

# NATIONAL Assessment Centre Services. [part 1 Jan'03]

Date In: 19/02/21	Job description	Date & Time Completed	Done by
Ref No NA/INC21002355/13	SAS e-filing		
Veh No SL55455X	E-mail (within 3hrs, AIC 2hrs)		
DDA 19/02/21 1430	I-Motor Claim Form 19/02 MT/104631-001		
OT: TP (Reporting Only)	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: *	Fax: (
TP Particulars:	Veh No: SLH7131A	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 rep/aler.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( / )

Comments	INC ( ) / Non-INC ( )	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	Action

NA2101483	Invoice Particulars	Amount (\$)	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors Comments:	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 + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NJ: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) 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 Submission	19/02/2021 10:38 (SGT)
Date of Accident	14/02/2021 14:30 (SGT)
Exact Location of Accident	Tampines Ave 2, Singapore
Additional Location Information	JUNC OF TAMPINES ST 11
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS5455X
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BENEFIT AUTO
Company Reg No	5XXXX670E
Email Address	MIYANOGENSEN@GMAIL.COM
Mobile Phone No	(Phone) +65-64444313
Alternative Phone No	(Office) +65-64444313

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 - Reporting only
Vehicle Category	Private hire

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5110923222-01
Cover Note Number	-

#### DRIVER

Name of Driver	REIKO MIYANO
NRIC No	SXXXX218B
Date Of Birth	10/10/1968
Occupation	Indoor

Date Of Driving Pass .....	15/08/2006
Driving experience .....	14 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-92951308
Alt. Phone Number .....	-
Email Address .....	MIYANOGENSEN@GMAIL.COM
Address .....	BLK 103 TAMPINES ST 11
Address complement .....	#10-31
Postcode .....	520103
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Clear
Road Surface .....	Dry

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED 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 .....	SLH7131A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
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 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.
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.

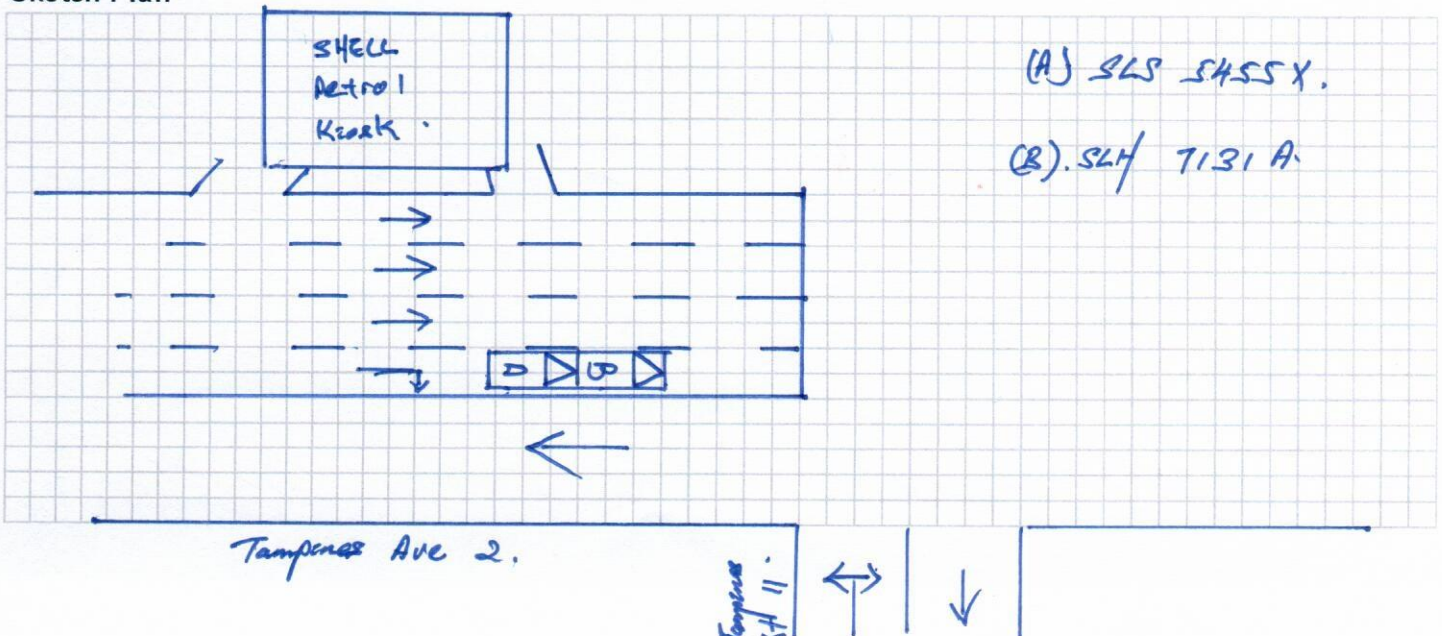


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





### Describe Circumstances of the Accident

On 14/02/2021 at @ 1430hrs, I stopped my vehicle (SLR 5455X) along Tampines Ave 2 junction Tampines Street 11 on the extreme right lane due to red light. When the traffic lights turn green, the vehicle (SLR 7131A) in front of me move forward and stopped waiting to turn right into Tampines Street 11. I follow to move forward and stopped. Suddenly, I accidentally release on my foot brake. As a result, my vehicle moved forward and touched the front vehicle. The touch was very light and there was no damaged on my vehicle. The third party vehicle damaged could be as old damaged.

### Declaration

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



Policyholder's Signature / Date & Time

Handwritten signature of the driver.

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

Handwritten signature and date: 19/02/21

Witnessed by Reporting Centre Personnel



VEHICLE NO:	SL8 5455X		MAKE & MODEL:	HONDA VEREL <del>AUTO</del> MANUAL	
DATE OF ACCIDENT:	14 / 02 / 2021		CC:	1496	
TIME OF ACCIDENT:	1430 HRS				
LOCATION OF ACCIDENT:	Tampines Ave 2 junction Tampines St 11				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT <u>PRIVATE USE</u> / PRIVATE HIRE				
NAME OF OWNER:	BENEFIT AUTO				
TEL NO:	H/P:		OFFICE: 6444 4313 HOME:		
NRIC:	53121670E				
ADDRESS:	61 Ubi Ave 2 #05-04/18, Automobile Megamart (S) 408898				
EMAIL:	-				
CLAIM TYPE:	OD / THIRD PARTY / <u>REPORTING ONLY</u>				
FLEET POLICY:	<u>YES</u> / NO ?				
INSURANCE COMPANY:	NTUC				
TYPE OF COVERAGE:	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft				
POLICY NO:	5110923222 - 01-000025				
NAME OF DRIVER:	AS ABOVE / IF NO: Reiko Miyano				
NRIC:	S 6862218B		ANY PASSENGER: 01 (M).		
DATE OF BIRTH:	10 / 10 / 1968		LICENCE PASSED DATE: 15 / 08 / 2006		
OCCUPATION:	OUTDOOR / <u>INDOOR</u>				
GENDER:	MALE / <u>FEMALE</u>				
CONTACT NO:	H/P: 9295 1308		OFFICE: HOME:		
ADDRESS:	BLK 103 Tampines Street 11 #10-31 (S) 520103				
EMAIL:	miyanogensen@gmail.com				
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Hire				
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:				
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:				
ANY INJURIES:	<u>NO</u> / IF YES, WHO?				
NAME & CONTACT:					
NAME & CONTACT:					
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?				
VEHICLE B REG NO:	SLH 7131 A		ANY PASSENGERS: 03 (1M) (2F)		
NAME OF DRIVER:			CONTACT NO:		
VEHICLE C REG NO:			ANY PASSENGERS:		
VEHICLE D REG NO:			ANY PASSENGERS:		
VEHICLE E REG NO:			ANY PASSENGERS:		
VEHICLE F REG NO:			ANY PASSENGERS:		
VEHICLE G REG NO:			ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:	N.A.		WITNESS CONTACT: N.A.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>				
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>				
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO				
ACCIDENT PORTION:	No damaged (Front Portion)				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>				
WORKSHOP PARTICULAR:	N-51				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	JOSEPH TAN 68715151				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				



## 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:** 5110923222-01-000025

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLS5455X**  
 Chassis Number : RU31253167
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	: MAYBANK SINGAPORE LIMITED
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)

