

NATIONAL Assessment Centre Services [Part 1 of 2]

| | | | |
|---------------------------|--|-----------------------|--------------|
| Date In: 08/05/2019 18:41 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC19008158/K4 | SAS e-filing | | |
| Veh No: SJC 5030X | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 07/05/2019 14:30 | i-Motor Claim Form | MT/1043526-002 | 9/5/19 15:19 |
| OD / TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------|
| Preferred Wksp / INC Assign Wksp / QW: () | Tel: () | Fax: () |
| TP Particulars: | Veh No: SJM 7583B 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | | | |
|--|---|--------------------------------------|--|----------------------|----------------------|
| NA1903259 | | Invoice Preparation Checklist | | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Claimant's Particulars :- | 1) AR : Accident Reporting (\$30); | | | | |
| Driver/Owner: | 2) DA : Damage Assessment (\$100); INC (\$90) | | | | |
| Contact No: | 3) TF : Towing Fee \$40/\$45 | | | | |
| Damaged Portion: | 4) FT : Follow-Through Survey \$120 | | | | |
| QC Checked by (Engr-In-Charge): | 5) FT : Follow-Through Survey (Resurvey) \$30 | | | | |
| Auditors' Comments :- | For claiming against INC Only (wef 10 Jan 2005) | | | | |
| Cat. 1: | 6) TR : Re-inspection \$75 | | | | |
| Cat. 2 / 3: | 7) NI : Idac DA + SMRT Survey \$160 | | | | |
| | 8) NTUC Additional Services:- | | | | |
| | Q1: | | | | |
| | *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 | 08/05/2019 18:41 |
| Date Of Accident | 07/05/2019 14:30 |
| Exact Location Of Accident | ANG MO KIO AVE 1 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SJC5030X |
| Insured/Policyholder | |
| Name Of Registered Owner | VISCAR LEASING PTE LTD |
| Co Reg No | 201634983K |
| Email Address | AIMAN_AMALLIA@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-82002240 |
| Alternative Phone No | OFFICE-82002240 |

Vehicle Particulars

| | |
|--|-----------------------|
| Manufacturer | HONDA |
| Model | STREAM SUNROOF 1.8L A |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5087371725-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | AIMAN BIN KHALID |
| NRIC No | S9004350A |
| Date Of Birth | 06/02/1990 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/07/2014 |
| Driving Experience | 4 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82002240 |
| Fax Number | |
| Contact Number | OTHERS-82002240 |
| Email Address | AIMAN_AMALLIA@HOTMAIL.COM |

| | |
|---|-----------------------------------|
| Address | BLK 207 BOON LAY PLACE #10-225 |
| Postcode | 840207 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|---------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| 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) | 2 |
| Passenger 1 | NAME: : NIL GENDER: : FEMALE |

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

PLS REFER TO THE ATTACHED 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 | SJM7583B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | AZHAR BIN RASHID |
| NRIC/Passport Number | S7225831B |
| Contact Number | 82830166 |
| 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.:

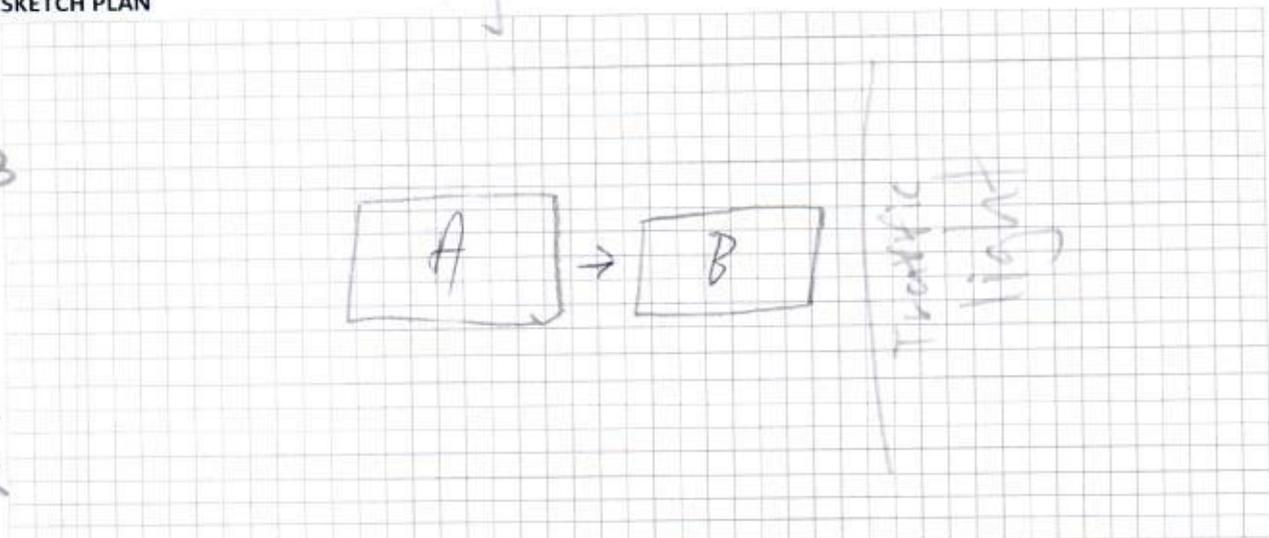
8/5/2019

Ang Mo Kio Ave 1 →

SKETCH PLAN

B
SJM
7583B

A
SJC
5030X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the traffic light behind Car B. I never realise my foot on the brake was lose - the Car move slowly & hit car B back - vehicle A No damage only scratches.

