

NATIONAL Assessment Centre Services.

(wef 1 Jan 05) MNA 119013101

Date In: 28/11/19 14:49	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 19001791/64	SAS e-filing		
Veh No: SLL 6681 P.	E-mail (within 3hrs, AIC 2hrs)		
DDA: 26/11/19 14:00	I-Motor Claim Form	MT/1029789	28/11/19 13:08
OD <input checked="" type="checkbox"/> 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: SPG 1316 A. 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	Date 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

MNA1900767

Client's Particulars	Invoice Particulars	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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 (N-in INC) against INC \$20		
	9) N12: Idao 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	28/01/2019 14:49
Date Of Accident	26/01/2019 14:00
Exact Location Of Accident	PIE TWDS TUAS L/P 525
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLL6681P
Insured/Policyholder	
Name Of Registered Owner	H & H CAR RENTAL & LEASING
Co Reg No	53331980C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97234411
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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	NO
Policy Number	5078818993-02
Cover Note Number	-
Driver	
Name of Driver	TAN GHEE HENG (CHEN YIXING)
NRIC No	S7109173B
Date Of Birth	22/02/1971
Occupation	OUTDOOR
Date Of Driving Pass	17/05/1991
Driving Experience	27 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96270156
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 175 BOON LAY DR #05-334
Postcode	640175
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 (including own vehicle) involved in the accident	2
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	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 321 ANG MO KIO STREET 31 , POSTCODE: 560321 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4599999 - FAX NO: 64574478
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE FAIL TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFG1316A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AW WAI LOON
NRIC/Passport Number	S7075631E
Contact Number	98167278
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN GHEE HENG (CHEN YIXING)
Approximate Age	
Injuries Sustain	LEFT KNEE AND BACK
Injured person in which vehicle?	SLL6681P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.



Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A = SLL 6581P
B = SFG 1316A
PIE was tuas 2/P 525

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 1 / 19.) (DD/MM/YYYY), TIME: (14 : 00.) (HH:MM)

LOCATION: PIE tuds Tuag 4th 525.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S2L 6681P.
b) INSURANCE COMPANY: IME
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: 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: H & H car Rental (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9723 4411
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Ghee Heug (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9627 0156.
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)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer.

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: Teck Ghee NPP.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SFG. 1316A. MODEL: _____
b) DRIVER'S NAME: Aw wai loon.
c) NRIC/FIN/PASSPORT: 5707 5631E CONTACT: 9816 7278.

9. THIRD PARTY VEHICLE

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

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

Email = Ronnie.

fax =

VIDEO = Yes.



Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2019 13:08	Vide Report No.:	Station Diary No.: 14
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TAN GHEE HENG			Address: APT BLK 175 BOON LAY DRIVE #05-334 SINGAPORE 640175		
ID Type / ID No.: NRIC NO / S7109173B			Contact No.: Home/Office:		Mobile: 96270156
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 22/02/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2019 14:00	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE towards TUAS, Lamp post 525				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFG1316A	Car					0
SLL6681P	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL6681P	NTUC Income Insurance Co-Operative Limited	507881899302	28/03/2018	27/03/2019



Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AW WAI LOON	ID No.	S7075631E
Related Vehicle	SFG1316A (Car)	Contact No.	98167278
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
Driver			
Name	TAN GHEE HENG	ID No.	S7109173B
Related Vehicle	SLL6681P (Car)	Contact No.	96270156
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	28/01/2019	Date Discharge	28/01/2019
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

On the 26/01/2019 at about 1400hrs, I was driving my rental car SLL6681P at along PIE towards Tuas near Lamp Post525. The weather was clear and dry and the traffic was moderate. I was driving at lane 2. While I was driving, the lorry in-front of me slowed down, thus I slowed down and came to a stop, suddenly a car from behind SFG1316A collided with my car hardly and caused my body and car to jerk forward. My left leg knee was in pain. I came down to check what happened and the driver did not explained much why he collided. I exchanged particulars with him and left the location. Due to the accident my car's rear portion is badly dented and scratched.

The next day, due to the accident my left knee and back was still hurting. As such I made an appointment at A Life Clinic Pte Ltd to consult doctor and today I went to consult doctor and I was given 7 days of MC.

2047
2 of 5
T/20190128/2047

SINGAPORE POLICE FORCE



T/20190128/2047

3 of 3

Report No. T/20190128/2047

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

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: F / Staff Sgt RAHUMATHULLA AZIMAL ALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2019 13:08
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:

Authentication Stamp
NP168

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

Class	Description	Pass Date
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	17 May 1991
Class 4	Heavy motor cars and motor tractors > 2500 kg	05 Feb 2013

S / No. 9000177691

NP 420A

57109173B

Licence No: S7109173B

4328148



NRIC No. S7109173B



Date of issue
27-12-2008

APT BLK 175 BOON LAY DRIVE #05-334
SINGAPORE 640175

S7109173B 15/06/2013 (R)

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 576701.

Type	Description	Issue Date
02	TAXI VL	23/09/2015
03	BUS VL	05/03/2007
04	BUS ATTENDANT	05/03/2007



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7109173B

Name: TAN GHEE HENG (CHEN YIXING)

Birth Date: 22 Feb 1971

Issue Date: 22 Mar 2004




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7109173B

Name: TAN GHEE HENG (CHEN YIXING)

陈 贻 兴

Race: CHINESE

Date of birth: 22-02-1971

Sex: M

Country of birth: SINGAPORE




Land Transport Authority

VOCATIONAL LICENCE

Licence No: S7109173B

Name: TAN GHEE HENG

Issue Date: 23/9/2016

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



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: 5078818993-02

Cover : drivo CLASSIC

- | | |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : 5LL6681P |
| Chassis Number | : ZGE206031815 |
| 2. Name of Policyholder | : H & H CAR RENTAL & LEASING |
| 3. Effective Date of Insurance | : 28 Mar 2018 |
| 4. Expiry Date of Insurance | : 27 Mar 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS



I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : S & M ALLIANCE PTE LTD (00000614373)
Date of issue : 26 Mar 2018 09:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1029789

Policy No.	5078818993-02	Vehicle No.	SLL6681P	GST Registration No.	
Certificate No.					
Policyholder Name	H & H CAR RENTAL & LEASING			Policyholder NRIC	5333
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	97234411	Contact No.(Office)		Contact No.(Home)	
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	28/01/2019 15:04	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	26/01/2019	Time of Accident hh:mm	14:00	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TUAS L/P 525				

▼ **Excess**

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
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	Yes
Modification History			

▼ **Policyholder Mailing Address**

Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAR	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4088
Unit No.	04-12	Related Policy Number	5106190975		

▼ **O1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN GHEE HENG (CHEN YIXING)	Driver NRIC	S71091738	Driver DOB	22/01
Register Date of Driver License	17/05/1991	Driver Age	47	Driving Experience	27
Contact No.(Mobile)	96270156	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 175 #05-334	Address 2	BOON LAY DRIVE	Address 3	BOON
Address 4	SINGAPORE 640175	Address Type	Singapore address	Post Code	6401
Unit No.	05-334				
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
-------------------------------------	------	-------------	---

Modification History

Claim 001 **New**

Claim Handling

The premium on this policy has not been collected.

Accident MT/1029789

Policy No.	5078818993-02	Vehicle No.	SLL6681P	GST Registration No.	
Certificate No.					
Policyholder Name	H & H CAR RENTAL & LEASING			Policyholder NRIC	5333
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	97234411	Contact No.(Office)		Contact No.(Home)	
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	28/01/2019 15:04	Accident Report Within 24 hrs	Yes	Accident Type	Collisi
Date of Accident	26/01/2019	Time of Accident hh:mm	14:00	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS TUAS L/P 525				

▼ **Excess**

Total Excess Applicable					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Excess Type		Windscreen Excess	100.00		

All Claims Excess
 YIED All Claim Excess
 Total All Claim Excess Applicable
 OD Standard Excess
 YIED OD Excess
 Additional Excess
 Total OD Excess Applicable

0.00

Driver is Covered?

TP Standard Excess
 YIED TP Excess

Driver is Covered?

Total TP Excess Applicable

Benefits

GST Registered Information

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAR	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4089
Unit No.	04-12	Related Policy Number	5106190975		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN GHEE HENG (CHEN YIXING)	Driver NRIC	S71091738	Driver DOB	22/01
Register Date of Driver License	17/05/1991	Driver Age	47	Driving Experience	27
Contact No.(Mobile)	96270156	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 175 #05-334	Address 2	BOON LAY DRIVE	Address 3	BOON
Address 4	SINGAPORE 640175	Address Type	Singapore address	Post Code	6401
Unit No.	05-334				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading? 0 mg Any injury? Yes No

Modification History

Claim 001 OD-MX **New**

Claim Type * **OD-MX** Insured Name **H & H CAR RENTAL & LEASIN**

Contact No.(Mobile) Contact No.(Home)

Email Address OI Vehicle Number **SLL6681P**

Claim Description **SLL6681P / SFG1316A ON 26 Jan 2019**

Preferred Workshop Insured Liability **Not at Fault** GIA report **Received**

Workshop No. Finalisation **Yes** Repair Option **Preferred Workshop, Name unknown**

Date Registered **28/01/2019 15:07** Claim Close Date

Report Taken By **LIEW SHAN HUI** Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No. **MT/1029789** Claim No. **001**

Last Doc. Received Yes No Upload Date **28/01/2019 15:08**

Path *

Category *	Confidential	Urgency *
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on		NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-28

28 Jan 2019 15:08



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 15:08	SAS	Normal	SAS 2019-1-28
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 15:08	Photos	Normal	Photos 2019-1-28
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 15:07	Photos	Normal	Photos 2019-1-28
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 15:07	Photos	Normal	Photos 2019-1-28
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 15:07	Photos	Normal	Photos 2019-1-28
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 15:07	Photos	Normal	Photos 2019-1-28
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 15:07	Photos	Normal	Photos 2019-1-28
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 15:07	Photos	Normal	Photos 2019-1-28
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 15:07	Photos	Normal	Photos 2019-1-28
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 15:07	Photos	Normal	Photos 2019-1-28
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 15:07	Photos	Normal	Photos 2019-1-28
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 15:07	Photos	Normal	Photos 2019-1-28
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 15:07	Photos	Normal	Photos 2019-1-28
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 15:07	Photos	Normal	Photos 2019-1-28
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 15:07	Photos	Normal	Photos 2019-1-28

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window Scan and uploading