

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **IN0920C30004**

Date In: 3/12/22 - 15:37	Job description	Date & Time Completed	Done by
Ref No: NA/114C220133187W	SAS e-filing		
Veh No: UM57493K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 2/12/22 - 09:00	i-Motor Claim Form	07/11/22 16:00	3/12/22 16:49
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: 93C4256m	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

NA200532	Invoice Preparation Checklist	Amt (\$) Init Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
	*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		
Pat. 1:	Invoice dated	Fee Charged	
Pat. 2 / 3:	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 Submission 03/12/2020 15:37 (SGT)
Date of Accident 02/12/2020 09:00 (SGT)
Exact Location of Accident Old Jurong Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS7493K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NURUL JANNAH BINTE MD LATIFF
NRIC No SXXXX944B
Email Address nrlnhh@gmail.com
Mobile Phone No (Phone) +65-88581443
Alternative Phone No +65-88581443

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5116670104
Cover Note Number -

DRIVER

Name of Driver NURUL JANNAH BINTE MD LATIFF
NRIC No SXXXX944B
Date Of Birth 27/04/1992
Occupation Indoor

Date Of Driving Pass	07/09/2017
Driving experience	3 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88581443
Alt. Phone Number	+65-88581443
Email Address	nrljnhh@gmail.com
Address	BLK 357 YUNG AN ROAD
Address complement	#07-53
Postcode	610357
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201202/2044.

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	GBC4256M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-



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.:

SKETCH PLAN

Handwritten sketch plan on a grid background. On the left, it says "OLD Jwong Rd". In the center, there are two vertical lines with boxes labeled 'A' and 'B' between them. On the right, there are two circled labels: (A) sms 7493K and (B) GBC 4256M.


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text: "Refer to Police Report No: 7/2020/202/2044". The rest of the section is crossed out with a large diagonal line.

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.:

SN0920030004

SINGAPORE ACCIDENT STATEMENT

TYPE OF CLAIMS : OWN DAMAGE () 3rd PARTY (☒) REPORTING ONLY ()

DATE OF ACCIDENT : 02.12.2020 TIME : 09:00hrs

LOCATION : Old Jurong Rd

VEHICLE NUMBER : SMS 7493K MAKE / MODEL Honda Fit Hybrid 1.5 Auto

OWNER INSURED : Nuhul Jannah Binte Md Latiff

NRIC NO. : 892159443 CONTACT NUMBER: 8858 1443

INSURANCE COMP: NTUC POLICY NUMBER: 5116670104

TYPE OF INSURANCE: COMPREHENSIVE (☒) TPFT () 3RD PARTY ONLY ()

DRIVER PARTICULAR

DRIVER SAME AS OWNER: (☒)

DRIVER NAME : NRIC NO.:

ADDRESS: 357 Yung An Rd #07-03 POSTAL: 610357

CONTACT: 8858 1443 EMAIL: hr/jnhhesmail-ram GENDER: (P)

DOB: 27-04-1992 DATE OF PASS: 07-09-2017

(PLEASE TICK AND FILL THE RELEVANT CHOICES)

WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY () YES (☒) NO

IF NO, RELATION OF DRIVER WITH INSURED:

(☒) OWNER () SPOUSE () FRIEND () RELATIVE () CHILDREN () SIBLING () OTHERS

WEATHER CONDITION: () CLEAR () RAINING (☒) DRIZZLING

ROAD SURFACE: () DRY (☒) WET () SLIPPERY

WAS ANYBODY INJURED: (☒) YES () NO INJURIES SUSTAINED : Neck Back Pain

WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION:

(☒) YES () NO POLICE REPORT NUMBER:

ANY VIDEO CAPTURED: () YES () NO CONVEY BY AMBULANCE () YES () NO

NUMBER OF PASSENGER INCLUDE DRIVER: Driver only

PARTICULAR OF PASSENGER : () MALE () FEMALE
() MALE () FEMALE
() MALE () FEMALE
() MALE () FEMALE

(THIRD PARTY PARTICULAR)

VEHICLE B 6BC 4256M NAME /NRIC: CONTACT:

VEHICLE C NAME /NRIC: CONTACT:

VEHICLE D NAME /NRIC: CONTACT:

VEHICLE E NAME /NRIC: CONTACT:

VEHICLE F NAME /NRIC: CONTACT:

VEHICLE G NAME /NRIC: CONTACT:

WITNESS (IF ANY)

NAME: HP NO. : NRIC:

* TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT*



SINGAPORE POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20201202/2044

1 of 3

Report No. T/20201202/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
02/12/2020 12:24

Vide Report No.:

Station Diary No.:
53

Informant's Particulars

Name of Informant:
NURUL JANNAH BINTE MD LATIFF

Address:

APT BLK 357 YUNG AN ROAD #07-53 SINGAPORE 610357

ID Type / ID No.:

NRIC NO / S9215944B

Contact No.:

Home/Office:

Mobile: 88581443

Email:

Nationality:

SINGAPORE CITIZEN

Sex:

Female

Age:

28

Date of Birth:

27/04/1992

Type of Informant:

Driver

Race:

Malay

Language:

English

Institution / School Name:

Occupation:

SUPERVISOR

Driving Licence Information:

Class: 3A

Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	No	Date/Time of Accident:	02/12/2020 09:00	Type of Location:	Straight Road
Location: OLD JURONG ROAD							
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:			
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Heavy			
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
GBC4256M	Lorry				Slightly Damaged	0
SMS7493K	Car	HONDA	FIT HYBRID 1.5 AUTO	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS7493K	NTUC Income Insurance Co-Operative Limited	5116670104	12/03/2020	11/03/2021



SINGAPORE POLICE FORCE



T/20201202/2044

2 of 3

Report No. T/20201202/2044

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAMASAMY SOLAISUGANTHIRARAJ	ID No.	G3264375U
Related Vehicle	GBC4256M (Lorry)	Contact No.	84340443
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 05/05/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NURUL JANNAH BINTE MD LATIFF	ID No.	S9215944B
Related Vehicle	SMS7493K (Car)	Contact No.	88581443
Hospital/Clinic	FAMILY DOCTORS AT 365	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	02/12/2020	Date Discharge	02/12/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 02/12/2020 at 0857hrs, I was stationary in my car, V1)SMS7493K on the right lane along Old Jurong Road, heading towards PIE, because of the red light. Just when I stopped my car, I heard a very loud and long horn. When I looked in the rearview mirror, I saw V2)GBC4256M coming very fast towards me, and it was not stopping. The front of V2 then hit the back of my car. I got out of my car and took a few pictures of the accident. Me and the driver of V2 then exchanged particulars before we went our separate ways.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20201202/2044

3 of 3

Report No. T/20201202/2044

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

J /

Sgt 1 MUHAMMAD AQIL BIN MOHAMMAD
TASRIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

SN 126

Authentication Stamp
NP 155

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:
02/12/2020 12:24

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: 5116670104

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : To Be Advised
Chassis Number : GP51341973
2. Name of Policyholder : NURUL JANNAH BINTE MD LATIFF
3. Effective Date of Insurance : 12 Mar 2020
4. Expiry Date of Insurance : 11 Mar 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

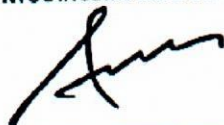
- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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	: NURUL JANNAH BINTE MD LATIFF
PRIMARY DRIVER	: AHMAD SAIFUDDIN BIN MOHAMAD
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: TECK WEI CREDIT PTE LTD
HIRE PURCHASE COMPANY	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
SUM INSURED	

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 : TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue : 10 Mar 2020 13:33 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. 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"/>	5116670104		NURUL JANNAH BINTE MD LATIFF	S9215944B	GPC	drivo CLASSIC	SMS7493K	SMS7493K	12/03/2020	11/03/2021

Policy Information

Policy No.	5116670104	Policyholder Name	NURUL JANNAH BINTE MD LATI	Policyholder NRIC	S9215944B
Certificate No.					
Address	BLK 357 #07-53 YUNG AN ROAD SINGAPORE 610357				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	10/03/2020	Effective Date	12/03/2020 00:00	Expiry Date	11/03/2021 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 null	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 357 #07-53	Address 2	YUNG AN ROAD	Address 3	SINGAPORE 610357
Address 4		Address Type	Singapore address	Post Code	610357
Unit No.	07-53	Related Policy Number	5116670104		

Insured Object: SMS7493K

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	12/03/2020 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 12 Mar 2020, the following policy details are amended as follows: HIRE PURCHASE COMPANY: TECK WEI CREDIT PTE LTD CHASSIS NUMBER: GP51341973 ENGINE NUMBER: LEB1451025 VEHICLE REGISTRATION NUMBER: SMS7493K ORIGINAL REGISTRATION DATE: 10 Mar 2020

Continue

Cancel

Claim Handling

Accident MT/1112269

Policy No.	5116670104	Vehicle No.	SMS7493K	GST Registration No.	
Certificate No.					
Policyholder Name	NURUL JANNAH BINTE MD LATIFF			Policyholder NRIC	S92159448
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	88581443	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	NC
KFK	<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	No
▼ Accident Details					
Report Date	03/12/2020 16:47	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/12/2020	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Old Jurong Rd				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD 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	BLK 357 #07-53	Address 2	YUNG AN ROAD	Address 3	SINGAPORE 610357
Address 4		Address Type	Singapore address	Post Code	610357
Unit No.	07-53	Related Policy Number	5116670104		
▼ OI Driver Info					
Driver Name	NURUL JANNAH BINTE MD LATIFF	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S92159448	Driver DOB	27/04/1992
Register Date of Driver License	07/09/2017	Driver Age	28	Driving Experience	3
Contact No.(Mobile)	88581443	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 357	Address 2	YUNG AN ROAD	Address 3	SINGAPORE 610357
Address 4		Address Type	Singapore address	Post Code	610357
Unit No.	07-53				
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 *	OD-MX	Insured Name	NURUL JANNAH BINTE MD LATI	Insured NRIC	S92159448
Contact No.(Mobile)	88581443	Contact No.(Home)		Contact No.(Office)	
Email Address	nrjnhh@gmail.com	OI Vehicle Number	SMS7493K	TP Vehicle Number	GBC4256M
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SMS7493K / GBC4256M ON 2 Dec 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	03/12/2020 16:49	Claim Close Date		Date Received	03/12/2020 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1112269	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/12/2020 16:51			
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	