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:

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

8/5/2019

Enquire Vehicle Information**Vehicle No.**

Vehicle No. : SJC5030X

Vehicle Details

| | |
|------------------------------------|--|
| Vehicle Type : | Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover |
| Vehicle Attachment 1 : | With Sun Roof |
| Make / Model : | HONDA / STREAM SUNROOF 1.8L A |
| Primary Colour : | White |
| Year of Manufacture : | 2007 |
| Maximum Laden Weight : | 1775 kg |
| Unladen Weight : | 1385 kg |
| No. Of Axles : | 2 |
| Engine No. : | R18A12801453 |
| Chassis No. : | JHMFN68408S201453 |
| Engine Capacity : | 1799 cc |
| Maximum Power Output : | 103.0 kW (138 bhp) |
| IU Label No. : | 1124063669 |
| Propellant : | Petrol |
| Passenger Capacity : | 6 |
| Original Registration Date : | 21 Feb 2008 |
| First Registration Date : | 21 Feb 2008 |
| Open Market Value : | \$20,737.00 |
| Additional Registration Fee Rate : | 110.00 % |
| Actual ARF Paid : | \$22,811.00 |
| PARF Eligibility : | Forfeited |
| Minimum PARF Benefit : | - |
| COE No. : | 2008030103000324E |
| COE Category : | B - Car (1601cc & above) |
| COE Expiry Date : | 20 Feb 2023 |
| Quota Premium (QP) : | \$13,209.00 |
| PQP Paid : | \$25,289.00 |
| OPC Cash Rebate Eligibility : | No |
| QP during COE Bidding Exercise : | \$13,209.00 |
| Private Hire Vehicle Decal No. : | A109293 (Issued on 02 May 2019) |
| CO2 Emission: | - |
| CO Emission: | - |
| HC Emission: | - |
| NOx Emission: | - |
| PM Emission: | - |

[Previous](#)[OK](#)

Reported on 7/5/2019 @ 1525 HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (7, 5, 2019) (DD/MM/YYYY), TIME: (14:30) (HH:MM)

LOCATION: Ang Mo Kio Ave 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJC 5030X
- b) INSURANCE COMPANY: _____
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- 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: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 82002240
- c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJM 7583B MODEL: _____
- b) DRIVER'S NAME: AZHAR BIN RASHID
- c) NRIC/FIN/PASSPORT: 57225831B CONTACT: 8283 0166

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(2)

1-F

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = viscarleasing@gmail.com ✓

fax =

VIDEO =

Aiman - Amallia @Hotmail.com

Aiman - Amallia @

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9004350A**



Name
AIMAN BIN KHALID

Race
MALAY

Date of birth
06-02-1990

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S9004350A**

Name
AIMAN BIN KHALID

Birth Date **06 Feb 1990**

Issue Date **23 Jul 2014**



002327469G

4322987



NRIC No: **S9004350A**

Date of issue
28-11-2008

APT BLK 207 BOON LAY PLACE #10-225
SINGAPORE 840207

NRIC No: **S9004350A** Date: **10/03/2014 (R)**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES/

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 23 Jul 2014



Licence No: **S9004350A**



NP 426A

Land Transport Authority



VOCATIONAL LICENCE

Licence No ; S9004350A

Name ; AIMAN BIN KHALID

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

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

| Type | Description | Issue Date |
|------|---------------------|------------|
| 13 | PRIVATE HIRE CAR VL | 15/05/2018 |



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: 5087371725-02

Cover : Third Party

- | | |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : SJC5030X |
| Chassis Number | : JHMRN684085201453 |
| 2. Name of Policyholder | : VISCAR LEASING PTE LTD |
| 3. Effective Date of Insurance | : 15 Apr 2019 |
| 4. Expiry Date of Insurance | * : 14 Apr 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) | : N/A |
| EXCESS (SECTION 2) | : S\$1,500 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : N/A |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : N/A |
| NCD PROTECTION | * : NO |
| PRIMARY DRIVER | : N/A |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : N/A |
| SUM INSURED | : N/A |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CITY INSURANCE AGENCY PTE. LTD. (00000573566)

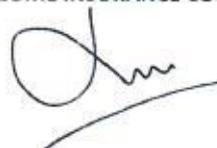
Date of Issue : 03 Jan 2019 12:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive

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="07/05/2019 14:30"/> |
| Vehicle No. (For Motor) | <input type="text" value="SJC5030X"/> | Certificate Number | <input type="text"/> |

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|------------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5087371725-02 | | VISCAR LEASING PTE LTD | 201634983K | GFT | Third Party | SJC5030X | SJC5030X | 15/04/2019 | |

Continue

▼ Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|------------------------|-------------------|------------------|
| Policy No. | 5087371725-02 | Policyholder Name | VISCAR LEASING PTE LTD | Policyholder NRIC | 201634983K |
| Certificate No. | | | | | |
| Address | 10 UBI CRESCENT #05-16 UBI TECHPARK SINGAPORE 408564 | | | | |
| Product Name | FLEET INSURANCE | Plan | | Group Policy Flag | N |
| Policy issue Date | 03/01/2019 | Effective Date | 09/01/2019 00:00 | Expiry Date | 08/01/2020 23:59 |
| Third Party Excess | 1500 | Own damage Excess | 0 | Windscreen Excess | 0 |
| Additional Excess | 0 | OS Premium | 0 | | |
| Outside Singapore OD Excess | 0 | Outside Singapore TP Excess | 1500 | | |
| Agent | CITY INSURANCE AGENCY PTE. | Agent Tel. | 64598677 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|-----------------|-----------------------|---------------------|-----------|------------------|
| Address 1 | 10 UBI CRESCENT | Address 2 | #05-16 UBI TECHPARK | Address 3 | SINGAPORE 408564 |
| Address 4 | | Address Type | Singapore address | Post Code | 408564 |
| Unit No. | 05-16 | Related Policy Number | 5087371725-02 | | |

▶ Insured Object: SJC5030X

▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Number | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|--------------------|----------------------------|--|
| 1 | 09/01/2019 00:00 | Basic Information Endorsement | null | Entry Rejected | Thank you for giving us the opportunity to serve you. |
| 2 | 13/02/2019 00:00 | Basic Information Endorsement | 000001287006173 | Endorsement Take Effective | 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. SLJ2961T 12-02-2019 \$840.98 In view of this amendment, a refund of \$840.98 (inclusive of GST) will be adjusted against the outstanding premium. |
| 3 | 14/02/2019 00:00 | Basic Information Endorsement | 000001287006868 | Endorsement Take Effective | 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. SJU534Y 15-02-2019 \$833.37 In view of this amendment, an additional premium of \$833.37 (inclusive of GST) is payable |

Claim Handling

Accident MT/1043526

| | | | | |
|---------------------|--|---------------------|---|----------------------|
| Policy No. | 5087371725-02 | Vehicle No. | SJC5030X | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | VISCAR LEASING PTE LTD | | | Policyholder NRIC |
| Product Code | FLEET INSURANCE | Cover Type | Third Party | Loading |
| Contact No.(Mobile) | NA | Contact No.(Office) | | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input 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 |

Accident Details

| | | | | |
|-------------------|---|-------------------------------|-------|---------------------|
| Report Date | 08/05/2019 15:23 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 07/05/2019 | Time of Accident hh:mm | 13:10 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | ANG MO KIO AVENUE 1 TL OF ANG MO KIO AVE 10 | | | |

Excess

| | | | | |
|-----------------------|----------|-----------------------------|----------|-------------------|
| Own damage Excess | 0.00 | Additional Excess | 0 | Windscreen Excess |
| Unnamed Driver Excess | | Outside Singapore OD Excess | 0.00 | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | 1,500.00 | |

Benefits

GST Registered Information

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

Policyholder Mailing Address

| | | | | |
|-----------|-----------------|-----------------------|---------------------|-----------|
| Address 1 | 10 UBI CRESCENT | Address 2 | #05-16 UBI TECHPARK | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | 05-16 | Related Policy Number | 5087371725-02 | |

O1 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 | | Address 3 |
| Address 4 | | Address Type | Foreign address | Post Code |
| Unit No. | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Com |
| Modification History | | | | |

Claim 002 OD-MX **New**

| | | | |
|---------------------|-----------------------------------|----------------------------------|--------------------|
| Claim Type * | OD-MX | Insured Name | VISCAR |
| Contact No.(Mobile) | 90303074 | Contact No. (Home) | |
| Email Address | | O1 Vehicle Number | SJC503 |
| Claim Description | SJC5030X / SJM7583B ON 7 May 2019 | | |
| Preferred Workshop | Preferred | Insured Liability | Partially at Fault |
| Workshop No. | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report |
| Finalisation | Yes | Received | |
| Date Registered | | Claim Close Date | 09/05/2019 15:20 |
| Report Taken By | | Workshop Repairer | |

Print AK letter

Save **Submit**

Attachment

Accident No. MT/1043526 Claim No. 002
 Last Doc. Received Yes No Upload Date 09/05/2019 15:15

Path *

Category *

Confidential

- Choose File No file chosen
- Message Read

- Clear

| | |
|---------------|----|
| Please Select | NO |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Des |
|------------|--|-----------------------|---------|---------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:19 | NRIC/ Driving License | Normal | NRIC/ Driving |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:19 | NRIC/ Driving License | Normal | NRIC/ Driving |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:16 | SAS | Normal | SAS ; |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:16 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:16 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:16 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:16 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:16 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:16 | Photos | Normal | Photos |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:16 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:15 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:15 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:15 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:15 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:15 | Photos | Normal | Photos |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 May 2019 15:15 | Photos | Normal | Photos |

Video List