

# NATIONAL Assessment Centre Services

|                           |  |                        |          |
|---------------------------|--|------------------------|----------|
| Date In: 18/07/19         | Job description: SAS e-filing            | Date & Time Completed: | Done by: |
| Ref No: NA/INC19012713/13 |  |                        |          |
| Veh No: GBJ3616           | E-mail (within 8hrs, A/C 2hrs):          |                        |          |
| D.O.A: 17/07/19 1830      | i-Motor Claim Form                       | MT/1054055-001         |          |
| OD: (TP) Reporting Only   | i-Motor W/O (Within: OE 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: (TWINCAR  | Tel:                               | Fax:                  |
| TP Particulars:  | Veh No: SDY71R                     | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA1905381

| Claimant's Particulars :-       | Invoice Preparation Checklist                   | Amt (\$)    | Amt (\$) |
|---------------------------------|---|-------------|----------|
|                                 |   | 1st Bill    | Add Bill |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |             |          |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |          |
| Damaged Portion:                | 3) TF: Towing Fee \$40/\$45                     |             |          |
| QC Checked by (Engr-In-Charge): | 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:-                   |             |          |
|                                 | OD*   |             |          |
|                                 | *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 30                          |             |          |
| Cat. 1:                         | Invoice date/                                   | Fee Charged |          |
| Cat. 2 / 3:                     | 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   | 18/07/2019 16:31                       |
| Date Of Accident   | 17/07/2019 18:30                       |
| Exact Location Of Accident   | WOODLANDS AVE 12 TWDS SLE              |
| Country/State of Loss  | SINGAPORE                              |
| DETAILS OF OWN VEHICLE   |  |
| Vehicle Registration Number  | GBJ361G                                |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | MENG LEE SANITARY & PLUMBING           |
| Co Reg No  | 53173918W                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  |  |
| Alternative Phone No   | OFFICE-96155514                        |
| Vehicle Particulars  |  |
| Manufacturer   | TOYOTA                                 |
| Model  | HIACE                                  |
| 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   | COMMERCIAL VEHICLE                     |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5105867226                             |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | FARUK MOHAMMAD OMAR                    |
| Passport No/FIN  | G2180990Q                              |
| Date Of Birth  | 20/06/1993                             |
| Occupation   | OUTDOOR                                |
| Date Of Driving Pass   | 20/11/2017                             |
| Driving Experience   | 1 YEAR AND 7 MONTHS                    |
| Gender   | MALE                                   |
| Mobile Number  | (LOCAL) +65-82080695                   |
| Fax Number   |  |
| Contact Number   |  |
| Email Address  | NOEMAIL                                |

|   |  |
|---|--|
| Address   | 50 EAST COAST RD<br>#02-73 ROXY SQUARE |
| Postcode  | 428769                                 |
| Was driver an employee of the Insured's Company     | YES                                    |
| If No, Relationship of the Driver with the Insured  |  |
| Vehicle Registration Number of Driver's Own Vehicle | -                                      |
|   | -                                      |
|   | -                                      |
| Insurance Company of Driver's Own Vehicle           | -                                      |
|   | -                                      |
|   | -                                      |

#### General Information of the Accident

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

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 2   |
| Was any body injured in the Accident?   | NO  |
| Was any injured conveyed to hospital by ambulance?  | NO  |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SDY71R      |
| 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) |             |



## 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.:

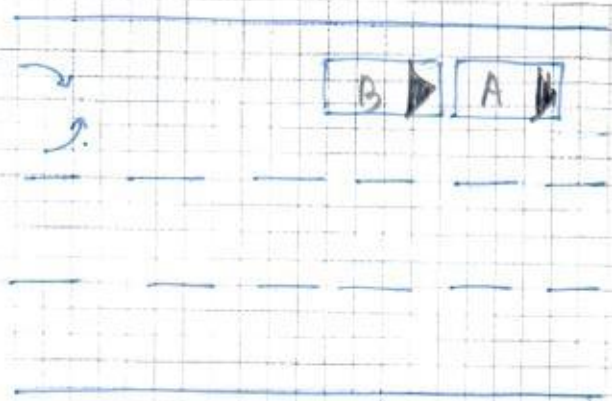
*[Signature]* 18/07/19

# SKETCH PLAN

WOODLANDS AVE 12, TOWARD SLE DIRECTION.

Vehicle A - GBJ 361 G

Vehicle B - SDY 71 R



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Woodlands Ave 12 toward SLE direction.  
I was on the left lane (Merging lane).

While driving straight ahead, due to the heavy traffic, the vehicle in front broke to complete stop, and so I too applied brake to complete stop. Suddenly after a few seconds I felt a great impact from the rear of my vehicle.

Aligned from my vehicle and realized it was a vehicle with licence plate number (SDY 71 R) that collided to the rear of my vehicle.

Vehicle A - GBJ 361 G

Vehicle B - SDY 71 R

## 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.:



|                                   |   |                  |                            |
|-----------------------------------|---|------------------|----------------------------|
| <b>Vehicle No.</b>                | GEJ 361G                                | Model / Make     | TOYOTA HIACE               |
| Date of Accident                  | 17/07/19                                |                  |                            |
| Time of Accident                  | 1830                                    | HRS              |                            |
| Location of Accident              | WOODLANDS AVE 12 TOWARD SUEZ DIRECTION. |                  |                            |
| Exact purpose use during accident | WORKING HOUR                            |                  |                            |
| <b>Name of Owner</b>              | MENG LEE SANITARY & PLUMBING            |                  |                            |
| Telephone No.                     | H/P: 96155514                           | Home:            | Office:                    |
| NRIC                              | S3173918W                               |                  |                            |
| Address                           | 50 EAST COAST ROAD #02-73 ROXY SQUARE   |                  |                            |
| Claim type                        | OD                                      | THIRD PARTY      | REPORTING ONLY 5(42+76m)   |
| Insurance Company                 | NTUC                                    |                  |                            |
| Type of Coverage                  | Comprehensive                           | Third Party      | Third Party / Fire / Theft |
| Policy No.                        | 5105867226                              |                  |                            |
| <b>Name of Driver</b>             | As Above If No, FARUK MUHAMMAD UMAR     |                  |                            |
| NRIC                              | G 2190990Q                              | Any Passengers:  | NIL                        |
| Date of birth                     | 20 JUN 1993                             |                  |                            |
| Occupation                        | Outdoor / Indoor                        |                  |                            |
| Driving License Pass Date         | 20 NOV 2017                             |                  |                            |
| Gender                            | Male / Female                           |                  |                            |
| Contact No.                       | H/P: 82080695                           | Home:            | Office:                    |
| Address                           |   |                  |                            |
| Driver have any own vehicle       | No, If yes, Reg No.                     |                  |                            |
| Relationship                      | Employee, If no, state                  |                  |                            |
| Weather condition                 | Clear Raining Other                     |                  |                            |
| Road Surface                      | Dry Wet Other                           |                  |                            |
| Any Injuries                      | No, If Yes, Who?                        |                  |                            |
| Name And Contact No.              |   |                  |                            |
| Name And Contact No.              |   |                  |                            |
| Police Report                     | No, If Yes, Where?                      |                  |                            |
| <b>Vehicle B No.</b>              | SDY 71R                                 | Any Passengers:  |                            |
| Name of Driver                    |   | Contact No.:     |                            |
| <b>Vehicle C No.</b>              |   | Any Passengers:  |                            |
| <b>Vehicle D No.</b>              |   | Any Passengers:  |                            |
| <b>Vehicle E no.</b>              |   | Any Passengers:  |                            |
| <b>Vehicle F No.</b>              |   | Any Passengers:  |                            |
| <b>Vehicle G No.</b>              |   | Any Passengers:  |                            |
| Witness Name                      |   | Witness Contact: |                            |
| Accident Portion                  | REAR                                    |                  |                            |
| Camera Recorder                   | Yes / No                                |                  |                            |
| Email Address                     |   |                  |                            |
|                                   |   |                  |                            |
|                                   |   |                  |                            |
| PARTICULAR WORKSHOP               | TWINCAR AUTOMOTIVE PTE LTD              |                  |                            |
| CONTACT NO.                       | 6842 0051 / 6744 0510                   |                  |                            |
| CONTACT PERSON                    | IAN                                     |                  |                            |
| FAX NO                            | 6741 0510                               |                  |                            |
| WORKSHOP EMAIL ADDRESS            | sales@n51.com.sg                        |                  |                            |

WORK PERMIT  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
JEREMY RENOVATION



Name:  
FARUK MOHAMMAD OMAR  
Work Permit No.  
D 53908606  
Sector  
CONSTRUCTION



K0914966

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: G2180990Q

Name:

FARUK MOHAMMAD OMAR

Birth Date: 20 Jun 1993

Issue Date: 20 Nov 2017

Valid Till: 19/11/2022



002745510F

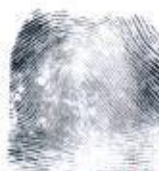
For LKK/NAC Use Only

VISIT PASS

Immigration Regulations

21/10/2019

Name:  
FARUK MOHAMMAD OMAR



FIN  
G2180990Q

Date of Birth  
20-06-1993

Sex  
M

Nationality  
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass  
App to check status



For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 20 Nov 2017

For LKK/NAC Use Only



Licence No: G2180990Q

NP 428A



## 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 :** 5105867226

**Cover :** Preferred Workshop Plan

- |   |                                |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : GBJ361G                      |
| Chassis Number  | : JTFHT02P500245811            |
| 2. Name of Policyholder   | : MENG LEE SANITARY & PLUMBING |
| 3. Effective Date of Insurance  | : 04 Dec 2018                  |
| 4. Expiry Date of Insurance   | : 03 Dec 2019                  |
| 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 business or profession.   |                                |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                                |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) 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\$600  |
| EXCESS (SECTION 2)    | : N/A   |
| 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 : 29 Nov 2018 11:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



A K/12

## Register New Vehicle

Page 1 of 1

### Register New Vehicle (Acknowledgement) Vehicle Particulars

Tan  
bxc/005

|                          |   |                                   |             |
|--------------------------|---|-----------------------------------|-------------|
| Vehicle No.:             | GBJ361G                                       |                                   |             |
| Vehicle Type:            | A50 - Goods (Closed) Van/Van Panel (Delivery) | Vehicle Scheme:                   | Normal      |
| Vehicle Attachment 1:    | No Attachment                                 |                                   |             |
| Vehicle Attachment 2:    | -   |                                   |             |
| Vehicle Make:            | TOYOTA  |                                   |             |
| Vehicle Model:           | HIACE VAN TURBO 5DR MT                        |                                   |             |
| Chassis No.:             | JTFHT02P500245811                             | Engine No.:                       | 1KD2829039  |
| Motor No.:               | -   |                                   |             |
| Trailer Chassis No.:     | -   |                                   |             |
| Propellant:              | Diesel  |                                   |             |
| Passenger Capacity:      | 2   |                                   |             |
| Engine Capacity:         | 2982 cc                                       | Power Rating:                     | -           |
| Maximum Power Output:    | -   |                                   |             |
| Unladen Weight:          | 1700 kg                                       | Maximum Laden Weight:             | 2800 kg     |
| Primary Colour:          | Silver  | Secondary Colour:                 | -           |
| First Registration Date: | 04 Dec 2018                                   | Original Registration Date:       | 04 Dec 2018 |
| Manufacturing Year:      | 2018  | Open Market Value:                | \$28,136.00 |
| PARF Eligibility:        | No  | Minimum PARF Benefit:             | \$0.00      |
| No. of Transfers:        | 0   | Additional Registration Fee Rate: | 5.00%       |
| Actual ARF Paid:         | \$1,407.00                                    |                                   |             |

### Owner Particulars

Owner Name: MENG LEE SANITARY & PLUMBING  
 Owner ID Type: Business  
 Owner ID: 53173918W  
 Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
 Registered Block/House No.: 50  
 Registered Street Name: EAST COAST ROAD  
 Registered Unit No.: # 02 - 73  
 Registered Building Name: ROXY SQUARE  
 Registered Postal Code: 428769  
 COE No. / Expiry Date: 2018120405000714H / 03 Dec 2028  
 COE Bid Category: C - Goods Vehicle & Bus  
 PQP Paid: \$24,008.00

### Transaction Details

Business Transaction Ref. No.: 20181204095724159279  
 Business Transaction Date: 04 Dec 2018  
 Business Transaction Time: 09:57:24

### Message

The above vehicle has been successfully registered.

Please note that \$21,159.00 will be deducted from your GIRO account.

There will be a delay of notification delivery to the recipient due to need for validation with the source agency.

OK

Save as PDF

## Claim Handling

## Accident MT/1054055

|                     |   |                     |   |                      |
|---------------------|---|---------------------|---|----------------------|
| Policy No.          | 5105867226  | Vehicle No.         | GBJ361G   | GST Registration No. |
| Certificate No.     |   |                     |   |                      |
| Policyholder Name   | MENG LEE SANITARY & PLUMBING                                  |                     |   | Policyholder NRIC    |
| Product Code        | COMMERCIAL VEHICLE INSURANCE                                  | Cover Type          | Preferred Workshop Plan                                       | Loading              |
| Contact No.(Mobile) | 96155514  | 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       | 18/07/2019 18:05          | Accident Report Within 24 hrs | Yes   | Accident Type       |
| Date of Accident  | 17/07/2019                | Time of Accident hh:mm        | 18:30 | Country of Accident |
| Reporting Centre  |                           | Orange Force                  |       | ICM No.             |
| Accident Location | WOODLANDS AVE 12 TWDS SLE |                               |       |                     |

## ▼ Excess

|                       |        |                             |  |                   |
|-----------------------|--------|-----------------------------|--|-------------------|
| Own damage Excess     | 600.00 | Additional Excess           |  | Windscreen Excess |
| Unnamed Driver Excess |        | Outside Singapore OD Excess |  |                   |
| Third Party Excess    | 0.00   | Outside Singapore TP Excess |  |                   |

## ▼ Benefits

## ▼ GST Registered Information

|                      |   |                       |     |
|----------------------|---|-----------------------|-----|
| GST Registered       | No  | GST Registration Date |     |
| GST Registration No. |   | GST Status Verified   | Yes |
| Modification History | 18/07/2019 18:08:49 System changed GST Status Verified from No to Yes |                       |     |

## ▼ Policyholder Mailing Address

|           |                    |                       |                    |           |
|-----------|--------------------|-----------------------|--------------------|-----------|
| Address 1 | 50 EAST COAST ROAD | Address 2             | #02-73 ROXY SQUARE | Address 3 |
| Address 4 |                    | Address Type          | Singapore address  | Post Code |
| Unit No.  |                    | Related Policy Number | 5105867226         |           |

## ▼ OI Driver Info

|   |   |                     |                   |                        |
|---|---|---------------------|-------------------|------------------------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver    |                        |
| Unnamed driver Name                     | FARUK MOHAMMAD OMAR   | Driver NRIC         | G2180990Q         | Driver DOB             |
| Register Date of Driver License         | 20/11/2017  | Driver Age          | 26                | Driving Experience     |
| Contact No.(Mobile)                     | 82080695  | Contact No.(Office) | 0                 | Contact No.(Home)      |
| Address 1                               | 50 EAST COAST ROAD  | Address 2           | ROXY SQUARE       | Address 3              |
| Address 4                               |   | Address Type        | Singapore address | Post Code              |
| Unit No.                                | #02-73  |                     |                   |                        |
| 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 type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

## Modification History

Claim 001 OD-MX

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop Finalisation ☒ Yes ☐ No Insured Liability ☐ Preferred ☒ Not at Fault Repair Option ☐ Preferred Workshop, Name unknown ☐ Other

Date Registered

Report Taken By

☒ Print AK letter

OD-MX  Insured Name  MENG LEE SANITARY & PLUMBING  
 NIL  Contact No. (Home)   
 OI Vehicle Number  GBJ361

GBJ361G / SDY71R ON 17 Jul 2019

18/07/2019 18:13  Claim Close Date

ROSLINDA  Workshop Repairer



Save Submit

## Attachment



|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/1054055  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 18/07/2019 00:00 |
| Path *             |   | Category *  |                  |
| Choose File        | No file chosen  | Clear       | Please Select    |
| Choose File        | No file chosen  | Clear       | Please Select    |
| Choose File        | No file chosen  | Clear       | Please Select    |
| Choose File        | No file chosen  | Clear       | Please Select    |
| Choose File        | No file chosen  | Clear       | Please Select    |
| Choose File        | No file chosen  | Clear       | Please Select    |
| Choose File        | No file chosen  | Clear       | Please Select    |
| Message Read       |   |             |                  |

## Attachment List

| Attachment | Uploaded By/Date   | Category              | Urgency | Des             |
|------------|--|-----------------------|---------|-----------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:12 | NRIC/ Driving License | Normal  | NRIC/ Driving 1 |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:12 | SAS                   | Normal  | SAS 2           |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:12 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:12 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:12 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:11 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:11 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:11 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:11 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:11 | Photos                | Normal  | Photos          |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Jul 2019 18:11 | Photos                | Normal  | Photos          |

## Video List

| Uploaded By/Date | Folder Date | File Name |  |
|------------------|-------------|-----------|--|
|                  |             |           |  |

Display in New Window

Scan and uploading