

NATIONAL Assessment Centre Services

Date In	04/04/2019 12:41	Job description	Date & Time Completed	Done by
Ref No	NA/INC19005969/K4	SAS e-filing		
Ch No	SCY7778B	E-mail (within 8hrs, AIC 2hrs)		
TP	03/04/2019: 17:30	i-Motor Claim Form	MT/1038909-001	5/4/19 09:56
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:	SMG 7244B INC () / Non-INC ()			
Owner / Driver:		Tel:			
Policy No:		Period:		Cover Type:	
Confirmed by:		Date:		Time:	
Insured/Driver Liability:		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

NA1902443

Claimant's Particulars:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Owner/Driver:	1) AR: Accident Reporting (\$30);		Init Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Insured Portion:	3) TF: Towing Fee \$40/\$45			
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Editor's Comments:	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:			
	ON*			
	*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 \$0			
	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	04/04/2019 12:41
Date Of Accident	03/04/2019 17:30
Exact Location Of Accident	PIE TWDS CHANGI B4 LORNIE RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCY7778B
Insured/Policyholder	
Name Of Registered Owner	EPIC CAR LEASING PTE LTD
Co Reg No	201818232K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81833239
Alternative Phone No	OFFICE-81833239
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH1.8X A
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5101294101
Cover Note Number	
Driver	
Name of Driver	AHMAD BIN UJANG
NRIC No	S1629546I
Date Of Birth	07/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	13/03/1985
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93840516
Fax Number	
Contact Number	OFFICE-93840516
Email Address	NOEMAIL

Address	BLK 125 MARSILING RISE #04-184
Postcode	730125
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	CHAIN COLLISION
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	4
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	SMG7244B
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	SLN1483S
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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 3

Vehicle Registration Number

SLZ9706J

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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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:

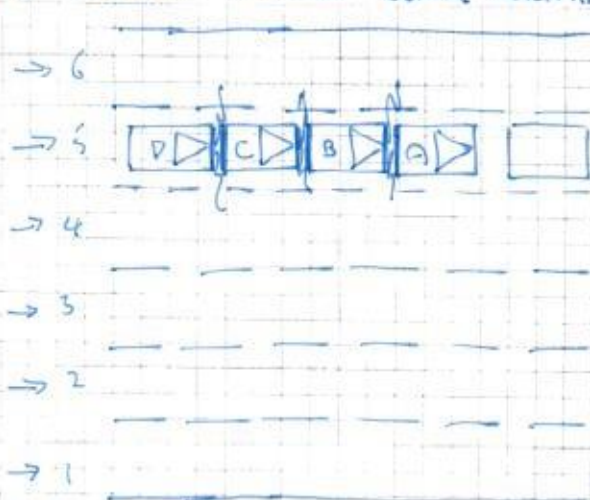
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

4/4/2019

SKETCH PLAN

VEHICLE A - SCY 7778B
 VEHICLE B - SMA 7244B
 VEHICLE C - SLN 1483S
 VEHICLE D - SLZ 9706J

P12 TOWARD CHANGI BEFORE WORK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG A2 TOWARD CHANGI DIRECTION, I WAS ON THE FIFTH LANE.

DUE TO THE HEAVY TRAFFIC, THE VEHICLE IN FRONT BRAKED TO COMPLETE STOP AND SO I TOO BRAKED TO COMPLETE STOP. SUDDENLY, WHILE I'M IN A STATIONARY POSITION, I FELT A IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SMA 7244B) THAT COLLIDED TO THE REAR OF MY VEHICLE. AND IT WAS A CHAIN COLLISION INVOLVING 4 VEHICLES.

VEHICLE A - SCY 7778B
 VEHICLE B - SMA 7244B
 VEHICLE C - SLN 1483S
 VEHICLE D - SLZ 9706J

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.:

4/4/2019

Epic Car Leasing Pte. Ltd.

421 Tagore Industrial Ave, #01-20 Tagore 8, Singapore 787805
Tel: 81833239/ 83076428 CO.Registration No. 201818232K

DATE: 21/9/2018

No. _____

Car Rental Agreement

Hirer Particulars	
Name (as per NRIC): <u>AHMAD BIN WANG</u>	License Pass Date: <u>13/03/1985</u>
NRIC/Driving License: <u>S1629546I</u>	D.O.B (DD/MM/YYYY): <u>07/09/1964</u>
*Address: <u>Blk 125 Marsiling Rise</u> <u># 04-184 (S) 730125</u>	*Mobile Number: <u>9384 0516</u>
*Next of Kin: <u>X SUZANA BTE AB. SAMAD</u>	Home Number:
*Mobile Number: <u>90673201</u>	*Email Address:
Vehicle Description	
Make / Model: <u>Toyota Wish - Brown</u>	Vehicle Number: <u>3CY 778B</u>
Date of Collection: <u>21/09/2018</u>	Date of Return:
Time of Collection:	Time of Return:
Contract Period: <u>3 months till 21/12/2018</u>	Insurance Excess: <u>\$2000 / \$2000</u>
Remark:	

Rental Deposit

I have deposited of SGD 500 for vehicle collection on 21/9/18 (Date).

The Hirer reserves the right to charge a late collection fee of \$70 per day after the collection date or rent out the said vehicle to other Hirers.

Signature of Hirer: _____ (Hirer Signature & Date)

The deposit will be refunded after two weeks from the vehicle return date. The Owner reserves the right to use the deposit to offset damages, fines, or any other related charges incurred by the Hirer during the rental period.

Rental Amount of SGD 420 (Per Week) to be made on every Monday. I Agree that a penalty of SGD \$30 per day will be applicable for late payment. Incomplete payment, there will be a penalty of SGD \$30 per day.

12017

Date

Authorised Staff Signature

15 Jun 2017

Vehicle No.	SCY 7778B	Model / Make	TOYOTA WISH
Date of Accident	03/04/19		
Time of Accident	1730	HRS	
Location of Accident	PIB TOWARD CHANGI BEFORE LORNE RD EXIT		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	EPIC CAR LEASING PTE LTD		
Telephone No.	H/P: 81833239	Home :	Office :
NRIC	201819232K		
Address	421 TACHENG INDUSTRIAL AVE #01-20 TACHENG S(747805)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5104073017		
Name of Driver	As Above If No, AHMAD BIN HJAH		
NRIC	S16295461	Any Passengers :	2 (Both males)
Date of birth	07 SEP 1964		
Occupation	Outdoor / Indoor		
Driving License Pass Date	13 MAR 1985		
Gender	Male / Female		
Contact No.	H/P: 93840516	Home :	Office :
Address	BLK 125 MARSHALL RD #04-184 S(730125)		
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.	SMG 7244B	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	SLN 14835	Any Passengers :	
Vehicle D No.	SLZ 9706J	Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWILAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n5i.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S16295461



NAME
AHMAD BIN UJANG

RACE
MALAY

DATE OF BIRTH
07-09-1964 M

COUNTRY OF BIRTH
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
Name
S16295461

NAME
AHMAD BIN UJANG

Birth Date: 07 Sep 1964

Issue Date: 05 Sep 2003



Land Transport Authority



VOCATIONAL LICENCE

Licence No.: S16295461

Name: AHMAD BIN UJANG

Issue Date: 16/8/2017

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



4453313



NRIC No. S16295461

Date of issue
28-08-2009

APT BLK 125 MARSILING RISE #04-184
SINGAPORE 730125

NRIC No: S16295461

Date: 11/05/2017

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	04 Aug 1986
Class 2A Motorcycles between 201 cc and 400 cc	04 Aug 1986
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	13 Mar 1985
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	26 Feb 1986

NP 426A



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

Type	Description	Issue Date
02	TAXI VL	15/07/1999
03	BUS VL	14/04/1987



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: 5104073917

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SCV7778B**
Chassis Number : ZGE200028203
2. Name of Policyholder : EPIC CAR LEASING PTE LTD
3. Effective Date of Insurance : 21 Sep 2018
4. Expiry Date of Insurance : 20 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.

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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : CITY INSURANCE AGENCY PTE. LTD. (00000573566)

Date of Issue : 21 Sep 2018 14:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

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="03/04/2019 17:30"/>
Vehicle No.(For Motor)	<input type="text" value="SCY7778B"/>	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"/>	5101294101		EPIC CAR LEASING PTE LTD	201818232K	GFT	Third Party	SCY7778B	SCY7778B	21/09/2018	

▼ Policy Information

Policy No.	5101294101	Policyholder Name	EPIC CAR LEASING PTE LTD	Policyholder NRIC	201818232K
Certificate No.					
Address	421 TAGORE INDUSTRIAL AVENUE #01-20 TAGORE 8 SINGAPORE 787805				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/06/2018	Effective Date	08/06/2018 00:00	Expiry Date	07/06/2019 23:59
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	CITY INSURANCE AGENCY PTE.	Agent Tel.	64598677	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	421 TAGORE INDUSTRIAL AVEN	Address 2	#01-20 TAGORE 8	Address 3	SINGAPORE 787805
Address 4		Address Type	Singapore address	Post Code	787805
Unit No.	01-20	Related Policy Number	5104264258		

► Insured Object: SCY7778B

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	11/06/2018 00:00	Basic Information Endorsement	000001286836857	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. SJN4793B 11-06-2018 \$1,199.16 2. SLA8275Z 11-06-2018 \$1,093.04 3. SLK1390S 11-06-2018 \$1,093.04 4. SLT8519X 11-06-2018 \$1,093.04 5. SLX9647G 11-06-2018 \$1,093.04 In view of this amendment, an additional premium of \$5,571.32 (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

Claim Handling

Accident MT/1038909

Policy No.	5101294101	Vehicle No.	SCY7778B	GST Registration No.
Certificate No.				
Policyholder Name	EPIC CAR LEASING PTE LTD			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	81833239	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	05/04/2019 09:48	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/04/2019	Time of Accident hh:mm	17:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	P1E TWDS CHANGI B4 LORNIE RD EXIT			

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	0.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	05/04/2019 09:51:50 System auto update fail: time-out		

▼ Policyholder Mailing Address

Address 1	421 TAGORE INDUSTRIAL AVEN	Address 2	#01-20 TAGORE 8	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-20	Related Policy Number	5104264258	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	AHMAD BIN UJANG	Driver NRIC	S1629546I	Driver DOB
Register Date of Driver License	13/03/1985	Driver Age	54	Driving Experience
Contact No.(Mobile)	93840516	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 125 #	Address 2	MARSILING RISE	Address 3
Address 4		Address Type	Singapore address	Post Code
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

Nsw

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred

Workshop

Contact No.

Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX Insured Name EPIC CAR

93639689 Contact No. (Home)

OI Vehicle Number SCY777

SCY7778B / SMG7244B ON 3 Apr 2019

Preferred Workshop Insured Liability Partially at FaultContact No. Finalisation Yes Repair Option Preferred Workshop, Name unknown

GIA report Received

05/04/2019 09:57 Claim Close Date

Workshop Repairer

Save Submit

Attachment



Accident No. MT/1038909 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 05/04/2019 09:55

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Category *

Confidential

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

Clear

Please Select

NO

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NO

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NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2019 09:56	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2019 09:55	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2019 09:54	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2019 09:54	Photos	Normal	Photos
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