

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

MAIA 119013370

Date In: 28/1/19 17:20	Job description	Date & Time Completed	Done by
Ref No: MAI INC19001837164	SAS e-filing		
Veh No: GBH 2376L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/1/19 15:00	I-Motor Claim Form	MT/1029865-001	28/1/19 17:48
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:

Cyclist

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

MAI900765

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref:

Ref:

Invoice Item	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: 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: 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 (Non 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 17:20
Date Of Accident	27/01/2019 15:00
Exact Location Of Accident	FILTER LANE FROM SENGKANG E RD TO SENGKANG SQUARE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH2376L
Insured/Policyholder	
Name Of Registered Owner	CARWAY LEASING & RENTAL
Co Reg No	53264813K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98627777
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5070270660-04
Cover Note Number	-
Driver	
Name of Driver	TAN TEOK HUI
NRIC No	S1781218A
Date Of Birth	23/12/1966
Occupation	INDOOR
Date Of Driving Pass	29/06/1990
Driving Experience	28 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81255417
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 391 BUKIT BATOK WEST AVE 5 #15-430
Postcode	650391
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	COLLIDED INTO BICYCLIST
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	1
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
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:	MEMORY CARD WITH TP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	CYCLIST
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
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

Please Refer to sketch

## 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.:




Sengkang MRT Station (NE16) • 5 Sengkang Square 545062

Log In  
or Company

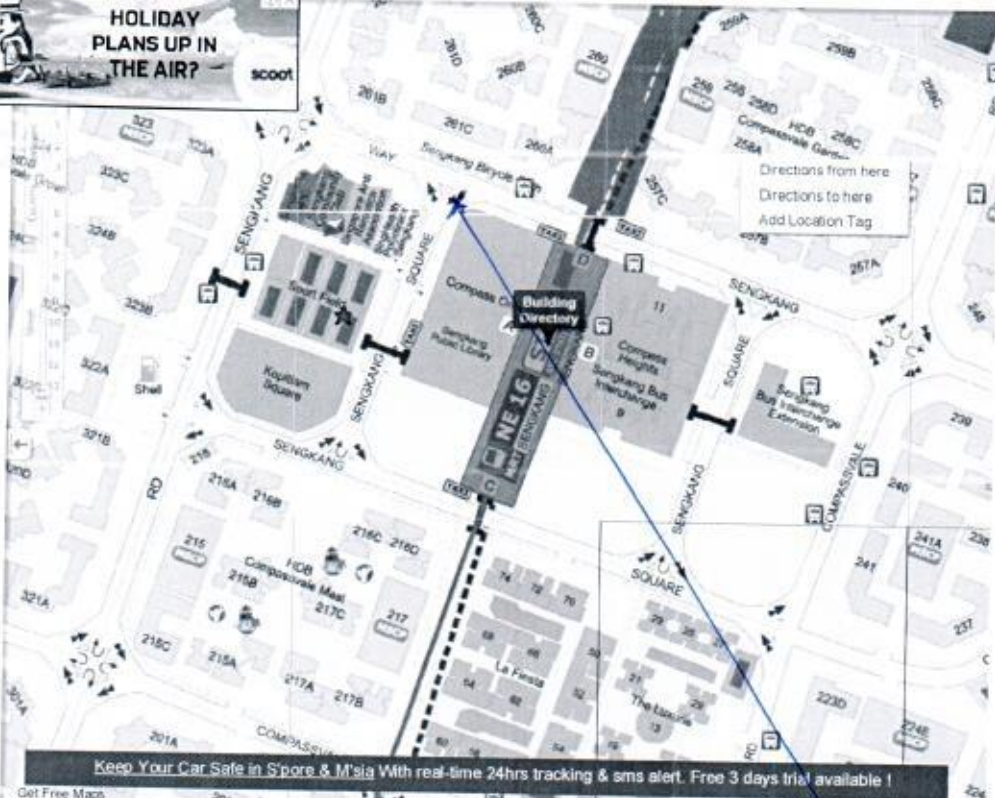
**Sengkang MRT Station (NE16)**  
5 Sengkang Square  
(S)545062

