

Date In: 16/19/19 10:35	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19016280/h4	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SKT 7650 S	I-Motor Claim Form	MT/1062640 ⁰⁰¹	16/19/19 17:07
TP: TP 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/Whisp		

Preferred Whisp / INC Assgn Whisp / GW: () Tel: () Fax: ()

TP Particulars: Veh No: **Unknown** 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 to line: 6788/66168) Date & Time Completed by:

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

Injury: _____

Date/Time	Action

Client's Particulars:	Invoice Item / Description	Amount (\$)	Balance (\$)
MMA 1906961	1) AR: Accident Reporting (\$30)	30.00	
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 (Ingr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (w/c 10 Jan 2007)		
	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		
	TE (N11): TP (IS-a INC) against INC \$20		
	9) b112: 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	16/09/2019 10:35
Date Of Accident	13/09/2019 14:00
Exact Location Of Accident	TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT7650S
Insured/Policyholder	
Name Of Registered Owner	OSCARS VALUE RENT PTE LTD
Co Reg No	201818533E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91129911

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA 2.5 CVT ABS D/AB HID 2WD 4DR
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107320495
Cover Note Number	-

Driver

Name of Driver	NIK MIKHAIL BIN ARIFIN
NRIC No	S8816959Z
Date Of Birth	01/01/1988
Occupation	INDOOR
Date Of Driving Pass	01/01/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91333691
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 791 YISHUN AVE 2 #03-1445
Postcode	760791
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	1
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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REMARK: HIRER MISSING IN ACTION, DRIVER DATE OF BIRTH AND LICENSE PASS DATE IS NOT ACCURATE DUE TO PDPA ISSUE, RENTAL COMPANY NEVER TAKE DOWN ANY COPY OF IC AND LICENSE WHEN RENT TO HIRER. REFER TO POLICE REPORT G/20190913/2112

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	
Vehicle Make/Model/Colour	UNKNOWN
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.



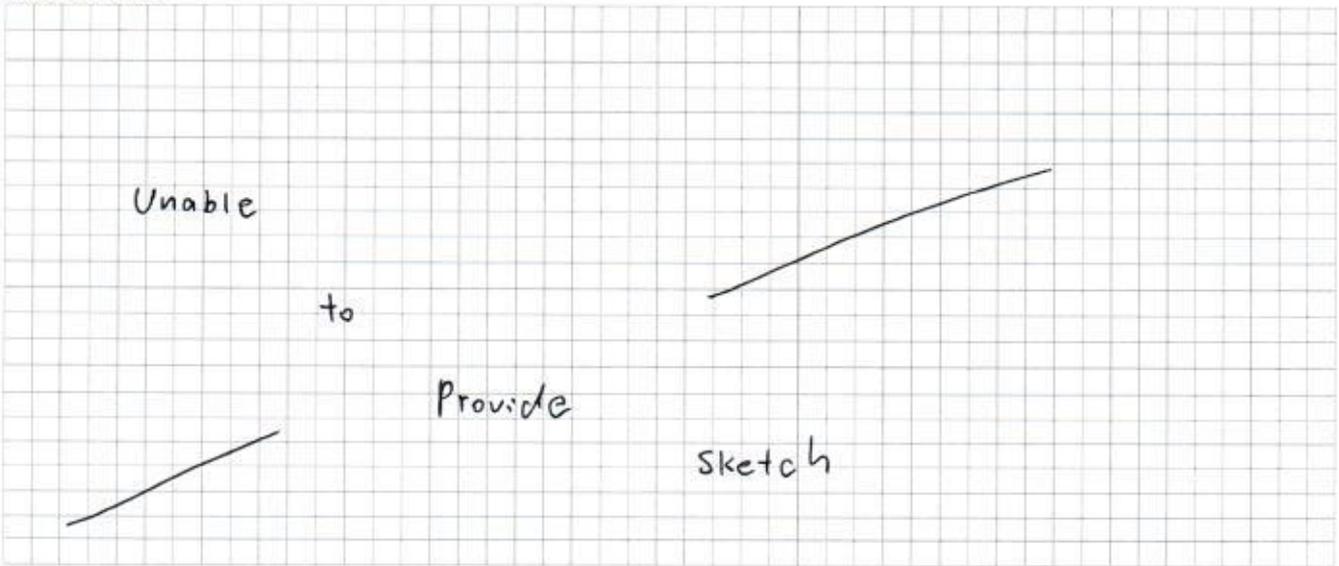
Policyholder's Signature
Date & Time:

