

NATIONAL Assessment Centre Services. (ver 1 Jan'03)

MNA 119108P4P. -01

Date In: 1918/19 17:29	Job description	Date & Time Completed	Done by
Ref No: MA/INC19014458164	SAS e-filing		
Veh No: SJY 3004 U	E-mail (within 3hrs, AIC 2hrs)		
DDA: 1818/19 17:50	I-Motor Claim Form	M7/1058387-001	1918/19 17:55
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FBH 751 A	INC () / Non-INC ()
Owner / Driver: (Tel:	()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time: ()
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; 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 repolter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC () / Non-INC ()	TP () / Non-TP ()
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MA1906082	Invoice No: MA1906082	Invoice Date: 1918/19
Client's Particulars:	1) AR: Accident Reporting (\$30)	20.00
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$80)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-Inspection	\$75
	7) NI: 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	\$3
	TP (Nil): TP (Non INC) against INC	\$20
	9) NI2: Idao Mobile	\$0
	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	19/08/2019 17:09
Date Of Accident	18/08/2019 17:50
Exact Location Of Accident	2 LOR NAPIRI
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJY3004U
Insured/Policyholder	
Name Of Registered Owner	PRIVILEGE LIMOUSINE SERVICES PTE LTD
Co Reg No	201726851N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92389179
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5111566730
Cover Note Number	-
Driver	
Name of Driver	TENGKU MOZAID BIN TENGKU MOHMOOD
NRIC No	S8436799J
Date Of Birth	07/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	28/04/2011
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81826112
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 669B EDGEFIELD PLAINS #14-658
Postcode	822669
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

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

Other Information

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

Details of Police Action

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

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH751A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	TENGKU MOZAIID BIN TENGKU MOHMOOD
------	-----------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJY3004U

YES

NO

SKETCH PLAN

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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 lodging 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 based 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:

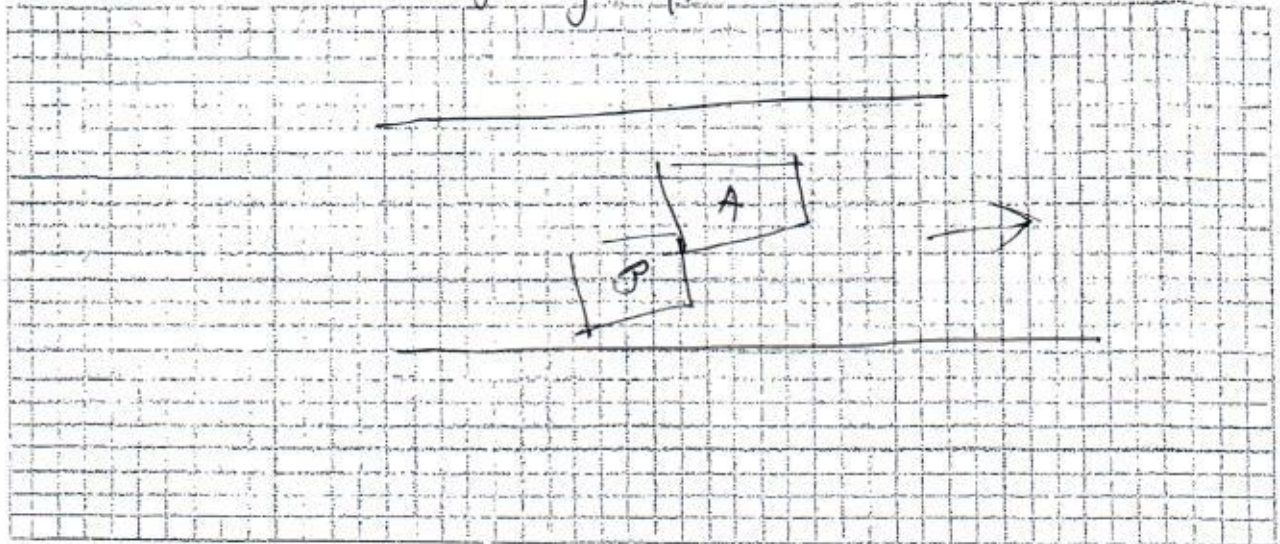
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

VEH A: SJY3004U

VEH B: FBH751A

Along Lorong Napiri

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving vehicle A along Lorong Napiri and was going ~~etc~~ on a one way ~~to~~ road. Suddenly I ~~then~~ feel an impact from the back along ~~to~~ a bang sound. I got down my vehicle and realized that I was hit by a motor bike, ~~veh B~~

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature
Date & Time:

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

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

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA 11910884F. Vehicle Registration No: ~~SJY3004~~ SJY3004U
Name(as shown in NRIC) : PRIVILEGE LIMOUSINE SERVICES PTE LTD NRIC/FIN/Passport No : 201726851N (UEN)
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 421 TAYLOR INDUSTRIAL AVE #01-20 ^{Tayale 8} Singapore (787809)
Contact (Tel) : _____ Mobile No. : 92389179
Email Address : PLATINUM VER42 @ GMAIL.COM
Date of Accident : 18/8/19 Time of Accident : 1750
Place of Accident : LORONG NAPIRT
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

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

The report for accident has one injury.

Acc

Policyholder / Driver's Signature
Date:

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

20/8/19

Date of Accident : 18/8/2019 Accident Time: 1750 (24-HR-Format)
 Accident Place : 2 Lor Napiri
 Vehicle Reg. No. (Car Plate No.) : SJY 3004 U
 Vehicle Make/Model : TOYOTA WISH
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : PRIVILEGE LIMOUSINE SERVICES PTE LTD
 Owner or Company Contact No. : _____ Owner's Hp 92389179 Company Tel _____
 DRIVER'S Name / IC No. : TENGKU MOZAH BIV TENGKU MAHMOOD
 DRIVER'S Date Of Birth : 7/11/1984 DRIVER'S License Pass Date 28/04/11
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Rental
 DRIVER'S Address : BLK 69 B Edgefield Plains #14-658
 DRIVER'S Contact No. / Alt No. : 1) 81826112 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : PLATINUMWORKS @ GMAIL.COM
 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): 01

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: <u>F01875 FBH 751A</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Motor</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

**Business Profile (Company) of PRIVILEGE LIMOUSINE SERVICES PTE. LTD.
(201726851N)**

Date: 25/10/2018

The Following Are The Brief Particulars of :

Registration No.	:	201726851N
Company Name.	:	PRIVILEGE LIMOUSINE SERVICES PTE. LTD.
Former Name if any	:	
Incorporation Date.	:	20/09/2017
Company Type	:	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Status	:	Live Company
Status Date	:	20/09/2017

Principal Activities

Activities (I)	:	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	:	CHAUFFEURED SERVICES
Activities (II)	:	RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR (77101)
Description	:	

Capital

Issued Share Capital (AMOUNT)	Number of Shares *	Currency	Share Type
20000	20000	SINGAPORE, DOLLARS	ORDINARY

* Number of Shares includes number of Treasury Shares

Paid-Up Capital (AMOUNT)	Number of Shares	Currency	Share Type
20000		SINGAPORE, DOLLARS	ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares	Currency
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Business Profile (Company) of PRIVILEGE LIMOUSINE SERVICES PTE. LTD.
(201726851N)

Date: 25/10/2018

Registered Office Address	421 TAGORE INDUSTRIAL AVENUE #01-20 TAGORE 8 SINGAPORE (787805)
Date of Address	30/05/2018
Date of Last AGM	
Date of Last AR	
FYE As At Date of Last AR	

Audit Firms

NAME

Charges

Charge No.	Date Registered	Currency	Amount Secured	Chargee(s)
------------	-----------------	----------	----------------	------------

Officers/Authorised Representative(s)

Name	ID	Nationality	Source of Address	Date of Appointment
Address		Position Held		
NG YEW HONG (HUANG YOUHONG)	S8213205H	SINGAPORE CITIZEN	ACRA	20/09/2017
223 YISHUN STREET 21 #03-471 YISHUN GARDENS SINGAPORE (760223)		Director		
LIN LI	S7061834F	SINGAPORE CITIZEN	ACRA	20/09/2017
86 TELOK BLANGAH HEIGHTS #11-377 SINGAPORE (100086)		Secretary		

Shareholder(s)

Name	ID	Nationality/Place of Incorporation/Origin	Source of Address	Address Changed
Address				
1 NG YEW HONG (HUANG YOUHONG)	S8213205H	SINGAPORE CITIZEN	ACRA	20/09/2017

Authentication No. : D18761919N

INFORMATION RESOURCES

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**Business Profile (Company) of PRIVILEGE LIMOUSINE SERVICES PTE. LTD.
(201726851N)**

Date: 25/10/2018

Shareholder(s)					
Name		ID	Nationality/Place of incorporation/Origin	Source of Address	Address Changed
Address					
223 YISHUN STREET 21 #03-471 YISHUN GARDENS SINGAPORE (760223)					
Ordinary(Number)		Currency			
20000		SINGAPORE, DOLLARS			

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

FS - Financial Statements

FYE - Financial Year End

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.

- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA181025194669

DATE : 25/10/2018

This is computer generated. Hence no signature required.



Authentication No. : D18761919N

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8436799J



Name

TENGKU MOZAID BIN TENGKU
MAHMOOD

For LKK/NAC Use Only



Race

MALAY

Date of birth

07-11-1984

Sex

M

Country/Place of birth

SINGAPORE

5482542



NRIC No. S8436799J

For LKK/NAC Use Only



Date of issue

10-06-2015

APT BLK 869B EDGEFIELD PLAINS #14-658

SINGAPORE 822669

NRIC No. S8436799J

Date: 01/06/2018

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8436799J**
Name: **TENGKU MOZAIID BIN TENGKU MAHMOOD**
Birth Date: **07 Nov 1984**
Issue Date: **28 Apr 2011**

001959963F

For LKK/NAC Use Only

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

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 CC	03 Apr 2003
Class 2A Motorcycles between 201 CC and 400 CC	01 Mar 2005
Class 2 Motorcycles $>$ 400 CC	15 Nov 2011
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	28 Apr 2011

S8436799J S / No. 9000153831

NP 428A Licence No: S8436799J

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)

[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="5111566730"/>	Date of Accident	<input type="text" value="18/08/2019 17:06"/>
Vehicle No.(For Motor)	<input type="text" value="SJY3004U"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5111566730	5111566730-000002	PRIVILEGE LIMOUSINE SERVICES PTE LTD	201726851N	GFM	Third Party	SJY3004U	SJY3004U	01/08/2019	31/07/2020

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: 5111566730-000002

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJY3004U**
Chassis Number : JTDGJ20W605002785
2. Name of Policyholder : PRIVILEGE LIMOUSINE SERVICES PTE LTD
3. Effective Date of Insurance : 01 Aug 2019
4. Expiry Date of Insurance : 31 Jul 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : CITY INSURANCE AGENCY PTE. LTD. (00000573566)

Date of Issue : 31 Jul 2019 17:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1058387

Policy No.	5111566730	Vehicle No.	SJY3004U	GST Registration No.	
Certificate No.	5111566730-000002				
Policyholder Name	PRIVILEGE LIMOUSINE SERVICES PTE LTD.			Policyholder NRIC	201726851N
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	93389179	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	19/08/2019 17:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/08/2019	Time of Accident hh:mm	17:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	2 LOR NAPIRI				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	19/08/2019 17:53:03 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	421 TAGORE INDUSTRIAL AVEN	Address 2	#01-20 TAGORE 8	Address 3	SINGAPORE 787805
Address 4		Address Type	Singapore address	Post Code	787805
Unit No.	01-05	Related Policy Number	5111565591		
01 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TENGKU MOZAJID BEN TENGKU A	Driver NRIC	S8436799J	Driver DOB	07/11/1984
Register Date of Driver License	28/04/2011	Driver Age	34	Driving Experience	8
Contact No.(Mobile)	81826112	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 669B #14-658	Address 2	EDGEFIELD PLAINS	Address 3	WATERWAY RIDGES
Address 4	SINGAPORE 822669	Address Type	Singapore address	Post Code	822669
Unit No.	14-558				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input 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 **New**

Claim Type *	OD-MX	Insured Name	PRIVILEGE LIMOUSINE SERVICE	Insured NRIC	201726851N
Contact No.(Mobile)	93398889	Contact No. (Home)		Contact No. (Office)	
Email Address		01 Vehicle Number	SJY3004U	TP Vehicle Number	FBH751A
Claim Description	SJY3004U / FBH751A ON 18 Aug 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Preferred Repair Option	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered	19/08/2019 17:54	Claim Close Date		Date Received	19/08/2019 01
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1058387	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/08/2019 17:55
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
			Please Select
			Confidential
			NO
			Urgency *
			Normal
			Description

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Send M

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 17:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 17:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 17:55	SAS	Normal	SAS 2019-8-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 17:55	Photos	Normal	Photos 2019-8-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 17:55	Photos	Normal	Photos 2019-8-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 17:55	Photos	Normal	Photos 2019-8-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 17:54	Photos	Normal	Photos 2019-8-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 17:54	Photos	Normal	Photos 2019-8-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 17:54	Photos	Normal	Photos 2019-8-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 17:54	Photos	Normal	Photos 2019-8-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 19 Aug 2019 17:54	Photos	Normal	Photos 2019-8-19	

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading