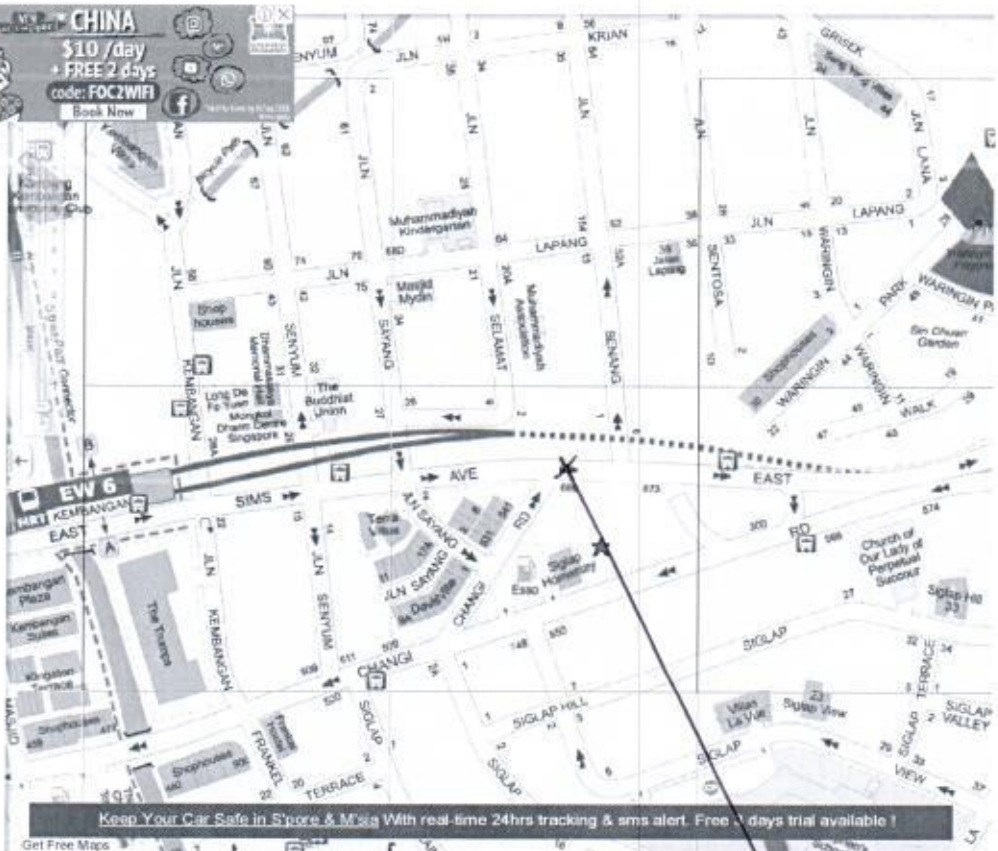
Get Tips

Getting Here



5 Things You Shouldn't Do If He's Cheating On You

\$10 / day
 + FREE 2 days
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 Book Now



Keep Your Car Safe in Singapore With real-time 24hrs tracking & sms alert. Free 3 days trial available!

Get Free Maps

Jalan Senang

Sim's Ave East

Accident site

A - PJM 5656 M

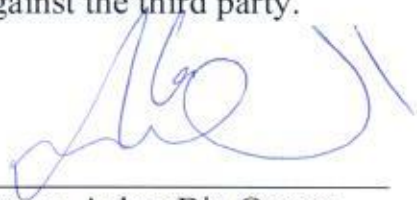
B - LHA 3693 E

Changi Road



Accident Statement

On 06th Sept 2018, at around 1715 Hrs, My vehicle (SJM5656M) was travelling straight along Sim Ave East towards New Upper Changi Road. Suddenly, a vehicle (SHA3693E) dashed out from Changi Road cut into my lane and hit onto the right side of my vehicle. I have a passenger (Jasmine – Hp: 9851 7442) to witness the scene of accident. I am making a claim against the third party.



Name: Azhar Bin Osman

NRIC: S7240984A

ACCIDENT STATEMENT

ACCIDENT DATE: 06/09/2018 (DD/MM/YYYY), TIME: 17:15 (HH:MM)

LOCATION: Along Sims Ave East towards New Upper Changi Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SSM 5656M ✓
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: Azhar Bin Osman (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7240984A CONTACT: 87177112 ✓
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) NO *HIRE*
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) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH43693E MODEL: _____
b) DRIVER'S NAME: IDRIS Bin Yusuf
c) NRIC/FIN/PASSPORT: S1581116A CONTACT: _____

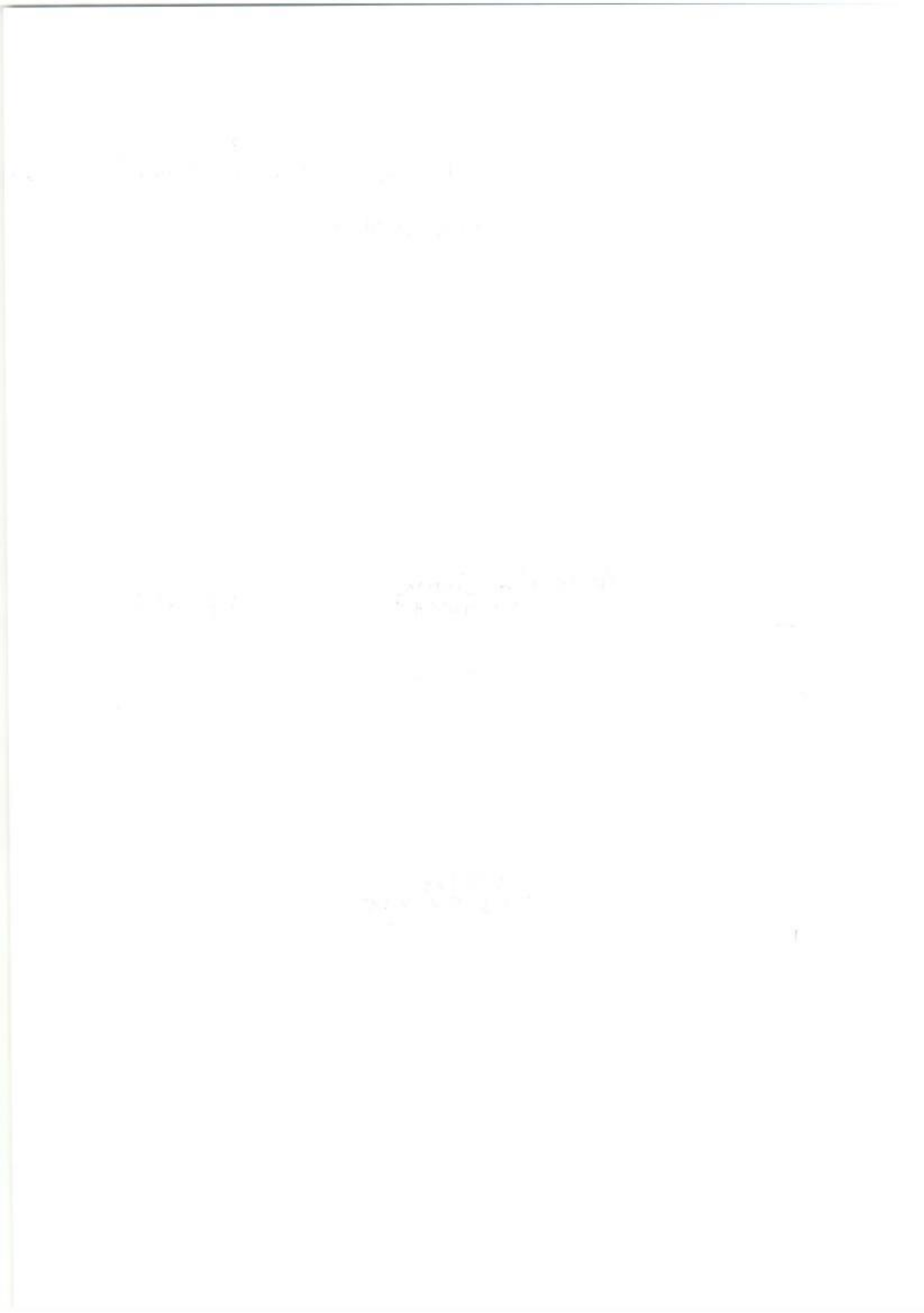
9. THIRD PARTY VEHICLE

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

email = Frankie@carway.com.sg ✓

fax = _____

video = HP: 98627777



REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number **S7240984A**

