

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MAW0066305**

| | | | |
|---------------------------------|------------------------------------------|-----------------------|-----------------------|
| Date In: 6/8/2010 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC2008/26/24 | SAS e-filing | | |
| Veh No: SL/MTVD | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 23/5/2010-18:50 | i-Motor Claim Form | MT/1093377-002 | 6/8/2010 10:31 |
| 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: SLQ97BK | 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 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|-------------------------------------------------|-------------|----------|
| NA 2004073 | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | In Bill | Add Bill |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments:- | For claiming against INC Only (wef 10 Jan 2005) | | |
| Lat 1: | 6) TR: Re-inspection \$75 | | |
| Lat 2 / 3: | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | QD* | | |
| | *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 | |

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 | 06/08/2020 10:21 |
| Date Of Accident | 23/05/2020 18:50 |
| Exact Location Of Accident | SEMBAWANG RD TWDS SEMBAWANG |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLS2254D |
| Insured/Policyholder | |
| Name Of Registered Owner | BENEFIT AUTO |
| Co Reg No | 5XXXX670E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98325030 |
| Alternative Phone No | OFFICE-98325030 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|--------------------------|
| Manufacturer | SUZUKI |
| Model | SWIFT HYBRID RS 1.2 AUTO |
| 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 | REPORTING ONLY |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|----------------------------------------|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | 5110923222 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | GACAD FERDINAND ABUBO |
| NRIC No | SXXXX968F |
| Date Of Birth | 09/08/1961 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/06/2000 |
| Driving Experience | 19 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-86086682 |
| Fax Number | |
| Contact Number | OFFICE-86086682 |
| EEmail Address | NOEMAIL |

| | |
|-----------------------------------------------------|-------------------------------------------|
| Address | BLK 663 CHOA CHU KANG CRESCENT #02-261 |
| Postcode | 680663 |
| 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 - CHANGE/CROSS LANE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|-------------------------------------------|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SLQ9713K |
| 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.

X



Policyholder's Signature
Date & Time:

Waitan

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

[Signature]

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

SKETCH PLAN

No
Diagram

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/05/2020 at @ 1550 hrs, Mr Gacad Ferdinand Abubo rented a car (SL8 2254-D) from our company till 02/06/2020 at @ 1140 hrs. On 04/06/2020, I received a letter from NTPC stating that the said vehicle was involved in an accident on 23/05/2020 @ 1850 hrs along Sembawang Road. I then called the hirer and he informed me that he has done a private settlement with the other party. I asked him for proof for the private settlement but till now he could not provide. I called few time and he refuse to come and make a insurance report. On 17/07/2020, I received another traffic police letter regards to the accident. I am lodging this report on behalf of the driver.

DECLARATION

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

2



Policyholder's Signature
Date & Time:

Waiter

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

Signature

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

| | | | |
|------------------------------------------|----------------------------------------------------|--------------------------|-----------------------------------|
| Vehicle No. | SLS 22543 | Model / Make | Suzuki Swift |
| Date of Accident | 23.05.2020 | | |
| Time of Accident | 1850hrs | HRS | |
| Location of Accident | Sembawang Road towards Sembawang. | | |
| Exact purpose use during accident | Rental | | |
| Name of Owner | Benefit Auto. | | |
| Telephone No. | H/P: 9832 5030 | Home : | Office : |
| NRIC | 53121670 E. | | |
| Address | 2 Sims Close #01-08, Gemini @ Sims (P) 287298. | | |
| Claim type | OD | THIRD PARTY | REPORTING ONLY |
| Insurance Company | NTUC | | |
| Type of Coverage | Comprehensive | Third Party | Third Party / Fire / Theft |
| Policy No. | 5110923222 - 01-000023. | | |
| Name of Driver | As Above If No, Gacad Ferdinand Abubo. | | |
| NRIC | 52716968 F. | Any Passengers : | Not sure. |
| Date of birth | 09/08/1961. | | |
| Occupation | Outdoor / Indoor | | |
| Driving License Pass Date | 30/06/2000 | | |
| Gender | Male / Female | | |
| Contact No. | H/P: 8608 6682 | Home : 8795 8816 | Office : |
| Address | BLK 663 Choa Chu Kang Crescent #02-261 (P) 680663. | | |
| Driver have any own vehicle | No, If yes, Reg No. | | |
| Relationship | Employee, If no, state driver | | |
| Weather condition | Clear Raining Other | | |
| Road Surface | Dry Wet Other | | |
| Any Injuries | No, If Yes, Who? | | |
| Name And Contact No. | | | |
| Name And Contact No. | | | |
| Police Report | No, If Yes, Where? | | |
| Vehicle B No. | SLO 9713 K. | Any Passengers : | Not sure. |
| Name of Driver | | Contact No. : | |
| Vehicle C No. | | Any Passengers : | |
| Vehicle D No. | | Any Passengers : | |
| Vehicle E no. | | Any Passengers : | |
| Vehicle F No. | | Any Passengers : | |
| Vehicle G No. | | Any Passengers : | |
| Witness Name | N/A | Witness Contact : | N/A |
| Accident Portion | No damaged. | | |
| Camera Recorder | Yes No | | |
| Email Address | smilesformiles@yahoo.com | | |
| PARTICULAR WORKSHOP | N-51 | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | JOSEPH TAN. | | |
| FAX NO | 6741 0510 | | HOU |
| WORKSHOP EMAIL ADDRESS | Sales @ n51.com.sg | | / hawkkeye-hou@hotmail.com |



smiles for miles@yahoo.com

BENEFIT AUTO

ROC: 55121670E

OCBC CURRENT: 588-000604-001

PAY NOW UEN: 53121670E

61 Ubi Ave 2, Automobile Megamart, #05-04 Singapore 40888E
CHEW 9060 3343 / MARK 9832 5030 / TEO 91076963

VEHICLE RENTAL & LEASING AGREEMENT


| | |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Hirer's Name: GACAD FERDINAND ABUBO | |
| NRIC No: S2716968F | Hirer's Contact No: 8608 6682/8795 8816 |
| License Pass Date: 30 JUN 2000 | Next of Kin Name & Contact No (In Case of Emergency): GMP KRS (SON) 8876 0758 |
| Address: BLK 663 CHOA CHU KANG CRESCENT #02-261 (Singapore 680663) | |
| Occupation / Office Address: _____ (Singapore _____) | |
| Vehicle Reg No: SLS 2254D | Make & Model: SUZUKI SWIFT |
| Commencing Start Date: 06 MAY 2020 | Commencing End Date: 3 MONTH |
| Handover Time: 3:50 pm | Handover Time: _____ |
| Rental Per Day, <u>Week</u> /Month: \$360 | Deposit: \$400 |
| Add Driver: _____ | NRIC No: _____ |
| License Pass Date: _____ | Contact No: _____ |
| Remarks: * PAYMENT ON EVERY THURSDAY. | |

1. In the event Hirer decides to terminate the contract before the contract end date, deposit will NOT BE REFUNDED, ADDITIONAL PENALTY will be enforced upon 50% of the remaining outstanding rental.
2. In the event Hirer decided to cancel a reservation whereby a booking deposit is already been placed, there shall be NO REFUND on the deposit collected. Strictly no refund after deposit.
3. Failing to inform us of any existing scratches, dents & faults (if any) within 30 minutes after the collection of the vehicle, repair charges will incur when the vehicle is returned.
4. In the event that rental payment is not paid on expected date, at company discrepancy, we will tow the vehicle without notice. Belongings will be kept for maximum 2 weeks. If not collected, we will dispose of it.
- Wheels Express Rental & Leasing Pte Ltd shall at no time be liable for the loss of belongings left in the vehicle.
5. Late payment of \$20 will be imposed per day due to any reasons if rental not received on rental due date.
6. Upon signing the contract, Hirer will be obliged to maintain the vehicle with due diligence at our respective workshop, failing to maintain the vehicle thereafter resulting in major faults, repair cost will be borne by the Hirer.
7. Hirer will bear all cost for debts collector commission and admin charges.

| | | |
|-----------------------------|--------------------------|------------------------------------|
| Hirer Bank Account Details: | | |
| 1st Party Excess: \$3000 | 3rd Party Excess: \$3000 | CDW: Y / N (additional \$3.21/day) |
| | | CDW If yes, excess @ \$1,500 |


Signature of Hirer




Signature of Authorized Person

LOCAL TOW SERVICE (24HRS): 91828211
MALAYSIA TOW SERVICE (24HRS): YONG - 016-704 7552 / 012-220 8076
TYRE & BATTERY SERVICE (24HRS): AH KEE 98751699

BENEFIT AUTOCARE: ERIC 9489 4845 | 11 Kaki Bukit Road 1 #01-02 Eunus Technolink (5415939)
LUSH AUTOMOTIVE: PATRICK 94357824 | 8 Kaki Bukit Ave 4, #03-47 Premier @ Kaki Bukit (5415875)
AIRCON: PATRICK 94357824 | Bli: 3021A, Ubi Road 1, #01-39 (5408715)



**SINGAPORE
POLICE FORCE**

17 JUL 2020

Traffic Police
10 Ubi Avenue 3
Singapore 408665
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

Your Ref : MT/CA/TP/021/1093377-001/CC/LC
Our Ref : GIA/T00345/20B/0685
Date : 15 July 2020

BENEFIT AUTO
2 SIMS CLOSE
#01-08 GEMINI@SIMS
SINGAPORE 387298

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING VEHICLES SLS2254D & SLQ9713K ON 23.05.2020 @
1850 HRS ALONG SEMBAWANG RD TWDS SEMBAWANG**

I refer to the above accident.

2 We have been informed by your insurance company, **NTUC Income Insurance Co-operative Ltd**, that you have yet to report the above accident despite a reminder. Please do so with the said insurance company as soon as possible.

3 If you were not involved in any such accident, please inform your insurance company as such.

4 Should you have any queries, you may contact your insurance company.

5 Thank you.

Yours faithfully,

**SSGT SELINA WONG
for HEAD
TRAFFIC INVESTIGATION
TRAFFIC POLICE**



cc: NTUC INCOME INSURANCE CO-OPERATIVE LTD
75 BRAS BASAH ROAD
SINGAPORE 189557
ATTN: CHARLOTTE CHEW - TEL: 6430 7924

Your Ref: SLS2254D

Our Ref: MT/CA/TP/036/1093377-001/CC/LC

09 Jun 2020

REMINDER

BENEFIT AUTO
2 SIMS CLOSE
#01-08 GEMINI @ SIMS
SINGAPORE 387298

Dear Sir/Madam

CLAIM NUMBER: MT/1093377-001
ACCIDENT INVOLVING SLS2254D / SLQ9713K on 23 May 2020

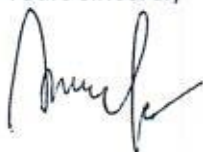
We refer to our letter of 29 May 2020.

We have yet to receive your report on the accident. We would like to inform you that under your motor insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact Charlotte Chew at 6430 7924 or email us at motor@income.com.sg.

Yours sincerely



Jenny Pe
Deputy Vice President
Motor Insurance

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: 5110923222-01-000023

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLS2254D**
Chassis Number : ZC53S106005
2. Name of Policyholder : **BENEFIT AUTO**
3. Effective Date of Insurance : **14 Jul 2020**
4. Expiry Date of Insurance : **13 Jul 2021**
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 | : SING INVESTMENTS & FINANCE 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 : **BENEFIT AUTO INSURANCE AGENCY (00000573333)**
Date of Issue : **09 Jul 2020 19:16 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

eBaoTech

GeneralClaim

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="23/05/2020 18:50"/> | | | | | | | |
| Vehicle No.(For Motor) | <input type="text" value="SLS2254D"/> | 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"/> | 5110923222 | 5110923222-000028 | BENEFIT AUTO | 53121670E | GFM | drive CLASSIC | SLS2254D | SLS2254D | 14/07/2019 | 13/07/2020 |
| <input type="button" value="Continue"/> | | | | | | | | | | |

Claim Handling

Accident MT/1093377

| | | | | | |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|---------------|
| Policy No. | 5110923222 | Vehicle No. | SLS2254D | GST Registration No. | |
| Certificate No. | 5110923222-000028 | | | | |
| Policyholder Name | BENEFIT AUTO | | | Policyholder NRIC | 53121670E |
| Product Code | FLEET MASTER INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | NA | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | |
| 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 | Not available |

Accident Details

| | | | | | |
|-------------------|-----------------------------|-------------------------------|-------|---------------------|---------------------------------|
| Report Date | 29/05/2020 10:26 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Change / Cross lane |
| Date of Accident | 23/05/2020 | Time of Accident hh:mm | 18:50 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | SEMPAWANG RD TWDS SEMPAWANG | | | | |

Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|----------|--------------------|----------------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| DO Standard Excess | 2,000.00 | TP Standard Excess | 1,500.00 | | |
| YIED DO Excess | | YIED TP Excess | | Driver is Covered? | Not Applicable |
| Additional Excess | 0 | | | | |
| Total DO Excess Applicable | 2000.00 | 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 | 2 SONS CLOSE | Address 2 | #01-08 GEMINI @ SIMS | Address 3 | SINGAPORE 387298 |
| Address 4 | | Address Type | Singapore address | Post Code | 387298 |
| Unit No. | | Related Policy Number | 5095864980-02 | | |

DI Driver Info

| | | | | | |
|-----------------------------------------|---------------------------------------------------------------|---------------------|-----------------|------------------------|--|
| Driver Name | Unnamed driver Name | Driver Type | Driver NRIC | 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? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Modification History

Claim 002 **New**

| | | | | | |
|--------------------------------|------------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | DO-PKK | Insured Name | BENEFIT AUTO | Insured NRIC | 53121670E |
| Contact No.(Mobile) | 94247885 | Contact No.(Home) | | Contact No.(Office) | 64445913 |
| Email Address | JOBNENFITAUTO@GMAIL.COM | DI Vehicle Number | SLS2254D | TP Vehicle Number | SLQ9712K |
| Claimant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| Claimant Name * | | Claimant NRIC * | | | |
| Claimant Address | | | | | |
| Claim Description | SLS2254D / SLQ9712K On 23 May 2020 | | | | |
| Preferred Workshop Contact No. | | Insured Liability * | Fullly at Fault | Name of Preferred Workshop | |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| Date Registered | 05/08/2020 10:31 | Claim Close Date | | Date Received | 06/08/2020 00:00 |
| Report Taken By | Jackson | | | | |

☒ Print AK letter

Save **Submit**

Attachment

Accident No. MT/1093377 Claim No. 002

Last Doc. Received ☒ Yes ☐ No Upload Date 06/08/2020 10:32

| Path * | Category * | Confidential | Urgency * | Description * |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

☐ Send Message

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description | Msg Sent? |
|------------|------------------|----------|---------|-------------|-----------|
| | | | | | |

| Video List | | File Name | Source | Action |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------|--------------------------------|--------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 06 Aug 2020 10:32 | NRIC/ Driving License | NRIC/ Driving License 2020-8-6 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 06 Aug 2020 10:32 | NRIC/ Driving License | NRIC/ Driving License 2020-8-6 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 06 Aug 2020 10:32 | SAS | SAS 2020-8-6 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 06 Aug 2020 10:32 | Photos | Photos 2020-8-6 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 06 Aug 2020 10:32 | Photos | Photos 2020-8-6 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 06 Aug 2020 10:32 | Photos | Photos 2020-8-6 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 06 Aug 2020 10:32 | Photos | Photos 2020-8-6 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 06 Aug 2020 10:32 | Photos | Photos 2020-8-6 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 06 Aug 2020 10:32 | Photos | Photos 2020-8-6 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 06 Aug 2020 10:32 | Photos | Photos 2020-8-6 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 06 Aug 2020 10:32 | Photos | Photos 2020-8-6 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 06 Aug 2020 10:32 | Photos | Photos 2020-8-6 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 06 Aug 2020 10:32 | Photos | Photos 2020-8-6 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 06 Aug 2020 10:32 | Photos | Photos 2020-8-6 | |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV(CES) on 06 Aug 2020 10:32 | Photos | Photos 2020-8-6 | |