NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA/1903922V

Date In: 25/3/19-20:49	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1900535S/19	SAS e-filing		
Veh No: GBG 1247T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 23/3/19-06:45	i-Motor Claim Form	MY/1037/03-001	25/3/19 21:34
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: SLX7005L 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

NA/1903164

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
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:-			
QD*			
*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: 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 witholding 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	25/03/2019 20:49
Date Of Accident	23/03/2019 06:45
Exact Location Of Accident	JUNC HOUGANG AVE 2 & UPP SERANGOON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG1297T
Insured/Policyholder	
Name Of Registered Owner	FEN DA BUILDER PTE LTD
Co Reg No	201022801Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091334052-01
Cover Note Number	
Driver	
Name of Driver	IMRAN MOHAMMOD
Passport No/FIN	G2203532R
Date Of Birth	03/03/1991
Occupation	OUTDOOR
Date Of Driving Pass	26/06/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92702590
Fax Number	
Contact Number	OFFICE-92702590
EMail Address	NOEMAIL

Address	80 PLAYFAIR ROAD #02-13 KAPO BUILDING
Postcode	367998
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	COLLISION - CROSS JUNCTION
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)	6
Passenger 1	NAME: : DALI SHOHAG GENDER: : MALE
Passenger 2	NAME: : HOSSAIN ANOWAR GENDER: : MALE
Passenger 3	NAME: : DHALI AKRAM HOSSAN GENDER: : MALE
Passenger 4	NAME: : HOSSAIN MOHAMMED ARIF GENDER: : MALE
Passenger 5	NAME: : AZIZ TAREQ GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	**ROAD**: 3 WOODLANDS DRIVE 63 , **POSTCODE:** 737890 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190324/2119.

Attachment(s)

Are accident photos available for attachment?	YES

Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX5009L
Vehicle Make/Model/Colour	MAZDA 2
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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	IMRAN MOHAMMOD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG1297T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	DALI SHOHAG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG1297T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	HOSSAIN ANOWAR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG1297T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	DHALI AKRAM HOSSAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG1297T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 5

Name	HOSSAIN MOHAMMED ARIF
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG1297T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 6

Name	AZIZ TAREQ
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG1297T
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 orpossessed 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.

FEN DA BUILDER PTE LTD

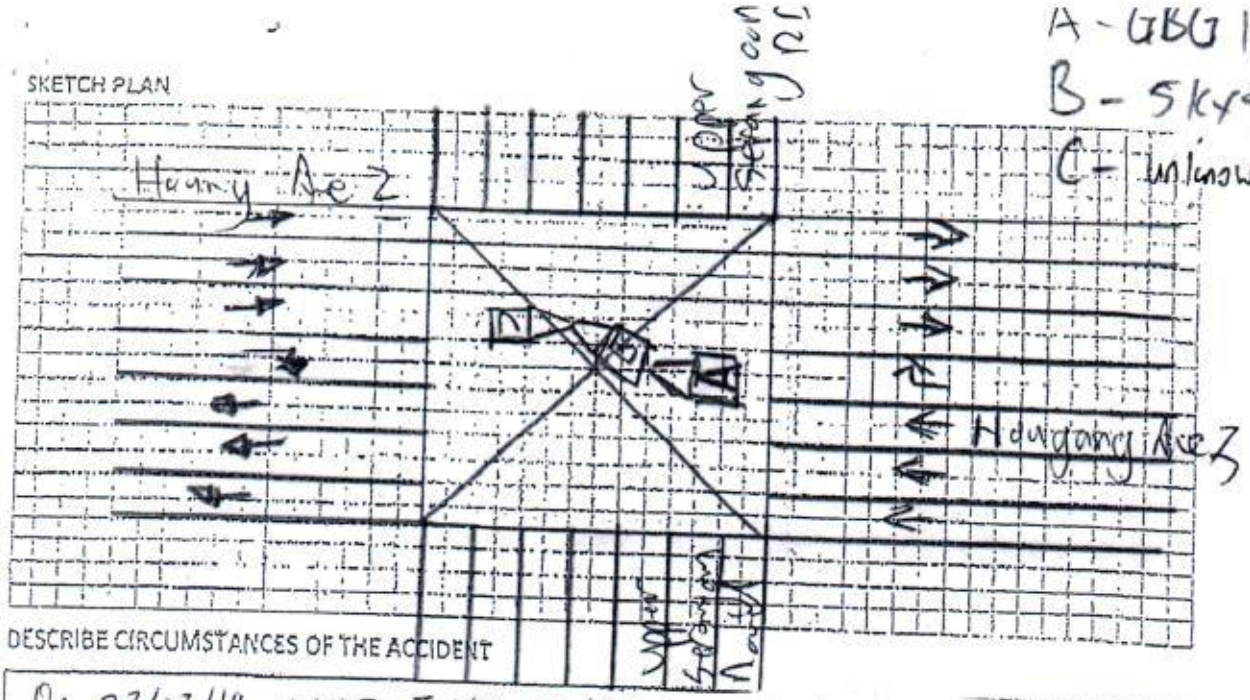
Policyholder's Signature
Date & Time:

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

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

A - GBG 1297T
B - SKX5009L
C - Unknown

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/03/19, 0645 I was on Hougang ave 2 turning right to upp serangoon Road. A Taxi beat the red light Hitting onto car B (SKX5009L) Causing Car B to Move Backward And collided to my Front (GBG1297T

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.:

Date of Accident : 23/03/19 Accident Time: 1645 HRS (24-HR-Format)

Accident Place : Upper serangoon Road to hougang Ave 2

Vehicle Reg. No. (Car Plate No.) : GBG 1297T

Vehicle Make/Model : Toyota Dyna

Insurance Company : NTUC Policy No.

Owner or Company Name /IC No. : Fen Da Builder Pte Ltd

Owner or Company Contact No. : Owner's Hp Company Tel

DRIVER'S Name / IC No. : Imran Mohammud

DRIVER'S Date Of Birth : 03/03/1991 DRIVER'S License Pass Date 26/06/2018

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:

DRIVER'S Address : 37 Kranji Lane

DRIVER'S Contact No./ Alt No. :1) 92702540 2)

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address :

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 6

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SKX 5009L

Vehicle Make\Model: Mazda 2

Name Driver:

IC No. Driver:

Driver's Contact & Add:

Vehicle Reg. No: Unknown

Vehicle Make\Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:

SINGAPORE POLICE FORCE

T/20190324/2119

Report No. T/20190324/2119

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
24/03/2019 21:50	F/20190323/0072	152

Informant's Particulars

Name of Informant: IMRAN MOHAMMOD			Address: APT BLK 80 PLAYFAIR ROAD #02-13 SINGAPORE 367998	
ID Type / ID No.: FIN NO / G2203532R			Contact No.: Home/Office:	Mobile: 92702590
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 28	Date of Birth: 03/03/1991	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Construction			Driving Licence Information: Class: 3	Date of Expiry: 25/06/2023

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/03/2019 06:40	Type of Location: X-Junction

Location:

UPPER SERANGOON ROAD

Cross junction of Upper Serangoon Road and Hougang Ave 2

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG1297T	Lorry		Toyota		Slightly Damaged	5
SKX5009L	Car		Mazda		Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Passenger					
Name	HOSSAIN ANOWAR			ID No.	G2206624U
Related Vehicle	GBG1297T (Lorry)			Contact No.	91952369
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/03/2019		Date Discharge	NIL	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	
Passenger					
Name	DHALI AKRAM HOSSAN			ID No.	G2932747K
Related Vehicle	GBG1297T (Lorry)			Contact No.	82068486
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/03/2019		Date Discharge	NIL	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	
Driver					
Name	IMRAN MOHAMMOD			ID No.	G2203532R
Related Vehicle	GBG1297T (Lorry)			Contact No.	92702590
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 25/06/2023
Date Treatment	24/03/2019		Date Discharge	NIL	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	
Passenger					
Name	DALI SHOHAG			ID No.	G2122391W
Related Vehicle	GBG1297T (Lorry)			Contact No.	94862504
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/03/2019		Date Discharge	NIL	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	

SINGAPORE POLICE FORCE

T/20190324/2119

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20190324/2119

CONTINUATION OF REPORT

Passenger					
Name	AZIZ TAREQ			ID No.	G8470089X
Related Vehicle	GBG1297T (Lorry)			Contact No.	81843056
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/03/2019		Date Discharge	NIL	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	

Passenger					
Name	HOSSAIN MOHAMMED ARIF			ID No.	G6593582T
Related Vehicle	GBG1297T (Lorry)			Contact No.	90457551
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/03/2019		Date Discharge	NIL	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	

Brief Details.

I am the driver of GBG1297T. On the 23/03/2019 at about 0645hrs, I was travelling to work, I was waiting for the traffic arrow light to turn green at the cross junction of Upper Serangoon road and Hougang Ave 2. I am waiting behind a Mazda car register plate number:SKX5009L. When the traffic arrow light turn green, I proceed to turn right into upper Serangoon road behind the Mazda Car. Out of sudden, There was a comfort taxi travelling towards the Mazda car and hit onto the Mazda car and resulted hitting my front lorry.

SINGAPORE POLICE FORCE

T/20190324/2119

Report No. T/20190324/2119

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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: L / SI NG RAYMOND	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/03/2019 21:50
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:

Authentication Stamp
NP168

SN 130

Signature :

Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G2203532R

Name:

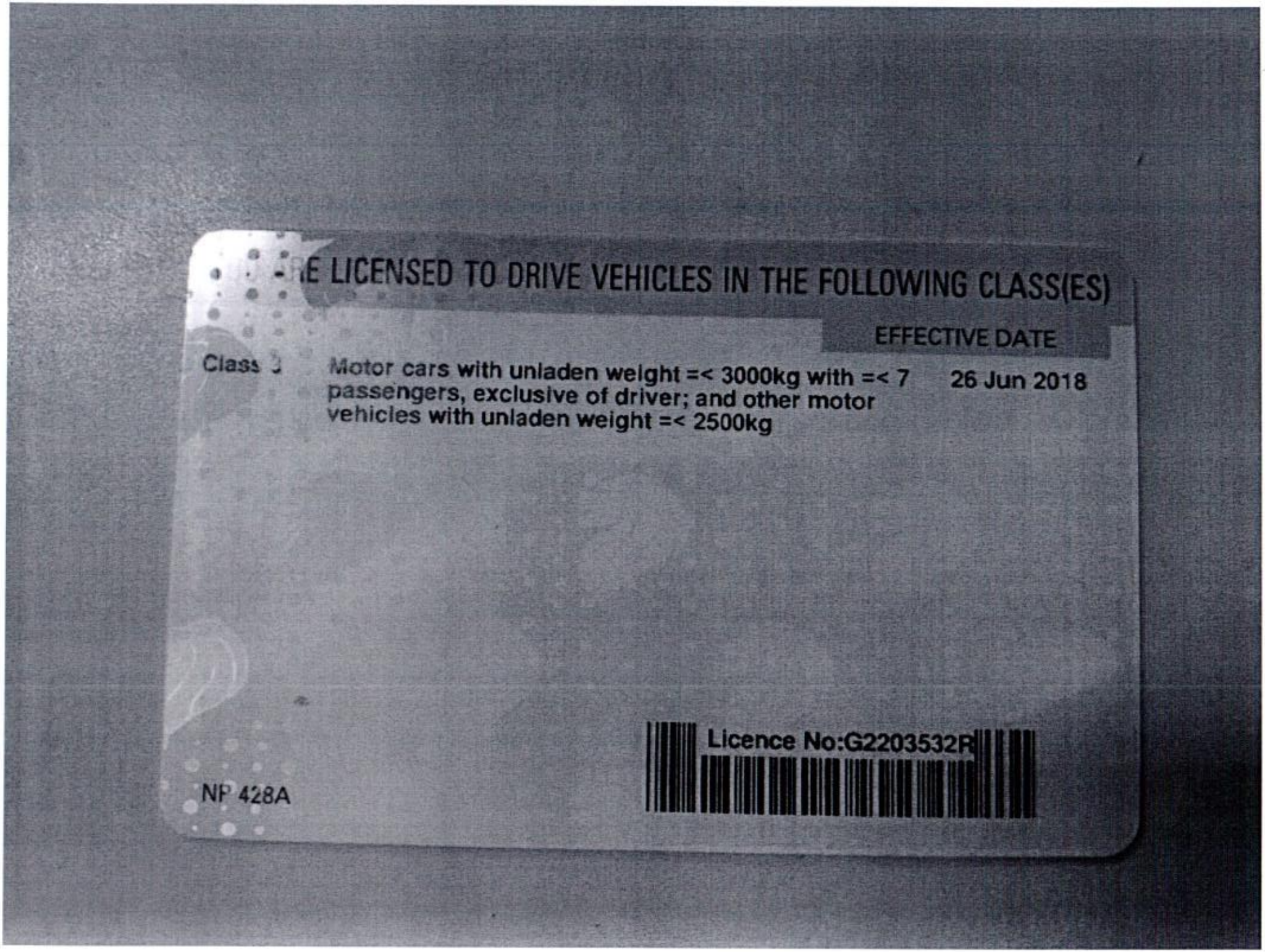
IMRAN MOHAMMOD

Birth Date: 03 Mar 1991

Issue Date: 26 Jun 2018

Valid Till 25/06/2023

002817318A


E LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 3
Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg
26 Jun 2018
Licence No:G2203532R
NP 428A

S PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
FEN DA CONSTRUCTION

Sector: **CONSTRUCTION**

Name
IMRAN MOHAMMOD

Occupation
SENIOR CONSTRUCTION SUPERVISOR

S Pass No.
0 63938114

Date of Application
25-08-2017

Date of Issue
19-09-2017

Date of Expiry
19-09-2019

0 63938114

L8321880

VISIT PASS

Immigration Regulations

Name
IMRAN MOHAMMOD

Date of Birth	Sex	Nationality
03-03-1991	M	BANGLADESHI
FIN	Date of Issue	Date of Expiry
G2203532R	19-09-2017	19-09-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 › Change Language › Change Password › Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. | Date of Accident: 23/03/2019 06:45

Vehicle No.(For Motor): GBG1297T | Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5091334052-01		FEN DA BUILDER PTE LTD	201022801Z	GCV	Preferred Workshop Plan	GBG1297T	GBG1297T	05/06/2018	04/06/2019

Continue

Policy Information

Policy No.	5091334052-01	Policyholder Name	FEN DA BUILDER PTE LTD	Policyholder NRIC	201022801Z
Certificate No.					
Address	80 PLAYFAIR ROAD #02-13 KAPO FACTORY BUILDING SINGAPORE 367998				
Product Name	COMMERCIAL VEHICLE INSURAI	Plan		Group Policy Flag	N
Policy issue Date	04/06/2018	Effective Date	05/06/2018 00:00	Expiry Date	04/06/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			Young/Inexperience Driver Excess
Agent	VICTOR MOTOR CREDIT PTE LTI	Agent Tel.	68582020	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	80 PLAYFAIR ROAD	Address 2	#02-13 KAPO FACTORY BUILDI	Address 3	SINGAPORE 367998
Address 4		Address Type	Singapore address	Post Code	367998
Unit No.		Related Policy Number	5093455867-01		

Insured Object: GBG1297T

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Exit

Accident MT/1037403

Policy No.	5091334052-01	Vehicle No.	GBG1297T	GST Registration No.	
Certificate No.					
Policyholder Name	FEN DA BUILDER PTE LTD			Policyholder NRIC	201022801Z
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	25/03/2019 21:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	23/03/2019	Time of Accident hh:mm	06:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC HOUGANG AVE 2 & UPP SERANGOON RD				

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/11/2015
GST Registration No.	201022801Z	GST Status Verified	Yes

Modification History

25/03/2019 21:33:52 System changed GST Registered from No to Yes
25/03/2019 21:33:52 System changed GST Registration No. from null to 201022801Z
25/03/2019 21:33:52 System changed GST Registration Date from null to 01/11/2015

Policyholder Mailing Address

Address 1	80 PLAYFAIR ROAD	Address 2	#02-13 KAPO FACTORY BUILDI	Address 3	SINGAPORE 367998
Address 4		Address Type	Singapore address	Post Code	367998
Unit No.		Related Policy Number	5093455867-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	IMRAN MOHAMMOD	Driver NRIC	G2203532R	Driver DOB	03/03/1991
Register Date of Driver License	26/06/2018	Driver Age	28	Driving Experience	0
Contact No.(Mobile)	92702590	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	80 PLAYFAIR ROAD	Address 2	KAPO FACTORY BUILDING	Address 3	SINGAPORE 367998
Address 4		Address Type	Singapore address	Post Code	367998
Unit No.	02-13				
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?	◉ Yes ○ No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	FEN DA BUILDER PTE LTD	Insured NRIC	201022801Z
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	GBG1297T	TP Vehicle Number	SKX5009L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	≥≥	Claimant NRIC *			
Claimant Address					
Claim Description	GBG1297T / SKX5009L ON 23 Mar 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	25/03/2019 21:34	Claim Close Date		Date Received	25/03/2019 00:00
Report Taken By	Jackson				

☑ Print AK letter

Save Submit

Attachment

Accident No.	MT/1037403	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	25/03/2019 21:35

Path *			Category *	Confidential	Urgency *	Description *
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	
	Browse...	Clear	Please Select	NO	Normal	

Browse... Clear Please Select NO Normal

Browse... Clear Please Select NO Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 21:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 21:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 21:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 21:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 21:35	SAS	Normal	SAS 2019-3-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 21:34	Photos	Normal	Photos 2019-3-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 21:34	Photos	Normal	Photos 2019-3-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 21:34	Photos	Normal	Photos 2019-3-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 21:34	Photos	Normal	Photos 2019-3-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 21:34	Photos	Normal	Photos 2019-3-25		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 21:34	Photos	Normal	Photos 2019-3-25		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 21:34	Photos	Normal	Photos 2019-3-25		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading