

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MNA119115792**

Date In: <b>21/8/19 12:32</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC1901543424</b>	SAS e-filing		
Veh No: <b>JA 09128 M</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>28/8/19-12:32</b>	i-Motor Claim Form	<b>M71059991-002</b>	<b>21/8/19 12:49</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: **XE343A**

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

<b>NA11906635</b> <b>Claimant's Particulars:-</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			in Bill	Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	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: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
QD*				
*N5: Courtesy Car / Tpt Allowance	\$5			
*N6: Repair Co-ordination	\$10			
*N7: Post Repair Inspection	\$25			
*N8: DV / Collect Excess Coordination	\$5			
TP (N11): TP (Non INC) against INC	\$20			
9) N12: Idac Mobile	\$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	31/08/2019 17:32
Date Of Accident	28/08/2019 12:30
Exact Location Of Accident	JURONG WEST ST 51
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU9128M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD HILMIE BIN SAMSUDIN
NRIC No	S8732729I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97919271
Alternative Phone No	OFFICE-97919271

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS J AUTO
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5090807083-02
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD HILMIE BIN SAMSUDIN
NRIC No	S8732729I
Date Of Birth	10/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	09/01/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97919271
Fax Number	
Contact Number	OFFICE-97919271
Email Address	NOEMAIL

Address	BLK 119 YISHUN RING ROAD #01-445
Postcode	760119
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: ; NUR FARHAIN BTE YAHYA GENDER: ; FEMALE

#### 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/20190829/7016.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE343A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLA5465L  
Vehicle Make/Model/Colour TOYOTA  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver ALLAN  
NRIC/Passport Number  
Contact Number 93366517  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

4

Passenger 1  
NAME: :  
GENDER: :  
Passenger 2  
NAME: :  
GENDER: :  
Passenger 3  
NAME: :  
GENDER: :

#### DETAILS OF INJURED PERSON 1

Name MUHAMMAD HILMIE BIN SAMSUDIN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SGU9128M  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name NUR FARHAIN BTE YAHYA  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SGU9128M  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
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 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.
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

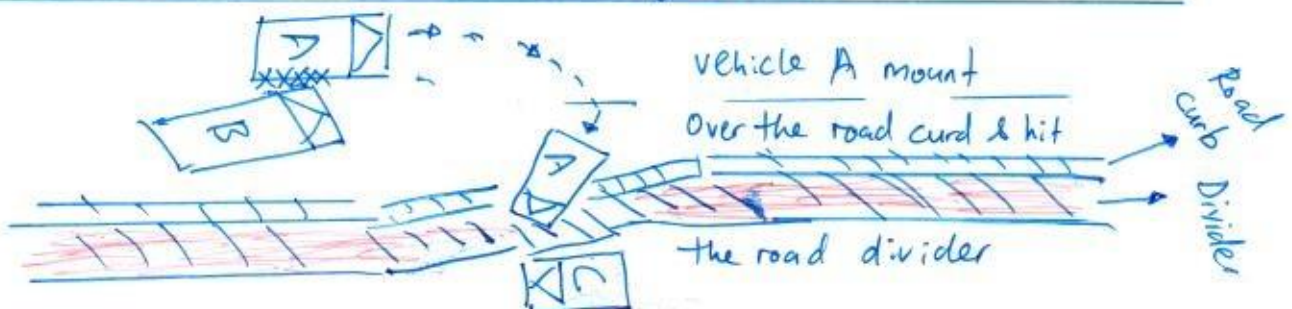
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time \_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time \_\_\_\_\_  
Witnessed by Reporting Centre Personnel \_\_\_\_\_

Sketch Plan

Traffic light junction

Jurong West Street 51



(A) SGU 9128 M

(C) SLA 5465 L


(B) XE 343 A

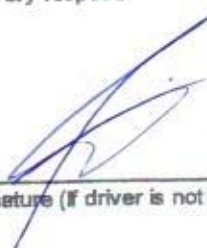
Describe Circumstances of the Accident


Refer to Police Report NO: T/26190829/7016

**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

  
Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20190829/7016

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

1 of 3

Report No. T/20190829/7016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/08/2019 13:48		Vide Report No.: J/20190828/0069		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD HILMIE BIN SAMSUDIN			Address: APT BLK 119 YISHUN RING ROAD #01-445 SINGAPORE 760119		
ID Type / ID No.: NRIC NO / S8732729I			Contact No.: Home/Office: Mobile: 97919271		
Nationality: SINGAPORE CITIZEN			Email: muhd_hilmie_samsudin@spf.gov.sg		
Sex: Male	Age: 31	Date of Birth: 10/10/1987	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: POLICE OFFICER			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/08/2019 12:30	Type of Location: Straight Road
Location:  JURONG WEST STREET 51				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGU9128M	Car	TOYOTA	VIOS J AUTO	Silver		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGU9128M	NTUC Income Insurance Co-Operative Limited	5090807083-02	29/05/2019	28/05/2020



**SINGAPORE  
POLICE FORCE**



T/20190829/7016

2 of 3

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

Report No. T/20190829/7016

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD HILMIE BIN SAMSUDIN	ID No.	S8732729I
Related Vehicle	SGU9128M (Car)	Contact No.	97919271
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/08/2019	Date Discharge	28/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 28/8/19 at 1230hrs, I was traveling along Jurong West St 52 towards AYE. Traffic was in my favour I was turning right with my right signal light ON towards Jurong West St 51 proceeding to AYE. Traffic was clear in my direction as I started to make the right turn. After completing my turn, suddenly I felt a very strong impact from the rear of my car. A Flatbed Trailer lorry bearing the plate no. XE343A had hit the rear of my vehicle, plate no. SGU9128M. Due to the hard impact, the lorry pushed my vehicle to mount over the curb and hit the centre divider which my vehicle had also hit a stationary vehicle at a red light. A police car was at the scene. Someone had called the ambulance and a police vehicle arrived at the scene of the accident. Me and my passenger Nur Farhain were conveyed to Eng Teng Fong Hospital by ambulance. On the same day at 1630hrs I was discharged and given 3 days mc and my passenger was given 2 days mc. At 2100hrs I felt pain on my body and decided for further check-up and went to Mount Alvernia Hospital and was given 5 days mc.



**SINGAPORE  
POLICE FORCE**



T/20190829/7016

3 of 3

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

Report No. T/20190829/7016

**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 / TPIB /  
MA JUNXIANG  
Contact No.: 65476251

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:  
29/08/2019 13:48

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: 28/8/2019 (DD/MM/YYYY), TIME: 12:30 (HH:MM)

LOCATION: Jurong West st 51

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGU 9128 M  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5090807083-02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA VIOS 5  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: pte use  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Muhammad Hilmie Bin Samsudin (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8732729-I CONTACT: 97919271  
 c) ADDRESS: Blk 119 Yishun Ring Rd  
#101-445 S'760119

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: As Above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (10/10/1987) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 9/1/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (DRY / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Muhammad Hilmie Bin Samsudin &  
 7. a) REPORTED TO POLICE (YES / NO) Nur Farhain Bte Yahya  
 IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

## 8. THIRD PARTY VEHICLE B

- a) VEHICLE NUMBER: XE 343 A MODEL: Lorry  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLA 5465 L MODEL: TOYOTA  
 e) DRIVER'S NAME: Allan  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 93366517

\* No of passengers  
 (Including driver)  
(2)

Male & Female

\* No of passengers  
 (Including driver)  
(1)

Male

\* No of passengers  
 (Including driver)  
(4)

1 male 3 female

Email =

fax = 68442641

video = ☒

REPUBLIC OF SINGAPORE DRIVING LICENCE

S87327291

MUHAMMAD HILMIE BIN SAMSUDIN

Date of birth: 10 Oct 1987

Issue date: 09 Jan 2017

002645935C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S87327291

Name: MUHAMMAD HILMIE BIN SAMSUDIN

Race: JAVANESE

Date of birth: 10-10-1987

Country/Place of birth: SINGAPORE

Sex: M

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

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

EFFECTIVE DATE: 09 Jan 2017

Licence No: S87327291

NP 428A

6028679

Barcode

NRIC No: S87327291

Date of issue: 21-09-2018

Address: APT BLK 119 YISHUN RING ROAD #01-445 SINGAPORE 760119

Owner }  
Driver }

97919271

## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5090807083-02
The Policyholder	: MUHAMMAD HILMIE BIN SAMSUDIN BLK 119 #01-445 YISHUN RING ROAD SINGAPORE 760119

Period of Insurance	: 29 May 2019 To 28 May 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,000.25

#### Interest Insured

Cover Type	: Third Party, Fire & Theft	
Primary Driver	: MUHAMMAD HILMIE BIN SAMSUDIN	
Named Driver (1)	: N/A	
Named Driver (2)	: N/A	
Make/Model	: TOYOTA/VIOS J	Capacity : 1500cc
Registration Number	: SGU9128M	Registration Year : 2007
Chassis Number	: MR053HY9305001871	Off-peak Car : No
Repair at Owner's Preferred Workshop	: No	Insure with COE : Yes
Excess (Section 1)	: N/A	NCD Entitlement : 10%
Excess (Section 2)	: N/A	NCD Protection : No
Additional Excess	: N/A	
Unnamed Driver Excess	: N/A	
Hire Purchase Company	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD	

Memo A : N/A

Endorsement Operative : M2

Agency	: META AGENCY PTE. LTD. (00000573430)
Date of Issue	: 15 May 2019 17:51 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

eBaoTech

GeneralClaim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090807083-02		MUHAMMAD HILMIE BIN SAMSUDIN	S87327291	GPC	Third Party, Fire & Theft	SGU9128M	SGU9128M	29/05/2019	28/05/2020

## Claim Handling

• Exit

## Accident MT/1059991

Policy No.	5090807083-02	Vehicle No.	SGU9128M	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD HILMIE BIN SAMSUDIN	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S87327291
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	NIL	Special Remark		Contact No. (Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
xPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No	Orange Force		Private Hire	Not available
<b>Accident Details</b>					
Report Date	29/08/2019 11:37	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	28/08/2019	Time of Accident hh:mm	12:15	Country of Accident	Singapore
Reporting Centre		ICM No.			
Accident Location	TWDS JURONG WEST AVE 1, BEFORE JURONG WEST ST 52				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK 119 #01-445	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760119
Address 4		Address Type	Singapore address	Post Code	760119
Unit No.		Related Policy Number	5090807083-02		

## OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	MUHAMMAD HILMIE BIN SAMSUDIN	Insured NRIC	S87327291
Contact No. (Mobile)	97919271	Contact No. (Home)	+	Contact No. (Office)	
Email Address		OI Vehicle Number	SGU9128M	TP Vehicle Number	XE343A
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SGU9128M / XE343A ON 28 Aug 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	31/08/2019 17:49	Claim Close Date		Date Received	31/08/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print A4 letter					

Save Submit

## Attachment

Accident No.	MT/1059991	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/08/2019 17:50
Path *		Category *	
	Browse... Clear	Please Select	Confidential
	Browse... Clear	Please Select	Urgency *
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal
	Browse... Clear	Please Select	Normal