Name

AZHAR BIN OSMAN

Birth Date: 10 Nov 1972

Issue Date: 15 Oct 2003



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7240984A**



AZHAR BIN OSMAN

نام: **أحمر بن عثمان**

File: **MALAY**

Date of birth: **10-11-1972**

Sex: **M**

Country of birth: **SINGAPORE**

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S7240984A**

Name: **AZHAR BIN OSMAN**



Please visit www.lta.gov.sg to check the status of this vocational licence

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

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

PASS DATE

17 Nov 1998



Licence No: **S7240984A**



4228024

NRIC No: **S7240984A**



Date of issue: **03-06-2008**

APT BLK 25 EUNOS CRESCENT #05-3071
SINGAPORE 400025

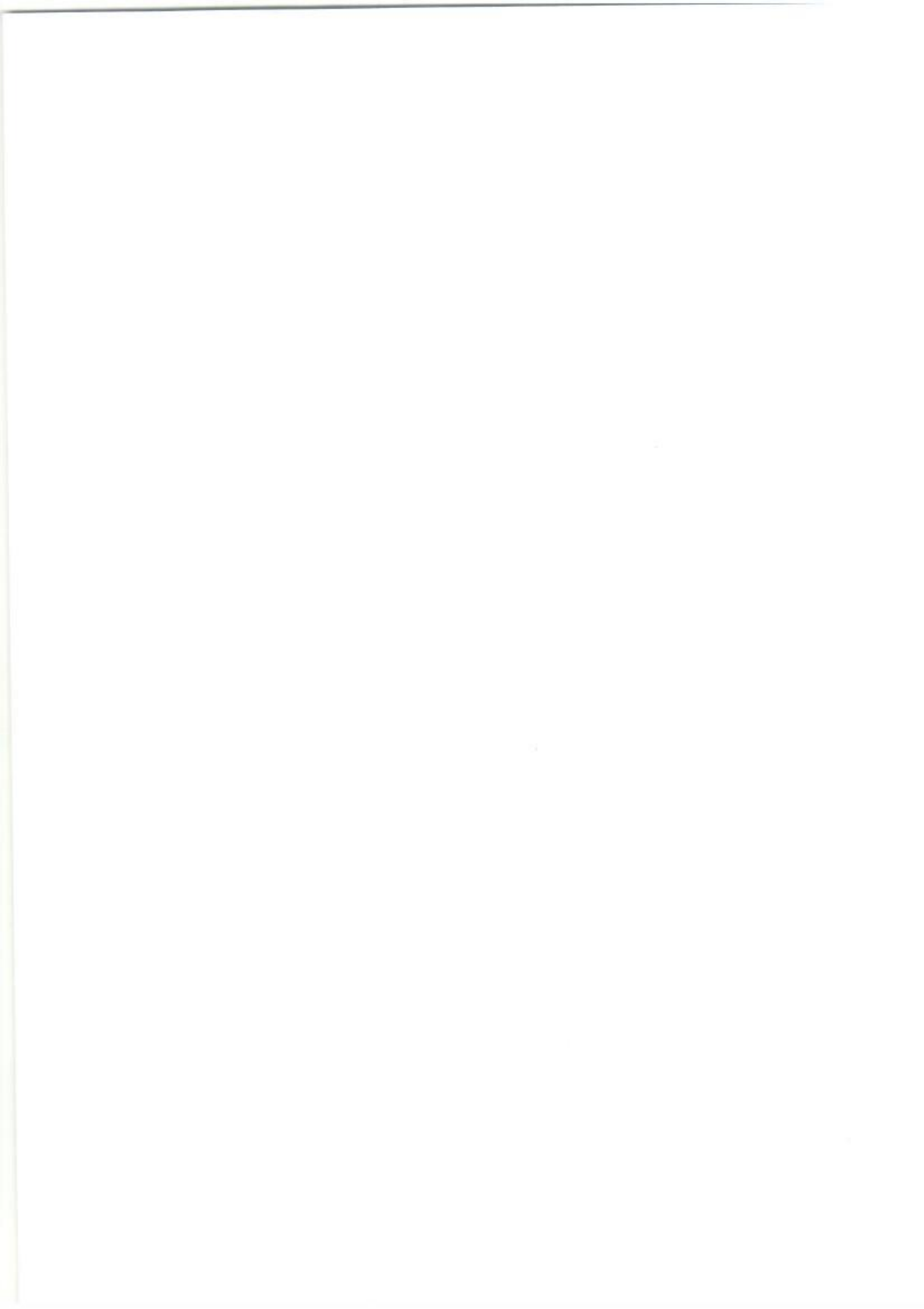
NRIC No: **S7240984A**

Date: **18/03/2018**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	24/07/2018
03	BUS VL	18/05/2015
04	BUS ATTENDANT	18/05/2015





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: 5067526313-04

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJM5656M**
Chassis Number : GB31028019
2. Name of Policyholder : CARWAY LEASING & RENTAL
3. Effective Date of Insurance : 03 Sep 2018
4. Expiry Date of Insurance : 02 Sep 2019
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

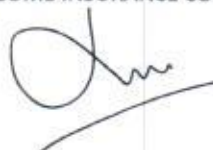
Agency : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
Date of Issue : 27 Jun 2018 17:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Enquiries on claims, vehicle breakdown and towing services in Singapore.

Call our hotline at 6788 6616.

Referral services for Road and Medical assistance in West Malaysia.

Call our 24-hour hotline at +603 7965 3865.

In the event of an accident

You must report the accident to us within 24 hours or by the next working day at any of our appointed Accident Reporting Centre. You must make your vehicle available for inspection at the Accident Reporting Centre, whether or not your vehicle has suffered any visible damage and whether or not you plan to claim under your policy or claim against any other person.

Location of accident reporting centre

Please refer to our website at www.income.com.sg/claims/motor/reportingCentres.asp or call our hotline 6788 6616 for the nearest location convenient to you.

Unnamed driver excess

If the vehicle is driven by an unnamed driver, the following excess will apply.

The unnamed driver	Excess
Under 27 years old or has less than one year's driving experience	S\$2,500
27 years old and above with one or more year's driving experience	S\$ 500

If you sell your vehicle

You can call us or email us at csquery@income.com.sg to cancel your policy. In any event, your policy shall be automatically cancelled once your vehicle is sold. Any refund is worked out as follows.

$\text{Premium Refund} = \frac{\text{the premium} \times \text{the unexpired period of insurance (days)}}{\text{the original period of insurance (days)}}$
--

No refund of premium will be given in the event that any claim has been made or we have paid one or more claims under your policy. If your policy is cancelled before the effective date of insurance, we will charge a minimum premium of S\$26.75 (after GST).

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact Income or visit the GIA/LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

eBaoTech

GeneralClaim

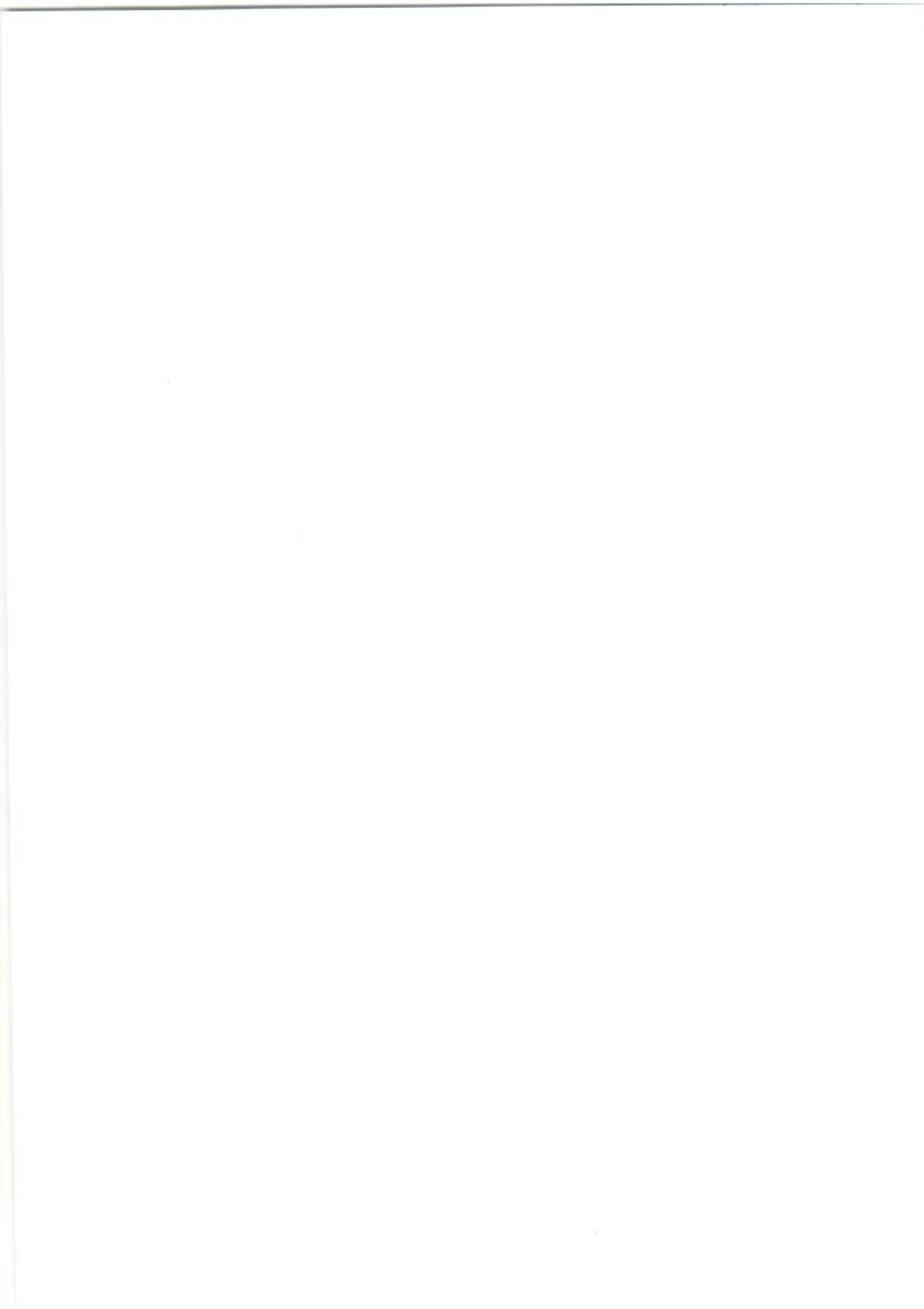
Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="06/09/2018 17:15"/>
Vehicle No.(For Motor)	<input type="text" value="SJM5656M"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5067526313-04		CARWAY LEASING & RENTAL	53264813K	GFT	Third Party	SJM5656M	SJM5656M	03/09/2018	



Policy Information

Policy No.	5067526313-04	Policyholder Name	CARWAY LEASING & RENTAL	Policyholder NRIC	53264813K
Certificate No.					
Address	53 UBI AVENUE 1 #03-01 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/06/2018	Effective Date	27/06/2018 00:00	Expiry Date	26/06/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	784.81		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	INSMART (INSURANCE) AGENC	Agent Tel.	68420766	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

