

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MHA 119095757

| | | | |
|-----------------------------|--|-----------------------|---------------|
| Date In: 27/1/19 16:09 | Job description | Date & Time Completed | Done by |
| Ref No: NA/14119 0 12886/24 | SAS e-filing | | |
| Veh No: 5JP2867K | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 19/1/19 - 14:00 | i-Motor Claim Form | M/1054455-001 | 27/1/19 16:24 |
| OD (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: 5JP2867K | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-----------------------|-----------------------|
| NA1905455 | Invoice Preparation Checklist | Am't (\$) Inc Bill | Am't (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| QC Checked by (Engr-In-Charge): | QD* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| Auditors' Comments:- | TP (N11): TP (N-in INC) against INC \$20 | | |
| 2at 1: | 9) N12: Idac Mobile 30 | | |
| 2at 2 / 3: | Invoice dated Fee Charged | | |
| | Invoice dated Fee Charged | | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

| ACCIDENT STATEMENT | |
|--|--|
| Date Of Report | 22/07/2019 16:09 |
| Date Of Accident | 19/07/2019 14:00 |
| Exact Location Of Accident | GENTLE RD TWDS IRAS BUILDING |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SJP2863K |
| Insured/Policyholder | |
| Name Of Registered Owner | UGM LEASING PTE LTD |
| Co Reg No | 201802815H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-84269807 |
| Alternative Phone No | OFFICE-84269807 |
| Vehicle Particulars | |
| Manufacturer | HYUNDAI |
| Model | HD AVANTE 1.6 A |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5107837824 |
| Cover Note Number | |
| Driver | |
| Name of Driver | KAMALUDEN BIN SAPIE |
| NRIC No | S1727047H |
| Date Of Birth | 30/09/1965 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 10/11/1988 |
| Driving Experience | 30 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83831965 |
| Fax Number | |
| Contact Number | OFFICE-83831965 |
| EMail Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 1 CHAI CHEE ROAD #05-204 |
| Postcode | 461001 |
| 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 - MAJOR/MINOR RD |
| 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 | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20190719/7022.

Attachment(s)

| | |
|---|---------------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SMJ163G |
| Vehicle Make/Model/Colour | HONDA VEZEL |
| 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)

DETAILS OF INJURED PERSON 1

Name KAMALUDEN BIN SAPIE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJP2863K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reassess 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 situated 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 (a) 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the started time and date
I was travelling on my vehicle bearing carplate number SJP2863K, I am at Gentle Road turning into IRAS building while going straight suddenly a vehicle bearing carplate number SMJ163G come out from carpark on my right and collided to my side. I had already make a stop. I have a in car camera to show the whole accident.

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.:

Date of Accident : 19 July 2019 Accident Time: 2pm (24-HR-Format)
Accident Place : Gentle Road turn in IRAS building
Vehicle Reg. No. (Car Plate No.) : SJP2863K
Vehicle Make/Model : Hyundai Avante
Insurance Company : NTUC Policy No. _____
Owner or Company Name / IC No. : UGM Leasing Pte Ltd 201802815H
Owner or Company Contact No. : 84269807 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : kamaluden Bin Sapie S1727047H
DRIVER'S Date Of Birth : 30-09-1965 DRIVER'S License Pass Date 10 Nov 1988
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Rental
DRIVER'S Address : 1 Chai Chee Road #05-204 S' (461001)
DRIVER'S Contact No. / Alt No. : 1) 83831965 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Admin@Mycar.sg
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SMB163G

Vehicle Reg. No: _____

Vehicle Make/Model: Honda Vezel

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



T/20190719/7022

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

1 of 3

Report No. T/20190719/7022

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 19/07/2019 17:54 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: KAMALUDEN BIN SAPIE | | | Address: APT BLK 1 CHAI CHEE ROAD #05-204 SINGAPORE 461001 | | |
| ID Type / ID No.: NRIC NO / S1727047H | | | Contact No.: Home/Office: Mobile: 83831965 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: kamal_sapie@yahoo.com.sg | | |
| Sex: Male | Age: 53 | Date of Birth: 30/09/1965 | Type of Informant: Driver | | |
| Race: Malay | | | Language: English | | Institution / School Name: |
| Occupation: GRAB DRIVER | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

| | | | | |
|---|------------------|------------------------------------|---|--|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 19/07/2019 14:00 | Type of Location: Straight Road |
| Location: NEWTON ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 50 Km/h |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

| | | | | | | |
|------------------------------------|------|---------|--------|-------|---------------------|------------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
| SJP2863K | Car | HYUNDAI | Avante | | Slightly Damaged | 0 |
| SMJ163G | Car | HONDA | Vezel | | | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20190719/7022

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

2 of 3

Report No. T/20190719/7022

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------------|--|---------------------------------|
| Driver | | | |
| Name | KAMALUDEN BIN SAPIE | ID No. | S1727047H |
| Related Vehicle | SJP2863K (Car) | Contact No. | 83831965 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On the stated time and date I was travelling on my vehicle bearing carplate number SJP2863K, I am at Gentle Road turning into IRAS building, while going straight suddenly a vehicle bearing carplate number SMJ163G come out from carpark on my right and collided to my side. I had already make a stop. i have a in car camera to show the whole accident. I went to consult a doctor and get 3days MC



**SINGAPORE
POLICE FORCE**



T/20190719/7022

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

3 of 3

Report No. T/20190719/7022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp

NP168

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

Date/Time:
19/07/2019 17:54

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1727047H



KAMALUDEN BIN SAPIE

Religion: MALAY
Date of Birth: 20-09-1965 Sex: M
Country of Birth: SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1727047H



KAMALUDEN BIN SAPIE

Birth Date: 20 Sep 1965
Issue Date: 20 Oct 2003



2772014



NAC: S1727047H



Record Group: Date of Issue
A+ 12-01-1996

APT BLK 1 CHAI CHEE ROAD 905-204
SINGAPORE 481001

NRIC No: S1727047H Date: 19/07/2018

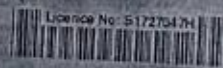
For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

| Class | Description | Pass Date |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 04 Feb 1987 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 04 Feb 1987 |
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 10 Nov 1986 |

NP 62BA

License No: S1727047H



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

| | | | |
|---------------------------------------|---------------------------------------|--------------------|---|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="19/07/2019 14:00"/> |
| Vehicle No.(For Motor) | <input type="text" value="SJP2863K"/> | Certificate Number | <input type="text"/> |
| <input type="button" value="Search"/> | | | |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-----------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5107837824 | | UGM LEASING PTE. LTD. | 201802815H | GPC | drive CLASSIC | SJP2863K | SJP2863K | 27/02/2019 | 26/02/2020 |

 Policy Information

| | | | | | |
|-----------------------------|---|-----------------------------|-----------------------|----------------------------------|------------------|
| Policy No. | 5107837824 | Policyholder Name | UGM LEASING PTE. LTD. | Policyholder NRIC | 201802815H |
| Certificate No. | | | | | |
| Address | 200 JALAN SULTAN #03-22 TEXTILE CENTRE SINGAPORE 199018 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | Group Policy Flag N | | |
| Policy issue Date | 27/02/2019 | Effective Date | 27/02/2019 00:00 | Expiry Date | 26/02/2020 23:59 |
| Excess Type | Per Accident | All Claims Excess | | | |
| Third Party Excess | 1500 | Own damage Excess | 2000 | Windscreen Excess | 100 |
| Additional Excess | 0 | OS Premium | 204.28 | | |
| Outside Singapore OD Excess | 2000 | Outside Singapore TP Excess | 1500 | Young/Inexperience Driver Excess | |
| Agent | SPEEDO CAPITAL PTE. LTD. | Agent Tel. | 66847757 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

 Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-----------------------|-----------|------------------|
| Address 1 | 200 JALAN SULTAN | Address 2 | #03-22 TEXTILE CENTRE | Address 3 | SINGAPORE 199018 |
| Address 4 | | Address Type | Singapore address | Post Code | 199018 |
| Unit No. | 03-22 | Related Policy Number | 5110615449 | | |

 Insured Object: SJP2863K

 Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|----------------------------|--|
| 1 | 04/07/2019 00:00 | Basic Information Endorsement | Endorsement Take Effective | <p>Thank you for giving us the opportunity to serve you. We confirm that from 04 Jul 2019, the following amendment(s) is/are made to this policy: The Policy is extended to cover use for hire or reward under Private Hire usage. In view of this amendment, an additional premium of \$204.28 (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, credit card or NETS.</p> |
| 2 | 04/07/2019 00:00 | Basic Information Endorsement | Entry Rejected | <p>Thank you for giving us the opportunity to serve you. We confirm that from 04 Jul 2019, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$204.28 (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</p> |

Claim Handling

The premium on this policy has not been collected.

[Exit](#)

Accident MT/1054455

| | | | | | |
|---------------------|---|---------------------|---|----------------------|----------------------|
| Policy No. | S107837824 | Vehicle No. | SJP2863K | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | UQM LEASING PTE. LTD. | | | Policyholder NRIC | 201802815H |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 84269807 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | <input type="text"/> |
| KPK | <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 | Yes |

Accident Details

| | | | | | |
|-------------------|------------------------------|-------------------------------|-------|---------------------|------------------------------|
| Report Date | 22/07/2019 16:22 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Major Minor Road |
| Date of Accident | 19/07/2019 | Time of Accident hh:mm | 14:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | GENTLE RD TWDS IRAS BUILDING | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|----------|--------------------|--|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 2,000.00 | TP Standard Excess | 1,500.00 | | |
| YED OD Excess | 500.00 | YED TP Excess | | Driver is Covered? | |
| Additional Excess | 0 | | | | |
| Total OD Excess Applicable | 2500.00 | Total TP Excess Applicable | | | |

Benefits

GST Registered Information

| | | | |
|----------------------|---|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | 22/07/2019 16:23:58 System changed GST Status Verified from No to Yes | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|-----------------------|-----------|------------------|
| Address 1 | 200 JALAN SULTAN | Address 2 | #03-22 TEXTILE CENTRE | Address 3 | SINGAPORE 199018 |
| Address 4 | | Address Type | Singapore address | Post Code | 199018 |
| Unit No. | 03-22 | Related Policy Number | S110615449 | | |

Q1 Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------------------|
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| Unnamed driver Name | KAMALUDEN BIN SAPE | Driver NRIC | S1727047H | Driver DOB | 30/09/1985 |
| Register Date of Driver License | 10/11/1988 | Driver Age | 53 | Driving Experience | 30 |
| Contact No.(Mobile) | 83831965 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Address 1 | BLK 1 | Address 2 | CHAI CHEE ROAD | Address 3 | SINGAPORE 461001 |
| Address 4 | | Address Type | Singapore address | Post Code | 461001 |
| Unit No. | 05-204 | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

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

Modification History

Claim 001 [New](#)

| | | | | | |
|--------------------------------|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | CO-MX | Insured Name | UQM LEASING PTE. LTD. | Insured NRIC | 201802815H |
| Contact No.(Mobile) | 98481785 | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | 01 Vehicle Number | SJP2863K | TP Vehicle Number | SM1163G |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | SJP2863K / SM1163G ON 19 Jul 2019 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 22/07/2019 16:24 | Claim Close Date | | Date Received | 22/07/2019 00:00 |
| Report Taken By | Jackson | | | | |

☒ Print AK letter[Save](#) [Submit](#)

Attachment

| | | | |
|--------------------|---|---------------|-----------------------|
| Accident No. | MT/1054455 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 22/07/2019 16:25 |
| Path * | | Category * | Please Select |
| | | Confidential | <input type="radio"/> |
| | | Urgency * | Normal |
| | | Description * | |

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

☐ Send Message

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) | Action |
|---|---|-----------------------|---------|---------------------------------|----------------|----------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:25 | NRIC/ Driving License | Normal | NRIC/ Driving License 2019-7-22 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:25 | SAS | Normal | SAS 2019-7-22 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:25 | Photos | Normal | Photos 2019-7-22 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:25 | Photos | Normal | Photos 2019-7-22 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:25 | Photos | Normal | Photos 2019-7-22 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:25 | Photos | Normal | Photos 2019-7-22 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:25 | Photos | Normal | Photos 2019-7-22 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:24 | Photos | Normal | Photos 2019-7-22 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:24 | Photos | Normal | Photos 2019-7-22 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:24 | Photos | Normal | Photos 2019-7-22 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:24 | Photos | Normal | Photos 2019-7-22 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:24 | Photos | Normal | Photos 2019-7-22 | | Edit |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Jul 2019 16:24 | Photos | Normal | Photos 2019-7-22 | | 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"/> | | | | |