

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MUA 19051117

Date In: 22/1/19-09:53	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19206492/24	SAS e-filing		
Veh No: 57942X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/1/19-15:50	i-Motor Claim Form	22/1/19 11:06	
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: SF697B

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 19206492

Invoice Preparation Checklist

Am't (\$)

Est. Bill

Am't (\$)

Add. Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1:

Ref 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) RT: 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:-

QN*

*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 \$0

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	22/04/2019 09:53
Date Of Accident	14/04/2019 13:50
Exact Location Of Accident	JUNC MARINA BLVD & SHEARES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9452X
Insured/Policyholder	
Name Of Registered Owner	CAR FLEET AUTO LEASING
Co Reg No	53382960K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81331270
Alternative Phone No	OFFICE-81331270

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 2.0 AUTO
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	NO
Policy Number	5108385025
Cover Note Number	

Driver

Name of Driver	ZULKARNAIN BIN JUNAIDI
NRIC No	S7112076G
Date Of Birth	03/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1994
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85887099
Fax Number	
Contact Number	OFFICE-85887099
Email Address	NOEMAIL

Address	BLK 486A TAMPINES AVENUE 9 #03-110
Postcode	520486
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 - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190417/2062.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFG907B
Vehicle Make/Model/Colour	MAZDA 5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	COLIN PERERA

NRIC/Passport Number	S2006949Z
Contact Number	90126636
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ZULKARNAIN BIN JUNAIDI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJT9452X
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.

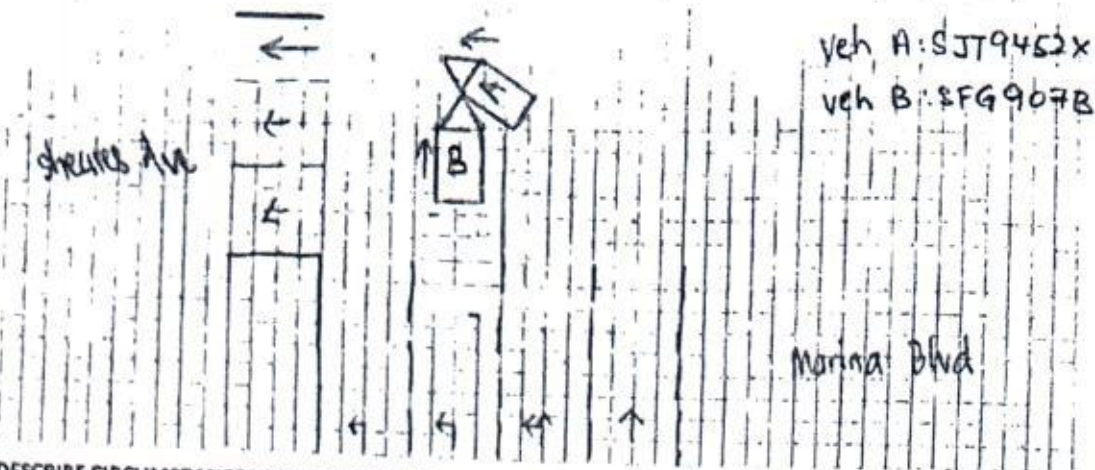


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



veh A: SJT9452X
veh B: SFG907B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report

I was driving my vehicle SJT9452X turning left to sheares Ave. Suddenly there's this vehicle SFG907B dash straight and hit my front left, he is at lane 3 which only can turn left.

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:

[Signature]

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

[Signature]

Date of Accident : 14/04/2019 Accident Time: 13:50 (24-HR-Format)
Accident Place : Marina Blvd (Turn left to sheares Ave)
Vehicle Reg. No. (Car Plate No.) : SJJ 9452X
Vehicle Make/Model : Toyota Wish
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : Car Fleet Auto Leasing
Owner or Company Contact No. : 8133 1270 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Zulkarnain Bin Junaidi 87112076G
DRIVER'S Date Of Birth : 03/04/1971 DRIVER'S License Pass Date 11/11/2024
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: HRIR
DRIVER'S Address : 486A Tampines Ave 9 #03-110 S' (520486)
DRIVER'S Contact No./ Alt No. : 1) 85887099 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Admin@MyCar.sg
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): 3 (1 male, 1 female)

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)

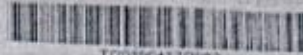
Vehicle Reg. No: SFG 907B
Vehicle Make/Model: Mazda 5
Name Driver: Colin Perera
IC No. Driver: 82006949Z
Driver's Contact & Add: 9012 6636

Vehicle Reg. No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Driver injuries
on 14

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C.
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20190417/2062

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Report No: T/20190417/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
17/04/2019 12:05

Vide Report No.

Station Diary No:
75**Informant's Particulars**

Name of Informant: ZULKARNAIN BIN JUNAIDI		Address: APT BLK 486A TAMPINES AVENUE 9 #03-110 SINGAPORE 520486	
ID Type / ID No: NRIC NO / S7112076G		Contact No.: Home/Office: Mobile: 85887099	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 03/04/1971	Type of Informant: Driver
Race: Malay		Language: Malay	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/04/2019 13:50	Type of Location: X-Junction
Location: Along Road 1 MARINA BOULEVARD Along Marina Boulevard turning into Sheares Avenue (Junction)				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFG907B	Car	MAZDA	Mazda 5	Grey	Slightly Damaged	3
SJT9452X	Car	TOYOTA	Toyota Wish	White	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expire Date
SJT9452X	NTUC Income Insurance Co-Operative Limited	JTDGJ20W605001 281	22/03/2019	21/03/2020



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20190417/2062

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Report No: T/20190417/2062

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Colin Perera	ID No.	S2006949Z
Related Vehicle	SFG907B (Car)	Contact No.	90126636
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	ZULKARNAIN BIN JUNAIDI	ID No.	S7112076G
Related Vehicle	SJT9452X (Car)	Contact No.	85887099
Hospital/Clinic	NEPTUNE HEATHCARE MEDICAL AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/04/2019	Date Discharge	15/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/04/2019 at about 1350hrs, I (White Toyota Wish) (SJT9452X) was travelling along Marina Blvd. As I was approaching the junction of Marina Blvd and Sheares Ave, I decelerated and was driving along the 3rd lane of the 5 lane road.

As I was making the left turn into Sheares Ave, one grey color Mazda 5 (SFG907B) which was driving on the 4th lane beside me, accelerated straight ahead despite driving on a left turn only lane. The Mazda then collided into my car front bumper area. After the accident we alighted to exchanged particulars. My front left bumper had suffered some dents, cracks and scratches, and my head light was also broken.

I wish to state that I had in-built car camera.

On the 15/04/2019, I felt pain on my right elbow and shoulder, therefore I went to see doctor and was given 3 days MC



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C.
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20190417/2002

3 of 3

Report No: T/20190417/2002

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:

E /

Sgt 2 JORDON NG BENG SIONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

17/04/2019 12:05

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7112076G



Name
ZULKARNAIN BIN JUNAIDI

Race
MALAY

Date of birth
03-04-1971

Sex
M

Country of birth
SINGAPORE

S7112076G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S7112076G

Name
ZULKARNAIN BIN JUNAIDI

Birth Date
03 Apr 1971

Issue Date
26 Jun 2003

IC0585526H

NRIC No. S7112076G

Date of issue
25-03-2013

Address
APT BLK 486A TAMPINES AVENUE 9
#03-310
SINGAPORE 520486

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Pass D

NP 428A

License No. S7112076G

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: 5108385025

Cover : drivo CLASSIC

- | | |
|--------------------------------------------------|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJT9452X |
| Chassis Number | : JTDGJ20W605001281 |
| 2. Name of Policyholder | : CAR FLEET AUTO LEASING |
| 3. Effective Date of Insurance | : 22 Mar 2019 |
| 4. Expiry Date of Insurance | : 21 Mar 2020 |

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: PRIME STREET CAPITAL PTE 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 : ASSURE PTE. LTD. (00000572842)
Date of Issue : 21 Mar 2019 18:49 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="14/04/2019 13:50"/>
Vehicle No. (For Motor)	<input type="text" value="SJT9452X"/>	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"/>	5108385025		CAR FLEET AUTO LEASING	53382960K	GPC	drive CLASSIC	SJT9452X	SJT9452X	22/03/2019	21/03/2020

Policy Information

Policy No.	5108385025	Policyholder Name	CAR FLEET AUTO LEASING	Policyholder NRIC	53382960K
Certificate No.					
Address	200 JALAN SULTAN #03-22 TEXTILE CENTRE SINGAPORE 199018				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	21/03/2019	Effective Date	22/03/2019 00:00	Expiry Date	21/03/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	200 JALAN SULTAN	Address 2	#03-22 TEXTILE CENTRE	Address 3	SINGAPORE 199018
Address 4		Address Type	Singapore address	Post Code	199018
Unit No.	05-08	Related Policy Number	5101400494-01		

Insured Object: SJT9452X

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1041027

Exit

Policy No.	S100385025	Vehicle No.	SJT9452X	GST Registration No.	
Certificate No.					
Policyholder Name	CAR FLEET AUTO LEASING			Policyholder NRIC	S3382960K
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81331270	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	TV
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
WCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	22/04/2019 11:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	14/04/2019	Time of Accident hh:mm	13:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC MARINA BLVD & SHEARES AVE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	
Additional Excess	0.00				
Total OD Excess Applicable		Total TP Excess Applicable			

Benefits	
GST Registered Information	
GST Registered	No
GST Registration No.	
Modification History	22/04/2019 11:05:35 System changed GST Status Verified from No to Yes
GST Registration Date	
GST Status Verified	Yes

Policyholder Mailing Address			
Address 1	200 TALAN SULTAN	Address 2	#03-22 TEXTILE CENTRE
Address 4		Address Type	Singapore address
Unit No.	05-08	Related Policy Number	S101400494-01
Address 3	SINGAPORE 199018	Post Code	199018

OT Driver Info			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	ZULKARNAIN BIN JUNAIDI	Driver NRIC	S7112076G
Register Date of Driver License	01/01/1994	Driver Age	48
Contact No.(Mobile)	85857009	Contact No.(Office)	0
Address 1	BLK 486A	Address 2	TAMPINES AVENUE 9
Address 4		Address Type	Singapore address
Unit No.	03-110	Address 3	SINGAPORE 520486
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Post Code	520486
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 *	DO-MX	Insured Name	CAR FLEET AUTO LEASING	Insured NRIC	S3382960K
Contact No.(Mobile)	93689070	Contact No.(Home)		Contact No.(Office)	
Email Address	MDANWAR,TRADING@GMAIL.COM	01 Vehicle Number	SJT9452X	TP Vehicle Number	SFG907B
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJT9452X / SFG907B ON 14 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	22/04/2019 11:06	Claim Close Date		Date Received	22/04/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

















Attachment

Save Submit

Accident No.	MT/1041027	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/04/2019 11:07
Path *	<input type="text"/> <input type="button" value="Browse"/> <input type="button" value="Clear"/> <input type="button" value="Please Select"/>		
Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text" value=""/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Apr 2019 11:07	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Apr 2019 11:07	SAS	Normal	SAS 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Apr 2019 11:07	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Apr 2019 11:07	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Apr 2019 11:07	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Apr 2019 11:07	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Apr 2019 11:07	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Apr 2019 11:06	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Apr 2019 11:06	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Apr 2019 11:06	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Apr 2019 11:06	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Apr 2019 11:06	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Apr 2019 11:06	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Apr 2019 11:06	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Apr 2019 11:06	Photos	Normal	Photos 2019-4-22		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 22 Apr 2019 11:06	Photos	Normal	Photos 2019-4-22		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"/>				