

NATIONAL Assessment Centre Services

Date In	15/02/2019 16:10	Job description	Date & Time Completed	Done by
Ref No	NA/INC19002879/K4	SAS e-filing		
Veh No	SLM 2514K	E-mail (w/this Slst, AIC 2hrs)		
DOA	14/02/2019 23:05	i-Motor Claim Form	MT/1032352-001	18/2/19 10:59
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: SHD 910H	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

NA1901218

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
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		
	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:-		
	OP*		
	*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'n INC) against INC \$20		
	9) N12: Idao Mobile \$30		

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

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	15/02/2019 16:10
Date Of Accident	14/02/2019 23:05
Exact Location Of Accident	FULLERTON ROAD TWDS CONNAUGHT DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM2514K
Insured/Policyholder	
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE. LTD.
Co Reg No	201607970Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86089649
Alternative Phone No	OFFICE-86089649

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8S CVT
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5079864471-02
Cover Note Number	

Driver

Name of Driver	NOOR HASRIN B AHMAD
NRIC No	S7527406H
Date Of Birth	23/09/1975
Occupation	OUTDOOR
Date Of Driving Pass	04/06/1997
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87427404
Fax Number	
Contact Number	OTHERS-87427404
EMail Address	NOEMAIL

Address	5 BUANGKOK GREEN #07-02
Postcode	539748
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
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	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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD910H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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.
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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
Date & Time:

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

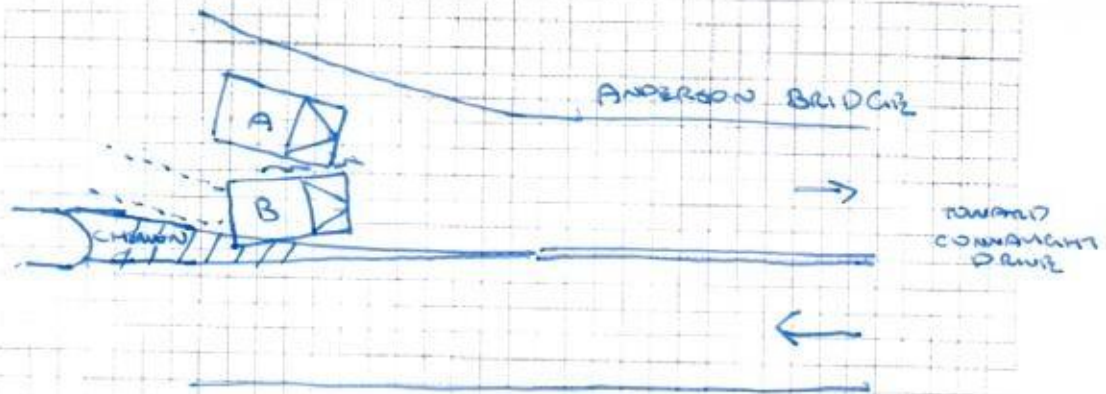
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

15/2/2019

SKETCH PLAN

VEHICLE A
- SLM 2514 K

VEHICLE B
- SHD 910 H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG FULLERTON ROAD TOWARD CONNAUGHT DR, IT WAS A SINGLE LANE SINGLE WAY CARRIAGE WAY.

WHILE TRAVELLING STRAIGHT AHEAD WHEN APPROACHING ANDERSON BRIDGE, SUDDENLY A VEHICLE CUTTED IN FROM MY RIGHT AND HIT ONTO THE RIGHT FRONT OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A TAXI WITH LICENCE PLATE (SHD 910 H) THAT WENT INTO THE CHEVRON AND TRIED CUTTING FROM THE RIGHT SIDE OF MY VEHICLE THAT CAUSING THIS COLLISION TO THE RIGHT FRONT PORTION OF MY VEHICLE.

VEHICLE A - SLM 2514 K

VEHICLE B - SHD 910 H

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.:

15/2/2019

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details

Vehicle No.: SLM2514K
Vehicle Type: Z10 - Private Hire (Chauffeur) Motor Car
Vehicle Attachment 1: No Attachment
Vehicle Scheme: Normal
Vehicle Make: TOYOTA
Vehicle Model: PRIUS HYBRID 1.8S CVT
Chassis No.: ZVW508032976
Propellant: Petrol-Electric
Engine No.: 22R6079132
Motor No.: 20A116801414
Engine Capacity: 1797 cc
Power Rating: 53.0 kW
Maximum Power Output: 90.0 kW (120 bhp)
Maximum Laden Weight: 1635 kg
Unladen Weight: 1360 kg
Year Of Manufacture: 2016
Original Registration Date: 24 Mar 2017
Lifespan Expiry Date: -
COE Category: B - Car above 1600cc or 97kW (130bhp)
Quota Premium: \$53,001.00
COE Expiry Date: 23 Mar 2027
Road Tax Expiry Date: 23 Sep 2019
PARF Eligibility Expiry Date: 23 Mar 2027
Inspection Due Date: 23 Mar 2020
Intended Transfer Date: 03 Jan 2019
CO2 Emission: 82.00 (g/km)
CEV/VES Rebate Utilised Amount: \$25,792.00
CO Emission: -
HC Emission: -
NOx Emission: -
PM Emission: -



Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00		
Total Amount Payable:			25.00

You may print this page for reference.

