

NATIONAL Assessment Centre Services

Form 1 (3/1/2005)

Date In: 11/12/2018 15:52	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18022296/K4	E-mail (within 8hrs, AIC 2hrs):		
Veh No: FBN2005	i-Motor Claim Form: MT/1023517-001	12/12/18 10:05	
D.O.A: 10/12/2018 14:10	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		
OD: P Reporting Only	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: SLZ1313L 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) 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:

NA1808141

Claimant's Particulars: Invoice Preparation Checklist

Driver/Owner: 1) AR: Accident Reporting (\$30);

Contact No: 2) DA: Damage Assessment (\$100); INC (\$30)

Damaged Portion: 3) TF: Towing Fee \$40/\$45

QC Checked by (Engr-In-Charge): 4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

6) TR: Re-inspection \$75

7) NI: Idac DA + SMRT Survey \$160

8) NTUC Additional Services: \$0

9) NI12: Idac Mobile \$0

Invoice dated: Fee Charged: \$0

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	11/12/2018 15:52
Date Of Accident	10/12/2018 14:10
Exact Location Of Accident	JUNC OF VICTORIA STREET AND ROCHOR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN200S
Insured/Policyholder	
Name Of Registered Owner	GP MOTORING PTE. LTD.
Co Reg No	201205428D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85228210
Alternative Phone No	OFFICE-85228210

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101796673
Cover Note Number	

Driver

Name of Driver	MOHAMAD ISMAIL BIN MOHAMED AMIR
NRIC No	S8939266G
Date Of Birth	05/11/1989
Occupation	OUTDOOR
Date Of Driving Pass	25/06/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85228210
Fax Number	
Contact Number	OTHERS-85228210
Email Address	NOEMAIL

Address	BLK 338B ANCHORVALE CRESCENT #03-53
Postcode	542338
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181210/2160

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	SLZ1313L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHUN YONG (LIN JUNRONG)
NRIC/Passport Number	S7807084F
Contact Number	81387677
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMAD ISMAIL BIN MOHAMED AMIR
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBN200S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN


IMPORTANT NOTICE

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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:

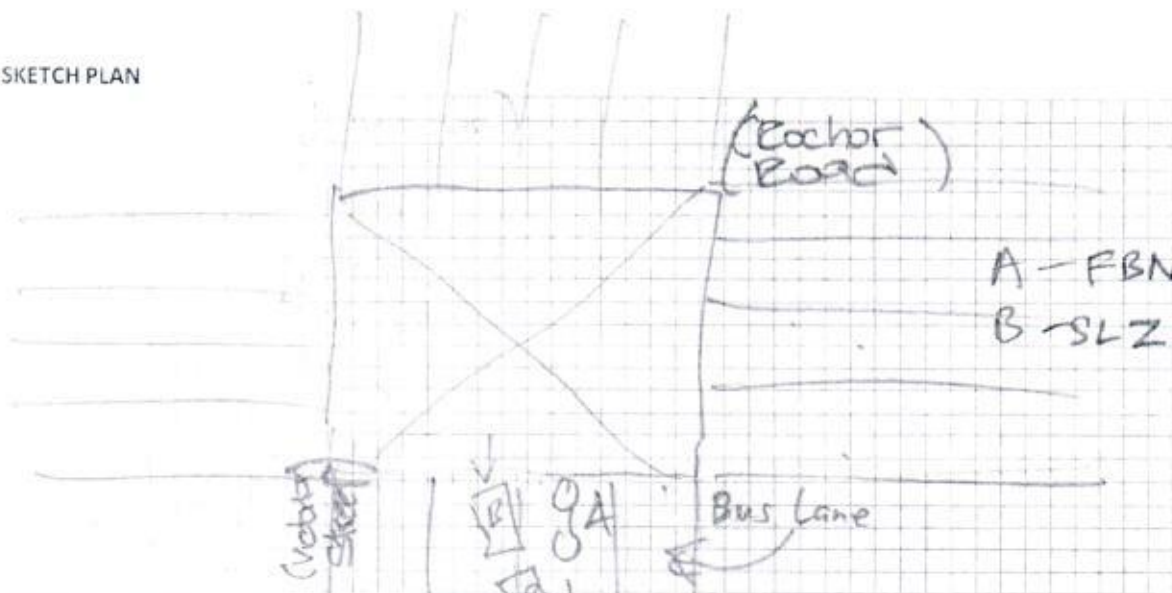
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
Reg. No: 201205428D


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

 11/12/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A - FBN2005
B - SLZ1313L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the description area:

1. PLS Refer to the Police Report
T/2018/210/2160

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: **Reg. No: 201205428D**

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

Reporting Centre Personnel's Signature
Name: **11/12/2018**
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20181210/2160

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 3

Report No. T/20181210/2160

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2018 20:57		Vide Report No.:		Station Diary No.: 38	
Informant's Particulars					
Name of Informant: MOHAMAD ISMAIL BIN MOHAMED AMIR			Address: APT BLK 338B ANCHORVALE CRESCENT #03-53 SINGAPORE 542338		
ID Type / ID No.: NRIC NO / S8939266G			Contact No.: Home/Office: Mobile: 8522 8210		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 05/11/1989	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation: TECHNICIAN		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2018 12:10	Type of Location: Straight Road
Location: Along Road 1 VICTORIA STREET ROCHOR ROAD Along Victoria Street going towards the direction of Lavender, just after the junction of Victoria Street and Rochor Road.				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN200S	Motorcycle	YAMAHA	Spark	Black	Slightly Damaged	0
SLZ1313L	Car	MINI	Cooper	Blue	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/20181210/2160

2 of 3

Report No. T/20181210/2160

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

CONTINUATION OF REPORT

Rider			
Name	MOHAMAD ISMAIL BIN MOHAMED AMIR		ID No. S8939266G
Related Vehicle	FBN200S (Motorcycle)		Contact No. 8522 8210
Hospital/Clinic	STREET 11 CLINIC		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIM CHUN YONG (LIN JUNRONG)		ID No. S7807084F
Related Vehicle	NIL		Contact No. 8138 7677
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.

On 10/12/2018 at about 1210hrs, I was riding my motorbike (lease) along Victoria Street going towards Lavendar. Just after the junction of Victoria Street and Rochor Road, I was riding along the third lane from the right. Just then, a blue coloured car from the second lane (from the right) swerved into my lane in front of me. As soon as I realized it, I applied the brakes and swerved my motorbike to avoid collision. However, the front portion of the motorbike hit onto the left side mirror of the said car and its surrounding area. I landed on the fourth lane (bus lane).

The said driver of the car involved parked his car to the side of the road and assisted me together with other onlookers. We exchanged particulars and the said driver provided me his contact details to facilitate in the accident. I managed to ride the motorbike to the workshop as it had damages to the alignment and some scratches on the front portion of the motorbike. Due to the accident, I sustained multiple superficial graze marks on my right arm, knee and hip area. I sought medical assistance at the Street 11 Clinic and was given 3 days of medical leave from 10/12/2018 to 12/12/2018.

There is a CCTV at the said junction of Victoria Street and Rochor Road.



**SINGAPORE
POLICE FORCE**



T/20181210/2160

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No. T/20181210/2160

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

G /

Staff Sgt MUZAINAH BINTE LATIFF

any

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

[Signature]

Date/Time:

10/12/2018 20:57

Classification Of Case:

Authentication Stamp

NP168

any

FB: <http://fb.me/singaporemotorcyclerental>

Page 1

Reported on 11/12/2018
@ 1250 HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (10/12/2018) (DD/MM/YYYY), TIME: (14:40) (HH:MM)

LOCATION: Victoria St twds Lavender, after junc
of Victoria St
and Rochor Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN 200 S
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: 85228210
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 85228210
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) HIKER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Drizzling
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: SLZ 1313L MODEL: _____
b) DRIVER'S NAME: LM CHUN YONG (LIN JUNRONG)
c) NRIC/FIN/PASSPORT: S7807084F CONTACT: 81387677

9. THIRD PARTY VEHICLE

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

(workshop)


Email = gpmotoring@gmail.com ✓

fax = _____ Tel: 67464240

VIDEO = _____

Waiting for Company Chop?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8939266G



Name
MOHAMAD ISMAIL BIN
MOHAMED AMIR
محمد اسماعيل بن محمد امير

Race
MALAY

Date of birth
05-11-1989

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8939266G

Name
MOHAMAD ISMAIL BIN
MOHAMED AMIR

Birth Date 05 Nov 1989

Issue Date 25 Jun 2008

001610364J

3634915



NRIC No. S8939266G



Date of issue
10-11-2004

APT BLK 3389 ANCHORVALE CRESCENT #03-53
SINGAPORE 542338

NRIC No: S8939266G Date: 10/03/2018 (R)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 CC	25 Jun 2008
Class 2A	Motorcycles between 201 CC and 400 CC	23 Nov 2010
Class 2	Motorcycles > 400 CC	28 Mar 2014
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	28 Nov 2014

S8939266G

S / No. 9000214623

NP 428A

Licence No. S8939266G

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 : 5101796673

Cover : Third Party

- | | |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBN2005 |
| Chassis Number | : SYP202630 |
| 2. Name of Policyholder | : GP MOTORING PTE. LTD. |
| 3. Effective Date of Insurance | : 28 Jun 2018 |
| 4. Expiry Date of Insurance | : 27 Jun 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
INSURE WITH COE	: 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 : WTT INSURANCE AGENCIES PTE LTD (00000614933)
Date of Issue : 27 Jun 2018 17:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101796673		GP MOTORING PTE. LTD.	201205428D	GFT	Third Party	FBN200S	FBN200S	28/06/2018	

Policy Information

Policy No.	5101796673	Policyholder Name	GP MOTORING PTE. LTD.	Policyholder NRIC	201205428D
Certificate No.					
Address	282 MACPHERSON ROAD SINGAPORE 348607				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/06/2018	Effective Date	28/06/2018 00:00	Expiry Date	27/06/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	
Additional Excess		OS Premium	681.30		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	WTT INSURANCE AGENCIES PTE	Agent Tel.	62965445	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	282 MACPHERSON ROAD	Address 2	SINGAPORE 348607	Address 3	
Address 4		Address Type	Singapore address	Post Code	348607
Unit No.		Related Policy Number	5101796673		

Insured Object: FBN200S

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	28/06/2018 00:00	Basic Information Endorsement	000001286849008	Endorsement Take Effective	Update excess
2	03/07/2018 00:00	Basic Information Endorsement	000001286853369	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, FBD6509R 03-07-2018 \$586.77 In view of this amendment, a refund of \$586.77 (inclusive of GST) will be adjusted against the outstanding premium.
3	03/07/2018 00:00	Basic Information Endorsement	000001286853334	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, FBJ8951B 03-07-2018 \$586.77 In view of this amendment, an additional premium of \$586.77 (inclusive of GST) is payable

Claim Handling

The premium on this policy has not been collected.

Accident MT/1023517

Policy No.	5101796673	Vehicle No.	FBN200S	GST Registration No.
Certificate No.				
Policyholder Name	GP MOTORING PTE. LTD.			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	85228210	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

➤ Accident Details

Report Date	12/12/2018 09:56	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/12/2018	Time of Accident hh:mm	14:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF VICTORIA STREET AND ROCHOR ROAD			

➤ Excess

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	1,500.00	Outside Singapore TP Excess	

➤ Benefits

➤ GST Registered Information

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

➤ Policyholder Mailing Address

Address 1	282 MACPHERSON ROAD	Address 2	SINGAPORE 348607	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5101796673	

➤ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MOHAMAD ISMAIL BIN MOHAME	Driver NRIC	58939266G	Driver DOB
Register Date of Driver License	25/06/2008	Driver Age	29	Driving Experience
Contact No.(Mobile)	85228210	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 338B #	Address 2	ANCHORVALE CRESCENT	Address 3
Address 4	SINGAPORE 542338	Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

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

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	GP MOT
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	FBN200S
Claim Description	FBN200S / SLZ1313L ON 10 Dec 2018		
Preferred Workshop	Insured Liability	Not at Fault	
Finalisation	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	12/12/2018 10:05	Received	
Report Taken By		Workshop Repairer	

Save Submit

Submit

Attachment

Accident No.	MT/1023517	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/12/2018 10:05

Path •

Category •

Confidential

Choose File No file chosen

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NO

Choose File No file chosen

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Please Select

NO

Choose File No file chosen

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NO

Choose File No file chosen

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NO

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Attachment List

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