

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) MNA19105397

Date In: 13/8/19-15:06	Job description	Date & Time Completed	Done by
Ref No: 42/14C19014254/24	SAS e-filing		
Veh No: JMK2125J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/8/19 - 22.00	i-Motor Claim Form	M7/105746-021	13/8/19 20:15
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: Vch No: FB587704 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:	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

	Invoice Preparation Checklist	Am't (\$) in Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	7) N1: Idao 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: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT	
Date Of Report	13/08/2019 15:06
Date Of Accident	08/08/2019 22:00
Exact Location Of Accident	UPP BUKIT TIMAH RD TWDS BUKIT PANJANG RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMK1213J
Insured/Policyholder	
Name Of Registered Owner	WHEEL EXPRESS RENTAL & LEASING PTE LTD
Co Reg No	201810594C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90603343
Alternative Phone No	OFFICE-90603343
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT HYBRID 1.5 AUTO
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	REPORTING ONLY
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	5108389112
Cover Note Number	
Driver	
Name of Driver	LEE LIAN SHENG IVAN
NRIC No	S9023806Z
Date Of Birth	04/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	08/12/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94799822
Fax Number	
Contact Number	OFFICE-94799822
EEmail Address	NOEMAIL

Address	BLK 675D YISHUN AVENUE 4 #11-818
Postcode	764675
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190809/2002.

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 Witness 1

Name	KIM CHUAN
Phone Number	96216338
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBE8770H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMAD SYAZWAN BIN SUWANDI

NRIC/Passport Number	S98263171
Contact Number	92993436
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.

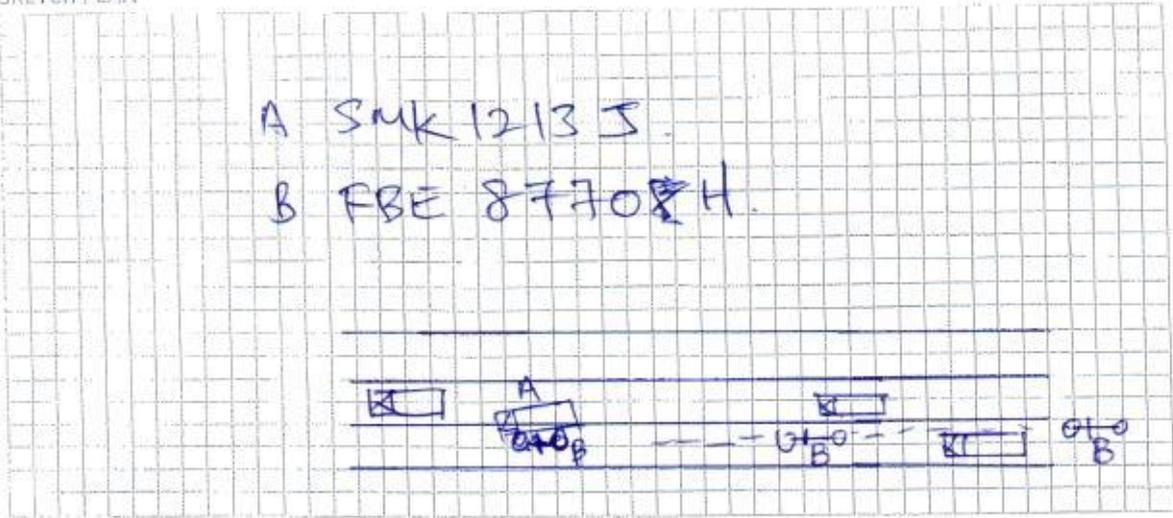
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:



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

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

** PLEASE EMAIL A COPY TO : WHEELSEXPRESSRENTAL@GMAIL.COM

VEHICLE NO: Smk 1213J MAKE & MODEL :

DATE OF ACCIDENT	<u>08 / 08 / 2019.</u>	
TIME OF ACCIDENT	<u>10.00 AM/PM</u>	
LOCATION OF ACCIDENT	<u>UPPER BUKIT TIMAH ROAD TOWARDS</u>	
Exact Purpose use during accident	<u>BUKIT PANJANG Rd.</u>	
NAME OF OWNER	<u>WHEELS EXPRESS RENTAL/LEASING P/L</u>	
TELP NO	<u>9060 3343</u>	
NRIC		
CLAIM TYPE	<u>OD / THIRD PARTY / Reporting Only</u>	
PRIVATE HIRE	<u>YES/NO ?</u>	
INSURANCE CO.	<u>NTUC</u>	
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>	
POLICY NO.	<u>5108389112</u>	
NAME OF DRIVER	<u>As above / If No: <u>LEE LIAM SHENG IVAN</u></u>	
NRIC	<u>S90238062</u> Any passengers:	
DATE OF BIRTH	<u>04 / 07 / 1990.</u>	
OCCUPATION	<u>Outdoor / Indoor</u>	
DATE OF DRIVING PASS	<u>08 / 12 / 2010.</u>	
GENDER	<u>Male / Female</u>	
CONTACT NO.	<u>94799822</u> Office: Home:	
ADDRESS	<u>675D YISHUN AVE 4 #11-818 SE 764675</u>	
DRIVER HAVE ANY OWN Vehicle	<u>No</u> If yes : Reg No:	
RELATIONSHIP	<u>Employee / If No: <u>HIRE.</u></u>	
WEATHER CONDITION	<u>Clear / Raining / Other :</u>	
ROAD SURFACE	<u>Dry / Wet / Other :</u>	
ANY INJURIES	<u>No / If yes : Who? <u>Muhamad Syazwan Bin Suardi</u></u>	
CONTACT NO.	<u>92993436</u>	
POLICE REPORT	<u>No / If yes : Where? <u>Yishun NPC.</u></u>	
VEHICLE B NO.	<u>FBE 8770H</u> Any Passenger : <u>No.</u>	
NAME	<u>Muhamad Syazwan Bin Suardi</u>	
CONTACT NO.	<u>92993436</u>	
VEHICLE C NO.	Any Passenger :	
VEHICLE D NO.	Any Passenger :	
VEHICLE E NO.	Any Passenger :	
VEHICLE F NO.	Any Passenger :	
ANY WITNESS	<u>Kim Chuan HE</u>	
WITNESS CONTACT NO.	<u>96216338</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	
PARTICULAR WORKSHOP	<u>Sme Motor Pte Ltd</u>	<u>6 Speed Autowerkz Pte Ltd</u>
TELP NO	<u>1 Kaki bukit ave #02-15</u>	<u>68 Kaki Bukit Avenue 6</u>
CONTACT PERSON	<u>Autobay @ kaki bukit</u>	<u>#02-05 ARK @ KB, Singapore 417896</u>
FAX NO.	<u>Singapore 417883</u>	<u>Tel: 6384 7037 Fax: 6384 7039</u>
	<u>Tel: 67476106 (6 lines)</u>	<u>Email: 6speedautowerkz@gmail.com</u>

90672582



Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20190809/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/08/2019 00:32		Vide Report No.: J/20190808/0164		Station Diary No.: 6	
Informant's Particulars					
Name of Informant: LEE LIAN SHENG IVAN			Address: APT BLK 675D YISHUN AVENUE 4 #11-818 SINGAPORE 764675		
ID Type / ID No.: NRIC NO / S9023806Z			Contact No.: Home/Office:		Mobile: 94799822
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 04/07/1990	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: INSURANCE AGENT			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/08/2019 22:05	Type of Location: Straight Road
Location: Along Road 1 UPPER BUKIT TIMAH ROAD Along Upper Bukit Timah Road, towards Bukit Panjang Road. Lamp Post Number: 185				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE8770H	Motorcycle					0
SMK1213J	Car				Slightly Damaged	0

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



Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

CONTINUATION OF REPORT

Rider			
Name	Muhamad Syazwan Bin Suwandi	ID No.	S98263171
Related Vehicle	FBE8770H (Motorcycle)	Contact No.	92993436
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
Driver			
Name	LEE LIAN SHENG IVAN	ID No.	S9023806Z
Related Vehicle	SMK1213J (Car)	Contact No.	94799822
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 08/08/2019 at around 10pm, I was driving along Upper Bukit Timah Road, towards Bukit Panjang, on a 3-lane road. I was driving on the 2nd lane. I wanted to filter left to take the next exit (Choa Chu Kang Road), so I had signalled early to the left. After checking my blind-spot and left sideview mirror that there was no vehicle, I was inching left slowly when suddenly there was a loud bang on my left. I saw a motorist thrown off his bike. I did not see the motorist when I was inching out to filter to the lane on my left. I stopped my car and made a check to see if the motorist was okay. Police and ambulance then arrived to attend to my incident. The motorist was then conveyed to the hospital.

As a result of the accident, my car sustained a severe dent to the front left door and above the front left tire. My left sideview mirror has also broken off due to the impact. I was uninjured hence I was not conveyed. Police had taken my statement and my details and instructed me to lodge a traffic accident report. There is a witness to my incident who had provided his in-vehicle camera footage which had captured the incident. His details as follows: Kim Chuan, C/N: 96216339. I have an in-vehicle camera but it didn't manage to capture footage of the incident. I am lodging this report as instructed by Police.



**SINGAPORE
POLICE FORCE**



T/20190809/2002

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3
Report No. T/20190809

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 the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L / Sgt 2 MUHAMMAD ALIF AFIF BIN MOHD AMRAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/08/2019 00:32
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case: SN 130

Authentication Stamp
NP168



Signature: _____

Singapore Police Force



Licence Number: S9023806Z

Name:

LEE LIAN SHENG IVAN

Birth Date: 04 Jul 1990

Issue Date: 08 Dec 2010

For LKK/NAC Use Only



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9023806Z



Name

LEE LIAN SHENG IVAN

李廉紳

Race

CHINESE

Date of birth

04-07-1990

Sex

M

Country of birth
SINGAPORE

S9023806Z

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 08 Dec 2010

For LKK/NAC Use Only

NP 428A



3740370



NRIC No. S9023806Z

For LKK/NAC Use Only

Date of Birth 12-07-2005

APT BLK 875D YISHUN AVENUE 4 #11-818 SINGAPORE 764875

NRIC No: S9023806Z

Date: 18/12/2017

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:** 5108389112 **Cover :** drive CLASSIC
1. Index mark and Registration Number of Vehicle : **To Be Advised**
Chassis Number : GP53416959
 2. Name of Policyholder : WHEELS EXPRESS RENTAL & LEASING PTE LTD
 3. Effective Date of Insurance : 28 Mar 2019
 4. Expiry Date of Insurance : 27 Mar 2020
 5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
 6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

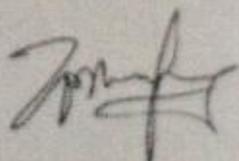
EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: BENEFIT AUTO ENTERPRISE 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)

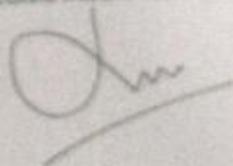
Agency : BENEFIT AUTO INSURANCE AGENCY (00000573333)
Date of Issue : 27 Mar 2019 17:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorized Officer



Chief Executive

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108389112		WHEELS EXPRESS RENTAL & LEASING PTE LTD	201810594C	GPC	drivo CLASSIC	SMK1213J	SMK1213J	28/03/2019	27/03/2020

Continue

Policy Information

Policy No.	5108389112	Policyholder Name	WHEELS EXPRESS RENTAL & LE	Policyholder NRIC	201810594C
Certificate No.					
Address	61 UBI AVENUE 2 #05-04 AUTOMOBILE MEGAMART SINGAPORE 408898				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	27/03/2019	Effective Date	28/03/2019 00:00	Expiry Date	27/03/2020 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	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	BENEFIT AUTO INSURANCE AGE	Agent Tel.	64445313	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	2 SIMS CLOSE	Address 2	#01-08 GEMINI @ SIMS	Address 3	SINGAPORE 387298
Address 4		Address Type	Singapore address	Post Code	387298
Unit No.	01-08	Related Policy Number	5111769384		

Insured Object: SMK1213J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	02/04/2019 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 02 Apr 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: BENEFIT AUTO ENTERPRISE PTE LTD CHASSIS NUMBER: GP53416959 ENGINE NUMBER: LEB6071940 VEHICLE REGISTRATION NUMBER: SMK1213J ORIGINAL REGISTRATION DATE: 28 Mar 2019

Continue Cancel

Claim Handling

[Exit](#)

Accident MT/1057465

Policy No.	5108389112	Vehicle No.	SMK12131	GST Registration No.	
Certificate No.					
Policyholder Name	WHEELS EXPRESS RENTAL & LEASING PTE LTD	Policyholder NRIC	201810594C		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90603343	Contact No.(Office)	0	Contact No.(Home)	0
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	Yes

Accident Details

Report Date	13/08/2019 20:14	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/08/2019	Time of Accident hh:mm	22:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP BUKIT TIMAH RD TWOS BUKIT PANJANG RD				

Total Excess Applicable

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

Benefits

GST Registered Information	
GST Registered	No
GST Registration No.	
Modification History	
GST Registration Date	
GST Status Verified	Yes

Policyholder Mailing Address

Address 1	2 SIMS CLOSE	Address 2	#01-08 GEMINI @ SIMS	Address 3	SINGAPORE 387298
Address 4		Address Type	Singapore address	Post Code	387298
Unit No.	01-08	Related Policy Number	5111769384		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/07/1990
Unnamed driver Name	LEE LIAN SHENG IVAN	Driver NRIC	S90238062	Driving Experience	8
Register Date of Driver License	08/12/2010	Driver Age	29	Contact No.(Home)	0
Contact No.(Mobile)	94799822	Contact No.(Office)	0	Address 3	FERN GROVE @ YISHUN
Address 1	BLK 675D	Address 2	YISHUN AVENUE 4	Post Code	754675
Address 4	SINGAPORE 704675	Address Type	Singapore address		
Unit No.	11-818	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

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

Modification History

Claim 001 **New**

Claim Type *	CO-MX	Insured Name	WHEELS EXPRESS RENTAL & LE	Insured NRIC	201810594C
Contact No.(Mobile)	90603343	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		O1 Vehicle Number	SMK12131	TP Vehicle Number	FBEE770H
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMK12131 / FBEE770H DN 8 Aug 2019				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Fully at Fault	GIA report	Received
Date Registered	13/08/2019 20:15	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	13/08/2019 00:00
Report Taken By	Jackson	Claim Close Date			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1057465	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/08/2019 20:17
Path *	<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>		
Category *	<input type="text"/> Please Select	Confidential	<input type="text"/> No
Urgency *	<input type="text"/> Normal	Description *	<input type="text"/>

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	SAS	Normal	SAS 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES]) on 13 Aug 2019 20:16	Photos	Normal	Photos 2019-8-13		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"/>				