

NATIONAL Assessment Centre Services

Date In: 10/06/2019 18:23
 Ref No: NA/INC19010210/164
 Vch No: GBT 5126L
 TCO: 08/06/2019 10:30

Job description: SAS e-filing
 Date & Time Completed: MT/1048465-001 11/6/1050
 Done by:
 E-mail (within 8hrs, A/C 2hrs)
 i-Motor Claim Form
 i-Motor W/O (Within: OD 2hrs, TP 4hrs)
 i-Photo Uploaded
 Assessment/Survey Report
 Ass't Report by Fax / Hand to Owner/Wksp

TP Insurer: Reporting Only

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Vch No: SGV 5567 A. 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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Auditors' Comments:-

NA/904237

Invoice Preparation Checklist

	Amt (\$) 1st Bill	Amt (\$) Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$20		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idao 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: Idao Mobile \$0		
Invoice dated	Free 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	10/06/2019 18:23
Date Of Accident	08/06/2019 10:30
Exact Location Of Accident	PIE TWDS TUASAFER STEVEN RD B4 ENG NEO AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5126L
Insured/Policyholder	
Name Of Registered Owner	ABWIN LEASING PTE. LTD.
Co Reg No	201223082Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88765271
Alternative Phone No	OFFICE-88765271

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109570162
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SUFIYAN BIN SAMSUDIN
NRIC No	S8805278A
Date Of Birth	14/02/1988
Occupation	OUTDOOR
Date Of Driving Pass	30/06/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88765271
Fax Number	
Contact Number	OTHERS-88765271
Email Address	NOEMAIL

Address	BLK 7 KING GEORGE'S AVENUE #08-120
Postcode	201007
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190608/2106

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	SGV5567A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED SALLEH BIN MOHAMED SANI
NRIC/Passport Number	S0159576H
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD SUFIYAN BIN SAMSUDIN
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	GBJ5126L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
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:

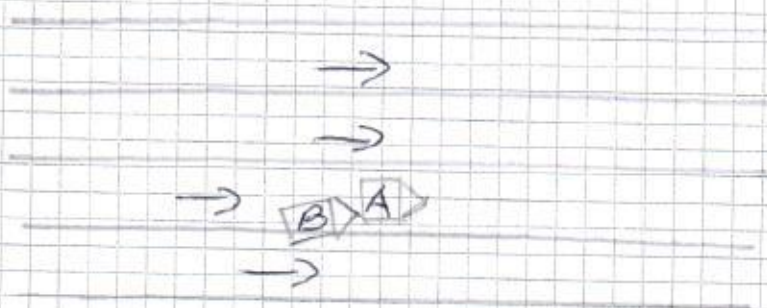

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

PIE towards Tuas, after Steven Road
before Eng Neo Ave

A = GBJ5126L
B = SGV5567A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20190608/2106

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.:



**SINGAPORE
POLICE FORCE**



T/20190608/2106

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20190608/2106

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD SUFIYAN BIN SAMSUDIN	ID No.	S8805278A
Related Vehicle	GBJ5126L (Van)	Contact No.	88765271
Hospital/Clinic	CENTRAL 24-HR CLINIC (TAMPINES)	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	08/06/2019	Date Discharge	08/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	MOHAMED SALLEH BIN MOHAMED SANI	ID No.	S0159576H
Related Vehicle	SGV5567A (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08.06.2019 at about 1030hs, I was driving my company van GBJ5126L along PIE towards Tuas after Steven Road before Eng Neo Ave on lane 2 of a 4 lane road. As the traffic is building up in front, the vehicle starts to apply their brake and I follow suit and my vehicle come to a complete stop. Out of a sudden, I felt an impact on the rear portion of my vehicle. As there are road works on lane 1, the driver of SGV5567A switched lane to lane 2 behind my vehicle, however the driver could not stop in time and hit onto my van's rear.

As nobody required Ambulance Service, we exchange particulars and left the scene. At about 1730hrs, I went to Central 24-HR Clinic (Tampines) to seek medical treatment for neck pain and was given 3 days of out patient leave. That is all.

