

# NATIONAL Assessment Centre Services

[wef 1 Jan'09] **MNAIR 0021889**

Date In: <b>18/1/09-13:53</b>	Job description	Date & Time Completed	Done by
Ref No: <b>140/18/2002/24</b>	SAS e-filing		
Veh No: <b>57XV497</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>16/1/09-15:20</b>	i-Motor Claim Form	<b>17/1/08 18:00</b>	<b>18/1/09 14:10</b>
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by <u>Fax / Hand</u> to Owner/Wksp		

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: **58364021C**

INC ( ) / Non-INC ( )

Tel:

Fax:

Owner / Driver: (

Policy No: (

Period: (

Tel:

Fax:

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:	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


**140/18/2002/24**

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2 / 3:

## Invoice Preparation Checklist:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2009)
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile \$30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Ant (\$)  
1st Bill

Ant (\$)  
Add Bill



## 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	18/02/2020 13:53
Date Of Accident	16/02/2020 18:20
Exact Location Of Accident	SENGKANG EAST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX4299J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HOUGANG CAR RENTAL PTE LTD
Co Reg No	2XXXXXX707M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86853446
Alternative Phone No	OFFICE-86853446

### Vehicle Particulars

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

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5114049923
Cover Note Number	

### Driver

Name of Driver	TEO GEE YONG
NRIC No	SXXXX424I
Date Of Birth	09/09/1971
Occupation	OUTDOOR
Date Of Driving Pass	06/12/1991
Driving Experience	28 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94690377
Fax Number	
Contact Number	OFFICE-94690377
Email Address	NOEMAIL

Address	BLK 920 HOUGANG STREET 91 #08-07
Postcode	530920
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : MACARAMBON LAILAL LANTO GENDER: : FEMALE
Passenger 2	NAME: : ARBILON VON RYAN GALEON GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200217/7020.

#### 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	SBS6402K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	



NRIC/Passport Number  
Contact Number 63847169  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name TEO GEE YONG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJX4299J  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name MACARAMBON LAILAL LANTO  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJX4299J  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name ARBILON VON RYAN GALEON  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SJX4299J  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

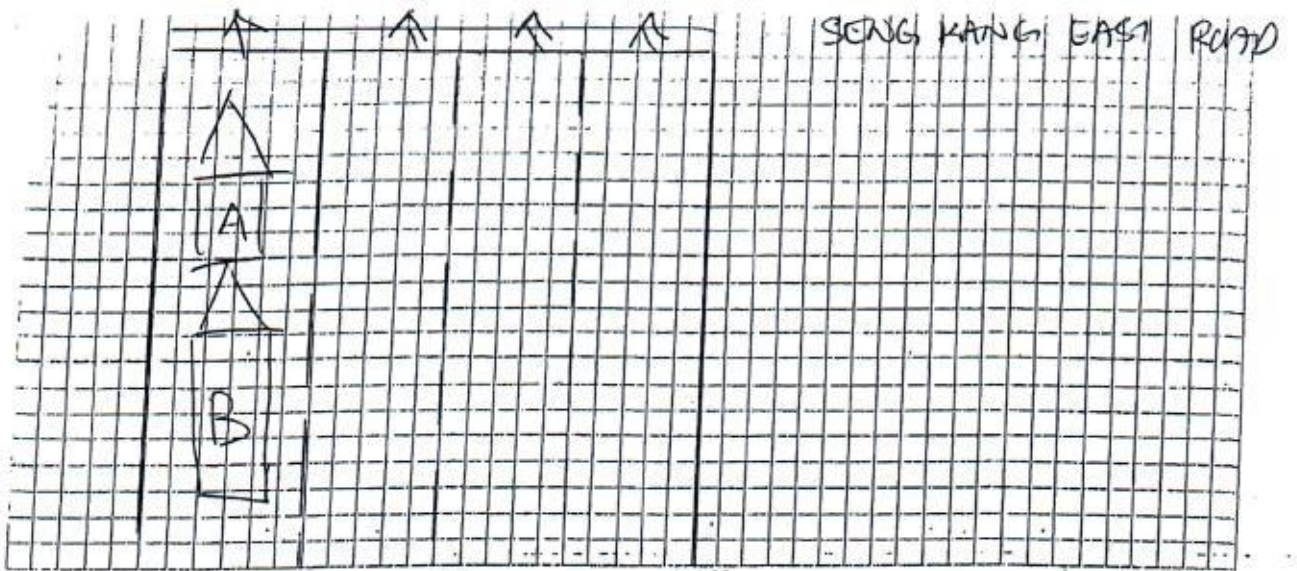
x  
Policyholder's Signature  
Date & Time:



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

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





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

(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.:

Date of Accident : 16/02/2020 Accident Time: 18,20 (24-HR-Format)  
Accident Place : SENG KANG EAST ROAD  
Vehicle Reg. No. (Car Plate No.) : SJX 42997  
Vehicle Make/Model : HYUNDAI AVANTE 1.6A  
Insurance Company : NTUC Policy No. 5106458874  
Owner or Company Name / IC No. : HUGHAN CAR RENTAL PTE LTD  
Owner or Company Contact No. : 86853446 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : TEO GEE YONG 871324241  
DRIVER'S Date Of Birth : 09-09-1971 DRIVER'S License Pass Date 06 DEC 1991  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : BLK 920 HUGHAN STREET 91 #08-07 S538918  
DRIVER'S Contact No. / Alt No. : 1) 94690377 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : medorites @ hotmail. com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 03 DRIVER MALE, PASSENGER MALE & FEMALE  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SBS 6402K</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: <u>63847169</u>	Driver's Contact & Add: _____





# SINGAPORE POLICE FORCE



T/20200217/7020

1 of 4

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

Report No. T/20200217/7020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/02/2020 15:35		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TEO GEE YONG		Address: APT BLK 920 HOUGANG STREET 91 #08-07 SINGAPORE 530920			
ID Type / ID No.: NRIC NO / S7132424I		Contact No.: Home/Office:		Mobile: 94690377	
Nationality: SINGAPORE CITIZEN		Email: medoriteo@hotmail.com			
Sex: Male	Age: 48	Date of Birth: 09/09/1971	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Other stall sales workers		Driving Licence Information: Class:		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/02/2020 18:20	Type of Location: Y-Junction
Location:  SENGKANG EAST ROAD				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS6402K	Bus/Coach/Mi nibus		sbs bus			0
SJX4299J	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20200217/7020

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

2 of 4

Report No. T/20200217/7020

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TEO GEE YONG	ID No.	S7132424I
Related Vehicle	SJX4299J (Car)	Contact No.	94690377
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/02/2020	Date Discharge	17/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	MACARAMBON LAILAL LANTO	ID No.	G5023644M
Related Vehicle	SJX4299J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/02/2020	Date Discharge	17/02/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Passenger</b>			
Name	ARBILON VON RYAN GALEON	ID No.	G5023600K
Related Vehicle	SJX4299J (Car)	Contact No.	98593755
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/02/2020	Date Discharge	17/02/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

ON 16 FEB 2020 , I was traveling from sengkang east road toward punggol way road, 4 lane control Y junction, my vehicle SJx4299J was on lane 4, halt position, red traffic light and i was on my lane waiting for the traffic light to turn green .

And suddenly there was a huge impact from the rear. The bus SBS6402k have hit onto my rear .

My car have 1 male and 1 female passenger.

I went to clinic and was given 3 days medical leave.

my passengers both was given 2 days medical leave.

passenger detail :

NAME : ARBILON VON RYAN GALEON

NIRC : G5023600K

NAME : MACARAMBON LAILAH LANTO

NRIC : G5023644M



**SINGAPORE  
POLICE FORCE**



T/20200217/7020

3 of 4

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

Report No. T/20200217/7020

**CONTINUATION OF REPORT**





**SINGAPORE  
POLICE FORCE**



T/20200217/7020

4 of 4

Report No. T/20200217/7020

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

**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 / TPHQ /  
WONG SIEU LUI  
Contact No.: 65476151

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:  
17/02/2020 15:35

Classification Of Case:

## 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)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5114049923-000028

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SJX4299J**  
 Chassis Number : KMHDU41BMAU016760
2. Name of Policyholder : HOUGANG CAR RENTAL PTE. LTD.
3. Effective Date of Insurance : 18 Dec 2019
4. Expiry Date of Insurance : 17 Dec 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : AA INTERNATIONAL INSURANCE AGENCY (00000572347)  
 Date of Issue : 17 Dec 2019 15:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



eBaoTech

GeneralClaim

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"/>	5114049923	5114049923-000028	HOUGANG CAR RENTAL PTE. LTD.	201839707M	GFM	Third Party	SJX4299J	SJX4299J	18/12/2019	17/12/2020

