

NATIONAL Assessment Centre Services

[Part 1 Jan 2021]

MNA 119170101

| | | | |
|---------------------------|--|------------------------|----------------|
| Date In: 27/12/19 12:29 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NALINC19022737164 | E-mail (within 3hrs, AIC 2hrs) | | |
| Veh No: GW 4590H | I-Motor Claim Form | MT/ID 0975187 002 | 27/12/19 11:20 |
| IP: 19/12/19 11:15 | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| OD: TP: Reporting Only | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / OW: (David (company owner) Tel: 6344 4012 Fax:)

TP Particulars: Veh No: SGD S78X 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 Routine: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time: () Actions: ()

MA 2000020

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Invoice/Repairation Checklist

1) AR: Accident Reporting (\$30); INC (\$30)

2) DA: Damage Assessment (\$100); \$40/\$45

3) TP: Towing Fee \$120

4) FT: Follow-Through Survey \$30

5) PT: Follow-Through Survey (Resurvey) \$75

6) TR: Re-Inspection \$160

7) NI: Idao DA + SMRT Survey

8) NTUC Additional Services:

Q1:

*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

2) N12: Idao Mobile \$0

Invoice dated Fee Charged

Invoice dated Fee Charged

MA 2000020

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|--|
| Date Of Report | 27/12/2019 10:29 |
| Date Of Accident | 19/12/2017 11:15 |
| Exact Location Of Accident | OPEN CARPARK BEHIND FAR EAST SHOPPING CENTRE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | GW4590H |
| Insured/Policyholder | |
| Name Of Registered Owner | WELLCOME MOTOR AGENCIES |
| Co Reg No | 3XXXX800W |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-63444012 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | DYNA |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5069141998-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | NOORISHAM BIN MASAHLAN |
| Work Permit No | SXXXX790J |
| Date Of Birth | 22/06/1974 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/01/2012 |
| Driving Experience | 5 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92224949 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 471 CHOA CHU KANG AVE 3 #02-127 |
| Postcode | 680471 |
| 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 | 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ |
| 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/20180208/7006. REMARK: VEH HAVE BEEN SCRAP AND THE DRIVER MISSING IN ACTION, DON'T HAVE COPY OF DRIVING LICENSE AND IC. RENTAL COMPANY COME TO MAKE REPORT ON BEHALF.

Attachment(s)

| | |
|---|--|
| Are accident photos available for attachment? | NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SGD578X |
| 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)

SKETCH PLAN

IMPORTANT NOTICE

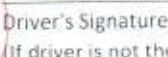
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

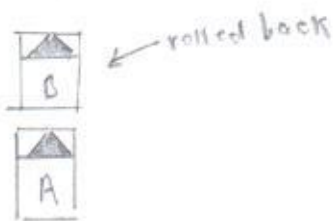

Policyholder's Signature
Date & Time:




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


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

SKETCH PLAN



A = GW4590H

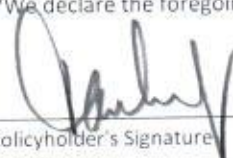
B = SGD 578X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

see police report T1 2018 0208 / 7006

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: 19/12/2017 (DD/MM/YYYY), TIME: 11:14 (HH:MM)

LOCATION: Open carpark behind Far East Shopping Centre

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GW4510H
b) INSURANCE COMPANY: NTUC Income
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Dyna 10ft lorry
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Office duty
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: Wellcome Motor Agencies (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 6344 4012
c) ADDRESS: 68 Kaki Bukit Ave 6 #02-02
ARKA KB

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NOORISHAM BIN Masah Leon (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7418790J CONTACT: 9222 4949
c) ADDRESS: APT BUK 471 Choa Chu Kang Ave 3
#02-127 S 680471

*d) DATE OF BIRTH: 22/06/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5 yrs

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

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: Traffic Police Division

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5BD 578X 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: _____