Map Directions

- Map
- Building Directory
- Photos
- What's Nearby
- Get Tips
- Getting Here



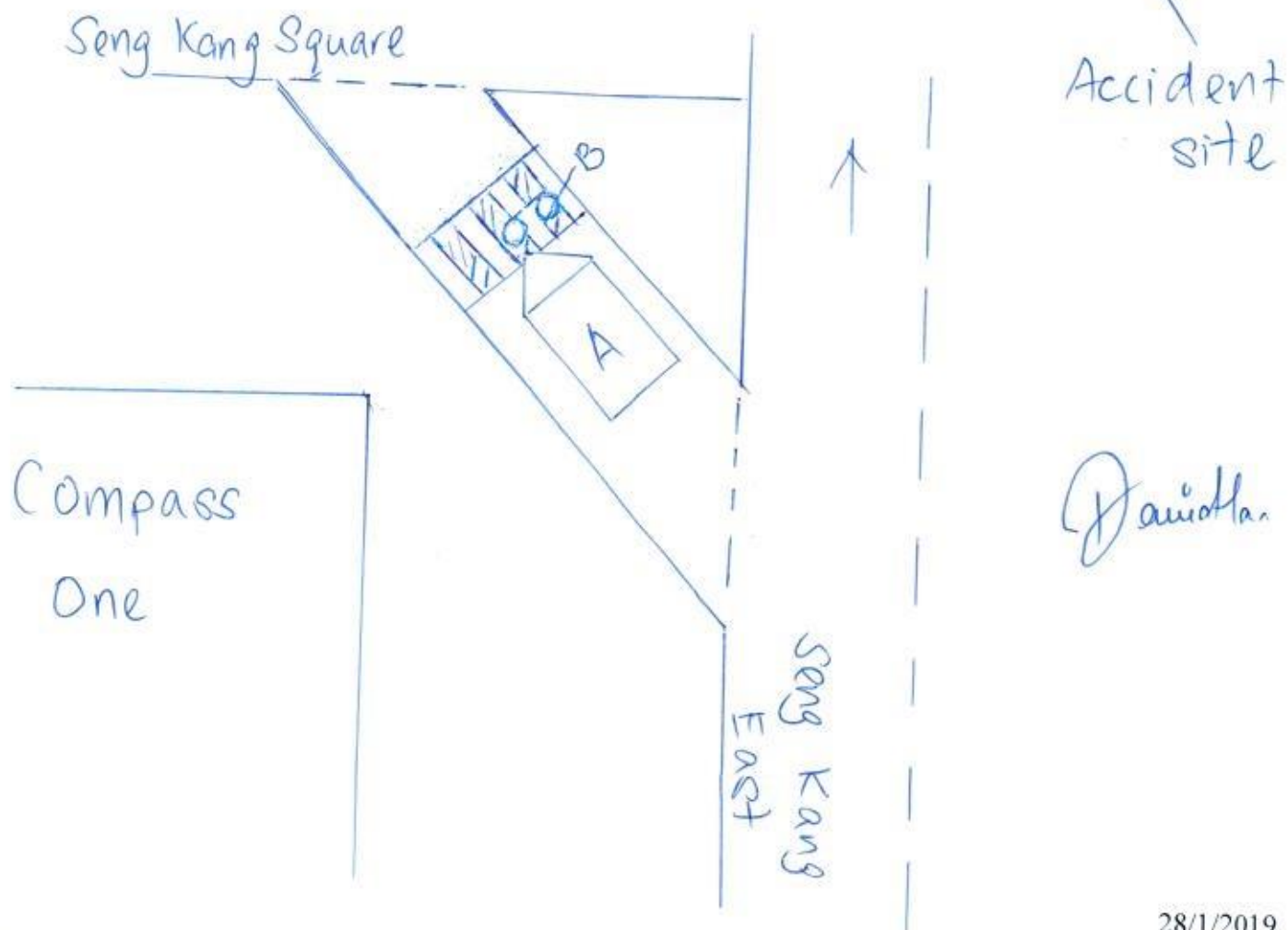
5 Things You Shouldnt Do If Hes Cheating On You



**HOLIDAY PLANS UP IN THE AIR?** scoot

Directions from here  
Directions to here  
Add Location Tag

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



### **Accident Statement**

On 27th Jan 2019 around 1500Hrs, I was driving my vehicle (GBH2376L) along the filter lane from Sengkang East Road to Sengkang Square. I slowed down and stopped my vehicle for any pedestrians when approached the zebra crossing. When I started to move off upon clearance of pedestrian and traffic, suddenly a bicycle dashed out from my right side and hit onto the front of my vehicle. Ambulance has arrived for assistance but nobody was conveyed to hospital by the ambulance. The in-car camera footage of the accident have handed over to the police. I'm making a report for the purpose of reporting.



Name: Tan Teok Hui

I/C: S1781218A

# ACCIDENT STATEMENT

ACCIDENT DATE: (27 / 01 / 2019) (DD/MM/YYYY), TIME: (15 : 00) (HH:MM)

LOCATION: SENAKMVA SQUARE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 684 2376 L ✓  
b) INSURANCE COMPANY: INC  
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: Private Use  
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: Carway (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 812 55417 ✓  
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) ✓ Hired  
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) ✓

7. a) REPORTED TO POLICE (YES / NO) ✓

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Cyclist. ✓ MODEL: BILUW  
b) DRIVER'S NAME: \_\_\_\_\_ ✓  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_ ✓

## 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)

( )

warning chop &

Police Report

✓ Email = david.homesmaker@gmail.com

fax =

VIDEO = Yes. with tp.



**SINGAPORE  
POLICE FORCE**



T/20190128/2071

1 of 3

Report No. T/20190128/2071

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/01/2019 14:24	Vide Report No: F/20190127/0149	Station Diary No: 63
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**Informant's Particulars**

Name of Informant: TAN TEOK HUI		Address: APT BLK 391 BUKIT BATOK WEST AVENUE 5 #15-430 SINGAPORE 650391	
ID Type / ID No: NRIC NO / S1781218A		Contact No: Home/Office: Mobile: 81255417	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 23/12/1966	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/01/2019 15:00	Type of Location: Bend
Location: Along Road 1 SENGKANG EAST ROAD				
Filter lane from Sengkang East Road to Sengkang Square				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH2376L	Van				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/20190128/2071

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

2 of 3

Report No. T/20190128/2071

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TAN TEOK HUI	ID No.	S1781218A
Related Vehicle	GBH2376L (Van)	Contact No.	81255417
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 27 Jan 2019 around 1500hrs, I was driving my vehicle (GBH2376L) along the filter lane from Sengkang East Road to Sengkang Square. I slowed down and stopped my vehicle for any pedestrians when approaching the zebra crossing. When I started to move off upon clearance of pedestrian and traffic, suddenly a bicycle dashed out from my right side and hit onto the front of my vehicle. Ambulance arrived for assistance but no one was conveyed. The in-car camera footage of the accident was handed over to the Police.

The cyclist had scratches on both arms. My van's number plate has some scratches.



**SINGAPORE  
POLICE FORCE**



T/20190128/2071

1 of 3

Report No. T/20190128/2071

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6850999

**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:

J /  
Staff Sgt SATHISHANANTHAN S/O  
ALAGUDASS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /  
Staff Sgt MOHAMED SUFIAN BIN SUDIN  
Contact No: 65476367

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
28/01/2019 14:24

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1781218A



Name

TAN TEOK HUI



Race

CHINESE

Date of Birth

Sex

23-12-1966

M

Country of Birth

SINGAPORE



2115599



Identity Card No. S1781218A



Group Class Nationality

B+ 10-06-1994

Address

APT BLK 305 BUKIT BATOK WEST AVENUE 5 #22 346  
SINGAPORE 650385


Valid Until 31/12/2014

Date 18/08/2014

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1781218A**  
Name: **TAN TEOK HUI**

Birth Date: 23 Dec 1966  
Issue Date: 04 Aug 2004



001269248A 

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

	PASS DATE
Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	29 Jun 1990

NP 428A



## 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 :** 5070270660-04

**Cover :** Comprehensive

1. Index mark and Registration Number of Vehicle : **GBH2376L**  
 Chassis Number : KDH2015028092
2. Name of Policyholder : **CARWAY LEASING & RENTAL**
3. Effective Date of Insurance : **27 Jun 2018**
4. Expiry Date of Insurance : **26 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.  
 (b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: AUTO LEASE (PTE) LTD
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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)

Date of Issue : 27 Jun 2018 16:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Claim Handling

