

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MWA19054157

| | | | |
|-----------------------------|--|-----------------------|---------------|
| Date In: 26/4/19-16:05 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC 19 207411/24 | SAS e-filing | | |
| Veh No: MJ 18195 | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 26/4/19-09:45 | i-Motor Claim Form | MJ 1041868-201 | 26/4/19 16:17 |
| 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: 5LV1267H | 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 |
|-----------|---------|
| | |
| | |
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| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA190321 | Invoice Preparation Checklist | Ant (\$) Int Bill | Ant (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| 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 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac 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 (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile \$0 | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | |
| Auditors' Comments:- | Invoice dated | Fee Charged | |
| Cat 1: | | | |
| Cat 2 / 3: | | | |

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 | 26/04/2019 16:05 |
| Date Of Accident | 26/04/2019 09:45 |
| Exact Location Of Accident | STRATIS BLVD TWDS MCE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|-------------------------------|
| Vehicle Registration Number | SMJ1819S |
| Insured/Policyholder | |
| Name Of Registered Owner | BUDGET LEASING PTE LTD |
| Co Reg No | 201818180W |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS CLASSIC 1.6 CVT |
| 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 | 5101815333 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | TEO CHON KIAT |
| NRIC No | S6943995J |
| Date Of Birth | 19/12/1969 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 16/05/1988 |
| Driving Experience | 30 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97694412 |
| Fax Number | |
| Contact Number | OFFICE-97694412 |
| Email Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 363 BUKIT BATOK STREET 31 #06-311 |
| Postcode | 650363 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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 | RAINING |
| Road Surface | WET |

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? | 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? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SLV1267H |
| 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.

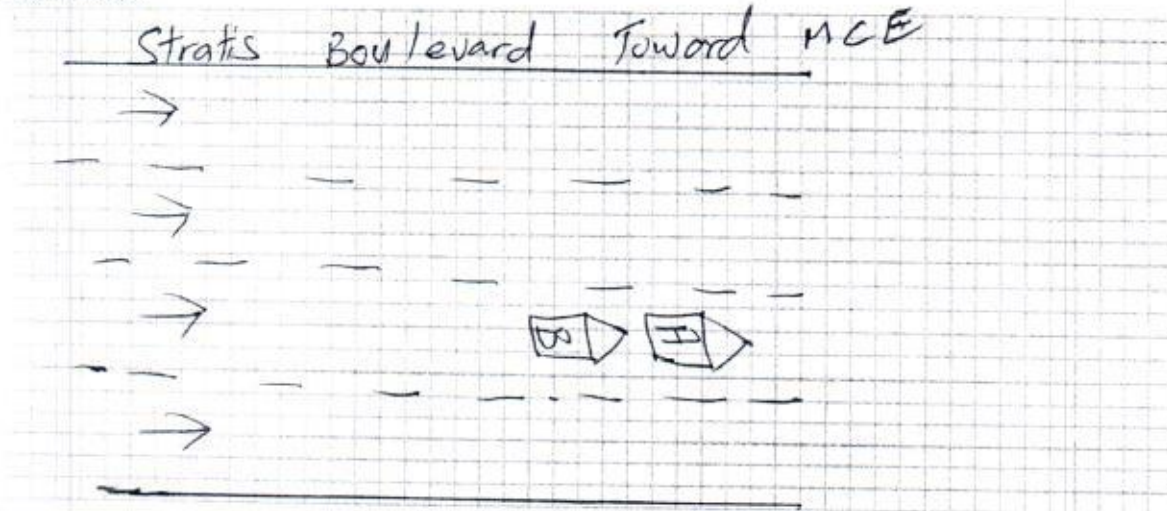


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time, I was driving my vehicle (A) along Stratis Boulevard suddenly I feel a strong impact from my rear portion.

A: SMJ 1819 S

B: SLV 1267 H



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

Policyholder's Signature
Date & Time:

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

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

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 26/04/2019 (dd/mm/yy) Time of Accident: 09:45 (24-HR-FORMAT)

Vehicle No.: SMS 18195 Vehicle Make & Model: _____

Exact location of Accident: 1 Stratis Boulevard Toward MCE

Policyholder's Name / IC No.: Budget Leasing Pte Ltd 201818180 W

Driver's Name / IC No.: Teo Chen Kiat 569439955 (As Above) ☐

Driver's Contact No.: 97694412 Company Contact No.: _____

Driver's Address: _____

Insurance Company: NTUC Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

No. of Passengers (Including Driver): 01

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No.: SLV 1267H

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No.: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S6943995J

Name: TEO CHON KIAT

Birth Date: 19 Dec 1969

Issue Date: 20 Apr 2004

001200023A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO: S6943995J

Name: TEO CHON KIAT

张俊杰

Race: CHINESE

Date of Birth: 19-12-1969

Sex: M

Country of Birth: SINGAPORE

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S6943995J

Name: TEO CHON KIAT

Card Issue Date: 10/10/2017

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

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

| | PASS DATE |
|--|-------------|
| Class 2B Motorcycles not exceeding 200 cc | 29 May 1999 |
| Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 16 May 1998 |

Licence No: S6943995J

NP 428A

0448279

NPIC No: S6943995J

APR 6LK 363, BUKIT BATOK STREET 31 #06-311 SINGAPORE 650363

S6943995J 15/10/2013 (R)

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

| Type | Description | Issue Date |
|------|---------------------|------------|
| 13 | PRIVATE HIRE CAR VL | 10/10/2017 |



