

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA1813444

Date In: 16/10/18 - 15:01	Job description	Date & Time Completed	Done by
Ref No: NA/INC8018801/24	SAS e-filing		
Veh No: SKV76644	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/10/18 - 16:15	i-Motor Claim Form	11/10/18 00:00	16/10/18 18:01
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: 806157

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%; P: 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)

Remarks:	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

NA1806617

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1:

Ref 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
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 / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$3		
TP (N11): TP (N'm 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 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. 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	16/10/2018 15:01
Date Of Accident	15/10/2018 16:15
Exact Location Of Accident	ALONG MOUNT ELIZABETH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU7664Y
Insured/Policyholder	
Name Of Registered Owner	ONE2RENT CARS PTE LTD
Co Reg No	201306179N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5079228162-02
Cover Note Number	

Driver

Name of Driver	RUSLIGHANI ISKANDAR BIN ABDOL SHUKOR
NRIC No	S7318307C
Date Of Birth	29/05/1973
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2006
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85858191
Fax Number	
Contact Number	OFFICE-85858191
EEmail Address	NOEMAIL

Address	BLK 338 UBI AVENUE 1 #04-855
Postcode	400338
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 - MAJOR/MINOR RD
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	SJU6155T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SHONG
NRIC/Passport Number	S1259648J
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 reassess 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.

B. Consent under the Personal Data Protection Act (PDPA)

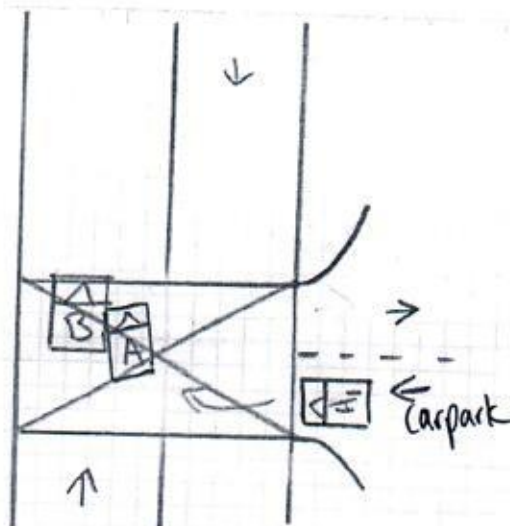
I understand, acknowledge, agree and consent that:

- (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.:



A: SKV7664Y

B: SJU6155T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting the carpark of Mount Elizabeth Hospital intending to turn right. After checking that both of the road is clear, I then proceed to turn right, however vehicle B which was travelling straight collided onto my front left portion.

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT DETAILS

Date of accident	15/10/18	(DD/MM/YY)
Time of accident	1615	(HH:MM)
Exact location of accident	Along Mount Elizabeth	

DETAILS OF VEHICLE

Vehicle registration number	SKV7664Y		
Vehicle make and model	Toyota Ahi's		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> , Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input type="checkbox"/> Reporting only <input checked="" type="checkbox"/>

INSURANCE INFORMATION

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

INSURED / POLICY HOLDER

Name	ONE2RENT CARS PTE LTD	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	201306179N		
Contact			
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570		

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Rustighani Iskandar Bin Abdul Shukor	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7318307C		
Contact	85858191		
Address	Blk 338 Ubi Ave 1 #04-855 S(400338)		
Email address			
Date of birth	29/05/1973		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	20/03/2006		

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

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

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

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

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SJU 6155 T
Vehicle make model	
Name	Lim shony
NRIC / Fin / Passport number	S1259648 J
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7318307C**

Name: **RUSLIGHANI ISKANDAR BIN ABDOL SHUKOR**

Birth Date: **29 May 1973**

Issue Date: **21 Apr 2007**

001493257B



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7318307C**

Name: **RUSLIGHANI ISKANDAR BIN ABDOL SHUKOR**

Race: **MALAY**

Date of birth: **29-05-1973**

Country of birth: **SINGAPORE**

Sex: **M**




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

Class 3 Motor Cars < 2000kg with < 47 passengers, exclusive of the driver; and other motor vehicles < 2500kg