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

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

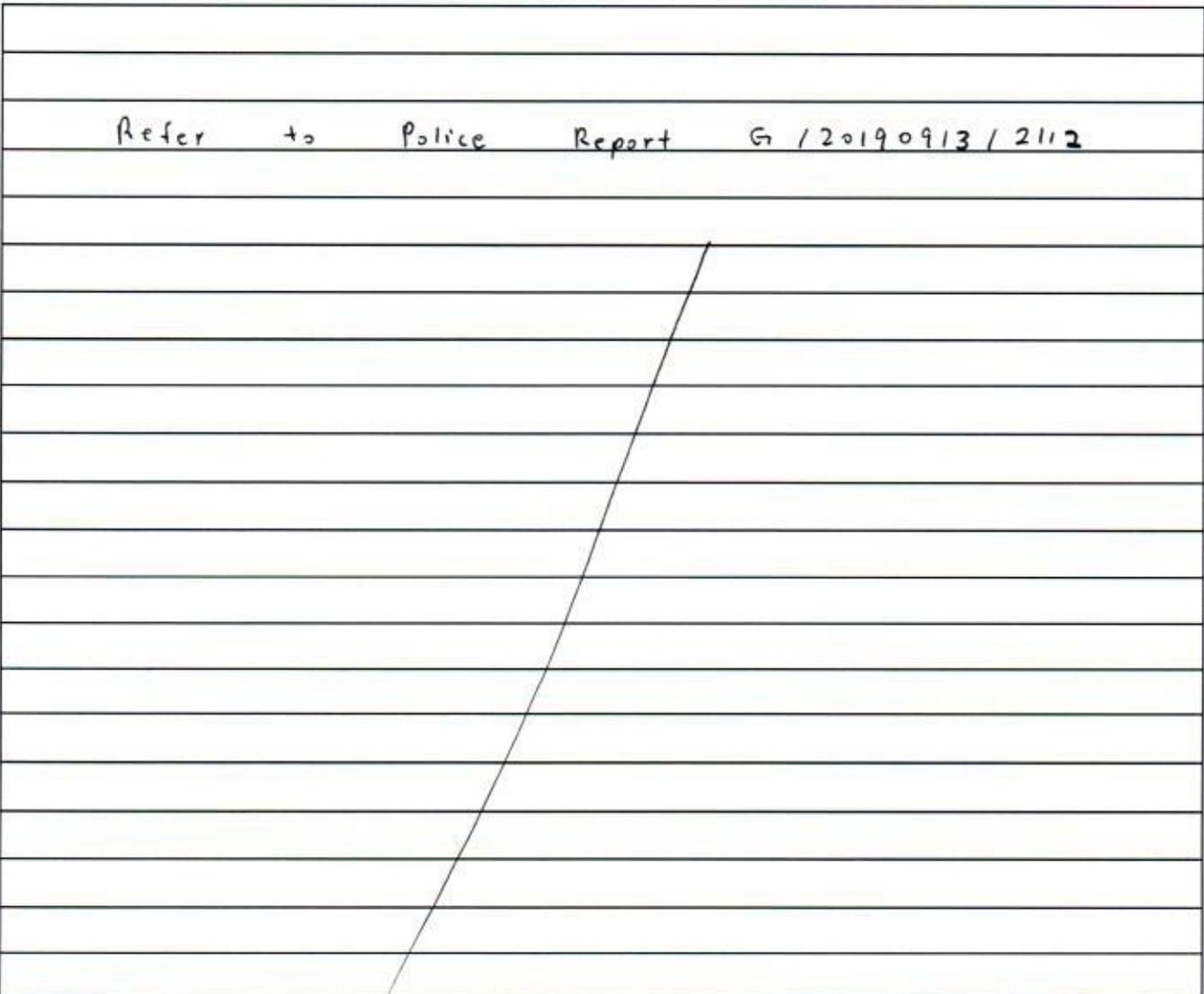
SKETCH PLAN

Unable to Provide sketch



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report G / 20190913 / 2112



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.:

ACCIDENT STATEMENT

ACCIDENT DATE: ¹³ 7 / 9 / 19 (DD/MM/YYYY), TIME: (00 : 00) (HH:MM)

LOCATION: Toa Payoh.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKT 76505.
b) INSURANCE COMPANY: IMC.
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Oscars Leasing (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91129911
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mik Mikhail Bin Arifin. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 58816959Z CONTACT: 91333691
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown. MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

* police Report

email =

fax =

video =



**SINGAPORE
POLICE FORCE**



G/20190913/2112

1 of 2

Report No. G/20190913/2112

POLICE REPORT (NP299)

Police Station Of Origin
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Date/Time Report Made 13/09/2019 19:13	Vide Report No.	Station Diary No. 22
Name Of Informant LEW KOK CHIN, DONALD	Address APT BLK 614 BEDOK RESERVOIR ROAD #06-1204 SINGAPORE 470614	
ID Type / ID No. NRIC NO / S7834018E	Contact No. Home/Office 61006913	Mobile 91129911
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SALES EXECUTIVE	Sex Male	Age 40
Institution/School Name	Date of Birth 11/11/1978	Race Chinese
Date/Time Of Incident 13/09/2019 14:00	Location Of Incident 62B LORONG 4 TOA PAYOH HDB-TOA PAYOH SINGAPORE 312062 Car park	

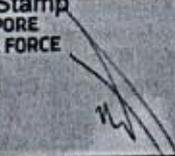
Brief details.

I am the Sales Executive of Oscars Value Rent Private limited located at No.110 Lor 23 Geylang #02-05 Victory Centre.

On 13/09/2019 at about 1400hrs, my colleague named "Seah Yew Aik" HP: 98526093 and I went to Blk 62B Lor 4 Toa Payoh to collect a rental car for our company. As the car last rent was on the 09/09/2019 and the hirer did not return the car ever since and he is not contactable. The Hirer rented the

Signature Of Officer Recording The Report: G / Sgt 2 TEO HAOLUN, MAURICE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/09/2019 19:13
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt NEO JIN MING, EDWIN Contact No.:	Classification Of Case:

Authentication Stamp
SINGAPORE
POLICE FORCE



SIGNATURE



car on the 02/09/2019 and the hirer named Nik Mikhail Bin Arifin, S8816959Z residing at Blk 791 Yishun Ave 2 #03-1445 HP: 91333691.

The Vehicle no. SKT7650S(Nissan/White) was parked at Blk 62B Lor 4 Toa Payoh carpark and discovered that the front bumper was damaged and was hold together with the car using blue color tape.

I wish to state that the vehicle is not in this state when we rent it out. I am lodging this report for my company's record purposes and for IDAC reporting purposes.

Signature Of Officer Recording The Report:

G / Sgt 2 TEO HAOLUN, MAURICE

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Sr Staff Sgt NEO JIN MING, EDWIN
Contact No.:

Signature Of Informant:

Date/Time:
13/09/2019 19:13

Classification Of Case:

Authentication Stamp

SINGAPORE
POLICE FORCE

SIGNATURE

4-5pm

OSCARS VALUE RENT PRIVATE LIMITED (Reg. No. 201818533E)

110 Lorong 23 Geylang #02-05 Victory Centre, Singapore 388410. Tel: 6100 6913 (24 Hrs.)

LEASING AGREEMENT

Change Car

This Vehicle Leasing Agreement is made between OSCARS VALUE RENT PRIVATE LIMITED ("OWNER") and

Dr./ Mr./ Ms. NIK MIKHAIL BIN ARIFF ("HIRER") of NRIC/ FIN S88169542

With Registered Address APT BTK 791 YISHAN AVE 2 #03-1445 Q' 760791

Contact No: 9133 3641

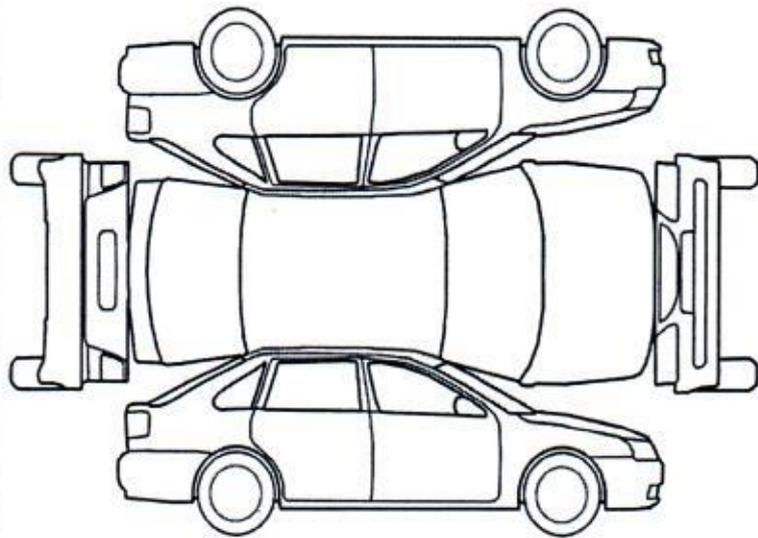
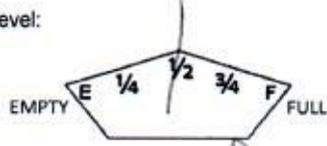
The agreed leasing date is from 2, 9, 19 to 4, 9, 19

Total leasing rate, agreed at S\$ 110, Total Leasing 2 (day(s) / weeks / months)

LEASING EXTENSION FROM ABOVE INITIAL DATE TO 9, 9, 19

Leasing Rate S\$ _____ per (day / week / month), Leasing Extension _____ (day(s) / weeks / months)

Full Payment _____

AUTHORIZED SIGNATURE & DATE/ OWNER		SIGNATURE & DATE/ HIRER	
Vehicle Inspection and Remarks		Vehicle No. <u>8K7 76505</u>	
		Make & Model <u>Nissan Teana</u>	
		Vehicle COLLECTION:	
		Mileage <u>251760</u> KM.	
		Date: <u>2, 9, 19</u>	
		Time: <u>5, 55</u> (AM/PM)	
		Fuel level:	
			
		SIGNATURE/ HIRER	
		Vehicle RETURNED:	
		Mileage _____ KM.	
		Date: <u>1, 1</u>	
		Time: <u>1</u> (AM/PM)	
		SIGNATURE/ HIRER	
		ACCESSORIES/ REMARKS:	
ADDITIONAL DRIVER/ NAME:			
NRIC/FIN:			
NATIONALITY			
SURCHARGE FOR WEST MALAYSIA:			
TOTAL DUE:	<u>\$110 (T1) 2/9/19</u>	SECURITY DEPOSIT:	
BOOKING DEPOSIT:			
BALANCE DUE:			

HIRER TO PROVIDE ORIGINAL NRIC/FIN/ DRIVER LICENSE INCLUDING THAT OF ADDITIONAL DRIVER FOR PHOTOCOPYING AS PROOF. (AT LEAST 22 YEAR OLD WITH VALID SINGAPORE DRIVING LICENSE HELD FOR AT LEAST TWO (2) YEARS)

IN THE EVENT OF HIT-AND-RUN / ILLEGAL SUB-LETTING / FAILURE TO RETURN OF HIRED VEHICLE PER THIS AGREEMENT; A MANDATORY PENALTY OF (MINIMUM) S\$5,000 WILL BE IMPOSED ON THE HIRER.

AUTHORIZED SIGNATURE/ OWNER _____

\$60 (T1) 2/9/19 ✓
 \$50 Cash 2/9/19 ✓
 \$100 (T1) 6/9/19.
 \$100 (T1) 10/9/19.

2/9/19 - 9/9/19
- 540

SIGNATURE/ HIRER _____

BY SIGNING THIS AGREEMENT, THE HIRER CONFIRMS HAVING READ THE TERMS AND CONDITIONS FOR LEASING AND OF GIVING HIS/HER UNCONDITIONAL APPROVAL TO THE TERMS AND CONDITIONS FOR LEASING STATED ON THIS AND THE BACK OF THIS PAGE

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"/>	5107320495		OSCARS VALUE RENT PTE LTD	201818533E	GFT	Third Party	SKT7650S	SKT7650S	18/06/2019	

Continue

▼ Policy Information

Policy No.	5107320495	Policyholder Name	OSCARS VALUE RENT PTE LTD	Policyholder NRIC	201818533E
Certificate No.					
Address	110 LORONG 23 GEYLANG #02-05 VICTORY CENTRE SINGAPORE 388410				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	30/01/2019	Effective Date	30/01/2019 00:00	Expiry Date	29/01/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	518.37		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	110 LORONG 23 GEYLANG	Address 2	#02-05 VICTORY CENTRE	Address 3	SINGAPORE 388410
Address 4		Address Type	Singapore address	Post Code	388410
Unit No.	02-05	Related Policy Number	5107320495		

▶ Insured Object: SKT7650S

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	30/01/2019 00:00	Basic Information Endorsement	000001287004268	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SMH7959S 11-02-2019 \$1,521.19 In view of this amendment, an additional premium of \$1,521.19 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKS8461U 12-03-2019 \$1,234.75 In view of this amendment, an additional premium of \$1,234.75 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	12/03/2019 00:00	Basic Information Endorsement	000001287024758	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKS8461U 12-03-2019 \$1,234.75 In view of this amendment, an additional premium of \$1,234.75 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
3	19/03/2019 00:00	Basic Information Endorsement	000001287031119	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND</p>

Claim Handling

The premium on this policy has not been collected.

Accident MT/1062640

Policy No.	5107320495	Vehicle No.	SKT76505	GST Registration No.	
Certificate No.					
Policyholder Name	OSCARS VALUE RENT PTE LTD	Cover Type	Third Party	Policyholder NRIC	201818533E
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91129911	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="No"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	16/09/2019 17:03	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	13/09/2019	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TDA PAYOH				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	Driver is Covered?	Not Applicable
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
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			

Policyholder Mailing Address

Address 1	110 LORONG 23 GEYLANG	Address 2	#02-05 VICTORY CENTRE	Address 3	SINGAPORE 388410
Address 4		Address Type	Singapore address	Post Code	388410
Unit No.	02-05	Related Policy Number	5107320495		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NIK MIKHAIL BIN ARIFFIN	Driver NRIC	S8816959Z	Driver DOB	01/01/1988
Register Date of Driver License	01/01/2017	Driver Age	31	Driving Experience	2
Contact No.(Mobile)	91333691	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 791 #03-1445	Address 2	YISHUN AVENUE 2	Address 3	KHATEB VALE
Address 4	SINGAPORE 760791	Address Type	Singapore address	Post Code	760791
Unit No.	03-1445				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	OSCARS VALUE RENT PTE LTD	Insured NRIC	201818533E
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	634471
Email Address		DI Vehicle Number	SKT76505	TP Vehicle Number	LNKNC
Claim Description	SKT76505 / UNKNOWN ON 13 Sept 2019			Name of Preferred Workshop	0
Preferred Workshop Finalisation	<input checked="" type="checkbox"/> Yes	Insured Liability	Partially at Fault	GIA report	Received
Date Registered	16/09/2019 17:06	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	
Report Taken By	LIEW SHAN HUI			Date Received	16/09/2019

Print AK letter

Save Submit

Attachment

Accident No.	MT/1062640	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/09/2019 17:07
Path *		Category *	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Confidential <input type="text" value="NO"/> Urgency <input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Confidential <input type="text" value="NO"/> Urgency <input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Confidential <input type="text" value="NO"/> Urgency <input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Confidential <input type="text" value="NO"/> Urgency <input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Confidential <input type="text" value="NO"/> Urgency <input type="text" value="Normal"/>
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	Confidential <input type="text" value="NO"/> Urgency <input type="text" value="Normal"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2019 17:07	SAS	Normal	SAS 2019-9-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2019 17:07	Photos	Normal	Photos 2019-9-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2019 17:07	Photos	Normal	Photos 2019-9-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2019 17:07	Photos	Normal	Photos 2019-9-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2019 17:07	Photos	Normal	Photos 2019-9-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2019 17:07	Photos	Normal	Photos 2019-9-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2019 17:07	Photos	Normal	Photos 2019-9-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2019 17:06	Photos	Normal	Photos 2019-9-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2019 17:06	Photos	Normal	Photos 2019-9-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2019 17:06	Photos	Normal	Photos 2019-9-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2019 17:06	Photos	Normal	Photos 2019-9-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2019 17:06	Photos	Normal	Photos 2019-9-16
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Sep 2019 17:06	Photos	Normal	Photos 2019-9-16

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	