

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 119-05863

Date In: 24/1/05 10:14	Job description	Date & Time Completed	Done by
Ref No: NA/INC 19007182/24	SAS e-filing		
Veh No: SL3NP	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 19/1/05 20:15	i-Motor Claim Form	24/1/05 10:31	
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: SL3NP / M

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 1902432

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

## Invoice Preparation Checklist

Am't (\$)

In Bill

Am't (\$)

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:-

ON\*

\*N5: Courtesy Car / Tpl Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N-in INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	24/04/2019 10:14
Date Of Accident	19/04/2019 20:15
Exact Location Of Accident	34 BOON LEAT TERRACE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL314P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE LTD
Co Reg No	201607970Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8S AT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5079864471-02
Cover Note Number	

### Driver

Name of Driver	WANG KUM TIEN DICKSON
NRIC No	S7532742J
Date Of Birth	29/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	05/09/1996
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97821555
Fax Number	
Contact Number	OFFICE-97821555
Email Address	NOEMAIL

Address	BLK 29 BALAM ROAD #11-17
Postcode	370029
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
Was any injured conveyed to hospital by ambulance?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190421/2084.

#### 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	SKH2881M
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)

Passenger 1

2

NAME: :

GENDER: :



## 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:

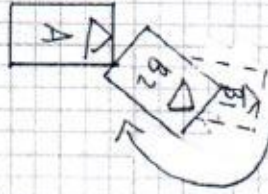
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

Vehicle A: SLL 314P

Vehicle B: SKH 288IM



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report -

## DECLARATION

I/We declare that the following particulars are true in every respect.

Policyholder:  
Date & Time:



*[Signature]*

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

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

*[Signature]*



# ACCIDENT STATEMENT

ACCIDENT DATE: 19 / 04 / 2019 (DD/MM/YYYY), TIME: 20 : 15 (HH:MM)

LOCATION: 34 Boon Leat Terrace

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8LL314P  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5079864471-02  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA Prius  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Auto bahni Rent A car Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Wang Kum Tien DICKSON (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7532742J CONTACT: 97821555  
c) ADDRESS: 29 Balam Road #11-17 S(370029)

\* d) DATE OF BIRTH: 29 / 10 / 1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: hirer

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Macpherson NPC

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKH 2881M MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email =

fax =



# SINGAPORE POLICE FORCE



T/20100421/2084

1 of 4

Report No. T/20100421/2084

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2019 21:36	Vide Report No.:	Station Diary No.: 37
--	------------------	--------------------------

### Informant's Particulars

Name of Informant: WANG KUM TIEN DICKSON			Address: APT BLK 29 BALAM ROAD #11-17 SINGAPORE 370029	
ID Type / ID No.: NRIC NO / S7532742J			Contact No.: Home/Office:	Mobile: 97821555
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 43	Date of Birth: 29/10/1975	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/04/2019 20:15	Type of Location: Dropoff point
Location: Along Road 1 BOON LEAT TERRACE				
Habitat Honest Bee Dropoff point				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKH2881M	Car	VOLVO	XC60	Silver	No Damage	0
SLL314P	Car	TOYOTA	PRIUS	Blue	Slightly Damaged	0

### Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20190421/2084

2 of 4

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20190421/2084

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	Sophia	ID No.	NIL
Related Vehicle	SKH2881M (Car)	Contact No.	96770927
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
<b>Driver</b>			
Name	WANG KUM TIEN DICKSON	ID No.	S7532742J
Related Vehicle	SLL314P (Car)	Contact No.	97821555
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 19/04/2019 at about 2020hrs, I dropped off a passenger at 34 Boon Leat Terrace, Habitat by Honest Bee drop off point. At the point of time, there is one vehicle (SKH2881M) in front of my vehicle. After my passenger alighted from my vehicle, I waited for the vehicle in front to move off.

Suddenly, the vehicle in front instead of moving forward, the said vehicle reversed and hit my front headlamp. I then alighted from my vehicle and went to check on the damages. The driver from the front vehicle who is a lady, also alighted from her vehicle. I exchanged name and handphone number with the lady driver who informed that she wanted to settle the matter privately. However, on 20/04/19 the lady driver inform that she does not wish to settle the matter privately and to claim from her insurance company.

As there is no in car camera in my vehicle, I went to enquire on the CCTV footage from Habitat by Honest Bee and was informed by the security staffs to lodge a police report in order for them to assist to check the CCTV.

My headlamp cracked and the front bumper was misaligned from what I can see. I wish to inform that no government properties was damaged, no pedestrian involved, no foreign vehicle involved and no injuries sustained.



**SINGAPORE  
POLICE FORCE**



T/20190421/2084

3 of 4

Report No. T/20190421/2084

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20190421/2084

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

4 of 4

Report No. T/20190421/2084

**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:

G /

Sgt 2 LAM WEI LIANG WILLIAM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/04/2019 21:36

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: **S7532742J**

Name:

**WANG KUM TIEN DICKSON**

Birth Date: **29 Oct 1975**

Issue Date: **18 Nov 2016**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7532742J**



Name

**WANG KUM TIEN DICKSON**

**尹 錦 田**

Race

**CHINESE**

Date of birth

**29-10-1975**

Sex

**M**

Country of birth

**SINGAPORE**



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

## EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	07 Mar 1995
Class 2A	Motorcycles between 201 cc and 400 cc	30 Sep 1997
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	05 Sep 1996

NP 428A



Licence No: S7532742J

4 7 2 5 6 2 0



NRIC No. S7532742J



Date of issue  
05-05-2011

Address

APT BLK 29 BALAM ROAD  
#11-17  
SINGAPORE 370029

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="19/04/2019 20:15"/>
Vehicle No. (For Motor)	<input type="text" value="SLL314P"/>	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"/>	5079864471-02		AUTOBAHN RENT A CAR PTE. LTD.	201607970Z	GFT	drivo CLASSIC	SLL314P	SLL314P	28/12/2018	



## ▼ Policy Information

Policy No.	5079864471-02	Policyholder Name	AUTOBAHN RENT A CAR PTE. LT	Policyholder NRIC	201607970Z
Certificate No.					
Address	6001 BEACH ROAD #08-06 GOLDEN MILE TOWER SINGAPORE 199589				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	04/04/2018	Effective Date	26/04/2018 00:00	Expiry Date	25/04/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	3000	Own damage Excess	3500	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	3500	Outside Singapore TP Excess	3000	Young/Inexperience Driver Excess	
Agent	HAMILTON AUTOHUB PTE. LTD.	Agent Tel.	64751946	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.	LOT38	Related Policy Number	5079864471-02		

## ► Insured Object: SLL314P

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	26/04/2018 00:00	Basic Information Endorsement	000001286794596	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKD8673D 26-04-2018 \$1,807.36 In view of this amendment, a refund of \$1,807.36 (inclusive of GST) will be adjusted against the outstanding premium.</p> <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. SLC6150C 18-05-2018 \$1,747.29 In view of this amendment, an additional premium of \$1,747.29 (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	18/05/2018 00:00	Basic Information Endorsement	000001286820035	Endorsement Take Effective	

## Claim Handling

Exit

Accident MT/1041483

Policy No.	5079864471-02	Vehicle No.	SLJ314P	GST Registration No.	
Certificate No.					
Policyholder Name	AUTOBAHN RENT A CAR PTE. LTD.			Policyholder NRIC	2016079702
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	0	Contact No. (Office)	0	Contact No. (Home)	0
Email Address		Special Remarks		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	Yes
<b>Accident Details</b>					
Report Date	24/04/2019 10:29	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	19/04/2019	Time of Accident hh:mm	20:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	34 BOON LEAT TERRACE				
<b>Excess</b>					
Own damage Excess	3,500.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess	3,500.00		
Third Party Excess	3,000.00	Outside Singapore TP Excess	3,000.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration No.		GST Registration Date	
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.	LOT38	Related Policy Number	5079864471-02		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	29/10/1975
Unnamed driver Name	WANG KUM TIEN DICKSON	Driver NRIC	S75327421	Driving Experience	22
Register Date of Driver License	05/09/1996	Driver Age	43	Contact No. (Home)	0
Contact No. (Mobile)	97821555	Contact No. (Office)	0	Address 3	BALAM GARDENS
Address 1	BLK 29	Address 2	BALAM ROAD	Post Code	370029
Address 4	SINGAPORE 370029	Address Type	Singapore address		
Unit No.	11-17				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 New

Claim Type *	OO-MX	Insured Name	AUTOBAHN RENT A CAR PTE. LT	Insured NRIC	2016079702
Contact No. (Mobile)	88380101	Contact No. (Home)		Contact No. (Office)	64751946
Email Address	INSURANCEHAMILTONAUTOHUE	OI Vehicle Number	SLJ314P	TP Vehicle Number	SKH2881M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLJ314P / SKH2881M ON 19 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	24/04/2019 10:31	Claim Close Date		Date Received	24/04/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1041483	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/04/2019 10:32
Path *			
Browse...	Clear	Category *	Please Select
Browse...	Clear	Confidential	NO
Browse...	Clear	Urgency *	Normal
Browse...	Clear	Description *	



Browse...		Clear	Please Select	N/G	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) CES) on 24 Apr 2019 10:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Apr 2019 10:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Apr 2019 10:32	SAS	Normal	SAS 2019-4-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Apr 2019 10:31	Photos	Normal	Photos 2019-4-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Apr 2019 10:31	Photos	Normal	Photos 2019-4-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Apr 2019 10:31	Photos	Normal	Photos 2019-4-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Apr 2019 10:31	Photos	Normal	Photos 2019-4-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Apr 2019 10:31	Photos	Normal	Photos 2019-4-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Apr 2019 10:31	Photos	Normal	Photos 2019-4-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Apr 2019 10:31	Photos	Normal	Photos 2019-4-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Apr 2019 10:31	Photos	Normal	Photos 2019-4-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Apr 2019 10:31	Photos	Normal	Photos 2019-4-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Apr 2019 10:31	Photos	Normal	Photos 2019-4-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Apr 2019 10:31	Photos	Normal	Photos 2019-4-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Apr 2019 10:31	Photos	Normal	Photos 2019-4-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Apr 2019 10:31	Photos	Normal	Photos 2019-4-24		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) CES) on 24 Apr 2019 10:31	Photos	Normal	Photos 2019-4-24		<a href="#">Edit</a>

**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"/>				