## Accident MT/1029865

Policy No.	5070270660-04	Vehicle No.	GBH2376L	GST Registration No.	
Certificate No.					
Policyholder Name	CARWAY LEASING & RENTAL			Policyholder NRIC	5326-
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98627777	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>▼ Accident Details</b>					
Report Date	28/01/2019 17:44	Accident Report Within 24 hrs	Yes	Accident Type	Collid
Date of Accident	27/01/2019	Time of Accident hh:mm	15:00	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	FILTER LANE FROM SENGKANG E RD TO SENGKANG SQUARE				
<b>▼ Excess</b>					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
<b>▼ Benefits</b>					
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		No	
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	53 UBI AVENUE 1	Address 2	#03-01 PAYA UBI INDUSTRIAL F	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4089
Unit No.	03-01	Related Policy Number	S104956108		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN TECK HUI	Driver NRIC	S1781218A	Driver DOB	23/11
Register Date of Driver License	29/06/1990	Driver Age	52	Driving Experience	28
Contact No.(Mobile)	81255417	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 391 #15-430	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3	GOOT
Address 4	SINGAPORE 650391	Address Type	Singapore address	Post Code	6503
Unit No.	15-430				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	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

New

## Claim Handling

## Accident MT/1029865

Policy No.	5070270660-04	Vehicle No.	GBH2376L	GST Registration No.	
Certificate No.					
Policyholder Name	CARWAY LEASING & RENTAL			Policyholder NRIC	5326-
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98627777	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>▼ Accident Details</b>					
Report Date	28/01/2019 17:44	Accident Report Within 24 hrs	Yes	Accident Type	Collid
Date of Accident	27/01/2019	Time of Accident hh:mm	15:00	Country of Accident	Singa
Reporting Centre		Orange Force		ICM No.	
Accident Location	FILTER LANE FROM SENGKANG E RD TO SENGKANG SQUARE				
<b>▼ Excess</b>					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.0
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			
Excess Type		Windscreen Excess	100.00		

1/28/2019

Claim Handling(accident reporting Claim Task )

All Claims Excess

YIED All Claim Excess

Total All Claim Excess Applicable

OD Standard Excess

YIED OD Excess

Additional Excess

Total OD Excess Applicable

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	53 UBI AVENUE 1	Address 2	#03-01 PAYA UBI INDUSTRIAL F	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	4089
Unit No.	03-01	Related Policy Number	5104956108		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN TEOK HUI	Driver NRIC	51781218A	Driver DOB	23/12
Register Date of Driver License	29/06/1990	Driver Age	52	Driving Experience	28
Contact No.(Mobile)	81255417	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 391 #15-430	Address 2	BUKIT BATOK WEST AVENUE 5	Address 3	GOO
Address 4	SINGAPORE 650391	Address Type	Singapore address	Post Code	6503
Unit No.	15-430				
Does he own a Singapore Registered car?	Yes = 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 001 OD-MX New

Claim Type *	OD-MX	Insured Name	CARWAY LEASING & RENTAL
Contact No.(Mobile)	98627777	Contact No. (Home)	
Email Address		OI Vehicle Number	GBH2376L
Claim Description	GBH2376L / CYCLIST ON 27 Jan 2019		
Preferred Workshop Finalisation	<input checked="" type="checkbox"/> Yes	Insured Liability	Partially at Fault
Date Registered	28/01/2019 17:46	Preferred Workshop, Name unknown	GIA report
Report Taken By	LIEW SHAN HUI	Repair Option	Received
<input checked="" type="checkbox"/> Print AK letter			
<div>Save Submit</div>			

Attachment

Accident No.	MT/1029865	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	28/01/2019 17:48
Path *		Category *	Confidential Urgency *
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Choose File	No file chosen	Clear	Please Select NO Normal
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on	28 Jan 2019 17:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-28

	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 17:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 17:48	SAS	Normal	SAS 2019-1-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 17:47	Photos	Normal	Photos 2019-1-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 17:47	Photos	Normal	Photos 2019-1-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 17:47	Photos	Normal	Photos 2019-1-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 17:47	Photos	Normal	Photos 2019-1-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 17:47	Photos	Normal	Photos 2019-1-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 17:47	Photos	Normal	Photos 2019-1-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 17:47	Photos	Normal	Photos 2019-1-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 17:47	Photos	Normal	Photos 2019-1-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 17:47	Photos	Normal	Photos 2019-1-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 17:47	Photos	Normal	Photos 2019-1-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 17:47	Photos	Normal	Photos 2019-1-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 17:47	Photos	Normal	Photos 2019-1-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 17:47	Photos	Normal	Photos 2019-1-28
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Jan 2019 17:47	Photos	Normal	Photos 2019-1-28

Video List

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