

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MA119157287

| | | | |
|---------------------------|--|-----------------------|----------------|
| Date In: 28/11/19-16:37 | Job description | Date & Time Completed | Done by |
| Ref No: WA/INC 1902079/24 | SAS e-filing | | |
| Veh No: SY 1157A | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 28/11/19-12:00 | i-Motor Claim Form | MA/1572024-201 | 28/11/19 16:50 |
| OD: (P) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: WLC64435 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-----------------------|-----------------------|
| NA1908948 | Invoice Preparation Checklist | Am't (\$) Est Bill | Am't (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| | 5) RT: 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:- | | |
| | ON* | | |
| | *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 30 | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | |
| Auditors' Comments:- | Invoice dated | Fee Charged | |
| Dat. 1: | | | |
| Dat. 2 / 3: | | | |

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 | 28/11/2019 16:37 |
| Date Of Accident | 28/11/2019 12:00 |
| Exact Location Of Accident | SLIP RD FORT RD TWDS MOUNTBATTEN RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SJY1157A |
| Insured/Policyholder | |
| Name Of Registered Owner | FOCUS RENTALS PTE LTD |
| Co Reg No | 201836450G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96518877 |
| Alternative Phone No | OFFICE-96518877 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HONDA |
| Model | CIVIC 1.8L 5AT |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | 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 | YES |
| Policy Number | 5106629800 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------|
| Name of Driver | CHUA CHIN BEE (CAI JINMEI) |
| NRIC No | S7537360J |
| Date Of Birth | 10/12/1975 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 29/10/1999 |
| Driving Experience | 20 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90045503 |
| Fax Number | |
| Contact Number | OFFICE-90045503 |
| EMail Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 486 ADMIRALTY LINK #12-149 |
| Postcode | 750486 |
| 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 | WET |

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) | 2 |
| Passenger 1 | NAME: : - 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/20191128/7015.

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 | WC6447S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | KANNAN MURUGAVEL |
| NRIC/Passport Number | G8484045P |
| Contact Number | |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHUA CHIN BEE (CAI JINMEI)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJY1157A

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.

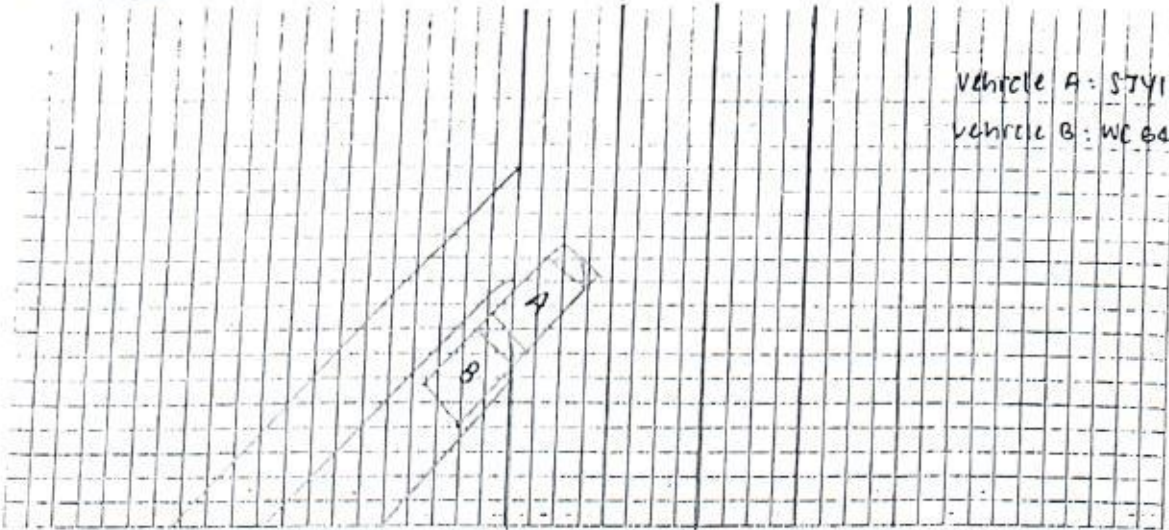


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Vehicle A: STY1157A

Vehicle B: WC 64476

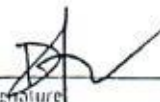
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

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.:

ATPAC Standard Form No.

Date of Accident : 28/11/2019 Accident Time: 12pm (24-HR-Format)
 Accident Place : Slip Road to Mountbatten
 Vehicle Reg. No. (Car Plate No.) : SJY 1157A
 Vehicle Make/Model : Honda civic
 Insurance Company : NTUC Policy No. _____
 Owner or Company Name / IC No. : Focus Rentals pte Ltd
 Owner or Company Contact No. : 96518877 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Chun Lian Bee (S7537360J)
 DRIVER'S Date Of Birth : 10/12/1975 DRIVER'S License Pass Date 29/10/1999
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: hirer
 DRIVER'S Address : B1C 486 Admiralty Lane #12-49
 DRIVER'S Contact No. / Alt No. : 1) 90045503 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Admin@mycar.sg
 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): 02 1 female.
 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>WCB447S</u> | Vehicle Reg. No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name Driver: <u>kannan murugavel</u> | Name Driver: _____ |
| IC No. Driver: <u>G8484045P</u> | IC No. Driver: _____ |
| Driver's Contact & Add: _____ | Driver's Contact & Add: _____ |

* Injuries 5 days MC



**SINGAPORE
POLICE FORCE**



T/20191128/7015

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

1 of 3

Report No. T/20191128/7015

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 28/11/2019 15:35 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: CHUA CHIN BEE | | | Address: APT BLK 486 ADMIRALTY LINK #12-149 SINGAPORE 750486 | | |
| ID Type / ID No.: NRIC NO / S7537360J | | | Contact No.: Home/Office: Mobile: 90045503 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: chuaderrick@live.com | | |
| Sex: Male | Age: 43 | Date of Birth: 10/12/1975 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: GOJEK DRIVER | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 28/11/2019 12:00 | Type of Location: SLIP ROAD |
| Location: FORT ROAD | | | | |
| Weather: Clear | | Road Surface: Wet | | Road Speed Limit: 50 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| 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 |
|-------------|-------|-------|-------|-------|----------------------|-----------------|
| SJY1157A | Car | HONDA | CIVIC | Grey | Seriously Damaged | 1 |
| WC6447S | Lorry | | | | Slightly Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20191128/7015

2 of 3

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

Report No: T/20191128/7015

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|---------------------------------|
| Driver | | | |
| Name | CHUA CHIN BEE | ID No. | S7537360J |
| Related Vehicle | SJY1157A (Car) | Contact No. | 90045503 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 28/11/2019 | Date Discharge | 28/11/2019 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Serious |

Brief Details.

ON THE STATED TIME AND DATE,
I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SJY1157A ON THE SLIP ROAD OF FORT ROAD TOWARDS MOUNTBATTEN ROAD. I WAS CHECKING CLEAR OF THE TRAFFIC FROM THE MAIN ROAD IN THE POCKET WHEN SUDDENLY I FELT A HUGE IMPACT FROM THE REAR. I THEN REALISE THAT I WAS INVOLVED IN A HEAD TO REAR COLLISION WITH VEHICLE BEARING CARPLATE NUMBER WC6447S. I FELT STRAINS ON MY NECK AND LOWER BACK, WHICH I CONSULTED A DOCTOR AFTER THE ACCIDENT AND WAS AWARDED A 5-DAYS-



**SINGAPORE
POLICE FORCE**



T/20191128/7015

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

3 of 3

Report No. T/20191128/7015

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 / TPB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
28/11/2019 15:35

Classification Of Case:

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

• Change Language

• Change Password

• Log Out

My Desktop

Notice of Loss

Policy Query

| | | | | | | | | | | |
|---|---|--------------------|---|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| Policy No. | <input type="text" value="S106629800"/> | Date of Accident | <input type="text" value="28/11/2019 12:00"/> | | | | | | | |
| Vehicle No. (For Motor) | <input type="text" value="SJY1157A"/> | 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 type="radio"/> | S106629800 | | FOCUS RENTALS PTE. LTD. | 201836450G | GFT | Third Party | SJY1157A | SJY1157A | 02/08/2019 | |
| <input type="button" value="Continue"/> | | | | | | | | | | |

Policy Information

| | | | | | |
|-----------------------------|--|-----------------------------|-------------------------|-------------------|----------------------------------|
| Policy No. | 5106629800 | Policyholder Name | FOCUS RENTALS PTE. LTD. | Policyholder NRIC | 201836450G |
| Certificate No. | | | | | |
| Address | 26 SIN MING LANE #05-114 MIDVIEW CITY SINGAPORE 573971 | | | | |
| Product Name | FLEET INSURANCE | Plan | | Group Policy Flag | N |
| Policy Issue Date | 26/12/2018 | Effective Date | 26/12/2018 00:00 | Expiry Date | 25/12/2019 23:59 |
| Excess Type | | All Claims Excess | | | |
| Third Party Excess | 1500 | Own damage Excess | 0 | Windscreen Excess | 0 |
| Additional Excess | 0 | OS Premium | 13999.21 | | |
| Outside Singapore OD Excess | 0 | Outside Singapore TP Excess | 1500 | | Young/Inexperience Driver Excess |
| Agent | TIMES INS BROKERS (MOTOR B | Agent Tel. | 62528888 | GST Flag | Y |
| Co-insurance Flag | No | | | | |
| Open Policy Info | | | | | |
| Certificate Info | | | | | |

Policyholder Mailing Address

| | | | | | |
|-----------|------------------|-----------------------|----------------------|-----------|------------------|
| Address 1 | 26 SIN MING LANE | Address 2 | #05-114 MIDVIEW CITY | Address 3 | SINGAPORE 573971 |
| Address 4 | | Address Type | Singapore address | Post Code | 573971 |
| Unit No. | 03-02 | Related Policy Number | 5106629800 | | |

