

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MNA11905328

Date In: 24/1/19-16:46	Job description	Date & Time Completed	Done by
Ref No: NA1 NC19002257/24	SAS e-filing		
Veh No: 6DA856R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 1/8/17 - 17:15	i-Motor Claim Form	M71 056221-003	24/1/19 17:15
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: 5E49414

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

NA1902966

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

for Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Sat 1:

Sat 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) 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 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 16:46
Date Of Accident	01/08/2017 17:15
Exact Location Of Accident	PAYA LEBAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA8856R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KSL LEASING PTE LTD
Co Reg No	201607864R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66946567

### Vehicle Particulars

Manufacturer	OPEL
Model	COMBO-C-1.3 D DTJ MTA E4 (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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5079933033-01
Cover Note Number	

### Driver

Name of Driver	NOR AZEAN BINTE JAZULI
NRIC No	S7731282Z
Date Of Birth	12/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	16/04/2010
Driving Experience	7 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90281377
Fax Number	
Contact Number	OFFICE-90281377
Email Address	NOEMAIL

Address	BLK 702 WOODLANDS DRIVE 40 #05-92
Postcode	730702
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?	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)	2
Passenger 1	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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20170822/2070. VEHICLE HAS BEEN SCRAPPED.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE4964Y
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.
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.

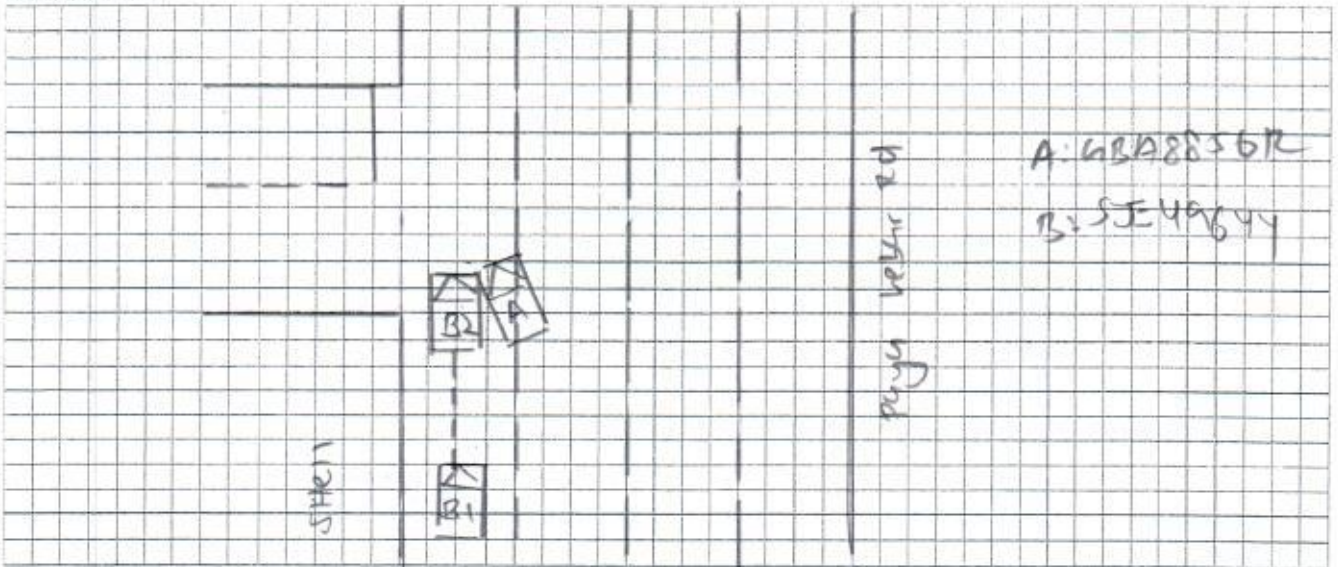


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20176822/2020.

I wish to state that i did manage to filled in the police report on 22/8/17. I did not have time to filled in insurance report until today.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*Signature*

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

*Signature*

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



Date of Accident : 1/8/17 Accident Time: 17:15 (24-HR-Format)  
 Accident Place : Pyggy Laker Rd.  
 Vehicle No. (Car Plate No.) : GDW8856A Make/Model: \_\_\_\_\_  
 Insurance Company : NTUC Policy No: 5079933033  
 Owner or Company Name / IC No. : KL Housing Pte Ltd  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 66946367 Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : NOR Azean Binte Jemil : 577312822  
 DRIVER'S Date Of Birth : 12/11/1977 DRIVER'S License Pass Date 16/4/2010  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Him  
 DRIVER'S Address : Offc 702 Woodlands Drive 40 #05-92 S730702  
 DRIVER'S Contact No. / Alt No. : (1) 90281377 (2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : \_\_\_\_\_  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 2. (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 Private use  
 Any Injury (If YES, Pls state): No.

Other Party Driver's Particular (if any)

Vehicle No: <u>SJE49644</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



# SINGAPORE POLICE FORCE



T/20170822/2070

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

1 of 3

Report No. T/20170822/2070

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/08/2017 12:32		Vide Report No.:		Station Diary No.: 78	
<b>Informant's Particulars</b>					
Name of Informant: NOR AZEAN BINTE JAZULI			Address: APT BLK 702 WOODLANDS DRIVE 40 #05-92 SINGAPORE 730702		
ID Type / ID No.: NRIC NO / S7731282Z			Contact No.: Home/Office: Mobile: 90281377		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 39	Date of Birth: 12/11/1977	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Retail/Shop sales manager			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/08/2017 17:15	Type of Location: Straight Road
Location: Along Road 1 PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		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
GBA8856R	Van	OPEL	COMBO-C 1.3DTJ MTA E4	Silver	Slightly Damaged	1

Certified True Copy  
Pursuant to Sec. 78 of the  
Evidence Act, Cap 97.

Yat Hwee Choo  
CSO Traffic Police  
Date: 2 APR 2018





**SINGAPORE  
POLICE FORCE**



T/20170822/2070

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

2 of 3

Report No. T/20170822/2070

**CONTINUATION OF REPORT**

**Brief Details.**

On 01/08/2017 around 1715hrs, I was driving GBA8856R travelling along paya lebar road. I was on the third lane and about to filter into the forth lane as I am turning to eunos avenue 5. As I was changing lane, a grey Honda Stream came at high speed from the back and side swipe my vehicle. There was no injury and we alighted to exchange particulars. We spoke to each other and agreed on private settlement where he acknowledged. However, on 02/08/2017, he message me that he will be claiming insurance and will not be going for a private settlement. I then informed the rental company of this issue. I received a call from TP IO HP:65476325 on 21/08/2017 and he instructed me to lodge a police report.

Certified True Copy  
pursuant to Sec. 78 of the  
Evidence Act, Cap 97.

Yat Hee Choo  
CSO Traffic Police  
Date :

- 3 APR 2018



**SINGAPORE  
POLICE FORCE**



T/20170822/2070

3 of 3

Report No. T/20170822/2070

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

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /  
LOW JIA CHENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Signature Of Informant:

Date/Time:

22/08/2017 12:32

Classification Of Case:

Certified True Copy  
pursuant to Sec. 78 of the  
Evidence Act, Cap 97.

Authentication Stamp

NP168

Yat Hwee Choo

CSO Traffic Police

Date: - 3 APR 2019



10 Sin Ming Drive Singapore 575701  
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref 0703180601N053096699

07 Mar 2018

KSL LEASING PTE. LTD.  
2 YISHUN INDUSTRIAL STREET 1  
#03-02  
NORTH POINT BIZHUB  
SINGAPORE 768159

004831



Dear Sir/Madam

# **DE-REGISTRATION STATUS OF VEHICLE GBA8856R**

The above-mentioned vehicle was de-registered on 07 Mar 2018. If the vehicle has yet to be disposed of, you should by no later than 07 Apr 2018, scrap it (including the engine and chassis) at an Appointed Scrapyard or submit to LTA, valid documentary proof that the vehicle has been permanently exported out of Singapore. Otherwise, it constitutes an offence under the Road Traffic Act and you may be prosecuted in Court.

2. We have granted the following rebate(s), where applicable, to you. You may use the rebate(s) if there are no outstanding matters with the vehicle, e.g. no road tax arrears, submitted valid documentary proof that the vehicle has been permanently exported out of Singapore to LTA etc.

PARF Rebate Amount	: -
PARF Rebate Reference No.	: -
Expiry Date of PARF Rebate	: -

COE Rebate Amount	: \$48.00
COE Rebate Reference No.	: 1857972MC0000
Expiry Date of COE Rebate	: 06 Mar 2019

3. The PARF rebate may only be used to offset the Additional Registration Fee (ARF), Registration Fee (RF), Quota Premium (QP) and Used Car Surcharge, where applicable, of a motor car to be registered in your name. The COE rebate may be used to offset the ARF, RF, QP and Used Car Surcharge, where applicable, of any motor vehicle to be registered in your name. The COE rebate can also be used to offset the Prevailing Quota Premium (PQP) payable for revalidating the COE of a vehicle that is currently registered in your name. You may also transfer the PARF/COE rebate(s) together or separately to a third party. A fee of \$15.00 is payable for each transfer.