S8805278A



**SINGAPORE
POLICE FORCE**



T/20190608/2106

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20190608/2106

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Staff Sgt TAN HOCK CHYE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/06/2019 18:40

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 KOH CHEE SENG, KEVIN

Contact No.: 65472073



SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp

NP168



Reported on 10/6/2019
@ 1325425

ACCIDENT STATEMENT

ACCIDENT DATE: 08/06/2019 (DD/MM/YYYY), TIME: 10:30 (HH:MM)

LOCATION: PIE towards Tmas, after Steven Road before Eng Neo Ave.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ5126L
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: _____
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) HIRED

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) NECK PAIN

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGV5567A MODEL: _____
b) DRIVER'S NAME: MOHAMED SALLAH BIN MOHAMED SANI
c) NRIC/FIN/PASSPORT: S0159576H CONTACT: _____

9. THIRD PARTY VEHICLE

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

(ABWIN) M9

Workshop: Email = yvonne.wong.yc@outlook.com ✓

fax =

VIDEO = NO

tel: 67139400 ✓

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8805278A



Name
MUHAMMAD SUFIYAN BIN
SAMSUDIN

Race
JAVANESE

Date of birth
14-02-1988

Country/Place of birth
SINGAPORE

Sex
M

6071212

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
S8805278A

Name
MUHAMMAD SUFIYAN BIN
SAMSUDIN

Birth Date: 14 Feb 1988

Issue Date: 30 Jun 2016

002563779A

For LKK/NAC Use Only

6071212

S8805278A

Date of issue
24-11-2018

Address
APT BLK 7 KING GEORGE'S AVENUE
#08-120
SINGAPORE 201007

For LKK/NAC Use Only

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

		EFFECTIVE DATE
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	30 Jun 2016
Class 4	Heavy motor cars and motor tractors > 2500 kg	05 Feb 2018

S8805278A

S / No. 9000277925

NP 428A

Licence No: S8805278A

For LKK/NAC Use Only

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 : 5091126381-01

Cover : Comprehensive

- | | |
|--|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBJ5126L |
| Chassis Number | : JTFHT02P100248981 |
| 2. Name of Policyholder | : ABWIN LEASING PTE. LTD. |
| 3. Effective Date of Insurance | : 08 May 2019 |
| 4. Expiry Date of Insurance | : 07 May 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. | |
| (b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

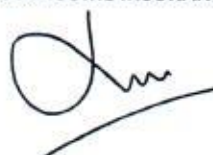
Agency : ABWIN PTE LTD (00000614234)
 Date of Issue : 27 Apr 2018 14:18 hrs

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" value="5091126381-01"/>	Date of Accident	<input type="text" value="08/06/2019 10:30"/>
Vehicle No.(For Motor)	<input type="text" value="GBJ5126L"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5091126381-01		ABWIN LEASING PTE. LTD.	201223082Z	GFT	Comprehensive	GBJ5126L	GBJ5126L	08/05/2019	15/05/2019

▼ Policy Information

Policy No.	5091126381-01	Policyholder Name	ABWIN LEASING PTE. LTD.	Policyholder NRIC	201223082Z
Certificate No.					
Address	8 KAKI BUKIT ROAD 2 #01-33 RUBY WAREHOUSE COMPLEX SINGAPORE 417841				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	27/04/2018	Effective Date	16/05/2018 00:00	Expiry Date	15/05/2019 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	8 KAKI BUKIT ROAD 2	Address 2	#01-33 RUBY WAREHOUSE COM	Address 3	SINGAPORE 417841
Address 4		Address Type	Singapore address	Post Code	417841
Unit No.	11-161	Related Policy Number	5109568886		

► Insured Object: GBJ5126L

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	27/06/2018 00:00	Basic Information Endorsement	000001286848633	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. GBH3434X 27-06-2018 \$1,301.43 In view of this amendment, an additional premium of \$1,301.43 (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.

Claim Handling

The premium on this policy has not been collected.

