

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA119068777**

Date In: 22/1/14 21:35	Job description	Date & Time Completed	Done by
Ref No: NA/INC 119068777	SAS e-filing		
Veh No: JKP14517	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/1/14 - 20.30	i-Motor Claim Form	NA/119068777-001	22/1/14 22:04
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: JKP14517	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

NA119068777	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) 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:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	27/05/2019 21:35
Date Of Accident	24/05/2019 20:30
Exact Location Of Accident	SLIP RD TAMPINES AVE 12 TWDS TPE (SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP1951J
Insured/Policyholder	
Name Of Registered Owner	LE MOTOR CAR RENTAL PTE LTD
Co Reg No	201401553D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93866708
Alternative Phone No	OFFICE-93866708

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1K21G5
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5108394499
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RUZAMBRI BIN SUHAIRI
NRIC No	S9028401J
Date Of Birth	08/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	07/04/2011
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90682945
Fax Number	
Contact Number	OFFICE-90682945
EEmail Address	NOEMAIL

Address	BLK 697 HOUGANG STREET 61 #07-44
Postcode	530697
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	CHAIN COLLISION
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	3
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - F/20190527/7020.

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	SLM4224J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM JEE KIANG
NRIC/Passport Number	S1297909F
Contact Number	86663033
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMK5248K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO CHIN LEONG
NRIC/Passport Number	S0465406D
Contact Number	97315755
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD RUZAMBRI BIN SUHAIRI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKP1951J
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

- A) SKP 1951J
- B) SMA 5248K
- C) SLM 422J

From Tampines Ave 12



TPE/SLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had entered the slip lane from Tampines Ave 12 to TPE/SLE

Veh ~~B~~ (C) in front of mine had stopped for traffic along TPE/SLE to clear.

I was in the midst of braking when a sudden impact from the rear left of my car pushes it forward & collided onto Veh (C)

Veh (B) had collided onto the rear left side of my car & caused the chain collision. I sprained my left toe & was given 5 days after consulting the doctor.

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.:

VEHICLE NO : <u>SLP1951J</u>		MAKE/MODEL : <u>VOLKSWAGEN JETTA</u>	
Date of Accident	<u>24/05/2019</u>	Time: <u>20:30</u>	Foreign Veh Involved <u>YES / NO</u>
Location of Accident	<u>TREBLE EXIT 12</u>		Foreign Veh No
Country of Loss			
Vehicle Damaged			No. of Veh Involved : <u>3</u>
Claim Type	<u>DD / TP / REPORTING</u>		Was There Any Witness <u>YES / NO</u>
INSURANCE CO	<u>NTUC INCOME</u>		Name of Witness :
Coverage	<u>Comprehensive/TPFT/Third Party Only</u>		Contact No :
Policy No	<u>5108 394499</u>		
Fleet Policy	<u>YES / NO</u>		
OTHER VEHICLES			
OWNER / CO. NAME	<u>LE MOTOR CAR RENTAL PTE LTD.</u>		VEHICLE B : <u>SLM4224J</u> <u>3</u>
NRIC / Co's Reg No.	<u>201491553D</u>		Category :
Address	<u>50 EAST COAST ROAD #01-89 ROXY SQUARE</u>		Driver's Name : <u>LIM JEE KIAN</u>
	<u>SINGAPORE 428769</u>		NRIC No : <u>S1297909F</u>
Contact / Mobile No	<u>93866708</u>		Contact No : <u>86663033</u>
Email Address	<u>edw-lemotor@gmail.com</u>		No. of Passenger : <u>-</u>
Date of Birth			
Gender	<u>M / F</u>		VEHICLE C : <u>-</u>
DRIVER'S NAME	<u>MUHAMMAD RUZAMBRI BIN SUHAIRI</u>		Category : <u>SMAS248K</u>
NRIC No	<u>S9028401J</u>		Driver's Name : <u>YEO CHIN LEONG</u>
Address	<u>APT BLK 697 HOUGANG STREET 61</u>		NRIC No : <u>S465406D</u>
	<u>#07-44 SINGAPORE 530697</u>		Contact No : <u>97315755</u>
Contact / Mobile No	<u>9068 2945</u>		No. of Passenger : <u>1 (F)</u>
Email Address	<u>zambri_returns@hotmail.com</u>		
Date of Birth	<u>08/08/1990</u>		
Gender	<u>M / F</u>		
LICENSE PASSED DATE	<u>07/04/2011</u>		
Occupation	<u>Indoor / Outdoor</u>		VEHICLE D
Relation with Owner	<u>HIRER</u>		Category :
			Driver's Name :
			NRIC No :
			Contact No :
			No. of Passenger :
Does Driver Own Any Other Veh ?	<u>YES / NO</u>		
Vehicle Reg No			
Insurance Co			
Weather Condition	<u>Clear / Raining / Others</u>		Video Captured : <u>Yes / NO</u>
Road Surface	<u>Dry / Wet / Others</u>		
INJURED	<u>YES / NO</u>		
Name of Injured	<u>MUHAMMAD RUZAMBRI BIN SUHAIRI</u>		Police Report : <u>YES / NO</u>
Convey To Hospital by Ambulance :	<u>YES / NO</u>		If YES, Where :
NO. OF PASSENGERS	<u>-</u>		
Name of Passenger :	<u>M / F</u>	INJURED?	YES/NO
Name of Passenger :	<u>M / F</u>	INJURED?	YES/NO
Name of Passenger :	<u>M / F</u>	INJURED?	YES/NO
Name of Passenger :	<u>M / F</u>	INJURED?	YES/NO
REMARKS : <u>SUCCESS UNITED PTE LTD</u>			
Name of Workshop :	<u>2 Kaki Bukit AutoHub</u>		Contact No :
Address :	<u>Kaki Bukit Ave 2, #01-33/#02-29</u>		Email : <u>keong@successunited.com.sg</u>
	<u>Singapore 417921</u>		
	<u>Tel: 6746 1515 Fax: 6748 5015</u>		



**SINGAPORE
POLICE FORCE**



F/20190527/7020

1 of 2

POLICE REPORT (NP299)

Report No. F/20190527/7020

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 27/05/2019 13:14	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD RUZAMBRI BIN SUHAIRI	Address APT BLK 697 HOUGANG STREET 61 #07-44 SINGAPORE 530697	
ID Type / ID No. NRIC NO / S9028401J	Contact No. Home/Office: Mobile: 90682945	
Nationality SINGAPORE CITIZEN	Email Address zambri_returns@hotmail.com	
Occupation DRIVING INSTRUCTOR	Sex Male	Age 28
Institution/School Name	Date of Birth 08/08/1990	Race Javanese
Date/Time Of Incident 24/05/2019 20:30 - 24/05/2019 21:00	Location Of Incident APT BLK 697 HOUGANG STREET 61 #07-44 SINGAPORE 530697	

Brief details.

ON 24 MAY 2019 AT AROUND 2030HRS , I HAD ENTERED THE SLIP LANE FROM TAMPINES AVE 12 TO TPE/SLE.

VEHICLE C (SLM422J) INFRONT OF MY VEH HAD STOPPED FOR TRAFFIC ALONG THE EXIT TO CLEAR, AND I, VEHICLE A (SKP1951J) WAS IN THE MIDST OF BRAKING WHEN A SUDDEN IMPACT FROM THE REAR LEFT OF MY CAR PUSHES MY CAR FORWARD AND COLLIDED WITH

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2019 13:14
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20190527/7020

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190527/7020

VEH C.

VEHICLE B (SMA5248K) HAD COLLIDED ONTO MY REAR LEFT SIDE OF MY CAR & CAUSED THE CHAIN COLLISION.

I SPRAINED MY LEFT TOE & WAS GIVEN 5 DAYS MC AFTER CONSULTING THE DOCTOR AT SENGKANG GENERAL HOSPITAL.

Subjects Involved			
Victim			
Person Name	MUHAMMAD RUZAMBRI BIN SUHAIRI		
ID Type	NRIC NO	ID No	S9028401J
Gender	Male	Age	28
Race	Javanese	Language	English
Occupation	DRIVING INSTRUCTOR	Address Type	
Address	APT BLK 697 HOUGANG STREET 61 #07-44 SINGAPORE 530697	Mobile No	90682945
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD RUZAMBRI BIN SUHAIRI (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2019 13:14
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9028401J**

Name: **MUHAMMAD RUZAMBRI BIN SUHAIRI**

Birth Date: **08 Aug 1990**

Issue Date: **07 Apr 2011**

001953889D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9028401J**

Name: **MUHAMMAD RUZAMBRI BIN SUHAIRI**

محمد روزمبري بن سوهيري

Race: **JAVANESE**

Date of birth: **08-08-1990** Sex: **M**

Country of birth: **SINGAPORE**

375801

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

		EFFECTIVE DATE
C	Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	07 Apr 2011
	Class 4 Heavy motor cars and motor tractors $>$ 2500 kg	28 Nov 2013

S9028401J

S / No. 9000200119

Licence No: S9028401J

NP 426A

375801

NRIC No. **S9028401J**

Date of issue: **19-08-2005**

APT BLK 697 HOUGANG STREET 61 #07-44
SINGAPORE 530697

NRIC No: **S9028401J** Date: **22/01/2013** No: **725681**

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: 5108394499

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SKP1951J**
Chassis Number : WVWZZZ1KZ9U021349
2. Name of Policyholder : LE MOTOR CAR RENTAL PTE LTD
3. Effective Date of Insurance : 06 Apr 2019
4. Expiry Date of Insurance : 17 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)	: 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 : KHC HOLDINGS PTE LTD (00000613934)
Date of Issue : 01 Apr 2019 16:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

KHC HOLDINGS PTE LTD
372A D'NET STREET SINGAPORE 120103



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="24/05/2019 20:30"/>
Vehicle No.(For Motor)	<input type="text" value="SKP1951J"/>	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"/>	5108394499		LE MOTOR CAR RENTAL PTE LTD	201401553D	GPC	Third Party	SKP1951J	SKP1951J	06/04/2019	17/03/2020

Policy Information

Policy No.	5108394499	Policyholder Name	LE MOTOR CAR RENTAL PTE LTD	Policyholder NRIC	201401553D
Certificate No.					
Address	50 EAST COAST ROAD #01-89 ROXY SQUARE SINGAPORE 428769				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	01/04/2019	Effective Date	06/04/2019 00:00	Expiry Date	17/03/2020 23:59
Excess Type	Per Accident	All Claims Excess			
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	Young/Inexperience Driver Excess	
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	50 EAST COAST ROAD	Address 2	#01-89 ROXY SQUARE	Address 3	SINGAPORE 428769
Address 4		Address Type	Singapore address	Post Code	428769
Unit No.	01-89	Related Policy Number	5108697379		

Insured Object: SKP1951J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	06/04/2019 00:00	NCD Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We would like to inform you that from 06 Apr 2019, you are entitled to 20% NCD under your policy. After the NCD adjustment, the revised premium is \$1,027.70 (inclusive of GST). 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, credit card or NETS.</p>

Continue

Cancel

Claim Handling

• Exit

Accident MT/1046331

Policy No.	5108394499	Vehicle No.	SKP19513	GST Registration No.	
Certificate No.					
Policyholder Name	LE MOTOR CAR RENTAL PTE LTD	Cover Type	Third Party	Policyholder NRIC	201401553D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	93866708	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	11
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	27/05/2019 22:02	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	24/05/2019	Time of Accident hh:mm	20:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD TAMPORES AVE 12 TWDS TPE (SLE)				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	
Additional Excess	0.00	Total TP Excess Applicable			
Total OD Excess Applicable					
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	27/05/2019 22:03:50 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address					
Address 1	50 EAST COAST ROAD	Address 2	#01-89 ROXY SQUARE	Address 3	SINGAPORE 428769
Address 4		Address Type	Singapore address	Post Code	428769
Unit No.	01-89	Related Policy Number	5108697379		
OE Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/08/1990
Unnamed driver Name	MUHAMMAD RUZAMR1 BEN SU	Driver NRIC	S9028401J	Driving Experience	8
Register Date of Driver License	07/04/2011	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	90682945	Contact No.(Office)	0	Address 3	HOUANG SPRUNG
Address 1	BLK 697	Address 2	HOUANG STREET 61	Post Code	530697
Address 4	SINGAPORE 530697	Address Type	Singapore address		
Unit No.	07-44				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser 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	LE MOTOR CAR RENTAL PTE LTD	Insured NRIC	201401553D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+
Email Address		Ol Vehicle Number	SKP19513	TP Vehicle Number	SLM42243
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKP19513 / SLM42243 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	27/05/2019 22:04	Claim Close Date		Date Received	27/05/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

















Save Submit

Attachment

Accident No.	MT/1046331	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/05/2019 22:06		
Path *		Category *		Confidential	Urgency *

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="10"/>	<input type="text" value="Normal"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mag Sent? (CD)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 22:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 22:05	SAS	Normal	SAS 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 22:05	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 22:05	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 22:05	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 22:05	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 22:05	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 22:05	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 22:05	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 22:05	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 22:05	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 22:05	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 22:05	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 22:05	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 22:05	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 22:05	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 22:05	Photos	Normal	Photos 2019-5-27		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 27 May 2019 22:05	Photos	Normal	Photos 2019-5-27		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"/>	