4. Alternatively, you may apply to encash the PARF/COE rebate(s) rebate before the expiry of the rebate. You can download the application form (Form FR02) for encashment of the rebate(s) from <http://www.onemotoring.com.sg> and mail the completed Form FR02 to LTA, 10 Sin Ming Drive, Singapore 575701, Attn: VRL Service Operations Division, at least 2 weeks before the expiry date of your PARF/COE rebate(s). For your convenience, you may also login to e-Services@ONE.MOTORING (Vehicle Hub > Update Owner Particulars) using your NRIC number/FIN and SingPass or User ID/Password or EASY (for firm and organisation) to register your Refund Bank Account for GIRO refund BEFORE applying online for the encashment (Ownership > PARF/COE Rebate > Apply to encash rebate).

5. Any unused portion of the road tax will be refunded to you automatically.

6. Please note that a separate PIN is required to transfer or split the PARF/COE rebate via the Internet or at our Electronic Service Agents. Before you perform these transactions, please request for your PINs via <http://www.onemotoring.com.sg> or visit our office at 10 Sin Ming Drive, Singapore 575701, VRL Service Operations Division.

7. The above vehicle will be excluded from the Road Tax GIRO scheme.

8. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any question.

Yours sincerely

NG LAY CHOO (MS)  
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS  
VEHICLE SERVICES GROUP  
LAND TRANSPORT AUTHORITY

From 15 February 2017, you do not need to display road tax disc on the windscreen of your vehicle. LTA has stopped issuing physical road tax discs as part of our efforts to streamline our processes. Please ensure that your original motor insurance certificate is readily available in your vehicle at all times. If you are driving into Malaysia, you are advised to carry printed proof of the validity of your road tax in your vehicle.





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7731282Z**

Name  
**NOR AZEAN BINTE JAZULI**

Birth Date **12 Nov 1977**  
Issue Date **16 Apr 2010**

001847929F



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7731282Z**

Name  
**NOR AZEAN BINTE JAZULI**

نور أزيان بنت جازولي

Race  
**MALAY**

Date of birth **12-11-1977** Sex **F**

Country of birth  
**SINGAPORE**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

PASS DATE **16 Apr 2010**

Licence No: **S7731282Z**

NP 426A

4448685

NRIC No. **S7731282Z**

Date of issue  
**03-08-2009**

Address  
**APT BLK 702 WOODLANDS DRIVE 40  
#05-92  
SINGAPORE 730702**




**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 :** 5079933033

**Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: **GBA8856R**

Chassis Number

: W0LOXCF2574445136

2. Name of Policyholder

: KSL LEASING PTE LTD

3. Effective Date of Insurance

: 21 Sep 2016

4. Expiry Date of Insurance

: 20 Sep 2017

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.

(b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: ABWIN 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 : ABWIN PTE LTD (00000614234)

Date of Issue : 29 Apr 2016 10:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



eBaoTech

General Claim

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="01/08/2017 17:15"/>
Vehicle No. (For Motor)	<input type="text" value="GBA8856R"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5079933033-01		KSL LEASING PTE LTD	201607864R	GFT	Third Party, Fire & Theft	GBA8856R	GBA8856R	28/04/2017	07/03/2018

## Claim Handling

Exit

Accident MT/0956221

Policy No.	5079933033-01	Vehicle No.	GBA8556R	GST Registration No.	
Certificate No.					
Policyholder Name	KSL LEASING PTE LTD	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	201607864R
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark	Liability repudiated	Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

➤ **Accident Details**

Report Date	03/08/2017 18:25	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	01/08/2017	Time of Accident hh:mm	17:40	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	ALONG PAYA LEBAR ROAD TWDS PAYA LEBAR MKT				

➤ **Excess**

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

➤ **Benefits**

➤ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ➤ Policyholder Mailing Address

Address 1	2A KIAN TECK AVENUE	Address 2	LEVEL 3	Address 3	SINGAPORE 628896
Address 4		Address Type	Singapore address	Post Code	628896
Unit No.		Related Policy Number	5092137262		

## ➤ DI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 003 New

Claim Type *	OD-MX	Insured Name	KSL LEASING PTE LTD	Insured NRIC	201607864R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	65113025
Email Address		DI Vehicle Number	GBA8556R	TP Vehicle Number	5JE4964Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBA8556R / 5JE4964Y ON 1 Aug 2017				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/04/2019 17:15	Claim Close Date		Date Received	24/04/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0956221	Claim No.	003
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/04/2019 17:15

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