Accident MT/1048465

Policy No.	5109570162	Vehicle No.	GBJ5126L	GST Registration No.
Certificate No.	5109570162-000050			
Policyholder Name	ABWIN LEASING PTE. LTD.			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	88765271	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<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

▼ Accident Details

Report Date	11/06/2019 10:44	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/06/2019	Time of Accident hh:mm	10:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS TUASAFER SYEVEN RD B4 ENG NEO AVE			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00	

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	22/04/20
GST Registration No.	201223082Z	GST Status Verified	Yes
Modification History	11/06/2019 10:47:45 System changed GST Registered from No to Yes 11/06/2019 10:47:45 System changed GST Registration No. from null to 201223082Z 11/06/2019 10:47:45 System changed GST Registration Date from null to 22/04/2019		

▼ Policyholder Mailing Address

Address 1	8 KAKI BUKIT ROAD 2	Address 2	#01-33 RUBY WAREHOUSE COM	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	11-161	Related Policy Number	5109568886	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MUHAMMAD SUFIYAN BIN SAMS	Driver NRIC	S8805278A	Driver DOB
Register Date of Driver License	30/06/2016	Driver Age	31	Driving Experience
Contact No.(Mobile)	88765271	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 7 #	Address 2	KING GEORGE'S AVENUE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ABWIN
Contact No.(Mobile)	93868400	Contact No. (Home)	NIL
Email Address	admin@df.sg	O1 Vehicle Number	GBJ512
Claim Description	GBJ5126L / SGV5567A ON 8 Jun 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Reported		Received	
		11/06/2019 10:52	Claim Close Date

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 checked="" type="radio"/>	5109570162	5109570162-000050	ABWIN LEASING PTE. LTD.	201223082Z	GFM	Comprehensive	GBJ5126L	GBJ5126L	16/05/2019	15/05/2020

Claim Handling

Task Transfer Exit

LOS SAL SUB

Accident MT/1048465

Policy No.	5109570162	Vehicle No.	GBJ5126L	GST Registration No.	2012230822
Certificate No.	5109570162-000050				
Policyholder Name	ABWIN LEASING PTE. LTD.			Policyholder NRIC	2012230822
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	88765271	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	11/06/2019 10:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	08/06/2019	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	PIE TWDS TUASAFER SYEVEN RD B4 ENG NEO AVE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	22/04/2019
GST Registration No.	2012230822	GST Status Verified	Yes
Modification History	11/06/2019 10:47:45 System changed GST Registered from No to Yes 11/06/2019 10:47:45 System changed GST Registration No. from null to 2012230822 11/06/2019 10:47:45 System changed GST Registration Date from null to 22/04/2019		

Policyholder Mailing Address

Address 1	8 KAKI BUKIT ROAD 2	Address 2	#01-33 RUBY WAREHOUSE COM	Address 3	SINGAPORE 417841
Address 4		Address Type	Singapore address	Post Code	417841
Unit No.	11-161	Related Policy Number	5109568886		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD SUFIYAN BIN SAMS	Driver NRIC	S8805278A	Driver DOB	14/02/1988
Register Date of Driver License	30/06/2016	Driver Age	31	Driving Experience	2
Contact No.(Mobile)	88765271	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 7 #	Address 2	KING GEORGE'S AVENUE	Address 3	SINGAPORE 201007
Address 4		Address Type	Singapore address	Post Code	201007
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Investigation

Claim 001 OD-MX

New

Claim Case Officer

Claim Type	OD-MX	Insured Name	ABWIN LEASING PTE. LTD.	Insured NRIC	2012230822
Contact No.(Mobile)	93868400	Contact No.(Home)	NIL	Contact No.(Office)	674998
Email Address	admin@df.sg	OI Vehicle Number	GBJ5126L	TP Vehicle Number	SGV555
Claim Description	GBJ5126L / SGV5567A ON 8 Jun 2019			Name of Preferred Workshop	
Preferred Workshop Code		Insured at Fault			
Preferred Repair Option	Yes	Insured at Fault			
Preferred Workshop Name	unknown	Insured at Fault			
Date Registered	11/06/2019 11:46	Claim Close Date		Date Received	11/06/2019
Report Taken By		Workshop Repairer		Total Loss but Repaired	

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119075675 Vehicle Registration No: GBJ 5126L
Name (as shown in NRIC) : MUHAMMAD SUFIYAN BIN SAMSUDIN NRIC/FIN/Passport No : S 8805278A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 7 KING GEORGE'S AVENUE, #08-120 Singapore 201007
Contact (Tel) : - Mobile No. : 88765271
Email Address : NOEMAIL
Date of Accident : 08/06/2019 Time of Accident : 10:30
Place of Accident : PJE TWDS TUAS AFTER SYEVEN RD BY ENGNEO AVE
Insurance Company : NTUC Income Insurance Co-operative Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend the Policy Number

Policyholder / Driver's Signature
Date:

25/6/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: