

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA119047801

Date In: 10/4/19 - 14:38	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19206586/24	SAS e-filing		
Veh No: 57R846E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/4/19 - 17:15	i-Motor Claim Form	M/1039969-201	12/4/19 20:04
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: 645040	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% F: 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

NA1902706	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 20/05)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	QD:			
	* N5: Courtesy Car / Tpt Allowance \$5			
	* N6: Repair Co-ordination \$10			
	* N7: Post Repair Inspection \$25			
	* N8: DV / Collect Excess Coordination \$5			
Anditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20			
Lat 1:	9) N12: Idac Mobile 30			
Lat 2 / 3:	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	12/04/2019 14:38
Date Of Accident	11/04/2019 17:15
Exact Location Of Accident	JUNC CHOA CHU KANG WAY & CHOA CHU KANG NORTH AVE 5
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK8468E
Insured/Policyholder	
Name Of Registered Owner	MUNCHI LEASING PTE LTD
Co Reg No	201832996K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81833239
Alternative Phone No	OFFICE-81833239
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8X A
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5104376548
Cover Note Number	
Driver	
Name of Driver	JUMAIN BIN KASMAN
NRIC No	S1752913G
Date Of Birth	29/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	12/06/1995
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84288518
Fax Number	
Contact Number	OFFICE-84288518
Email Address	NOEMAIL

Address	BLK 114 TECK WHYE LANE #03-692
Postcode	680114
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	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

REFER TO STATEMENT.

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	GX9504U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	JUMAIN BIN KASMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJK8468E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.

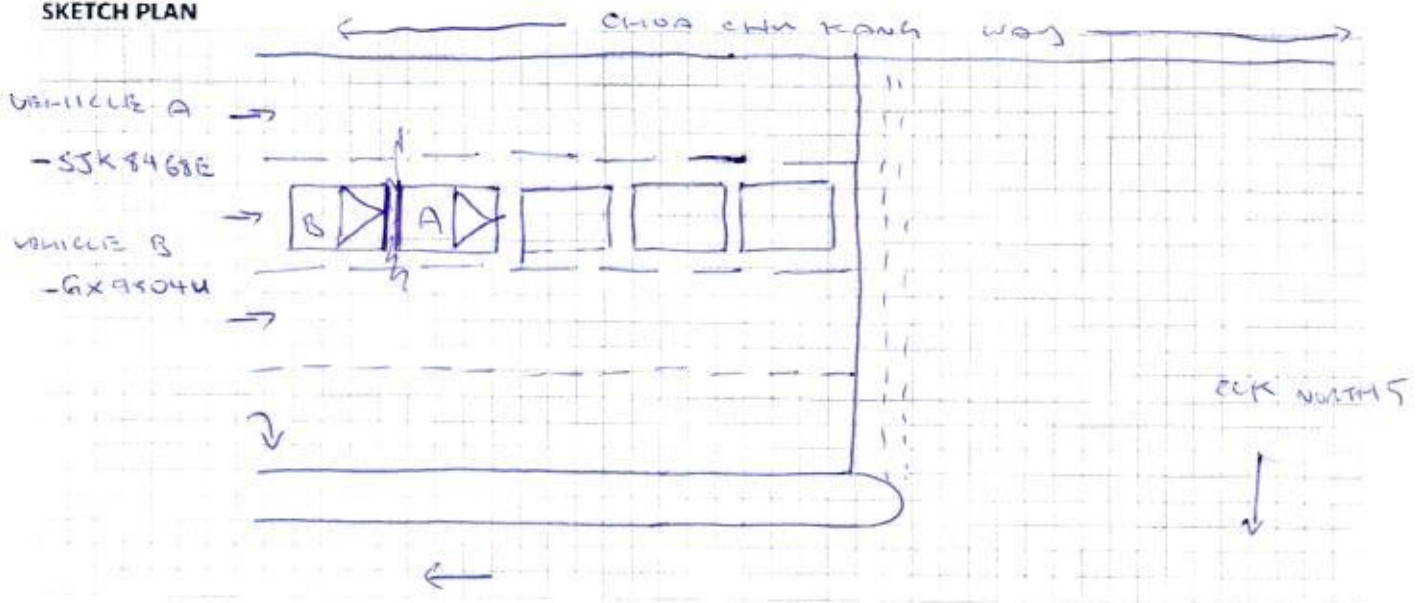


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG CHOA CHU KANG WAY TOWARD
SUNGEI KADUT DIRECTION. I WAS ON THE THIRD LANE.
WHILE APPROACHING THE TRAFFIC LIGHT CONTROLLED JUNCTION
(CKK WAY / CKK NORTH 5) AS RED LIGHT WAS SHOWN, THE
VEHICLE IN FRONT HAD BEGAIN TO COMPLETE STOP, AND SO I
TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER
A FEW SECONDS, I FELT A GREAT IMPACT FROM THE
REAR OF MY VEHICLE.
ALIGHTED FROM MY VEHICLE, AND REALIZED IT WAS A
VEHICLE WITH LICENSE PLATE (GX 9504H) THAT COLLIDED
TO THE REAR OF MY VEHICLE.
THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN
CAR CAMERA.
VEHICLE A - SJK 8468E
VEHICLE B - GX 9504H

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:

12.04.2019

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

Vehicle No.	SJK 8468R	Model / Make	HONDA STREAM
Date of Accident	11/04/19		
Time of Accident	1715	HRS	
Location of Accident	T- JUNCTION OF CCK WAY / CCK NORTH 5 TOWARD		
Exact purpose use during accident	WORKING HOUR	SUNDAY KADUT	
Name of Owner	MUNEMI LEASING PTE LTD		
Telephone No.	H/P : 8183 3239	Home :	Office :
NRIC	2018 32996K		
Address	421 TAJORE IND AVE H01-20 TAJORE 8 S(7Y7905)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5 1043 7 6548		
Name of Driver	As Above If No, JUMAIN BIN KASMAN		
NRIC	S 175 29154	Any Passengers :	WIL
Date of birth	29 APR 1966		
Occupation	Outdoor	/ Indoor	
Driving License Pass Date	12 JUN 1995		
Gender	Male / Female		
Contact No.	H/P : 8428 8518	Home :	Office :
Address	BLK 114 TEEK WHOLE LANE # 03 - 692 S(680114)		
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.	JUMAIN BIN KASMAN, 8428 8518		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	GX 9504 U	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	REAR		
Camera Recorder	Yes / No	FRT / REAR	
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@n5i.com.sg		

Munchi Leasing Pte. Ltd.

421 Tagore Industrial Ave, #01-20 Tagore 8, Singapore 787805
Tel: 97876633/ 83076428 CO.Registration No. 201832996K

DATE: 9/11/18

No. _____

Car Rental Agreement

Hirer Particulars	
Name (as per NRIC): <u>Jumain Bin Kasman</u>	License Pass Date: <u>12/06/1995</u>
NRIC/Driving License: <u>S1752913G</u>	D.O.B (DD/MM/YYYY): <u>29/4/1966</u>
*Address: <u>BK 114 Teck Whye Lane</u> <u>#03-692 (S) 680114</u>	*Mobile Number: <u>8428 8518</u>
*Next of Kin: <u>+ RAHMATULLAH</u>	Home Number:
*Mobile Number: <u>+ 91996515</u>	*Email Address:
Vehicle Description	
Make / Model: <u>Honda Stream</u>	Vehicle Number: <u>SJK 8468E</u>
Date of Collection: <u>9/11/18</u>	Date of Return:
Time of Collection: <u>4.30pm</u>	Time of Return:
Contract Period: <u>2yrs (10/11/2020)</u>	Insurance Excess: <u>\$2000 / \$2000</u>
Remark: <u>* R2 for Stream-R22 model, will assist to swap if available*</u>	

Security Deposit

Security Deposit of SGD 500 for vehicle collection on _____ (Date).

** The Owner 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.

Return of Deposit to 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 security deposit to offset damages, fines, or any other related charges incurred by the Hirer during the rental period.

Rental Payment

I Agree that the Rental Amount of SGD 335 (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.

Hirer(s) Signature & Date

09.11.2018

Authorised Staff Signature



15 Jun 2017

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1752913G



Name
JUMAIN BIN KASMAN

جومعين بن كاسمان

Race
JAVANESE

Date of birth
29-04-1966

Sex
M

S1752913G

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1752913G

Name

JUMAIN BIN KASMAN

Birth Date 29 Apr 1966

Issue Date 14 Mar 2014



Land Transport Authority



VOCATIONAL LICENCE

Licence No : S1752913G

Name : JUMAIN BIN KASMAN

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



3857887

NRIC No. S1752913G



Date of issue
01-03-2006

APT BLK 114 TECK WHYE LANE #03-592
SINGAPORE 680114

NRIC No: S1752913G

Date: 10/03/2010

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	30 Dec 1986
Class 2A	Motorcycles between 201 cc and 400 cc	30 Dec 1986
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	12 Jun 1995

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	31/01/2019



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: 5104376548

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJK8468E**
 Chassis Number : **RN61084031**
2. Name of Policyholder : **MUNCHI LEASING PTE. LTD.**
3. Effective Date of Insurance : **22 Oct 2018**
4. Expiry Date of Insurance : **21 Oct 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	: ASIA CARZ HOLDING PTE. LTD.
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 : 03 Oct 2018 09:17 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="11/04/2019 17:15"/>							
Vehicle No.(For Motor)	<input type="text" value="SJK8468E"/>	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"/>	5104376548		MUNCHI LEASING PTE. LTD.	201832996K	GFT	Third Party	SJK8468E	SJK8468E	22/10/2018	
<input type="button" value="Continue"/>										

 Policy Information

Policy No.	5104376548	Policyholder Name	MUNCHI LEASING PTE. LTD.	Policyholder NRIC	201832996K
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	03/10/2018	Effective Date	03/10/2018 00:00	Expiry Date	02/10/2019 23:59
Excess Type		All Claims Excess			
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		Young/Inexperience Driver Excess
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 AVENUE	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	5108251382		

 Insured Object: **SJK8468E**
 Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	03/10/2018 00:00	Basic Information Endorsement	000001286915544	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. SJT5469A 04-10-2018 \$1,099.08 In view of this amendment, an additional premium of \$1,099.08 (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	03/10/2018 00:00	Basic Information	000001286918240	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. SGE4217G 08-10-2018 \$1,192.54 In view of this amendment, an additional premium of \$1,192.54 (inclusive of GST) is payable under your policy. Please ignore this premium payment</p>

Claim Handling

• Exit

Accident MT/1039969

Policy No.	S104276548	Vehicle No.	SJK8468E	GST Registration No.	
Certificate No.					
Policyholder Name	MUNCHI LEASING PTE. LTD.			Policyholder NRIC	201832996K
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	81833239	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KPK	<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	Yes

↳ **Accident Details**

Report Date	12/04/2019 20:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	11/04/2019	Time of Accident (hh:mm)	17:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG CHOA CHU KANG WAY & CHOA CHU KANG NORTH AVE 5				

↳ **Excess**

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
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			

↳ Policyholder Mailing Address

Address 1	421 TAGORE INDUSTRIAL AVE	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	S106251382		

↳ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	JUMAIN BIN KASMAN	Driver NRIC	S1752913G	Driver DOB	29/04/1966
Register Date of Driver License	12/06/1995	Driver Age	52	Driving Experience	23
Contact No.(Mobile)	84288518	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 114	Address 2	TECK WHYE LANE	Address 3	SINGAPORE 680114
Address 4		Address Type	Singapore address	Post Code	680114
Unit No.	03-692				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	MUNCHI LEASING PTE. LTD.	Insured NRIC	201832996K
Contact No.(Mobile)	81833239	Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SJK8468E	TP Vehicle Number	GX9504U
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJK8468E / GX9504U ON 11 Apr 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	12/04/2019 20:04	Claim Close Date		Date Received	12/04/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1039969	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/04/2019 20:06

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

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Apr 2019 20:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Apr 2019 20:05	SAS	Normal	SAS 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Apr 2019 20:05	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Apr 2019 20:05	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Apr 2019 20:05	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Apr 2019 20:05	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Apr 2019 20:05	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Apr 2019 20:05	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Apr 2019 20:04	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Apr 2019 20:04	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Apr 2019 20:04	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Apr 2019 20:04	Photos	Normal	Photos 2019-4-12		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 12 Apr 2019 20:04	Photos	Normal	Photos 2019-4-12		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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