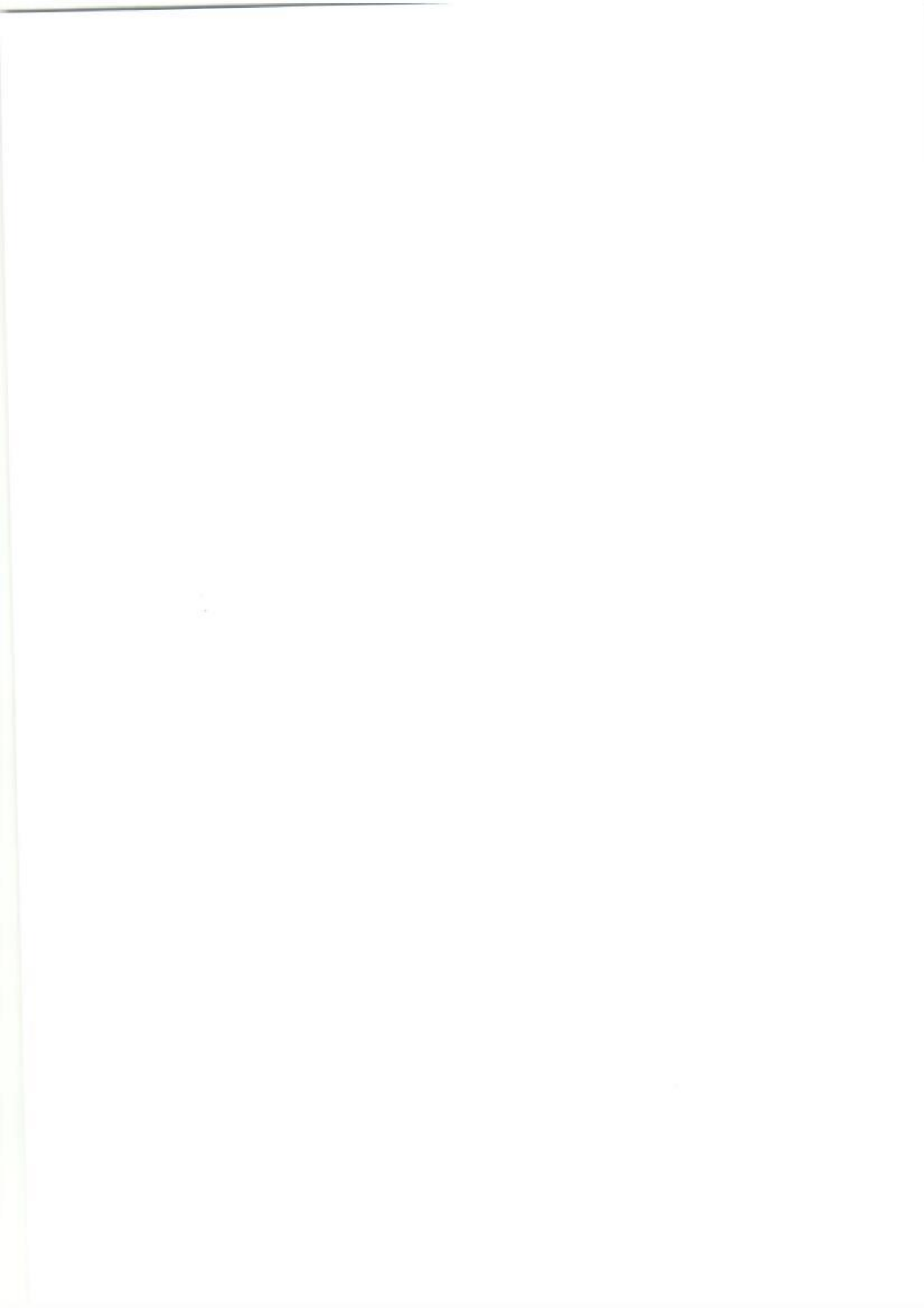
Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#03-01 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	03-01	Related Policy Number	5100862310-01		

Insured Object: SJM5656M

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	09/07/2018 00:00	Basic Information Endorsement	000001286857481	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLF6028H 10-07-2018 \$930.15 In view of this amendment, an additional premium of \$930.15 (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.
2	20/08/2018 00:00	Basic Information Endorsement	000001286885647	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We



Claim Handling

The premium on this policy has not been collected.

Accident MT/1010946

Policy No.	5067526313-04	Vehicle No.	SJM5656M	GST Registration No.	
Certificate No.					
Policyholder Name	CARWAY LEASING & RENTAL			Policyholder NRIC	5326
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	87177112	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	11/09/2018 11:06	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	06/09/2018	Time of Accident hh:mm	17:15	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SIMS AVE EAST TWDS NEW UPPER CHANGI RD				
Excess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	53 UBI AVENUE 1	Address 2	#03-01 PAYA UBI INDUSTRIAL I	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4089
Unit No.	03-01	Related Policy Number	5100862310-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/1
Unnamed driver Name	AZHAR BIN OSMAN	Driver NRIC	S7240984A	Driving Experience	19
Register Date of Driver License	17/11/1998	Driver Age	45	Contact No.(Home)	0
Contact No.(Mobile)	87177112	Contact No.(Office)	0	Address 3	
Address 1	BLK 25	Address 2	EUNOS CRESCENT	Post Code	4000
Address 4		Address Type	Singapore address		
Unit No.	#05-3071				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	CARWAY LEASING & RENTAL	Insured NRIC	5326
Contact No.(Mobile)	88627777	Contact No.(Home)		Contact No.(Office)	6574
Email Address		OI Vehicle Number	SJM5656M	TP Vehicle Number	SHA
Claim Description	SJM5656M / SHA3693E ON 6 Sept 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	Rece
Date Registered	11/09/2018 11:15	Claim Close Date		Date Received	11/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1010946

Claim No. 001



11/09/2018 11:15

Urgency •

[illegible][illegible]

11/9/2018