Insured Object: SJY1157A

Endorsements

| Sequence | Date of Endorsement | Endorsement Type | Endorsement Number | Endorsement Status | Endorsement Content |
|----------|---------------------|-------------------------------|--------------------|----------------------------|--|
| 1 | 27/12/2018 00:00 | Basic Information Endorsement | 000001286971728 | 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. SJ59308K 27-12-2018 \$1,269.81 2. SJU6842T 27-12-2018 \$1,269.81 3. SJU6916P 27-12-2018 \$1,269.81 In view of this amendment, an additional premium of \$3,809.42 (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. SGF608H 07-01-2019 \$1,231.44 2. SKR6614P 07-01-2019 \$1,231.44 In view of this amendment, an additional premium of \$2,462.88 (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</p> |
| 2 | 07/01/2019 00:00 | Basic Information Endorsement | 000001286982404 | Endorsement Take Effective | |

Claim Handling

The premium on this policy has not been collected.

Accident MT/1073474

| | | | | | |
|---|---|-------------------------------|---|------------------------|--------------------------|
| Policy No. | S106629800 | Vehicle No. | SJY1157A | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | FOCUS RENTALS PTE. LTD. | | | Policyholder NRIC | 201836450G |
| Product Code | FLEET INSURANCE | Cover Type | Third Party | Loading | 0 |
| Contact No.(Mobile) | 98518877 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| Email Address | | Special Remark | | eCode | |
| KPK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | Yes |
| Accident Details | | | | | |
| Report Date | 28/11/2019 16:48 | Accident Report within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 28/11/2019 | Time of Accident (hh:mm) | 12:00 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | SLIP RD PORT RD TWDS MOUNTBATTEN RD | | | | |
| Excess | | | | | |
| Own damage Excess | 0.00 | Additional Excess | 0 | Windscreen Excess | 0.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | 0.00 | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | 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 | 26 SIN HING LANE | Address 2 | #05-114 MIDV3EW CITY | Address 3 | SINGAPORE 573971 |
| Address 4 | | Address Type | Singapore address | Post Code | 573971 |
| Unit No. | 03-02 | Related Policy Number | S106629800 | | |
| OT Driver Info | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | Driver DOB | 10/12/1975 |
| Unnamed driver Name | CHUA CHIN BEE (CA) (JINMEI) | Driver NRIC | S75373601 | Driving Experience | 20 |
| Register Date of Driver License | 29/10/1999 | Driver Age | 43 | Contact No.(Home) | 0 |
| Contact No.(Mobile) | 90045503 | Contact No.(Office) | 0 | Address 3 | SINGAPORE 750486 |
| Address 1 | BLK 456 | Address 2 | ADMIRALTY LINK | Post Code | 750486 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 12-149 | | | | |
| 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 checked="" type="radio"/> Yes <input type="radio"/> No | | |

Modification History

Claim 001 **New**













| | | | | | |
|--------------------------------|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | GD-HX | Insured Name | FOCUS RENTALS PTE. LTD. | Insured NRIC | 201836450G |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | + |
| Email Address | | OT Vehicle Number | SJY1157A | TP Vehicle Number | WC6447S |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | SJY1157A / WC6447S ON 28 Nov 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 | 28/11/2019 16:50 | Claim Close Date | | Date Received | 28/11/2019 00:00 |
| Report Taken By | Jackson | | | | |

☒ Print AK letter**Save** **Submit**

Attachment

| | | | |
|--------------------|---|---------------|------------------|
| Accident No. | MT/1073474 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 28/11/2019 16:51 |
| Path * | | Category * | |
| | Browse... Clear | Please Select | Confidential |
| | Browse... Clear | Please Select | Normal |
| | Browse... Clear | Please Select | Normal |
| | Browse... Clear | Please Select | Normal |
| | Browse... Clear | Please Select | Normal |
| | Browse... Clear | Please Select | Normal |
| | Browse... Clear | Please Select | Normal |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? (CO) |
|---|---|-----------------------|---------|----------------------------------|----------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2019 16:51 | NRJC/ Driving License | Y | NRJC/ Driving License 2019-11-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2019 16:51 | SAS | Normal | SAS 2019-11-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2019 16:50 | Photos | Normal | Photos 2019-11-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2019 16:50 | Photos | Normal | Photos 2019-11-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2019 16:50 | Photos | Normal | Photos 2019-11-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2019 16:50 | Photos | Normal | Photos 2019-11-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2019 16:50 | Photos | Normal | Photos 2019-11-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2019 16:50 | Photos | Normal | Photos 2019-11-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2019 16:50 | Photos | Normal | Photos 2019-11-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2019 16:50 | Photos | Normal | Photos 2019-11-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2019 16:50 | Photos | Normal | Photos 2019-11-28 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 28 Nov 2019 16:50 | Photos | Normal | Photos 2019-11-28 | |
| Video List | | | | | |
| Uploaded By/Date | Folder Date | File Name | Source | Action | |
| <div>Display in New Window</div> <div>Scan and uploading</div> | | | | | |