### Policy Information

Policy No.	5114049923	Policyholder Name	HOUGANG CAR RENTAL PTE. LT	Policyholder NRIC	201839707M
Certificate No.	5114049923-000028				
Address	BLK 523 #01-117 HOUGANG AVENUE 6 SINGAPORE 530523				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	17/12/2019	Effective Date	18/12/2019 00:00	Expiry Date	17/12/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	50059.53		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	AA INTERNATIONAL INSURANCE	Agent Tel.	64646022	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

### Policyholder Mailing Address

Address 1	BLK 523 #01-117	Address 2	HOUGANG AVENUE 6	Address 3	SINGAPORE 530523
Address 4		Address Type	Singapore address	Post Code	530523
Unit No.	01-117	Related Policy Number	5114049923		

Insured Object: 5114049923-000028

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	18/12/2019 00:00	Basic Information Endorsement	000001287205617	Endorsement Take Effective	Memo B & C
2	10/01/2020 00:00	Basic Information Endorsement	000001287224292	Endorsement Take Effective	Memo B - JAGUAR XJ 5.0A \$2,343.60 (before gst) Section II Excess \$1500
3	10/01/2020 00:00	Basic Information Endorsement	000001287224295	Endorsement Take Effective	UPDATE MEMO B - SKD7789K - JAGUAR XJ 5.0A - 5,000cc

### Certificate Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
----------	---------------------	------------------	--------------------	--------------------	---------------------

Continue Cancel



## Claim Handling

Accident MT/1084818

Policy No.	5114049923	Vehicle No.	SIX42991	GST Registration No.	
Certificate No.	5114049923-000028				
Policyholder Name	HOUANG CAR RENTAL PTE. LTD.			Policyholder NRIC	201839707M
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	86853446	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	11
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

**▼ Accident Details**

Report Date	18/02/2020 14:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	18/02/2020	Time of Accident hh:mm	18:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SENGKANG EAST RD				

**▼ Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YTED OD Excess	0.00	YTED TP Excess		Driver is Covered?	
Additional Excess	0				
Total OD Excess Applicable	0.00	Total TP Excess Applicable			

**▼ Benefits**

**▼ GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**▼ Policyholder Mailing Address**

Address 1	BLK 523 #01-117	Address 2	HOUANG AVENUE 6	Address 3	SINGAPORE S30523
Address 4		Address Type	Singapore address	Post Code	S30523
Unit No.	01-117	Related Policy Number	5114049923		

**▼ OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TEO GEE YONG	Driver NRIC	S00004241	Driver DOB	09/09/1971
Register Date of Driver License	06/12/1991	Driver Age	48	Driving Experience	28
Contact No.(Mobile)	94690377	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 920	Address 2	HOUANG STREET 91	Address 3	SINGAPORE S30920
Address 4		Address Type	Singapore address	Post Code	S30920
Unit No.	08-07				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

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

## Modification History

Claim 001 **New**

Claim Type *	DO-MX	Insured Name	HOUANG CAR RENTAL PTE. LT	Insured NRIC	201839707M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	*
Email Address		O1 Vehicle Number	SIX42991	TP Vehicle Number	SB55402K
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIX42991 / SB55402K ON 16 Feb 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/02/2020 14:10	Claim Close Date		Date Received	18/02/2020 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1084818	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/02/2020 14:11

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

ATTACHMENT CASE

☐ Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 14:11	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-18	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 14:11	NRIC/ Driving License	Y	NRIC/ Driving License 2020-2-18	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 14:11	SAS	Normal	SAS 2020-2-18	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 14:11	Photos	Normal	Photos 2020-2-18	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 14:11	Photos	Normal	Photos 2020-2-18	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 14:11	Photos	Normal	Photos 2020-2-18	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 14:10	Photos	Normal	Photos 2020-2-18	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 14:10	Photos	Normal	Photos 2020-2-18	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 14:10	Photos	Normal	Photos 2020-2-18	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 14:10	Photos	Normal	Photos 2020-2-18	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 14:10	Photos	Normal	Photos 2020-2-18	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 14:10	Photos	Normal	Photos 2020-2-18	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERV) on 18 Feb 2020 14:10	Photos	Normal	Photos 2020-2-18	

## Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>	