

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA11906758

Date In: 24/1/05 - 18:20	Job description	Date & Time Completed	Done by
Ref No: NA/INC1902948/24	SAS e-filing		
Veh No: SVP35498	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 24/1/05 - 08:50	i-Motor Claim Form	M711045991-001	24/1/05 18:33
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: SBRJW80

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

NA190810

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

1) AR : Accident Reporting (\$30);		
2) DA : Damage Assessment (\$100); INC (\$80)		
3) TF : Towing Fee \$40/\$45		
4) FT : Follow-Through Survey \$120		
5) RT : Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR : Re-inspection \$75		
7) N1 : Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
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		

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	24/05/2019 18:20
Date Of Accident	24/05/2019 08:50
Exact Location Of Accident	CTE (AYE) BEFORE PIE (CHANGI)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLD3549B
Insured/Policyholder	
Name Of Registered Owner	WJ CAR RENTAL PTE LTD
Co Reg No	201843284H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X 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	5107104393
Cover Note Number	
Driver	
Name of Driver	SHERLENE MADDISON LAU EJUN
NRIC No	S7124203Z
Date Of Birth	12/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1996
Driving Experience	22 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97331971
Fax Number	
Contact Number	OFFICE-97331971
EMail Address	NOEMAIL

Address	BLK 411B FERNVALE ROAD #23-66
Postcode	792411
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : JOHN ANDREW SYDNESS GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190524/7015.

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	SBR5008C
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: ;

DETAILS OF INJURED PERSON 1

Name SHERLENE MADDISON LAU EJUN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLD3549B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name JOHN ANDREW SYDNESS
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLD3549B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

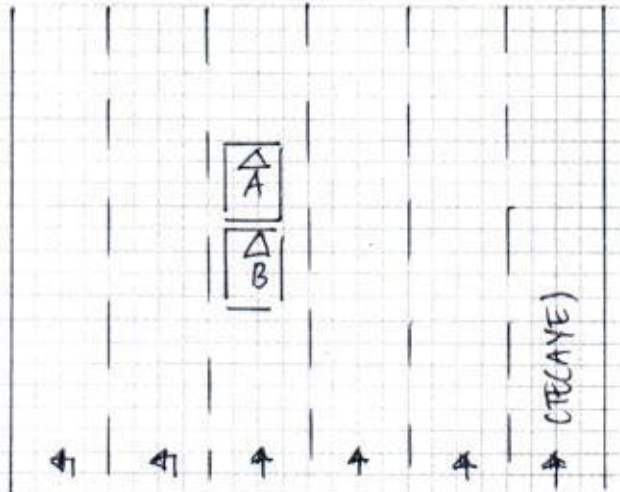
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Vehicle A: SLD 3549B

Vehicle B: CBK 500BC



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

I/We declare that the 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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 05 / 2019 (DD/MM/YYYY), TIME: 08 : 50 (HH:MM)

LOCATION: (TECAVE) before PIE (Changi)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLD 3549B
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Vete
 f) TYPE: (SEDAN / 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: WJ Car Rental Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201843284H CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Sherylene Maddison Lau Ejun (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7124203Z CONTACT: 97331971
 c) ADDRESS: 411B Fernvale Road #03-66 S(702411)

d) DATE OF BIRTH: 12 / 07 / 1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 22

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: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SBR5008C 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: _____

* No of passenger

(Including driver)

(02)

male passenger

* No of passenger

(Including driver)

(02) male

* No of passenger

(Including driver)

()

email =

fax =



SINGAPORE POLICE FORCE



T/20190524/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190524/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/05/2019 13:52		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHERLENE MADDISON LAU EJUN			Address: APT BLK 411B FERNVALE ROAD #23-66 SINGAPORE 792411		
ID Type / ID No.: NRIC NO / S7124203Z			Contact No.: Home/Office: Mobile: 97331971		
Nationality: SINGAPORE CITIZEN			Email: sherlene12@singnet.com.sg		
Sex: Female	Age: 47	Date of Birth: 12/07/1971	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Grab Driver		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/05/2019 08:50	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBR5008C	Car				Seriously Damaged	1
SLD3549B	Car	HONDA	VEZEL		Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190524/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190524/7015

CONTINUATION OF REPORT

Passenger				
Name	JOHN ANDREW SYDNESS		ID No.	S2765802D
Related Vehicle	SLD3549B (Car)		Contact No.	98374731
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/05/2019		Date Discharge	24/05/2019
No. of Days granted Medical Leave	05		Degree of Injury	Serious
Driver				
Name	SHERLENE MADDISON LAU EJUN		ID No.	S7124203Z
Related Vehicle	SLD3549B (Car)		Contact No.	97331971
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/05/2019		Date Discharge	24/05/2019
No. of Days granted Medical Leave	05		Degree of Injury	Slight

Brief Details.

ON 24/05/2019 AT ABOUT 08:50HR, I WAS DRIVING MY VEHICLE ALONGSIDE WITH A PASSENGER - MR. JOHN ANDREW SYDNESS, NRIC: S2765802D, ON CTE IN THE DIRECTION OF AYE. BEFORE THE EXIT TO PIE(CHANGI), FRONT VEHICLE STOPPED & I STOPPED AS WELL. ABOUT 2-3 SECONDS LATER, VEHICLE NUMBER - SBR5008C, HIT ONTO MY STATIONARY VEHICLE'S REAR PORTION.

MY PASSENGER SUFFERED A CUT ON HIS HEAD AND WE BOTH SEEK MEDICAL ATTENTION AT MOUNT ALVERNIA HOSPITAL AND WERE BOTH GIVEN 5 DAYS MC EACH.



**SINGAPORE
POLICE FORCE**



T/20190524/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190524/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
24/05/2019 13:52

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7124203Z



Name

SHERLENE MADDISON LAU EJUN



刘 怡 君

Race

CHINESE

Date of birth

12-07-1971

Country/Place of birth

SINGAPORE

Sex

F



5643129



NRIC No. **S7124203Z**




Date of issue

01-09-2016

**APT BLK 411B FERNVALE ROAD #23-66
SINGAPORE 792411**

NRIC No: **S7124203Z**

Date: **05/07/2017**

Land Transport  Authority



VOCATIONAL LICENCE

Licence No : S7124203Z

Name : SHERLENE MADDISON LAU
EJUN

Card Issue Date : 05/03/2018

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

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7124203Z

Name:

SHERLENE MADDISON LAU EJUN

Birth Date: 12 Jul 1971

Issue Date: 16 Sep 2016



This card is not transferable and is the property of 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	05/03/2018



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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	21 Oct 1996

NP 428A



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="24/05/2019 08:50"/>
Vehicle No. (For Motor)	<input type="text" value="SLD3549B"/>	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 checked="" type="radio"/>	5107104393		WJ CAR RENTAL PTE. LTD.	201843284H	GFT	drivo CLASSIC	SLD3549B	SLD3549B	29/03/2019	

▼ Policy Information

Policy No.	5107104393	Policyholder Name	WJ CAR RENTAL PTE. LTD.	Policyholder NRIC	201843284H
Certificate No.					
Address	6001 BEACH ROAD #13-06 GOLDEN MILE TOWER SINGAPORE 199589				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	17/01/2019	Effective Date	22/01/2019 00:00	Expiry Date	21/01/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	1420.03		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		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	#13-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.	13-06	Related Policy Number	5107104393		

▶ Insured Object: SLD3549B

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	22/01/2019 00:00	Basic Information Endorsement	000001286991836	Endorsement Take Effective	<p>We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLE8175H 24-01-2019 \$1,840.96 2. SLE8556S 24-01-2019 \$1,840.96 3. SLE9412S 24-01-2019 \$1,840.96 4. SLF8790B 24-01-2019 \$1,840.96 5. SLG1289Z 24-01-2019 \$1,840.96 6. SLH7931H 24-01-2019 \$1,840.96</p> <p>In view of this amendment, an additional premium of \$11,045.76 (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> <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. SLF5832J 24-01-2019 \$1,840.96 In view of this amendment, an additional premium</p>

Claim Handling

The premium on this policy has not been collected.

Exit

Accident HT/1045991

Policy No.	5107104393	Vehicle No.	SLD3549B	GST Registration No.	
Certificate No.					
Policyholder Name	W3 CAR RENTAL PTE. LTD.	Cover Type	drive CLASSIC	Policyholder NRIC	201843284H
Product Code	FLEET INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	0	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="T1"/>
MPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	24/05/2019 18:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/05/2019	Time of Accident (hh:mm)	08:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE (AYE) BEFORE PSE (CHANGE)				

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 No.	
Modification History	
GST Registration Date	
GST Status Verified	Yes

Policyholder Mailing Address

Address 1	6001 BEACH ROAD	Address 2	#13-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
Address 4		Address Type	Singapore address	Post Code	199589
Unit No.	13-06	Related Policy Number	5107104393		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	12/07/1971
Unnamed driver Name	SHERLENE MADDOISON LAU EJUI	Driver NRIC	S7124203Z	Driving Experience	22
Register Date of Driver License	21/10/1996	Driver Age	47	Contact No. (Home)	0
Contact No. (Mobile)	97331971	Contact No. (Office)	0	Address 3	CORAL SPRING
Address 1	BLK 411B	Address 2	FERNVALE ROAD	Post Code	792411
Address 4	SINGAPORE 792411	Address Type	Singapore address		
Unit No.	23-66				
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 checked="" type="radio"/> Yes <input type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 New

Claim Type *	OD-Mx	Insured Name	W3 CAR RENTAL PTE. LTD.	Insured NRIC	201843284H
Contact No. (Mobile)		Contact No. (Home)		Contact No. (Office)	+
Email Address		OI Vehicle Number	SLD3549B	TP Vehicle Number	SBR5008C
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SLD3549B / SBR5008C ON 24 May 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	24/05/2019 18:33	Claim Close Date		Date Received	24/05/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	HT/1045991	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/05/2019 18:35
Path *		Category *	
	Browse... Clear	Please Select	Confidential
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:35	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:35	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:35	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:35	NRJC/ Driving License	Normal	NRJC/ Driving License 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:34	SAS	Normal	SAS 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:34	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:34	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:34	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:34	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:34	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:34	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:34	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:34	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:34	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:33	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:33	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:33	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:33	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:33	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:33	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:33	Photos	Normal	Photos 2019-5-24		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 24 May 2019 18:33	Photos	Normal	Photos 2019-5-24		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"/>	