

NATIONAL Assessment Centre Services. (part 1 Jan 03) MA 120066584

Date In: 7/18/20 09:28	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 2000871164	SAS e-filing		
Veh No: SJY 2764P	E-mail (within 3hrs, ATC 2hrs)		
DTA: 4/18/20 18:00	I-Motor Claim Form	MT1099160-001	7/18/20 10:12
OT: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SJY 5650R	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: ()

Comments (INC or Non-INC) ()	Director's Comments: ()	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

MA2004093

Client's Particulars:	Invoice / Variation Checklist	Amount (\$)	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Bgr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + EMRT Survey \$160		
	8) NTUC Additional Services:		
	ND:		
	*N1: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	2) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	07/08/2020 09:28
Date Of Accident	04/08/2020 18:00
Exact Location Of Accident	ALONG BOUNDARY RD TWDS LOR CHUAN
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJK2764P
Insured/Policyholder	
Name Of Registered Owner	MUNCHI LEASING PTE. LTD.
Co Reg No	2XXXXX996K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97876633
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALLION
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	THIRD PARTY
Fleet Policy	NO
Policy Number	5112974558
Cover Note Number	
Driver	
Name of Driver	SHAIK SULAIMAN S/O SHAIK YUSOFF
NRIC No	SXXXX144G
Date Of Birth	24/12/1992
Occupation	OUTDOOR
Date Of Driving Pass	20/05/2011
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87500588
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 769 WOODLANDS DR 60 #09-118
Postcode	730769
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	CHAIN COLLISION
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	3
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: : MISHANTHI SHEELA
	GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

REFER TO POLICE REPORT T/20200806/7011

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	SJY5650R
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 SMR9794J
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 SHAIK SULAIMAN S/O SHAIK YUSOFF
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJK2764P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MISHANTHI SHEELA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJK2764P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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

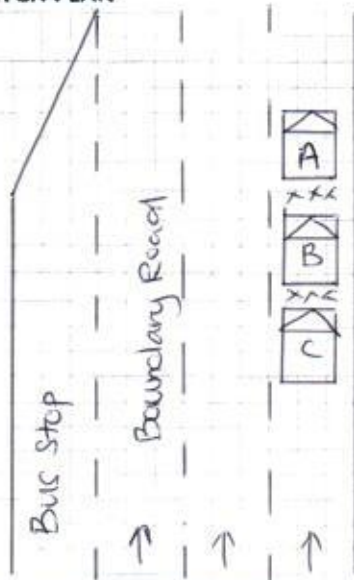


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Veh A: SJK2764P
 Veh B: SJY5650R
 Veh C: SMR9794J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T/20200806 / 7011

DECLARATION

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

2

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.:



[Handwritten signature]



SINGAPORE POLICE FORCE



T/20200806/7011

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

1 of 4

Report No. T/20200806/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2020 15:17			Vide Report No.: F/20200804/0140		Station Diary No.:
Informant's Particulars					
Name of Informant: SHAIK SULAIMAN S/O SHAIK YUSOFF			Address: 769 WOODLANDS DRIVE 60 #09-118 HDB-WOODLANDS SINGAPORE 730769		
ID Type / ID No.: NRIC NO / S9249144G			Contact No.: Home/Office: Mobile: 87500588		
Nationality: SINGAPORE CITIZEN			Email: Sulaiman666911@gmail.com		
Sex: Male	Age: 27	Date of Birth: 24/12/1992	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Chauffeur			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/08/2020 18:00	Type of Location: Straight Road
Location: BOUNDARY ROAD				
Lamp Post Number: 32				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJK2764P	Car	TOYOTA	Allion	Green	Seriously Damaged	1
SJY5650R	Car	VOLKSWAGO N	JETTA	Blue	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200806/7011

2 of 4

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

Report No. T/20200806/7011

CONTINUATION OF REPORT

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMR9794J	Car	LEXUS	GS250	Brown	Seriously Damaged	2

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	SHAIK SULAIMAN S/O SHAIK YUSOFF	ID No.	S9249144G
Related Vehicle	SJK2764P (Car)	Contact No.	87500588
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	04/08/2020	Date	05/08/2020
No. of Days granted Medical Leave	18	Degree of	Serious

Passenger

Name	MISHANTHI SHEELA	ID No.	S9235556Z
Related Vehicle	SJK2764P (Car)	Contact No.	87533998
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/08/2020	Date	04/08/2020
No. of Days granted Medical Leave	07	Degree of	Serious

Passenger

Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SMR9794J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20200806/7011

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

3 of 4

Report No. T/20200806/7011

CONTINUATION OF REPORT

Brief Details.

On 04/08/2020 at about 1800hrs, i was waiting for traffic light to green towards right along Boundary road. On the same day, i felt a huge impact coming from the back of my vehicle (SJK2764P). i immediately stepped out of my car and discovered that third vehicle (SMR9794J) from the back collided with the second vehicle (SJY5650R) before colliding with my vehicle. Thereafter, Traffic police and ambulance came to the accident location. My Fiance and i was then conveyed to TTSH. Both of us suffered neck and back injuries.

I was given 18 days of medical leave while my Fiance was given 7 days of medical leave.



**SINGAPORE
POLICE FORCE**

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



T/20200806/7011

4 of 4

Report No. T/20200806/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476394

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:
06/08/2020 15:17

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)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5112974558-000004

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **SJK2764P**
Chassis Number : **NZT2603033881**
2. Name of Policyholder : **MUNCHI LEASING PTE. LTD.**
3. Effective Date of Insurance : **03 Oct 2019**
4. Expiry Date of Insurance : **02 Oct 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	: ASIA CARZ HOLDING PTE. LTD.
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 : CITY INSURANCE AGENCY PTE. LTD. (00000573566)

Date of Issue : 27 Sep 2019 17:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Vehicle No.	SJK 2764P	Model / Make	Toyota Allion
Date of Accident	4/8/2020		
Time of Accident	1800 HRS		
Location of Accident	Along Boundary Road Thuds Lorong Chuan		
Exact purpose use during accident	Private use		
Name of Owner	Munchi Leasing Pte Ltd		
Telephone No.	H/P: 97876633	Home:	Office:
NRIC	201832996K		
Address	421 Tagore Industrial Ave #01-20 Tagore 8 S(787805)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5112974558 - 000004		
Name of Driver	As Above If No, Shaik Sulaiman s/o Shaik Yusoff		
NRIC	S9249144G	Any Passengers:	1 (F)
Date of birth	24/12/1992		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	20/5/2011		
Gender	Male / Female		
Contact No.	H/P: 87500588	Home:	Office:
Address	769 Woodlands Drive 60 #09-118 S(730769)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Hirer	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Shaik Sulaiman s/o Shaik Yusoff 87500588		
Name And Contact No.	Mishanthi Sheela D/o Daniel Perinamoo Francis 87533978		
Police Report	No,	If Yes, Where? Traffic police	
Vehicle B No.	SJY 5650R	Any Passengers:	-
Name of Driver		Contact No.:	
Vehicle C No.	SMR 9794J	Any Passengers:	2
Vehicle D No.		Any Passengers:	
Vehicle E No.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	Rear portion		
Camera Recorder	Yes / No		
Email Address	sulaiman666911@gmail.com		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Brandon		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

Munchi Leasing Pte. Ltd.

421 Tagore Industrial Ave, #01-20 Tagore 8, Singapore 787805
Tel: 97876633/ 83076428 CO.Registration No. 201832996K

DATE: 21/02/2020

No. _____

Car Rental Agreement

Hirer Particulars

Name (as per NRIC): <u>Shaik Subaiman s/o Shaik Yusoff</u>	License Pass Date:
NRIC/Driving License: <u>S9249144G</u>	D.O.B (DD/MM/YYYY): <u>24/12/1992</u>
*Address: <u>BK 769 Woodlands Drive</u> <u>60 #09-118 (S) 730769</u>	*Mobile Number: <u>8750 0588</u>
*Next of Kin:	Home Number:
*Mobile Number:	*Email Address:

Vehicle Description

Make / Model: <u>Toyota Allion</u>	Vehicle Number: <u>BK 2764P</u>	
Date of Collection: <u>21/02/2020</u>	Date of Return:	
Time of Collection:	Time of Return:	
Contract Period: <u>3 months till 20/05/2020.</u>	Insurance Excess: <u>\$2000</u>	Own Damage: <u>\$2000</u>
Remark:		

Security Deposit

Transfer from BK 821CR

Security Deposit of SGD _____ for vehicle collection on _____ (Date).

** The Owner reserves the right to charge a late collection fee of \$70 per day after the collection date or rent out the said vehicle to other Hirers.

Return of Deposit to Hirer: _____ (Hirer Signature & Date)

** The deposit will be refunded after two weeks from the vehicle return date. The Owner reserves the right to use the security deposit to offset damages, fines, or any other related charges incurred by the Hirer during the rental period.

Rental Payment

I Agree that the Rental Amount of SGD 300 (Per Week) to be made on every Friday. I Agree that a penalty of SGD \$30 per day will be applicable for late payment. Incomplete payment, there will be a penalty of SGD \$30 per day.

Hirer(s) Signature & Date

Authorised Staff Signature & Date



15 Jun 2017

Claim Handling

Accident MT/1099160

Policy No.	5112974558	Vehicle No.	SJK2764P	GST Registrati
Certificate No.	5112974558-000004			
Policyholder Name	MUNCHI LEASING PTE. LTD.			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	97876633	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	07/08/2020 10:09	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/08/2020	Time of Accident hh:mm	18:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG BOUNDARY RD TWDS LOR CHUAN			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	0.00	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	421 TAGORE INDUSTRIAL AVEN	Address 2	#01-21 TAGORE B	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-20	Related Policy Number	5112974558	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	SHAIK SULAIMAN S/O SHAIK Y	Driver NRIC	S9249144G	Driver DOB
Register Date of Driver License	20/05/2011	Driver Age	27	Driving Experi
Contact No.(Mobile)	87500588	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 769 #09-118	Address 2	WOODLANDS DRIVE 60	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	09-118			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer

Declaration

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

Claim 001

New

Claim Type *

OD-MX Insured Name ML

Contact No.(Mobile)

81833239 Contact No. (Home)

Email Address

 OI Vehicle Number SJI

Claim Description

SJK2764P / SJY5650R ON 4 Aug 2020

Preferred Workshop
CORUM No.
Finalisation
 Insured Liability Not at Fault
☒ Preferred Repair Option ☐ Preferred Workshop, Name unknown

GIA report Received

Date Registered

07/08/2020 10:12 Claim Close Date

Report Taken By

LIEW SHAN HUI ☐ Print AK letter

Save Submit

Attachment



Accident No.	MT/1099160	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/08/2020 10:12
Path *		Category *	Confidential
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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2020 10:12	SAS	Normal	!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2020 10:12	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2020 10:12	Photos	Normal	Pt
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2020 10:12	Photos	Normal	Pt
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Aug 2020 10:12	Photos	Normal	Pt

Video List

Uploaded By/Date	Folder Date	File Name	
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