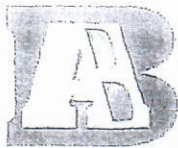
Agency : BENEFIT AUTO INSURANCE AGENCY (00000573333)  
 Date of Issue : 09 Jul 2020 19:16 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive



**BENEFIT AUTO**

ROC : 53121670E

OCBC CURRENT : 588-000604-001

PAY NOW UEN : 53121670E

61 Ubi Ave 2, Automobile Megamart, #05-04 Singapore 408898  
CHEW 9060 3343 / MARK 9832 5030 / TEO 91076963**VEHICLE RENTAL & LEASING AGREEMENT**

Hirer's Name : <b>LIM VINCENT</b>	
NRIC No: <b>S6913904C</b>	Hirer's Contact No: <b>9615 5883</b>
License Pass Date: <b>05 MAY 1988</b>	Next of Kin Name & Contact No (In Case of Emergency): <b>WIFE 9295 1308</b>
Address: <b>BLK 103 TAMPINES ST 11 #10-31</b> (Singapore <b>520103</b> )	
Occupation / Office Address (Singapore )	
Vehicle Reg No: <b>SL8 5455 X</b>	Make & Model: <b>HONDA VEZEL HYBRID</b>
Commencing Start Date: <b>26 AUG 2020</b>	Commencing End Date: <b>6 MONTH</b>
Handover Time: <b>5:15 pm</b>	Handover Time:
Rental Per Day/Week/Month: <b><del>\$400</del> \$380</b>	Deposit: <b>\$500</b>
Add Driver: <b>REIKO MIYANO</b>	NRIC No: <b>86862218B</b>
License Pass Date: <b>15 AUG 2006</b>	Contact No: <b>9295 1308</b>
Remarks: <b>* PAYMENT ON EVERY THURSDAY.</b>	

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 chargers.

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

X MALAYSIA TOW SERVICE (24HRS) : YONG - 016-704 7552 / 012-220 8076

X TYRE &amp; BATTERY SERVICE (24HRS) : AH KEE 98751699

→ BENEFIT AUTOCARE : ERIC 9489 4845 | 11 Kaki Bukit Road 1 #01-02 Eunos Technolink (S415939)

LUSH AUTOMOTIVE : PATRICK 94357824 | 8 Kaki Bukit Ave 4, #03-47 Premier @ Kaki Bukit (S415875)

→ AIRCON : PATRICK 94357824 | Blk 3021A, Ubi Road 1, #01-39 (S408715)



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)

SLS5455X

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5110923222-01	5110923222-01-000025	BENEFIT AUTO	53121670E	GFM	drivo CLASSIC	SLS5455X	SLS5455X	14/07/2020	13/07/2021



## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport/Company Cert No.: 53121670E  
 Owner ID Type: Business  
 Owner Name: BENEFIT AUTO  
 Registered Address: 2 SIMS CLOSE #01-08 GEMINI @ SIMS SINGAPORE 387298  
 Mailing Address: -  
 Birth Date: -

### Vehicle Particulars

Vehicle No.: SLS5455X  
 Previous Vehicle No.: -  
 Effective Date of Ownership: 27 Sep 2017  
 Original Regn Date: 27 Sep 2017  
 Registration Date: 27 Sep 2017  
 Year of Manufacture: 2017  
 Vehicle Type: Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover  
 Vehicle Scheme: -  
 Vehicle Attachment 1: No Attachment  
 Vehicle Attachment 2: -  
 Vehicle Attachment 3: -  
 Vehicle Make: HONDA  
 Vehicle Model: VEZEL HYBRID 1.5X AUTO  
 Primary Colour: Black  
 Secondary Colour: -  
 Passenger Capacity: 4  
 Chassis No.: RU31253167  
 Engine No.: LEB5953185  
 Motor No.: H12363705  
 Engine Capacity / Power Rating: 1496 cc / 22.0 kW  
 Maximum Power Output: 112.0 kW (150 bhp)  
 Propellant: Petrol-Electric  
 Max Unladen Weight: 1280 kg  
 Maximum Laden Weight: 1555 kg  
 Open Market Value: \$24,926.00  
 PARF Eligibility: Yes  
 PARF Eligibility Expiry Date: 26 Sep 2027  
 Minimum PARF Benefit: \$2,500.00  
 No. of Transfers: 0  
 IU Label No.: 1124176412  
 COE No.: 2017100107000824E  
 COE Expiry Date: 26 Sep 2027  
 COE Category: E - Open - all except motorcycle  
 COE Registration Category: B - Car above 1600cc or 97kW (130bhp)  
 Quota Premium (QP) / Prevailing Quota Premium: \$49,012.00 / -  
 Actual QP Paid: \$49,012.00  
 QP (Regn Cat): \$49,189.00  
 OPC Cash Rebate Eligibility: No  
 QP during COE Bidding Exercise: \$49,012.00  
 Additional Registration Fee Rate: First \$20,000.00 (100%), next \$4,926.00 (140%)  
 Actual ARF Paid: \$5,000.00  
 Vehicle Lifespan Expiry Date: No Lifespan  
 CO2 Emission: 94.00 (g/km)  
 CEV/VES Rebate Utilised Amount: \$21,897.00  
 CO Emission: -  
 HC Emission: -  
 NOx Emission: -  
 PM Emission: -  
 Message: COE rebate, if applicable, will be based on the QP of \$49,012.00. This is the lower of QP from Category E and the corresponding Category B in the same tender exercise. To renew the COE, the Prevailing Quota Premium payable is that of Category B. This is a public service vehicle.



