

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MHA11903531

Date In: 8/2/19-15:5V	Job description	Date & Time Completed	Done by
Ref No: NA1900424, 1/24	SAS e-filing		
Veh No: 5X4585J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 8/2/19-10:15	i-Motor Claim Form	MT1035166-22	8/2/19 16:47
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: JFW6643

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

NA1900353

Invoice Preparation Checklist

Am't (\$)

for Bill

Am't (\$)

Add. Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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

4) FT: Follow-Through Survey \$120

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

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

Q1:

* N5: Courtesy Car / Tpl 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: Idac Mobile 30

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	08/03/2019 15:52
Date Of Accident	08/03/2019 10:15
Exact Location Of Accident	AYE TWDS CHANGI AFTER JURONG TWON HALL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX4585J
Insured/Policyholder	
Name Of Registered Owner	AL AUTORENT PTE LTD
Co Reg No	201832693N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	YES
Policy Number	5106255239
Cover Note Number	

Driver

Name of Driver	HO SEE SHIANG
NRIC No	S1496857A
Date Of Birth	14/05/1961
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1985
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96323693
Fax Number	
Contact Number	OFFICE-96323693
EMail Address	NOEMAIL

Address	BLK 811 JURONG WEST STREET 81 #06-74
Postcode	640811
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JFW6693 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
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)	2
Passenger 1	NAME: : SAKINAH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190308/2090.

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	JFW6693
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKT1782J
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)

DETAILS OF INJURED PERSON 1

Name HO SEE SHIANG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLX4585J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SAKINAH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLX4585J
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police report T/20190308/2090

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.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 08/03/2019 (dd/mm/yy) Time of Accident: 10 : 15 (24-HR-FORMAT)

Vehicle No.: SLX 458SJ Vehicle Make & Model: _____

Exact location of Accident: AYE towards Changi After Jurong Town Hall Exit

Policyholder's Name / IC No.: AK Autorent Pte Ltd

Driver's Name / IC No.: Ho See Shiang 51496857A (As Above) ☐

Driver's Contact No.: 96323683 Company Contact No: _____

Driver's Address: _____

Insurance Company: NTUC Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

No. of Passengers (Including Driver): 02 Sakinah (F)

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: (B) JFW 6693

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



SINGAPORE POLICE FORCE



T/20190308/2090

1 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190308/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2019 13:35	Vide Report No.:	Station Diary No.: 71
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Informant's Particulars

Name of Informant: HO SEE SHIANG			Address: APT BLK 811 JURONG WEST STREET 81 #06-74 SINGAPORE 640811		
ID Type / ID No.: NRIC NO / S1496857A			Contact No.: Home/Office: Mobile: 96323693		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 14/05/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 08/03/2019 10:15	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY Along AYE towards Changi, After Jurong Town Hall Exit Lamp Post Number: 646				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JFW6693	Car				Seriously Damaged	0
SKT1782J	Car		A4 SEDAN 2.0 TFSI S TRONIC		Slightly Damaged	0
SLX4585J	Car		X-TRAIL 2.0 CVT ABS 4WD S/R 7- STR		Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



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Report No. T/20190308/2090

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIM LI SHONG	ID No.	870204026157
Related Vehicle	JFW6693 (Car)	Contact No.	NIL
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	NG HA KWONG RICHARD LAVAL YOUNE CHEONG	ID No.	S7584372J
Related Vehicle	SKT1782J (Car)	Contact No.	97363063
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	HO SEE SHIANG	ID No.	S1496857A
Related Vehicle	SLX4585J (Car)	Contact No.	96323693
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



**SINGAPORE
POLICE FORCE**



T/20190308/2090

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20190308/2090

CONTINUATION OF REPORT

Passenger			
Name	SAKINAH BINTE HUSSAIN		ID No. NIL
Related Vehicle	SLX4585J (Car)		Contact No. 90237020
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 Slight

Brief Details.

On 08/03/2019 ta about 1015hrs, I was driving my vehicle, SLX4585J, along AYE towards Changi on the extreme tight lane with a passenger. After passed Jurong Town Hall Exit, the vehicle in-front, SKT1782J, applied e-brake. I managed to stop my vehicle behind his however my vehicle was collided from the rear by another vehicle, JFW6693. I then alighted and exchanged particular with the other driver involved. No visible injuries seen on the drivers and passenger. Police was called in however I am unable to wait as my passenger is going to work. My vehicle sustain damages to the front and rear of the vehicle. The front vehicle, SKT1782J, sustain damages to the rear of the vehicle. The Malaysian vehicle, JFW6693, vehicle totally damages and it unable to move.

After dropping off my passenger, I received a call from my customer service(Grab) stating that my passenger sustain injuries due to the accident earlier.



**SINGAPORE
POLICE FORCE**



T/20190308/2090

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Report No. T/20190308/2090

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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 /
Sgt 1 IBRAHIM BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/03/2019 13:35

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65472076

Classification Of Case:

SN 126

Authentication Stamp
NP168



Signature :

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1496857A



Name
HO SEE SHIANG
何 书 祥

Race
CHINESE

Date of birth
14-05-1961

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1496857A
Name
HO SEE SHIANG

Birth Date: 14 May 1961
Issue Date: 06 May 2004



5268000



NRIC No. S1496857A




Date of issue
14-02-2014

Address
APT BLK 811 JURONG WEST STREET 81
#06-74
SINGAPORE 640811

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	28 Jun 1985

NP 428A



Licence No: S1496857A

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: 5106255239

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLX4585J**
Chassis Number : JN1JANT32Z0002707
2. Name of Policyholder : AL AUTORENT PTE. LTD.
3. Effective Date of Insurance : 18 Dec 2018
4. Expiry Date of Insurance : 17 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)	:	
EXCESS (SECTION 2)	:	
WINDSCREEN EXCESS	:	
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 : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 10 Dec 2018 16:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="08/03/2019 10:15"/>
Vehicle No.(For Motor)	<input type="text" value="SLX4585J"/>	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"/>	5106255239		AL AUTORENT PTE. LTD.	201832693N	GFT	drive CLASSIC	SLX4585J	SLX4585J	18/12/2018	
<input type="button" value="Continue"/>										

Policy Information

Policy No.	5106255239	Policyholder Name	AL AUTORENT PTE. LTD.	Policyholder NRIC	201832693N
Certificate No.					
Address	210 TURF CLUB ROAD #LOT-B01 THE GRANDSTAND SINGAPORE 287995				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	10/12/2018	Effective Date	10/12/2018 00:00	Expiry Date	27/09/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1000	Own damage Excess	1000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	1000	Outside Singapore TP Excess	1000	Young/Inexperience Driver Excess	
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	#LOT-B01 THE GRANDSTAND	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.	LOT-B01	Related Policy Number	5106254769		

Insured Object: SLX4585J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	11/12/2018 00:00	Basic Information Endorsement	000001286961099	Endorsement Take Effective	<p>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. SKV1756A 11-12-2018 \$1,086.10 In view of this amendment, an additional premium of \$1,086.10 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	12/12/2018 00:00	Basic Information	000001286961933	Endorsement Take	<p>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. SMA6131G 13-12-2018 \$1,178.99 In view of this amendment, an additional premium of \$1,178.99 (inclusive of GST) is payable under your policy. Please ignore this premium payment</p>

Claim Handling

Exit

Accident MT/1035166

Policy No.	S106255239	Vehicle No.	SLX4585J	GST Registration No.	
Certificate No.					
Policyholder Name	AL AUTORENT PTE. LTD.	Driver Type	drive CLASSIC	Policyholder NRIC	201832693N
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	08/03/2019 16:41	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	08/03/2019	Time of Accident hh:mm	10:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TWDS CHANGI AFTER JURONG TWON HALL RD EXIT				
Excess					
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess	1,000.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	210 TURF CLUB ROAD	Address 2	#LOT-B01 THE GRANDSTAND	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.	LOT-B01	Related Policy Number	S106254769		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	14/05/1961
Unnamed driver Name	HO SEE SHIANG	Driver NRIC	S1496837A	Driving Experience	33
Register Date of Driver License	28/06/1985	Driver Age	57	Contact No.(Home)	0
Contact No.(Mobile)	96323693	Contact No.(Office)	0	Address 3	SINGAPORE 640811
Address 1	BLK 811	Address 2	JURONG WEST STREET 81	Post Code	640811
Address 4		Address Type	Singapore address		
Unit No.	05-74				
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 Type *	GD-MX	Insured Name	AL AUTORENT PTE. LTD.	Insured NRIC	201832693N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	N/A
Email Address		Oil Vehicle Number	SLX4585J	TP Vehicle Number	JFW6693
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLX4585J / JFW6693 On 8 Mar 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/03/2019 16:43	Claim Close Date		Date Received	08/03/2019 00:00
Report Taken By	Jackson				
<input type="checkbox"/> Print AK letter					
Save Submit					





















Attachment

Accident No.	MT/1035166	Claim No.	001																									
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/03/2019 16:45																									
<table border="0"> <tr> <th>Path *</th> <th>Category *</th> <th>Confidential</th> <th>Urgency *</th> <th>Description *</th> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="radio"/> No <input type="radio"/> Yes</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="radio"/> No <input type="radio"/> Yes</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="radio"/> No <input type="radio"/> Yes</td> <td>Normal</td> <td></td> </tr> <tr> <td>Browse... Clear</td> <td>Please Select</td> <td><input type="radio"/> No <input type="radio"/> Yes</td> <td>Normal</td> <td></td> </tr> </table>				Path *	Category *	Confidential	Urgency *	Description *	Browse... Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal		Browse... Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal		Browse... Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal		Browse... Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal	
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Browse... Clear	Please Select	<input type="radio"/> No <input type="radio"/> Yes	Normal																									

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Mar 2019 16:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Mar 2019 16:44	SAS	Normal	SAS 2019-3-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Mar 2019 16:44	Photos	Normal	Photos 2019-3-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Mar 2019 16:44	Photos	Normal	Photos 2019-3-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Mar 2019 16:44	Photos	Normal	Photos 2019-3-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Mar 2019 16:44	Photos	Normal	Photos 2019-3-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Mar 2019 16:44	Photos	Normal	Photos 2019-3-8		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Mar 2019 16:43	Photos	Normal	Photos 2019-3-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Mar 2019 16:43	Photos	Normal	Photos 2019-3-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Mar 2019 16:43	Photos	Normal	Photos 2019-3-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Mar 2019 16:43	Photos	Normal	Photos 2019-3-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Mar 2019 16:43	Photos	Normal	Photos 2019-3-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 08 Mar 2019 16:43	Photos	Normal	Photos 2019-3-8		Edit

Video List

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