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: 5101815333

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMJ18195**
Chassis Number : **MROS3REH104538469**
2. Name of Policyholder : **BUDGET LEASING PTE LTD**
3. Effective Date of Insurance : **15 Mar 2019**
4. Expiry Date of Insurance : **14 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) | : | |
| EXCESS (SECTION 2) | : | |
| WINDSCREEN EXCESS | : | |
| 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 | : | AUTOMOBILE TRADERS 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 (SINGAPORE) PTE. LTD. (00000615327)
Date of Issue : 28 Jun 2018 10:39 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="26/04/2019 09:45"/> |
| Vehicle No.(For Motor) | <input type="text" value="SMJ1819S"/> | 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"/> | 5101815333 | | BUDGET LEASING PTE LTD | 201818180W | GFT | drive CLASSIC | SMJ1819S | SMJ1819S | 14/03/2019 | |
| <input type="button" value="Continue"/> | | | | | | | | | | |

Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|------------------------|-------------------|----------------------------------|
| Policy No. | 5101815333 | Policyholder Name | BUDGET LEASING PTE LTD | Policyholder NRIC | 201818180W |
| Certificate No. | | | | | |
| Address | 6001 BEACH ROAD #19-06 GOLDEN MILE TOWER SINGAPORE 199589 | | | | |
| Product Name | FLEET INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 28/06/2018 | Effective Date | 28/06/2018 00:00 | Expiry Date | 04/06/2019 23:59 |
| Excess Type | | All Claims Excess | | | |
| Third Party Excess | 1500 | Own damage Excess | 2000 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 653.40 | | |
| Outside Singapore OD Excess | 2000 | Outside Singapore TP Excess | 1500 | | Young/Inexperience Driver Excess |
| Agent | ASSURE (SINGAPORE) PTE. LTD | Agent Tel. | 68038751 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|--------------------------|-----------|------------------|
| Address 1 | 6001 BEACH ROAD | Address 2 | #19-06 GOLDEN MILE TOWER | Address 3 | SINGAPORE 199589 |
| Address 4 | | Address Type | Singapore address | Post Code | 199589 |
| Unit No. | 19-06 | Related Policy Number | 5103815653 | | |

Insured Object: SMJ1819S

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Number | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|--------------------|----------------------------|--|
| 1 | 30/08/2018 00:00 | Basic Information Endorsement | 000001286892513 | 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. SJJ8706Z 30-08-2018 \$1,226.84 In view of this amendment, an additional premium of \$1,226.84 (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 | 30/08/2018 00:00 | Basic Information | 000001286892295 | 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. SLW5602S 31-08-2018 \$1,222.44 In view of this amendment, an additional premium of \$1,222.44 (inclusive of GST) is payable under your policy. Please ignore this premium payment</p> |

Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/1041868

| | | | | | |
|---|---|-------------------------------|---|------------------------|--------------------------|
| Policy No. | 5101815333 | Vehicle No. | SMJ18195 | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | BUDGET LEASING PTE LTD | | | Policyholder NRIC | 201818180W |
| 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 Remark | | eCode | |
| KPI | <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 | 26/04/2019 16:15 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 26/04/2019 | Time of Accident (hh:mm) | 09:45 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | STRATIS BLVD TWDS MCE | | | | |
| Excess | | | | | |
| Own damage Excess | 2,000.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | 2,000.00 | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | | |
| Benefits | | | | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | GST Status Verified | Yes |
| GST Registration No. | | | | | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | 8001 BEACH ROAD | Address 2 | #19-06 GOLDEN MILE TOWER | Address 3 | SINGAPORE 199589 |
| Address 4 | | Address Type | Singapore address | Post Code | 199589 |
| Unit No. | 19-06 | Related Policy Number | 5103815653 | | |
| OI Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 19/12/1969 |
| Unnamed driver Name | TBO CHON KIAT | Driver NRIC | S69439953 | Driving Experience | 30 |
| Register Date of Driver License | 16/05/1988 | Driver Age | 49 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 97694412 | Contact No.(Office) | 0 | Address 3 | SINGAPORE 650363 |
| Address 1 | BLK 363 | Address 2 | BUKIT BATOK STREET 31 | Post Code | 650363 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 05-311 | | | | |
| 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 type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Modification History | | | | | |

Claim 001 New

| | | | | | |
|---|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | BUDGET LEASING PTE LTD | Insured NRIC | 201818180W |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | NIL |
| Email Address | | OI Vehicle Number | SMJ18195 | TP Vehicle Number | SLV1267H |
| Claimant Type Claimant * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | SMJ18195 / SLV1267H ON 26 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 | 26/04/2019 16:17 | Claim Close Date | | Date Received | 26/04/2019 00:00 |
| Report Taken By | Jackson | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | |
|-------------------|---|---------------|------------------|
| Accident No. | MT/1041868 | Claim No. | 001 |
| Last Doc Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 26/04/2019 16:18 |
| Path * | | Category * | |
| | Browse... Clear | Please Select | Normal |
| | Browse... Clear | Please Select | Normal |
| | Browse... Clear | Please Select | Normal |

| | | | | |
|-----------|-------|---------------|-----|--------|
| Browse... | Clear | Please Select | 5/1 | Normal |
| Browse... | Clear | Please Select | 5/1 | Normal |
| Browse... | Clear | Please Select | 5/1 | 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 26 Apr 2019 16:18 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-4-26 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Apr 2019 16:18 | SAS | Normal | SAS 2019-4-26 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Apr 2019 16:18 | Photos | Normal | Photos 2019-4-26 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Apr 2019 16:17 | Photos | Normal | Photos 2019-4-26 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Apr 2019 16:17 | Photos | Normal | Photos 2019-4-26 | | Edit |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Apr 2019 16:17 | Photos | Normal | Photos 2019-4-26 | | Edit |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 26 Apr 2019 16:17 | Photos | Normal | Photos 2019-4-26 | | 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"/> | | | | |