

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] MHA203267

Date In: 19/6/20-10:25	Job description	Date & Time Completed	Done by
Ref No: NA/INC2006447/M	SAS e-filing		
Veh No: SL69TSP	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 19/6/20-06:50	i-Motor Claim Form	MM/1094749-001	19/6/20 10:47
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: 63629305 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
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1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
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2) QC Check / Post Repair Inspection ( )		
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3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		
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Injury : \_\_\_\_\_

Date/Time	Actions
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Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add Bill
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) RT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (wef 10 Jan 2005)			
6) TR: Re-inspection \$75			
7) N1: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
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: Idac Mobile 30			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

HA203267

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	19/06/2020 10:25
Date Of Accident	19/06/2020 06:50
Exact Location Of Accident	BOON LAY WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9525P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAMSTER CAR RENTAL PTE LTD
Co Reg No	2XXXXX175G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88380101

### Vehicle Particulars

Manufacturer	HONDA
Model	GRACE 1.5 HYBRID DX CVT ABS D/AIRBAG 2WD
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110749922
Cover Note Number	

### Driver

Name of Driver	PEH KIAN HUAT (BAI JIANFA)
NRIC No	SXXXX954C
Date Of Birth	26/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	03/08/2001
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84840919
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	10 JURONG LAKE LINK #06-33
Postcode	648131
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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 - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT -T/20200619/7006.

#### 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	GBG2930S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YI MING
NRIC/Passport Number	
Contact Number	93351768
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	PEH KIAN HUAT (BAI JIANFA)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLG9525P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## Accident Sketch Plan

### 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.:

### Accident Sketch Plan

### SKETCH PLAN



Veh A: SLG 91525P

Veh B: GGG-29308

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No. : T/20200619 / 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.



<b>Vehicle No.</b>	SLG 9525P	<b>Model / Make</b>	Honda Grace
<b>Date of Accident</b>	19/6/2020		
<b>Time of Accident</b>	0650	<b>HRS</b>	
<b>Location of Accident</b>	Along Boon Lay Way / Jurong Town Hall Road		
<b>Exact purpose use during accident</b>	Work		
<b>Name of Owner</b>	Hamster Car Rental Pte Ltd		
<b>Telephone No.</b>	H/P : 88380101	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	201917175G		
<b>Address</b>	6001 Beach Road #08-06 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>	5110749122 - 000019		
<b>Name of Driver</b>	As Above If No, Peh Kian Hui		
<b>NRIC</b>	S7708954C	<b>Any Passengers :</b>	-
<b>Date of birth</b>	26/3/1977		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	3/8/2001		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 84840919	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	10 Jurong Lake Link #06-23 S(648131)		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state <i>hirer</i>	
<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>	Peh Kian Hui 84840919		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	Traffic police
<b>Vehicle B No.</b>	GBG 2930S	<b>Any Passengers :</b>	-
<b>Name of Driver</b>	Yi Ming	<b>Contact No. :</b>	93351768
<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>	Rear portion		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>	jickiepeh77@gmail.com		
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Brandon		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		





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

Report No. T/20200619/7006

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/06/2020 09:55	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: PEH KIAN HUAT			Address: 10 JURONG LAKE LINK #06-33 SINGAPORE 648131		
ID Type / ID No.: NRIC NO / S7708954C			Contact No.: Home/Office: Mobile: 84840919		
Nationality: SINGAPORE CITIZEN			Email: jackiepeh77@gmail.com		
Sex: Male	Age: 43	Date of Birth: 26/03/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Driving instructor/tester			Driving Licence Information: Class: 3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2020 06:50	Type of Location: Straight Road
Location:  BOON LAY WAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG2930S	Lorry					0
SLG9525P	Car	HONDA	GRACE	Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG9525P	NTUC Income Insurance Co-Operative Limited	5110749922-000019	27/08/2019	26/08/2020





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

Report No. T/20200619/7006

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	YI MING	ID No.	G2785735W
Related Vehicle	GBG2930S (Lorry)	Contact No.	93351768
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	PEH KIAN HUAT	ID No.	S7708954C
Related Vehicle	SLG9525P (Car)	Contact No.	84840919
Hospital/Clinic	EASTERN MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	19/06/2020	Date Discharge	19/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

ON ABOVE DATE & TIME, I WAS DRIVING MY VEHICLE A (SLG9525P) TRAVELING ALONG BOON LAY WAY SLIP ROAD TO JURONG TOWN HALL ROAD ON 5TH LANE OF A 5-LANES, ROAD. VEHICLE AHEAD SLOWED DOWN AND STOPPED TO GIVE WAY TO PEDESTRIAN. AS SUCH, I APPLIED BRAKE AND STOPPED COMPLETELY BEHIND VEHICLE AHEAD. OUT OF SUDDEN, VEHICLE B (GBG2930S) CAME FROM REAR AND COLLIDED DIRECTLY ONTO THE REAR



**SINGAPORE  
POLICE FORCE**



T/20200619/7006

3 of 3

Report No. T/20200619/7006

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 /  
YEO GEAK ENG CECILIA  
Contact No.: 65476404

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:  
19/06/2020 09:55

Classification Of Case:



# RENTAL AGREEMENT

## HAMSTER CAR RENTAL PTE LTD

6001 Beach Road, Golden Mile Tower #08-06 SINGAPORE 199589

ROC: 201917175G

OFFICE : 8838 0101 | 8808 6135 | 8666 0101  
FAX :  
EMAIL :

INVOICE :  
DATE :

Company Name  
Company Address

Hirer's Name PEH KIAN HUAT

Hirer's Address 10 JURONG LAKE LINK #06-33 S648131

NRIC/Passport No. S7708954C

Driving License No. S7708954C

Local Contact 87142803

SIN

SIN

TP

DOB 26/03/1977

Left Side

Back

Right Side

Front

Top

Model HONDA GRACE HYBRID  
Licence Plate SLG9525P  
Colour

\* Rates do not include Petrol.

Taken

E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

Return

E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

\* Every 1/8 of petrol used is chargeable @ \$20 nett.

Remarks : D = Dent S = Scratches C = Chips R = Rust M = Missing

### RENTAL DETAILS

Start Date 2-Sep-19 Start Time 1211  
Return Date 2-Apr-20 Return Time 1211

	RATES	QTY	TOTAL
Rental Amount	470	1	470
Additional Driver			
Malaysia Usage YES			
Rental of GPS			
Rental of P-Plate			
<b>Total Cost Of Rental</b>			

Remarks: DEPOSIT \$500 WITH CARS AND TRIPS  
**6 MONTHS CONTRACT, PENALTY APPLY IF BREAK CONTRACT**  
\*LATE CHARGES APPLY\*

Hirer's Signature

## 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:** 5110749922-000019

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLG9525P**  
Chassis Number : **GM41104606**
2. Name of Policyholder : **HAMSTER CAR RENTAL PTE LTD**
3. Effective Date of Insurance : **27 Aug 2019**
4. Expiry Date of Insurance : **26 Aug 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	: NO
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	: HAMILTON CAPITAL PTE 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 : 27 Jun 2019 11:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



## Claim Handling

Accident MT/1094749

Policy No.	5110749922	Vehicle No.	SLG952SP	GST Registration No.	
Certificate No.	5110749922-000019				
Policyholder Name	HAMSTER CAR RENTAL PTE LTD	Cover Type	drive CLASSIC	Policyholder NRIC	201917175G
Product Code	FLEET HAMSTER INSURANCE	Contact No. (Office)	0	Loading	0
Contact No. (Mobile)	04386101	Special Remark		Contact No. (Home)	0
Email Address		TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode	A
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	Yes
NCD Protection	No			Private Hire	Yes

## Accident Details

Report Date	19/06/2020 10:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/06/2020	Time of Accident hh:mm	00:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BAYVIEW 1 RM STRAY				

## 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?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	9 BURN ROAD	Address 2	#15-13 TRUVEK	Address 3	SINGAPORE 369977
Address 4		Address Type	Singapore address	Post Code	369977
Unit No.	15-13	Related Policy Number	5117750398		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/03/1977
Unnamed Driver Name	PEH KIAN HUAT (BAI SANPA)	Driver NRIC	SXXXX954C	Driving Experience	18
Register Date of Driver License	03/06/2001	Driver Age	43	Contact No. (Home)	0
Contact No. (Mobile)	84840919	Contact No. (Office)	0	Address 3	SINGAPORE 646131
Address 1	10 JURONG LAKE LINK	Address 2	LAKE GRANDE	Post Code	646131
Address 4		Address Type	Singapore address		
Unit No.	#06-32				
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 type="radio"/> Yes <input checked="" type="radio"/> No

## Modification History

## Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	HAMSTER CAR RENTAL PTE LT	Insured NRIC	201917175G
Contact No. (Mobile)	90259757	Contact No. (Home)		Contact No. (Office)	NIL
Email Address		Vehicle Number	SLG952SP	TP Vehicle Number	GBG29305
Claim Description	CLAIM FOR LOSS OF MOTOR VEHICLE ON 19 JUN 2020				
Preferred Workshop	<input type="radio"/> Yes <input checked="" type="radio"/> No	Insured Preferred Replenishment Option	<input type="radio"/> Not at Fault <input checked="" type="radio"/> Preferred Workshop, Name u	GIA report	Received
Date Registered	19/06/2020 10:46	Claim Close Date		Date Received	19/06/2020 00:00
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1094749	Claim No.	001		
Last Doc. Received	<input type="radio"/> Yes <input checked="" type="radio"/> No	Upload Date	19/06/2020 10:47		
Path *		Category *	Confidential	Urgency *	Description *
Choose File no file selected		Please Select	NO	Normal	
Choose File no file selected		Please Select	NO	Normal	
Choose File no file selected		Please Select	NO	Normal	
Choose File no file selected		Please Select	NO	Normal	