PASS DATE: **20 Mar 2006**

NP 428A

Licence No: **S7318307C**

ST 3/12

3551340

NRIC No: **S7318307C**

Date of issue: **03-01-2007**

RPT BLK 339 UBI AVENUE 1 #04-855
SINGAPORE 400338

NRIC No: **S7318307C**

Date: **24/03/2009**

No: **6356736**

STE



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="15/10/2018 16:15"/>
Vehicle No.(For Motor)	<input type="text" value="SKU7664Y"/>	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"/>	5079228162-02		ONE2RENT CARS PTE. LTD.	201306179N	GFT	Third Party	SKU7664Y	SKU7664Y	03/04/2018	
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5079228162-02	Policyholder Name	ONE2RENT CARS PTE. LTD.	Policyholder NRIC	201306179N
Certificate No.					
Address	70 UBI CRESCENT #01-12 SINGAPORE 408570				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	02/04/2018	Effective Date	03/04/2018 00:00	Expiry Date	02/04/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1000.00	Own damage Excess	1000.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	9507.97		
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00		Young/Inexperience Driver Excess
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	63277687	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
Address 4		Address Type	Singapore address	Post Code	408570
Unit No.	01+12	Related Policy Number	5081725603-02		

Insured Object: SKU7664Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	06/06/2018 00:00	Basic Information Endorsement	000001286833444	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJE8504R 08-05-2018 \$1,172.21 In view of this amendment, a refund of \$1,172.21 (inclusive of GST) will be adjusted against the outstanding premium.
2	16/08/2018 00:00	Basic Information Endorsement	000001286882851	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SLG1832E 27-07-2018 \$888.04 In view of this amendment, a refund of \$888.04 (inclusive of GST) will be adjusted against the outstanding premium.
3	29/08/2018 00:00	Basic Information Endorsement	000001286890940	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJL7542A 20-08-2018 \$802.79 In view of this amendment, a refund of \$802.79 (inclusive of GST) will be adjusted against the outstanding premium.
					Thank you for giving us the

Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/1015913

Policy No.	5079228162-02	Vehicle No.	SKU7664Y	GST Registration No.	201306179H
Certificate No.					
Policyholder Name	ONE2RENT CARS PTE. LTD.			Policyholder NRIC	201306179H
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)	89999999	Contact No.(Home)	
Email Address		Special Remark		eCode	TLC
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	16/10/2018 16:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	15/10/2018	Time of Accident hh:mm	16:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG MOUNT ELIZABETH				

Excess

Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	0.00
Uninsured Driver Excess		Outside Singapore OD Excess	1,000.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		

Benefits

GST Registered Information	
GST Registered	Yes
GST Registration No.	201306179H
Modification History	
GST Registration Date	01/12/2015
GST Status Verified	Yes

Policyholder Mailing Address

Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
Address 4		Address Type	Singapore address	Post Code	408570
Unit No.	01+12	Related Policy Number	5081725603-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	RUSLIGHANI ISKANDAR BIN AB	Driver NRIC	S7318307C	Driver DOB	29/05/1973
Register Date of Driver License	20/03/2006	Driver Age	45	Driving Experience	12
Contact No.(Mobile)	85858191	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 338 #04-855	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400338
Address 4		Address Type	Singapore address	Post Code	400338
Unit No.	04-855				
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
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Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	ONE2RENT CARS PTE. LTD.	Insured NRIC	201306179H
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	62927575
Email Address	enquiry@one2rentcars.com	OI Vehicle Number	SKU7664Y	TP Vehicle Number	52J6155T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKU7664Y / 52J6155T ON 15 Oct 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/10/2018 18:01	Claim Close Date		Date Received	16/10/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1015913	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/10/2018 18:03		
Path *		Category *	Confidential	Urgency *	Description *
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	
	Browse... Clear	Please Select	NO	Normal	

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Oct 2018 18:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Oct 2018 18:03	SAS	Normal	SAS 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Oct 2018 18:03	Photos	Normal	Photos 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Oct 2018 18:03	Photos	Normal	Photos 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Oct 2018 18:03	Photos	Normal	Photos 2018-10-16		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Oct 2018 18:03	Photos	Normal	Photos 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Oct 2018 18:02	Photos	Normal	Photos 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Oct 2018 18:02	Photos	Normal	Photos 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Oct 2018 18:02	Photos	Normal	Photos 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Oct 2018 18:02	Photos	Normal	Photos 2018-10-16		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Oct 2018 18:01	Photos	Normal	Photos 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Oct 2018 18:01	Photos	Normal	Photos 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Oct 2018 18:01	Photos	Normal	Photos 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Oct 2018 18:01	Photos	Normal	Photos 2018-10-16		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 16 Oct 2018 18:01	Photos	Normal	Photos 2018-10-16		Edit

Video List

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