Claim Handling

Accident MT/1121631

Policy No.	5110923222-01	Vehicle No.	SLS5455X	GST Registration No.	
Certificate No.	5110923222-01-000025				
Policyholder Name	BENEFIT AUTO			Policyholder NRIC	53121670E
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64444313	Contact No.(Home)	0SLH
Email Address		Special Remark		eCode	No
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	Yes
▼ Accident Details					
Report Date	19/02/2021 14:28	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	14/02/2021	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TAMPINES AVE 2 JUNC OF TAMPINES ST 11				
▼ 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	0.00				
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	2 SIMS CLOSE	Address 2	#01-08 GEMINI @ SIMS	Address 3	SINGAPORE 38721
Address 4		Address Type	Singapore address	Post Code	387298
Unit No.		Related Policy Number	5095864980-03		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/10/1968
Unnamed driver Name	REIKO MIYANO	Driver NRIC	S6862218B	Driving Experience	14
Register Date of Driver License	15/08/2006	Driver Age	52	Contact No.(Home)	0
Contact No.(Mobile)	92951308	Contact No.(Office)	0	Address 3	SINGAPORE 52010
Address 1	BLK 103	Address 2	TAMPINES STREET 11	Post Code	520103
Address 4		Address Type	Singapore address		
Unit No.	#10-31				
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	BENEFIT AUTO	Insured NRIC				
Contact No.(Mobile)	94247885	Contact No. (Home)		Contact No. (Office)				
Email Address	JOBENEFITAUTO@GMAIL.COM	OI Vehicle Number	SLS5455X	TP Vehicle Number				
Claim Description	SLS5455X / SLH7131A ON 14 Feb 2021				Name of Preferred Workshop			
Preferred Workshop		Insured Liability	Fully at Fault					
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received			
Date Registered				19/02/2021 14:37	Claim Close Date		Date Received	
Report Taken By				ROSLINDA	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter								
<div>Save Submit</div>								

Attachment

Accident No.	MT/1121631	Claim No.	001
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Last Doc. Received

☒ Yes ☐ No

Upload Date

19/02/2021 00:00

Path \*

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Category *	Confidential	Urgency *
Please Select	NO	Normal
Please Select	NO	Normal
Please Select	NO	Normal
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Please Select	NO	Normal

## ▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2021 14:34	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2021 14:34	SAS		Normal	SAS 2021-2-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2021 14:34	Photos		Normal	Photos 2021-2-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2021 14:34	Photos		Normal	Photos 2021-2-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2021 14:33	Photos		Normal	Photos 2021-2-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2021 14:33	Photos		Normal	Photos 2021-2-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2021 14:33	Photos		Normal	Photos 2021-2-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2021 14:33	Photos		Normal	Photos 2021-2-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2021 14:33	Photos		Normal	Photos 2021-2-19
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 19 Feb 2021 14:33	Photos		Normal	Photos 2021-2-19

## ▼ Video List

Uploaded By/Date	Folder Date	File Name		Source
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