

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MLA119159478**

|                                |  |                       |                      |
|--------------------------------|--|-----------------------|----------------------|
| Date In: <b>3/12/14-13:40</b>  | Job description                          | Date & Time Completed | Done by              |
| Ref No: <b>46/14C190270574</b> | SAS e-filing                             |                       |                      |
| Veh No: <b>564207</b>          | E-mail (within 5hrs, AIC 2hrs)           |                       |                      |
| D.O.A: <b>15/12/14-14:30</b>   | i-Motor Claim Form                       | <b>17/1568214-002</b> | <b>3/12/14 13:49</b> |
| OD / TP / 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: <b>JKY456</b>                                   | 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% F: 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>NA1909026</b>                | <b>Invoice Preparation Checklist</b>            | Amt (\$)<br>In Bill | Amt (\$)<br>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) 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:-                   |                     |                      |
|                                 | Q1)*  |                     |                      |
| QC Checked by (Engr-In-Charge): | *N5: Courtesy Car / Tpl 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                          |                     |                      |
|                                 | 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             | 03/12/2019 13:40             |
| Date Of Accident           | 15/10/2019 19:30             |
| Exact Location Of Accident | MARYMOUNT RD TWDS THOMSON RD |
| Country/State of Loss      | SINGAPORE                    |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SLC470T               |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | HJ CAR RENTAL PTE LTD |
| Co Reg No                   | 201843281R            |
| Email Address               | NOEMAIL               |
| Mobile Phone No             | (LOCAL) +65-86089649  |
| Alternative Phone No        | OFFICE-86089649       |

### Vehicle Particulars

|  |                              |
|--|------------------------------|
| Manufacturer   | AUDI                         |
| Model  | A3 SEDAN 1.4 TFSI (AMBIENTE) |
| 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 HIRE                 |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | YES                                    |
| Policy Number             | 5108216963                             |
| Cover Note Number         |  |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | TAN BAO XING         |
| NRIC No              | S8635071H            |
| Date Of Birth        | 18/11/1986           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 28/04/2016           |
| Driving Experience   | 3 YEARS AND 5 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-97358274 |
| Fax Number           |                      |
| Contact Number       | OFFICE-97358274      |
| EEmail Address       | NOEMAIL              |

|   |  |
|---|--|
| Address   | BLK 225 ANG MO KIO AVENUE 1<br>#05-593 |
| Postcode  | 560225                                 |
| 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?   | 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?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

REFER TO STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SKN4155G    |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                |             |
| Contact Number                      |             |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) | 2           |

Passenger 1

NAME: :

GENDER: :

## 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.



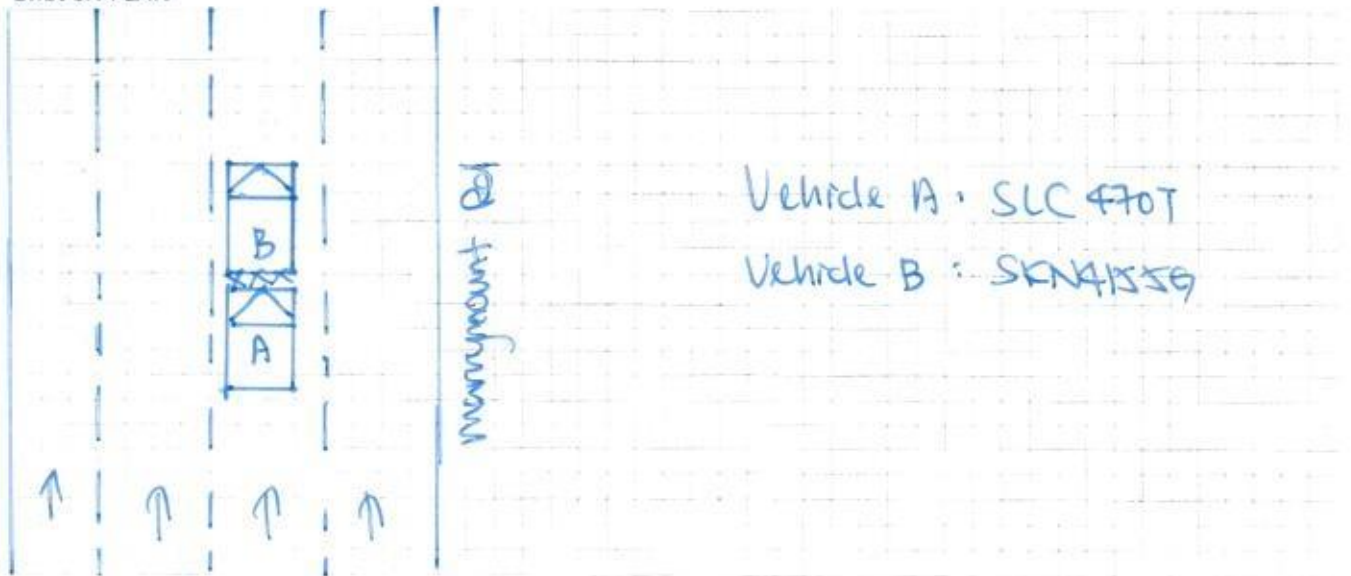
Policyholder's Signature  
Date & Time:

TAN

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

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

# SKETCH PLAN



Vehicle A : SLC470T

Vehicle B : SKN4155G

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving vehicle A (SLC470T) traveling along Marymount Rd towards Thomson Rd on second lane on a 4-lane road. Somewhere after the T-junction of Thomson Rd, vehicle B (SKN4155G) ahead made a jammed brake and I couldn't stop on time. As a result, the front portion of my vehicle collided onto the rear portion of vehicle B.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

TAN

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

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

|  |   |                           |                            |         |
|--|---|---------------------------|----------------------------|---------|
| <b>Vehicle No.</b>                       | 9C470J                                      |                           | <b>Model / Make</b>        | Andi A3 |
| <b>Date of Accident</b>                  | 15/10/2019                                  |                           |                            |         |
| <b>Time of Accident</b>                  | 1930  | HRS                       |                            |         |
| <b>Location of Accident</b>              | Along Marymount Rd towards Thomson Rd       |                           |                            |         |
| <b>Exact purpose use during accident</b> | Private use                                 |                           |                            |         |
| <b>Name of Owner</b>                     | HJ Car Rental Pte Ltd                       |                           |                            |         |
| <b>Telephone No.</b>                     | H/P : 8608 9649                             | <b>Home :</b>             | <b>Office :</b>            |         |
| <b>NRIC</b>                              | 201843281R                                  |                           |                            |         |
| <b>Address</b>                           | 6001 Beach Rd #01-06 S(199589)              |                           |                            |         |
| <b>Claim type</b>                        | OD  | THIRD PARTY               | REPORTING ONLY             |         |
| <b>Insurance Company</b>                 | NTUC  |                           |                            |         |
| <b>Type of Coverage</b>                  | Comprehensive                               | Third Party               | Third Party / Fire / Theft |         |
| <b>Policy No.</b>                        | 5108216963 - 000009                         |                           |                            |         |
| <b>Name of Driver</b>                    | As Above If No, Tan Bao Xing                |                           |                            |         |
| <b>NRIC</b>                              | 88635071H                                   | <b>Any Passengers :</b> - |                            |         |
| <b>Date of birth</b>                     | 18/11/1986                                  |                           |                            |         |
| <b>Occupation</b>                        | Outdoor                                     | /                         | Indoor                     |         |
| <b>Driving License Pass Date</b>         | 28/4/2016                                   |                           |                            |         |
| <b>Gender</b>                            | Male / Female                               |                           |                            |         |
| <b>Contact No.</b>                       | H/P : 9735 8274                             | <b>Home :</b>             | <b>Office :</b>            |         |
| <b>Address</b>                           | BLK 225 Ang Mo Kio Ave 1 #05-593 S (560225) |                           |                            |         |
| <b>Driver have any own vehicle</b>       | No,   | If yes, Reg No.           |                            |         |
| <b>Relationship</b>                      | Employee,                                   | If no, state <u>Hirer</u> |                            |         |
| <b>Weather condition</b>                 | Clear                                       | Raining                   | Other                      |         |
| <b>Road Surface</b>                      | Dry   | Wet                       | Other                      |         |
| <b>Any Injuries</b>                      | No,   | If Yes, Who?              |                            |         |
| <b>Name And Contact No.</b>              |   |                           |                            |         |
| <b>Name And Contact No.</b>              |   |                           |                            |         |
| <b>Police Report</b>                     | No,   | If Yes, Where?            |                            |         |
| <b>Vehicle B No.</b>                     | SKN4155G                                    |                           | <b>Any Passengers :</b>    | 1       |
| <b>Name of Driver</b>                    |   |                           | <b>Contact No. :</b>       |         |
| <b>Vehicle C No.</b>                     |   |                           | <b>Any Passengers :</b>    |         |
| <b>Vehicle D No.</b>                     |   |                           | <b>Any Passengers :</b>    |         |
| <b>Vehicle E no.</b>                     |   |                           | <b>Any Passengers :</b>    |         |
| <b>Vehicle F No.</b>                     |   |                           | <b>Any Passengers :</b>    |         |
| <b>Vehicle G No.</b>                     |   |                           | <b>Any Passengers :</b>    |         |
| <b>Witness Name</b>                      |   |                           | <b>Witness Contact :</b>   |         |
| <b>Accident Portion</b>                  | Front portion                               |                           |                            |         |
| <b>Camera Recorder</b>                   | Yes / No                                    |                           |                            |         |
| <b>Email Address</b>                     | Tan888baoxing@gmail.com                     |                           |                            |         |
| <b>PARTICULAR WORKSHOP</b>               | N-51 Automotive Pte Ltd                     |                           |                            |         |
| <b>CONTACT NO.</b>                       | 6842 0051 / 6744 0510                       |                           |                            |         |
| <b>CONTACT PERSON</b>                    | Zi Ting                                     |                           |                            |         |
| <b>FAX NO</b>                            | 6741 0510                                   |                           |                            |         |
| <b>WORKSHOP EMAIL ADDRESS</b>            | sales@n51.com.sg                            |                           |                            |         |

## 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: 5108216963-000009

Cover : drive PREMIUM

- |   |                         |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLC470T               |
| Chassis Number  | : WAUZZZ8V1G1086616     |
| 2. Name of Policyholder   | : HJ CAR RENTAL PTE LTD |
| 3. Effective Date of Insurance  | : 14 Mar 2019           |
| 4. Expiry Date of Insurance   | : 13 Mar 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 | : YES   |
| 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 : HAMILTON AUTOHUB PTE. LTD. (00000573281)  
Date of Issue : 14 Mar 2019 16:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

eBaoTech

General Claim

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 NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-----------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5108216963 | 5108216963-000009  | HJ CAR RENTAL PTE LTD | 201843281R        | GFM     | drive PREMIUM | SLC470T     | SLC470T        | 14/03/2019    | 13/01/2020  |

## Claim Handling

The premium on this policy has not been collected.

## Accident MT/1068214

|                     |   |                     |   |                      |               |
|---------------------|---|---------------------|---|----------------------|---------------|
| Policy No.          | 5108216963  | Vehicle No.         | SLC470T   | GST Registration No. |               |
| Certificate No.     | 5108216963-000009   |                     |   |                      |               |
| Policyholder Name   | HJ CAR RENTAL PTE LTD.  |                     |   | Policyholder NRIC    | 201843281R    |
| Product Code        | FLEET MASTER INSURANCE  | Cover Type          | drive PREMIUM   | Loading              | 0             |
| Contact No.(Mobile) | NA  | Contact No.(Office) |   | Contact No.(Home)    |               |
| Email Address       |   | Special Remark      |   | eCode                |               |
| KFK                 | <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         | Not available |

## Accident Details

|                   |                                 |                               |       |                     |           |
|-------------------|---------------------------------|-------------------------------|-------|---------------------|-----------|
| Report Date       | 23/10/2019 15:46                | Accident Report Within 24 hrs | Yes   | Accident Type       | Unknown   |
| Date of Accident  | 19/10/2019                      | Time of Accident (hh:mm)      | 19:30 | Country of Accident | Singapore |
| Reporting Centre  |                                 | Orange Force                  |       | ICM No.             |           |
| Accident Location | ALONG THOMSON ROAD TOWARDS CITY |                               |       |                     |           |

## Total Excess Applicable

|                            |              |                            |          |                    |                |
|----------------------------|--------------|----------------------------|----------|--------------------|----------------|
| Excess Type                | Per Accident | Windscreen Excess          | 100.00   |                    |                |
| OD Standard Excess         | 2,000.00     | TP Standard Excess         | 1,500.00 | Driver is Covered? | Not Applicable |
| YIED OD Excess             |              | YIED TP Excess             |          |                    |                |
| Additional Excess          | 0            |                            |          |                    |                |
| Total OD Excess Applicable | 2000.00      | Total TP Excess Applicable | 1,500.00 |                    |                |

## Benefits

|                            |     |
|----------------------------|-----|
| GST Registered Information |     |
| GST Registered             | No  |
| GST Registration No.       |     |
| Modification History       |     |
| GST Registration Date      |     |
| GST Status Verified        | Yes |

## Policyholder Mailing Address

|           |                 |                       |                          |           |                  |
|-----------|-----------------|-----------------------|--------------------------|-----------|------------------|
| Address 1 | 6001 BEACH ROAD | Address 2             | #08-06 GOLDEN MILE TOWER | Address 3 | SINGAPORE 199589 |
| Address 4 |                 | Address Type          | Singapore address        | Post Code | 199589           |
| Unit No.  | 08-06           | Related Policy Number | 5108216963               |           |                  |

## OT 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 1              |  |
| 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            | HJ CAR RENTAL PTE LTD            | Insured NRIC               | 201843281R       |
| Contact No.(Mobile)                                 |                                   | Contact No.(Home)       |                                  | Contact No.(Office)        | NIL              |
| Email Address                                       |                                   | OT Vehicle Number       | SLC470T                          | TP Vehicle Number          | SKN4155G         |
| Claimant Type Claimant Type *                       | Please Select                     | Type of Benefit *       | Please Select                    |                            |                  |
| Claimant Name *                                     |                                   | Claimant NRIC *         |                                  |                            |                  |
| Claimant Address                                    |                                   |                         |                                  |                            |                  |
| Claim Description                                   | SLC470T / SKN4155G ON 15 Oct 2019 |                         |                                  |                            |                  |
| Preferred Workshop Contact No.                      |                                   | Insured Liability *     | Full at Fault                    | Name of Preferred Workshop |                  |
| Require Finalisation                                | Yes                               | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report                 | Received         |
| Date Registered                                     | 03/12/2019 13:49                  | Claim Close Date        |                                  | Date Received              | 03/12/2019 00:00 |
| Report Taken By                                     | JACKSON                           |                         |                                  |                            |                  |
| <input checked="" type="checkbox"/> Print AK letter |                                   |                         |                                  |                            |                  |

Save Submit











## Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/1068214  | Claim No.   | 002              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 03/12/2019 13:49 |

| Path *          | Category *    | Confidential             | Urgency * | Description * |
|-----------------|---------------|--------------------------|-----------|---------------|
| Browse... Clear | Please Select | <input type="checkbox"/> | Normal    |               |
| Browse... Clear | Please Select | <input type="checkbox"/> | Normal    |               |
| Browse... Clear | Please Select | <input type="checkbox"/> | Normal    |               |
| Browse... Clear | Please Select | <input type="checkbox"/> | Normal    |               |
| Browse... Clear | Please Select | <input type="checkbox"/> | Normal    |               |
| Browse... Clear | Please Select | <input type="checkbox"/> | Normal    |               |

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## Attachment List

| Attachment  | Uploaded By/Date   | Category              | Urgency | Description | Mug Shot? (CD)                  |
|---|--|-----------------------|---------|-------------|---------------------------------|
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Dec 2019 13:49 | NRIC/ Driving License | Y       | Normal      | NRIC/ Driving License 2019-12-3 |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Dec 2019 13:49 | SAS                   |         | Normal      | SAS 2019-12-3                   |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Dec 2019 13:49 | Photos                |         | Normal      | Photos 2019-12-3                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Dec 2019 13:49 | Photos                |         | Normal      | Photos 2019-12-3                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Dec 2019 13:49 | Photos                |         | Normal      | Photos 2019-12-3                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Dec 2019 13:49 | Photos                |         | Normal      | Photos 2019-12-3                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Dec 2019 13:49 | Photos                |         | Normal      | Photos 2019-12-3                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Dec 2019 13:49 | Photos                |         | Normal      | Photos 2019-12-3                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Dec 2019 13:49 | Photos                |         | Normal      | Photos 2019-12-3                |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 03 Dec 2019 13:49 | Photos                |         | Normal      | Photos 2019-12-3                |
| Video List  |  |                       |         |             |                                 |
| Uploaded By/Date  | Folder Date  | File Name             |         | Source      | Action                          |
| <div>Display in New Window</div> <div>Scan and uploading</div>                    |  |                       |         |             |                                 |