Email = admin @ wellcome.com.sg

* IC & License

fax =

video =



SINGAPORE POLICE FORCE



T/20180208/7006

1 of 3

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

Report No. T/20180208/7006

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 08/02/2018 10:20 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant: NOORISHAM BIN MASAHLAN | | | Address: APT BLK 471 CHOA CHU KANG AVE 3 #02-127 SINGAPORE 680471 | | |
| ID Type / ID No.: NRIC NO / S7418790J | | | Contact No.: Home/Office: Mobile: 92224949 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: shamzzy74824@gmail.com | | |
| Sex: Male | Age: 43 | Date of Birth: 22/06/1974 | Type of Informant: Driver | | |
| Race: Javanese | | | Language: English | | Institution / School Name: |
| Occupation: Building technician | | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|---------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 19/12/2017 11:14 | Type of Location: Car Park |
| Location: Open carpark behind Far East Shopping Centre Open carpark behind Far East Shopping Centre | | | | |
| Weather: Sunny | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Front vehicle rolled back | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|--------|-------|-------|-----------|-----------------|
| GW4590H | Lorry | TOYOTA | | Grey | | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180208/7006

2 of 3

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

Report No. T/20180208/7006

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------|--|---------------------------------|
| Driver | | | |
| Name | NOORISHAM BIN MASAHLAN | ID No. | S7418790J |
| Related Vehicle | GW4590H (Lorry) | Contact No. | 92224949 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 19/12/2017 at about 1114am...I, Noorisham Bin Masahlan was driving vehicle no GW4590H. I was waiting for my turn to exit the carpark behind vehicle no SGD578X. My vehicle was stationary. As the carpark barrier was up for vehicle no SGD578X tried to move forward, as there was 2 humps at the exit barrier, vehicle no SGD578X rolled back and hit the front of my vehicle. Instead of stopping to check, the driver of vehicle no SGD578X drove off and exit the carpark. To my knowledge and standard practise here, any vehicles involved in any accidents, be it minor or major should stop both vehicles in a safe manner to check for any damages. As the vehicle no SGD578X drove off, to me i assumed that there is nothing. I did got down from my vehicle to check any damages but found there is none. Unfortunately there is no dash camera inside my vehicle, the only camera is at the carpark barrier.



**SINGAPORE
POLICE FORCE**



T/20180208/7006

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

3 of 3

Report No. T/20180208/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KALESWARI PALANI
Contact No.: 65476902

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:
08/02/2018 10:20

Classification Of Case:



Your Ref: GW4590H

Our Ref: MT/CA/TP/022/0975187-001/NL/AT

16 Dec 2019

WELLCOME MOTOR AGENCIES
68 KAKI BUKIT AVENUE 6
#02-02 ARK@KB
SINGAPORE 417896

NOORISHAM BIN MASAHLAN
BLK 471 CHOA CHU KANG
AVENUE 3 #02-127
SINGAPORE 680471

Dear Policyholder

CLAIM NUMBER: MT/0975187-001

ACCIDENT INVOLVING GW4590H / SGD578X on 19 Dec 2017

We refer to the claim against you.

We would like to inform you that despite our several reminders, you have not responded to our requests to report the accident to us.

As a result of your non-cooperation, we could not gather sufficient facts and information to handle the claim. We regret that we have no alternative but to repudiate liability to you under the policy.

Enclosed is the letter of notification from the claimant for your attention. Please reach them to discuss an early settlement so as to avoid legal fees from escalating.

In the meantime, we reserve the rights to seek recovery from you should we be bound by law or statute to settle any third party injury claim or claims on your behalf.

If you have any queries, please contact our Customer Service Officers at 6430 7948 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe
Deputy Vice President
Motor Insurance

Enclosure

Mr. Lim Sian Chee David
[REDACTED]

26th December 2017

without prejudice

NTUC Income Insurance Cooperative Ltd.,
75 Bras Basah Road,
Income Centre,
Singapore 189557.

Dear Sirs,

ACCIDENT INVOLVING SGD 578 X AND GW 4590 H ON 19/12/2017

I refer to the above matter.

I am the owner/driver of SGD 578 X who was involved in the abovementioned accident as a result of the gross negligence caused by your insured driver of GW 4590 H.

Please be informed that I am now holding your insured driver responsible for all my outlays as a result of the accident. In line with the new implementation on 1st May 2011, kindly arrange for survey to my vehicle as soon as possible at Shu Fatt Auto Works, Block 1009, #01-90, Bukit Merah Lane 3, Singapore 159723 (Tel: 6273-0119/Fax : 62707065).

I will appoint my own adjuster and claim survey costs in addition to my other disbursements if:-

1. My vehicle is not surveyed within 2 working days
2. There is no confirmation on your part (within 5 working days from date of survey) regarding liability dispute

This confirmation is very important to me as I will have to revert to own damage claim with survey report from my insurer's panel should your insured or his/her driver breached policy condition/s or for reason/s unknown to me now.

Please arrange for survey as soon as possible and confirm liability and I look forward to your early confirmation.

Yours faithfully,



Encs



**SINGAPORE
POLICE FORCE**

Our Ref : TP/IP/06331/2018
Date : 5 February 2018

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 6902
Fax +65 6547 4883
www.police.gov.sg

**WELLCOME MOTOR AGENCIES
BLK 68 KAKI BUKIT AVENUE 6
#02-02
Singapore 417896**

URGENT

Dear Sir / Madam

ALLEGED HIT-AND-RUN ACCIDENT INVOLVING GW4590H & SGD578X ALONG ORCHARD ROAD AT THE OPEN SPACE CARPARK OF WHEELOK PLACE ON 19 DECEMBER 2018 AT 1255HRS

Our investigations showed that you are the registered owner / driver of GW4590H, which is alleged to have been involved in a hit and run accident.

You are required to provide the particulars of the driver on the above date and time within 14 days of receipt of this letter. Under the provisions of the Road Traffic Act, it is an offence not to provide the driver's particulars, and the owner can be liable to a fine of up to \$1,000/- or 6 months' imprisonment.

3 In addition, please inform the driver to lodge an online Police Report of a Traffic Accident (NP168) using SingPass via the SPF Electronic Police Centre¹ (<http://www.police.gov.sg/epc>). Alternatively, the report may be lodged at any Police Post or Neighbourhood Police Centre. Do note that failure to lodge a report may have an adverse effect against the involved party.

4 The information given by the driver in the report will be carefully considered. The driver may not be called upon an interview if the information provided is sufficient for our investigation. If you have video evidence, you can send it to the Investigation Officer (IO) via email Kaleswari_Palani@spf.gov.sg. If the file size is too big, you can make arrangements with the IO at his/her office number 65476902 for a convenient method of retrieval.

Yours faithfully,

**UTEH BTE SHARIFF (DSP)
CHIEF INVESTIGATION OFFICER / TRAFFIC POLICE**

This is a computer-generated letter. No signature is required.

Particulars of the driver of GW4590H on 19 DECEMBER 2018 AT 1255HRS:-

| | | |
|----------------------------------|-----------------------------------|--|
| Name : NOORISHAM BIN MASAHLAN | NRIC / FIN / PP No. S 7418790J | Address : APT BLK 471 CHOR CHU KANG AVE 3 # 02-127(S) 680471 |
| Contact No : 92224949 | | |

I affirm that the information I gave above is true and correct.

DAVID LIM

6344-4012

Name / Contact No of Registered owner

Signature of Registered vehicle owner



Date

09/02/18

*Please mail, fax or email a soft copy of the completed form, addressed to the Investigation Officer.

¹ For the purpose of lodging this report, please select 'Yes' for "Is this a Hit and Run accident?" under "Step 2: Accident Info", even if the driver is not aware of any accident".

Hello, NAC_PAYA_UBI_800601

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

Policy Query

| | | | |
|---------------------------------------|--------------------------------------|--------------------|---|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="19/12/2017 13:18"/> |
| Vehicle No.(For Motor) | <input type="text" value="GW4590H"/> | 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"/> | 5069141998-02 | | WELLCOME MOTOR AGENCIES | 39853800W | GFT | Third Party | GW4590H | GW4590H | 01/01/2017 | 31/12/2017 |

Claim Handling

Accident MT/0975187

| | | | | | |
|---|--------------------------------------|-------------------------------|-------------------|------------------------|--------------------------|
| Policy No. | 5069141998-02 | Vehicle No. | GW4590H | GST Registration No. | M90001228R |
| Certificate No. | | | | | |
| Policyholder Name | WELLCOME MOTOR AGENCIES | | | Policyholder NRJC | 39853800W |
| Product Code | FLEET INSURANCE | Cover Type | Third Party | Loading | 0 |
| Contact No.(Mobile) | NA | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KFK | No Yes | TCA | No Yes | eCode Reason | |
| NCD Protection | No | NCD Entitlement(%) | 0 | Private Hire | Not available |
| Accident Details | | | | | |
| Report Date | 27/12/2017 09:12 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 19/12/2017 | Time of Accident hh:mm | 12:50 | Country of Accident | Singapore |
| Reporting Centre | administrator | Orange Force | No | ICM No. | |
| Accident Location | WHEEL LOCK PLACE CARPARK GANTRY EXIT | | | | |
| Excess | | | | | |
| Own damage Excess | 0.00 | Additional Excess | | Windscreen Excess | 0.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | | | |
| Benefits | | | | | |
| GST Registered Information | | | | | |
| GST Registered | Yes | GST Registration Date | 18/08/1997 | | |
| GST Registration No. | M90001228R | GST Status Verified | Yes | | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | 68 KAKI BUKIT AVENUE 5 | Address 2 | #02-02 ARK@KB | Address 3 | SINGAPORE 417896 |
| Address 4 | | Address Type | Singapore address | Post Code | 417896 |
| Unit No. | 02-02 | Related Policy Number | 5069141998-02 | | |
| DI Driver Info | | | | | |
| Driver Name | Unnamed driver Name | Driver Type | Driver NRJC | Driver DOB | |
| Register Date of Driver License | | Driver Age | | Driving Experience | |
| Contact No.(Mobile) | | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | | Address 2 | | Address 3 | |
| Address 4 | | Address Type | Foreign address | Post Code | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes No | Driver Vehicle No. | | Driver Insurer Company | |

Modification History


Claim 002 OD-MX **New**

| | | | | | | | |
|---------------------------|----------------------------------|-------------------------|----------------------------------|-------------------|----------------------------|-------------------------|-------|
| Claim Type * | OD-MX | Insured Name | WELLCOME MOTOR AGENCIES | Insured NRJC | 3985 | | |
| Contact No.(Mobile) | | Contact No. (Home) | | Contact (Office) | 6344 | | |
| Email Address | | DI Vehicle Number | GW4590H | TP Vehicle Number | SGD! | | |
| Claim Description | GW4590H / SGD578X ON 19 Dec 2017 | | | | Name of Preferred Workshop | 0 | |
| Preferred Workshop | 0 | Insured Liability | Partially at Fault | | | | |
| Continue No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received | | |
| Date Registered | | | | Claim Close Date | 27/12/2019 11:19 | Date Received | 27/12 |
| Report Taken By | | | | Workshop Repairer | LIEW SHAN HUI | Total Loss but Repaired | |

Print AX letter

Save Submit

Attachment

| | | | | | |
|---|--|-------------|------------------|----------------|--------|
| Accident No. | MT/0975187 | Claim No. | 002 | | |
| Last Doc. Received | Yes No | Upload Date | 27/12/2019 11:20 | | |
| Path * | | Category * | Confidential | Urgency * | Det |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Message Read | | Clear | Please Select | NO | Normal |
| Attachment List | | | | | |
| Attachment | Uploaded By/Date | Category | Urgency | Description | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2019 11:20 | SAS | Normal | SAS 2019-12-27 | |
| Video List | | | | | |

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading