

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA10005873-01

Date In: 21/1/05-11:43	Job description	Date & Time Completed	Done by
Ref No: HA/INC2001156/24	SAS e-filing		
Veh No: 5K76237J	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 18/1/05-03:40	i-Motor Claim Form	M7/1080869-001	21/1/05 11:58
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: Vch No: M E 1 J J P 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

Claimant's Particulars :-	Invoice Preparation Checklist	
	Amt (\$) Ist Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30	
Date 1:	For claiming against INC Only (wef 10 Jan 2005)	
Date 2 / 3:	6) TR: Re-inspection \$75	
	7) N1: Idnc DA + SMRT Survey \$160	
	8) NTUC Additional Services -	
	OD:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idnc 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	20/01/2020 11:47
Date Of Accident	18/01/2020 03:40
Exact Location Of Accident	JUNC CLEMENCEAU AVE & HAVELOCK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT6237J
Insured/Policyholder	
Name Of Registered Owner	CONNECT4CAR PTE LTD
Co Reg No	2XXXXX459M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114296815
Cover Note Number	

Driver

Name of Driver	MOHD YAZID BIN HASHIM
NRIC No	SXXXX612J
Date Of Birth	15/04/1967
Occupation	OUTDOOR
Date Of Driving Pass	02/11/1987
Driving Experience	32 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97117671
Fax Number	
Contact Number	OFFICE-97117671
Email Address	NOEMAIL

Address	BLK 788 WOODLANDS AVENUE 6 #06-627
Postcode	730788
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?	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: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200118/2110.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME1551P
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLG9421E
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)

DETAILS OF INJURED PERSON 1

Name MOHD YAZID BIN HASHIM
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SKT6237J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature

Date / time:

Driver's signature

(if driver is not policy holder)

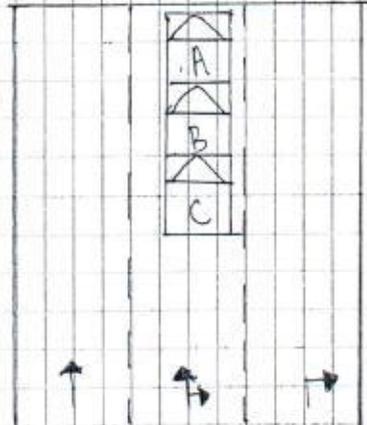
Date / time:

reporting centre personnel's Signature

Date / time:

SKETCH PLAN

A: SKT6237J
B: SME1551P
C: SLG9421E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report.

DECLARATION

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



Policy holder's signature
Date & time:

[Handwritten signature]
Driver's signature
(if driver is not policy holder)
Date & time:

[Handwritten signature]
reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS		
Date of accident	18/01/2020	(DD/MM/YY)
Time of accident	03:40	(HH:MM)
Exact location of accident	Clemenceau avenue, havelock road Junction of	

DETAILS OF VEHICLE	
Vehicle registration number	SKT6237J
Vehicle make and model	NISSAN SYLPHY
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION	
Insurance company	NTVC
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER	
Name	CONNECT 4 CAR Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	
Contact	
Address	

DRIVER	SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B)
Name	MOHD YAZIN BIN HASHIM Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1798612J
Contact	97117671
Address	B1K 788 WOODLANDS AVENUE 6 #06-627 S(730788)
Email address	
Date of birth	15/04/1967
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Driving date pass	07/11/1987

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Hivev</u>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>2</u> (Inclusive of driver)

PASSENGER 1	
Name	Go-jek <u>Go-jek passenger</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SLG 942IE
Vehicle make model	
Name	(C)
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	SME1551D
Vehicle make model	
Name	(B)
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20200118/2110

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKT6237J	NTUC Income Insurance Co-Operative Limited	5114296815	04/12/2019	16/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHD YAZID BIN HASHIM		ID No.	S1798612J
Related Vehicle	SKT6237J (Car)		Contact No.	97117671
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 18/01/2019 at around 0344hrs, as I was stopping my vehicle at the traffic light junction as it was red light. The car plate SME1551P behind me had bang to my rear due to the car SLG9421E behind him did not manage to stop the car on time. Thus there was a chain collision.

During this incident, I had a passenger sitting at the rear seat however he do not sustained any injury. As for the vehicle SME1551P had passenger sitting beside her and he did not sustained any injury. As for the vehicle SLG9421E, I am not sure whether he had any passenger with him.

My vehicle sustained badly damaged as the bumper was dented and I am not able to closed my bonnet. As for SME1551P sustained badly damaged as the front boot and rear bumper was dented. As for SLG9421E, sustained damaged at the front boot was dented.

There is no police or ambulance at scene. I am not sure whether is there any CCTV at the said location. I have the in car camera inside my vehicle.



**SINGAPORE
POLICE FORCE**



T/20200118/2110

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20200118/2110

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L / Sgt 3 KHADIJAH BINTE AB SAMAD	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No. 65476151	SN 130

Signature Of Informant:
Date/Time: 18/01/2020 16:35
Classification Of Case:

Authentication Stamp
NP168
Singapore Police Force



GENERAL INSURANCE ASSOCIATION OF SINGAPORE REGIONAL MANAGEMENT CENTRE
 5, Wallace Quay #12-00 Singapore 375628
 Tel: (65) 6221 2010 Fax: (65) 6221 4600
 Operating Hours: Monday to Friday 09:00 - 17:00
 UEN: S30001216 / GST Reg. No. S10001216

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA120008853 Vehicle Registration No: SKT6237J
 Name as shown in NRIC: Mohd Yazid Bin Hashim NRIC/FIN/Passport No.: SXXXX612J
 (*Vehicle Driver / Vehicle Owner) [*] Please delete as appropriate
 Address: Blk 788 Woodlands Ave 6 #06-627 Singapore 730788
 Contact (Tel): 9711 7671 Mobile No.: _____
 Email Address: _____
 Date of Accident: 18/01/2020 Time of Accident: 0340
 Place of Accident: Junction Clemenceau Ave and Havelock Road
 Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Injured person - Mohd Yazid Bin Hashim (Back and neck)



Policyholder / Driver's Signature
 Date:


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

Hello, NAC_PAYA_UBI_800601

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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"/>	5114296815		CONNECT4CAR PTE. LTD.	201411459M	GAC	drive CLASSIC	SKT6237J	SKT6237J	04/12/2019	16/12/2020

Policy Information

Policy No.	5114296815	Policyholder Name	CONNECT4CAR PTE. LTD.	Policyholder NRIC	201411459M
Certificate No.					
Address	53 UBI AVENUE 1 #01-23 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/11/2019	Effective Date	04/12/2019 00:00	Expiry Date	16/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	1500	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-23 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-23	Related Policy Number	5114278595		

Insured Object: SKT6237J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1080869

Policy No.	5114296815	Vehicle No.	SKT6237J	GST Registration No.	
Certificate No.					
Policyholder Name	CONNECT4CAR PTE. LTD.	Policyholder NRIC	201411459M	Loading	0
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Contact No.(Home)	0
Contact No.(Mobile)	0	Contact No.(Office)	0	eCode	
Email Address		Special Remark		eCode Reason	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	Private Hire	Yes
NCD Protection	No	NCD Entitlement(%)	0		
Accident Details					
Report Date	20/01/2020 11:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/01/2020	Time of Accident hh:mm	03:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG CLEMENCEAU AVE & HAVELOCK RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIELD OD Excess	0.00	YIELD TP Excess		Driver is Covered?	
Additional Excess	1,500.00				
Total OD Excess Applicable	3,500.00	Total TP Excess Applicable			
Benefit					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	20/01/2020 11:57:34 System changed GST Status verified from No to Yes				

Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-23 PAYA UBI INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-23	Related Policy Number	5114278595		

OT Driver Info

Driver Name	Unnamed Driver	Driver Type	unnamed Driver	Driver DOB	15/04/1967
Unnamed driver Name	MOHO YAZID BIN HASHIM	Driver NRIC	SXXXX6121	Driving Experience	119
Register Date of Driver License	02/11/1900	Driver Age	52	Contact No.(Home)	0
Contact No.(Mobile)	97117671	Contact No.(Office)	0	Address 1	SINGAPORE 730788
Address 1	BLK 788	Address 2	WOODLANDS AVENUE 6	Address 3	SINGAPORE 730788
Address 4		Address Type	Singapore address	Post Code	730788
Unit No.	06-627	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	CONNECT4CAR PTE. LTD.	Insured NRIC	201411459M
Contact No.(Mobile)	90119989	Contact No.(Home)	NIL	Contact No.(Office)	+
Email Address	KENNETHLIANG@TEAMWORKGAP	DI Vehicle Number	SKT6237J	TP Vehicle Number	SME1551P
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKT6237J / SME1551P ON 18 Jan 2020				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Not at Fault		
Date Registered	20/01/2020 11:58	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Report Taken By	Jackson	Claim Close Date		Date Received	20/01/2020 11:59
		Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/1080869	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/01/2020 11:59
Path *		Category *	
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency * Normal
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency * Normal
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency * Normal
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency * Normal
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency * Normal
	Browse... Clear	Please Select	Confidential <input type="checkbox"/> Urgency * Normal

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jan 2020 11:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jan 2020 11:59	SAS	Normal	SAS 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jan 2020 11:58	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jan 2020 11:58	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jan 2020 11:58	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jan 2020 11:58	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jan 2020 11:58	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jan 2020 11:58	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jan 2020 11:58	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jan 2020 11:58	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jan 2020 11:58	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jan 2020 11:58	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jan 2020 11:58	Photos	Normal	Photos 2020-1-20	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) on 20 Jan 2020 11:58	Photos	Normal	Photos 2020-1-20	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window Scan and uploading