

NATIONAL Assessment Centre Services

[wef 1 Jan 2009] MHA119072176

Date In: 7/1/19-15:14	Job description	Date & Time Completed	Done by
Ref No: H9/14C 19009163/24	SAS e-filing		
Veh No: J245J200	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 7/1/19-09:10	i-Motor Claim Form	M7/1044853-00v	7/1/19 15:25
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: JKL8823X	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

Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Amt (\$) for Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2009)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
* N5: Courtesy Car / Tpt Allowance \$5 * N6: Repair Co-ordination \$10 * N7: Post Repair Inspection \$25 * N8: DV / Collect Excess Coordination \$5 * N11: TP (N-in INC) against INC \$20 * N12: Idac Mobile 30				
Invoice dated Invoice dated		Fee Charged 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	03/06/2019 15:14
Date Of Accident	15/05/2019 09:10
Exact Location Of Accident	UBI RD TWDS ENTRANCE OF KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS4500A
Insured/Policyholder	
Name Of Registered Owner	ONE2RENT CARS PTE LTD
Co Reg No	201306179N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	MAZDA
Model	BIANTE 5-DOOR WAGON 2.0L SP.6EAT
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	REPORTING ONLY
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	5108639457
Cover Note Number	

Driver

Name of Driver	KAMARUDIN BIN OSMAN
NRIC No	S1528626A
Date Of Birth	28/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	12/10/1982
Driving Experience	36 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88381407
Fax Number	
Contact Number	OFFICE-88381407
EMail Address	NOEMAIL

Address	BLK 469 CHOA CHU KANG AVENUE 3 #04-109
Postcode	680469
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?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: - GENDER: FEMALE

Details of Police Action

Was the accident reported to the police?	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	SKL8823X
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LUM TECK MENG
NRIC/Passport Number	S8127185B
Contact Number	86991313
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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: SDS4500A
B: SKL 8823X

Diagram

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Ubi Road towards entrance of KPE tunnel, suddenly vehicle B brake. I was not able to stop in time and collided onto his rear portion of his vehicle.

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.:

IMPORTANT NOTE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	
Date of accident	15/05/2019 (DD/MM/YY)
Time of accident	9:10 am (HH:MM)
Exact location of accident	Along Ubi Road towards entrance of KPE

DETAILS OF VEHICLE	
Vehicle registration number	SDS 4500A
Vehicle make and model	Mazda Bionte
Type of vehicle	Saloon <input type="checkbox"/> MPV <input checked="" type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input type="checkbox"/> Reporting only <input checked="" type="checkbox"/>

INSURANCE INFORMATION	
Insurance company	NTUC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER	
Name	ONE2RENT CARS PTE LTD Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	201306179N
Contact	
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570

DRIVER SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Kamarudin Bin Osman Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S 15 28626 A
Contact	8838 1407
Address	Apt B1k 469 Choa Chu Kang Avenue 3 #04-109 S(680469)
Email address	
Date of birth	28/01/1962
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Driving date pass	12/10/1982

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Hirer</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>2</u> (Inclusive of driver)

PASSENGER 1	
Name	<u>Grab passenger</u>
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SKL 8823X
Vehicle make model	Audi
Name	Lum Teck Meng
NRIC / Fin / Passport number	S 8127185B
Contact	8699 1313

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man

License Number: **S1528626A**

Name: **KAMARUDIN BIN OSMAN**

Birth Date: **28 Jan 1962**

Issue Date: **14 Aug 2003**

Barcode: **000744098J**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1528626A**

Portrait of a man

Name: **KAMARUDIN BIN OSMAN**

Race: **MALAY**

Date of birth: **28-01-1962**

Sex: **M**

Country of birth: **SINGAPORE**

Barcode: **S1528626A**

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	19 Nov 1987
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	12 Oct 1992
Class 4A	Ominibuses	10 Sep 2004

S / No. 9000005808

S1528626A

NP 428A

Barcode: Licence No: **S1528626A**

4515773

Barcode

NRIC No: **S1528626A**

Portrait of a man

Date of issue: **08-01-2010**

Address: **APT BLK 469 CHOA CHU KANG AVENUE 3
#04-109
SINGAPORE 680469**

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: 5108639457-000001

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SDS4500A**
Chassis Number : JM6CC1071F0107924
2. Name of Policyholder : ONE2RENT CARS PTE. LTD.
3. Effective Date of Insurance : 03 Apr 2019
4. Expiry Date of Insurance : 02 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)	:
EXCESS (SECTION 2)	:
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	: SINGAPURA FINANCE 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 : Marsh (Singapore) Pte Ltd (00000690300)
Date of Issue : 03 Apr 2019 14:24 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. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108639457	5108639457-000001	ONE2RENT CARS PTE. LTD.	201306179N	GFM	drive CLASSIC	SDS4500A	SDS4500A	03/04/2019	02/04/2020

Claim Handling

The premium on this policy has not been collected.

• Exit

Accident MT/1044853

Policy No.	S108639457	Vehicle No.	SDS4500A	GST Registration No.	201306179N
Certificate No.	S108639457-000001				
Policyholder Name	ONE2RENT CARS PTE. LTD.			Policyholder NRIC	201306179N
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text"/>
KFX	<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	Not available

Accident Details

Report Date	16/05/2019 15:37	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	15/05/2019	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Along Airport Road Entrance to KPE (ECP)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	1,000.00	TP Standard Excess	2,000.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0.00				
Total OD Excess Applicable	1,000.00	Total TP Excess Applicable	2,000.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/12/2015
GST Registration No.	201306179N	GST Status Verified	Yes
Modification History	16/05/2019 15:38:45 System changed GST Registered from No to Yes 16/05/2019 15:38:45 System changed GST Registration No. from null to 201306179N 16/05/2019 15:38:45 System changed GST Registration Date from null to 01/12/2015		

Policyholder Mailing Address

Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
Address 4		Address Type	Singapore address	Post Code	408570
Unit No.	01-12	Related Policy Number	S108639457		

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

Modification History

Claim 002 New

Claim Type *	CO-MX	Insured Name	ONE2RENT CARS PTE. LTD.	Insured NRIC	201306179N
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	62927575
Email Address	enquiry@one2rentcars.com	O1 Vehicle Number	SDS4500A	TP Vehicle Number	SKL8823X
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SDS4500A / SKL8823X ON 15 May 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/06/2019 15:25	Claim Close Date		Date Received	03/06/2019 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1044853	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/06/2019 15:28

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Browse...	Clear	Please Select	AD	Normal
Browse...	Clear	Please Select	AD	Normal
Browse...	Clear	Please Select	AD	Normal

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Mtg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jun 2019 15:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jun 2019 15:27	SAS	Normal	SAS 2019-6-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jun 2019 15:27	Photos	Normal	Photos 2019-6-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jun 2019 15:27	Photos	Normal	Photos 2019-6-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jun 2019 15:27	Photos	Normal	Photos 2019-6-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jun 2019 15:27	Photos	Normal	Photos 2019-6-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jun 2019 15:27	Photos	Normal	Photos 2019-6-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jun 2019 15:27	Photos	Normal	Photos 2019-6-3		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jun 2019 15:25	Photos	Normal	Photos 2019-6-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jun 2019 15:25	Photos	Normal	Photos 2019-6-3		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jun 2019 15:25	Photos	Normal	Photos 2019-6-3		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICE) on 03 Jun 2019 15:25	Photos	Normal	Photos 2019-6-3		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"/>				