OK

Print

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: 5079864471-02

Cover : drivo CLASSIC

- | | |
|---|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLM2514K |
| Chassis Number | : ZVW508032976 |
| 2. Name of Policyholder | : AUTOBAHN RENT A CAR PTE. LTD. |
| 3. Effective Date of Insurance | : 28 Dec 2018 |
| 4. Expiry Date of Insurance | : 27 Dec 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\$3,500
EXCESS (SECTION 2)	: S\$3,000
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	: DBS BANK 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)

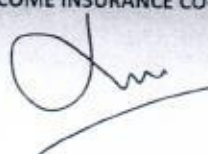
Agency : HAMILTON AUTOHUB PTE. LTD. (00000573281)
Date of Issue : 04 Apr 2018 15:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Vehicle No.	SLM 2514 K	Model / Make	TOYOTA PRINS
Date of Accident	14/02/2019		
Time of Accident	2305	HRS	
Location of Accident	FULLERTON ROAD TOWARD CONNAUGHT DR		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	AUTOBAHN RENT A CAR PTE LTD		
Telephone No.	H/P: 86089649	Home :	Office :
NRIC	2016079702		
Address	6001 BEACH ROAD #09-06 GOLDEN MILE TOWER S(199589)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5079564471-02		
Name of Driver	As Above If No, NOOR HASRIN B AHMAD		
NRIC	5752740614	Any Passengers :	NIL
Date of birth	23 SEP 1975		
Occupation	Outdoor / Indoor		
Driving License Pass Date	04 JUN 1997		
Gender	Male / Female		
Contact No.	H/P: 87427404	Home :	Office :
Address	5 BUANAKOK GREEN #07-02 S(539748)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state RENTAL / LEASING		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SHD 910H	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	RIGHT FRONT PORTION		
Camera Recorder	Yes / No SD CARD DAMAGED		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7527406H



Name
NOOR HASRIN B AHMAD

Race
MALAY
Date of birth
23-09-1975
Country of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S7527406H

Name
NOOR HASRIN B AHMAD

Birth Date: 23 Sep 1975

Issue Date: 23 Aug 2018



Land Transport Authority



VOCATIONAL LICENCE

Licence No: S7527406H

Name: NOOR HASRIN B AHMAD

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



4873384

NRIC No: S7527406H



Date of issue
01-08-2012

BUANGKOK GREEN #07-02
SINGAPORE 539748

NRIC No: S7527406H

Date: 20/08/2018

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	27 Dec 1996
Class 2A	Motorcycles between 201 cc and 400 cc	28 Apr 1996
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	04 Jun 1997

NP 428A



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

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	14/08/2018



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="14/02/2019 23:05"/>
Vehicle No.(For Motor)	<input type="text" value="SLM2514K"/>	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"/>	5079864471-02		AUTOBAHN RENT A CAR PTE. LTD.	201607970Z	GFT	drive CLASSIC	SLM2514K	SLM2514K	28/12/2018	

▼ Policy Information

Policy No.	5079864471-02	Policyholder Name	AUTOBAHN RENT A CAR PTE. LT	Policyholder NRIC	201607970Z
Certificate No.					
Address	6001 BEACH ROAD #08-06 GOLDEN MILE TOWER SINGAPORE 199589				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	04/04/2018	Effective Date	26/04/2018 00:00	Expiry Date	25/04/2019 23:59
Third Party Excess	3000	Own damage Excess	3500	Windscreen Excess	100
Additional Excess	0	OS Premium	3322.90		
Outside Singapore OD Excess	3500	Outside Singapore TP Excess	3000		
Agent	HAMILTON AUTOHUB PTE. LTD.	Agent Tel.	64751946	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.	LOT38	Related Policy Number	5079864471-02		

► Insured Object: SLM2514K

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	26/04/2018 00:00	Basic Information Endorsement	000001286794596	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. SKD8673D 26-04-2018 \$1,807.36 In view of this amendment, a refund of \$1,807.36 (inclusive of GST) will be adjusted against the outstanding premium.
2	18/05/2018 00:00	Basic Information Endorsement	000001286820035	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. SLC6150C 18-05-2018 \$1,747.29 In view of this amendment, an additional premium of \$1,747.29 (inclusive of GST) is payable

Claim Handling

The premium on this policy has not been collected.

Accident MT/1032352

Policy No.	5079864471-02	Vehicle No.	SLM2514K	GST Registration No.
Certificate No.				
Policyholder Name	AUTOBAHN RENT A CAR PTE. LTD.			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	86089649	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
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

▼ Accident Details

Report Date	18/02/2019 09:55	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	14/02/2019	Time of Accident hh:mm	23:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	FULLERTON ROAD TWDS CONNAUGHT DRIVE			

▼ Excess

Own damage Excess	3,500.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	3,500.00	
Third Party Excess	3,000.00	Outside Singapore TP Excess	3,000.00	

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	LOT38	Related Policy Number	5079864471-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	NOOR HASRIN B AHMAD	Driver NRIC	S7527406H	Driving Experience
Register Date of Driver License	04/06/1997	Driver Age	43	Contact No.(Home)
Contact No.(Mobile)	87427404	Contact No.(Office)	0	Address 3
Address 1	5 BUANGKOK GREEN	Address 2	# HOUGANG GREEN	Post Code
Address 4		Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

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	AUTOB/
Contact No.(Mobile)	88380101	Contact No. (Home)	
Email Address	INSURANCEHAMILTONAUTOHUB	Vehicle Number	SLM251
Claim Description	SLM2514K / SH ON 14 Feb 2019		
Preferred Workshop	Insured Liability	Partially at Fault	
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	18/02/2019 10:54	GIA report	Received
Report Taken By		Claim Close Date	
		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1032352 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 18/02/2019 00:00

Path *

Choose File No file chosen
 Choose File No file chosen
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 Choose File No file chosen
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Message Read

Category * Confidential
 Clear Please Select NO
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 Clear Please Select NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 10:54	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 10:52	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 10:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 10:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 10:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 10:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 10:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 10:52	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 10:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 10:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Feb 2019 10:51	Photos	Normal	Photos
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