

# NATIONAL Assessment Centre Services. [ver 1 Jan 2003] MNA 119113016.

Date In: 27/8/19 13:41	Job description	Date & Time Completed	Done by
Ref No: NAI INC 19015072/h4	SAS e-filing		
Veh No: SMK 7732 M	E-mail (within 8hrs, AIC 2hrs)		
DATA 26/8/19 14:10	I-Motor Claim Form	MT/1059664-00	27/8/19 14:33
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: (	Tel: (	Fax: (
TP Particulars:	Veh No: GBB 8760	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:	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

WA1906317

<p>Customer's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Sign-In-Charge):</p> <p>Auditors' Comments:</p> <p>Tab. 1:</p>	<p>INVOICE FROM RUBEN CHEN</p> <table border="1"> <tr> <th>Item</th> <th>Amount (\$)</th> <th>Amount (\$)</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$40)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> <td></td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>\$120</td> <td></td> </tr> <tr> <td>5) RT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey</td> <td>\$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td>OD:</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>N12: Idao Mobile</td> <td>\$0</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> </table>	Item	Amount (\$)	Amount (\$)	1) AR: Accident Reporting (\$30)		30.00	2) DA: Damage Assessment (\$100)	INC (\$40)		3) TP: Towing Fee	\$40/\$45		4) PT: Follow-Through Survey	\$120		5) RT: Follow-Through Survey (Resurvey)	\$30		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	\$5		TP (N11): TP (Non INC) against INC	\$20		N12: Idao Mobile	\$0		Invoice dated	Fee Charged		Invoice dated	Fee Charged	
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## 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 27/08/2019 13:41  
 Date Of Accident 26/08/2019 14:10  
 Exact Location Of Accident WOODLANDS AVE 4 SLIP RD INTO WOODLANDS AVE 5  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK7732M  
**Insured/Policyholder**  
 Name Of Registered Owner H & H RENTAL & LEASING PTE. LTD.  
 Co Reg No 201703965Z  
 Email Address NOEMAIL  
 Mobile Phone No  
 Alternative Phone No OFFICE-97234411

### Vehicle Particulars

Manufacturer TOYOTA  
 Model NOAH HYBRID  
 Exact Purpose for which vehicle was being used at time of accident PRIVATE USE  
 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 5108502848  
 Cover Note Number -

### Driver

Name of Driver MOK KWAI YIN  
 NRIC No S2666452G  
 Date Of Birth 15/10/1965  
 Occupation OUTDOOR  
 Date Of Driving Pass 18/03/1991  
 Driving Experience 28 YEARS AND 5 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-93875343  
 Fax Number  
 Contact Number  
 EMail Address NOEMAIL

Address	BLK 889A WOODLANDS DR 50#13-235
Postcode	731889
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20190826/2128.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG876D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver	CHONG CHOON HO
NRIC/Passport Number	G6567736P
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MOK KWAI YIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMK7732M
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 **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:

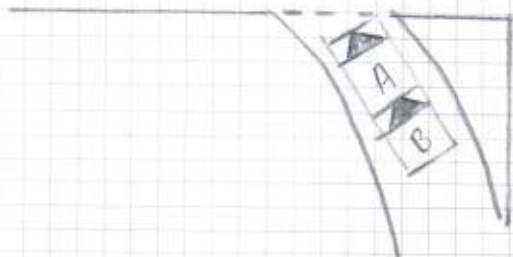
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN

Woodlands Ave S

A = SMK 7732 M

B: 5B6 876 D



woodlands Ave 4

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer Police Report T/2019 0826 /2128

## DECLARATION

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



Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

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

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





**SINGAPORE  
POLICE FORCE**



T/20190826/2128

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

1 of 3

Report No. T/20190826/2128

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/08/2019 16:39	Vide Report No.:	Station Diary No.: 51
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**Informant's Particulars**

Name of Informant: MOK KWAI YIN			Address: APT BLK 889A WOODLANDS DRIVE 50 #13-235 SINGAPORE 731889		
ID Type / ID No.: NRIC NO / S2666452G			Contact No.: Home/Office: Mobile: 93875343		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 53	Date of Birth: 15/10/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB Driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/08/2019 14:10	Type of Location: Bend
Location: Junction of Road 1 and Road 2 WOODLANDS AVENUE 4 WOODLANDS AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG876D	Van	NISSAN	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC	Silver		0
SMK7732M	Car	TOYOTA	NOAH HYBRID 7- SEATER 1.8X CVT	Silver	Slightly Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20190826/2128

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

2 of 3

Report No. T/20190826/2128

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHONG CHOON HO	ID No.	G6567736P
Related Vehicle	GBG876D (Van)	Contact No.	66595959
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
<b>Driver</b>			
Name	MOK KWAI YIN	ID No.	S2666452G
Related Vehicle	SMK7732M (Car)	Contact No.	93875343
Hospital/Clinic	SIN MIN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/08/2019	Date Discharge	26/08/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On 26/8/2019 at about 1410hrs, I was driving along the filter lane of Woodlands Avenue 4 to turn left in to Woodlands Avenue 5. At the give way line, I stopped to wait for a safe opportunity to turn. While waiting, I felt an impact from the rear. GBG876D collided on to the rear of my vehicle.

I felt pain on my neck, my back and my hips, so I visited Sin Min Clinic where I was given 7 days of outpatient sick leave.

There is a camera installed in my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20190826/2128

Police Station Of Origin:

Thomson NPP

25 Sin Ming Road #01-180 SINGAPORE

570025

Tel No: 1800-4529999

3 of 3

Report No. T/20190826/2128

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: E / Sgt 2 LOKMAN BIN ABDUL GHANI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/08/2019 16:39
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:  SN 070
Authentication Stamp NP168 	

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S2666452G**

Name: **MOK KWAI YIN**

Birth Date: **15 Oct 1965**  
Issue Date: **20 Feb 2008**

001572644G

*For LKK/NAC Use Only*

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S2666452G**

Name: **MOK KWAI YIN**

Race: **CHINESE**  
Date of birth: **15-10-1965**  
Country of birth: **MALAYSIA**

Sex: **M**

*For LKK/NAC Use Only*

**Land Transport & Authority**

**VOCATIONAL LICENCE**

Licence No: **S2666452G**  
Name: **MOK KWAI YIN**

Card Issue Date: **26/04/2018**  
Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

PDVL/TDVL  
33 888 8888  
260268

*For LKK/NAC Use Only*

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

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

PASS DATE: **18 Mar 1991**

NP 429A

Licence No: **S2666452G**

*For LKK/NAC Use Only*

NRIC No: **S2666452G**

Nationality: **MALAYSIAN**  
Date of issue: **20-02-2008**

APT BLK 888A WOODLANDS DRIVE 50 #13-235  
SINGAPORE 731868

NRIC No: **S2666452G**  
Date: **20/10/2018**

*For LKK/NAC Use Only*

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
14	PRIVATE HIRE CAR VL	26/04/2018

*For LKK/NAC Use Only*



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5108502848-000059

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMK7732M**  
Chassis Number : **ZWR800355425**
2. Name of Policyholder : **H & H RENTAL & LEASING PTE. LTD.**
3. Effective Date of Insurance : **24 Apr 2019**
4. Expiry Date of Insurance : **23 Apr 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	: DBS BANK 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 : S & M ALLIANCE PTE LTD (00000614373)  
Date of Issue : 27 Mar 2019 12:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text" value="5108502848"/>	Date of Accident	<input type="text" value="26/08/2019 13:34"/>
Vehicle No.(For Motor)	<input type="text" value="SMK7732M"/>	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 checked="" type="radio"/>	5108502848	5108502848-000059	H & H RENTAL & LEASING PTE. LTD.	201703965Z	GFM	drive CLASSIC	SMK7732M	SMK7732M	24/04/2019	27/03/2020



## Claim Handling

The premium on this policy has not been collected.

Accident HT/1059664

Policy No.	5108502848	Vehicle No.	SMK7732M	GST Registration No.	
Certificate No.	5108502848-000059				
Policyholder Name	H & H RENTAL & LEASING PTE., LTD.			Policyholder NRIC	201703965Z
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97234411	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## Accident Details

Report Date	27/08/2019 14:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/08/2019	Time of Accident hh:mm	14:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 4 SLIP RD INTO WOODLANDS AVE 5				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	2000.00	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			

## Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAR	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-12	Related Policy Number	5108502848		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOK KWAI YIN	Driver NRIC	S2666452G	Driver DOB	15/10/1965
Register Date of Driver License	18/03/1991	Driver Age	53	Driving Experience	28
Contact No.(Mobile)	93875343	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 889A #13-235	Address 2	WOODLANDS DRIVE 50	Address 3	TRETRAIL@WOODLANDS
Address 4	SINGAPORE 731889	Address Type	Singapore address	Post Code	731889
Unit No.	13-235				
Does he own a Singapore registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	H & H RENTAL & LEASING PTE.	Insured NRIC	201703965Z
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	NIL
Email Address		OI Vehicle Number	SMK7732M	TP Vehicle Number	GBG876D
Claim Description	SMK7732M / GBG876D ON 26 Aug 2019			Name of Preferred Workshop	D
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Preferred Repair Option	Preferred Workshop, Name unknown				
Date Registered	27/08/2019 14:32	Claim Close Date		Date Received	27/08/2019 01
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	M7/1059664	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/08/2019 14:33		
Path *		Category *	Confidential	Urgency *	Description
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
<div>Choose File</div>	No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear

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NO

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NO

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Send M

## Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent (CD)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Aug 2019 14:33	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-8-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Aug 2019 14:33	SAS		Normal	SAS 2019-8-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Aug 2019 14:33	Photos		Normal	Photos 2019-8-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Aug 2019 14:33	Photos		Normal	Photos 2019-8-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Aug 2019 14:33	Photos		Normal	Photos 2019-8-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Aug 2019 14:32	Photos		Normal	Photos 2019-8-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Aug 2019 14:32	Photos		Normal	Photos 2019-8-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Aug 2019 14:32	Photos		Normal	Photos 2019-8-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Aug 2019 14:32	Photos		Normal	Photos 2019-8-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Aug 2019 14:32	Photos		Normal	Photos 2019-8-27	

## Video List

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