

NATIONAL Assessment Centre Services

Date In: 02/01/2018 16:56	Job description	Date & Time Completed	Done by
Ref No NA/INC18000044/K4	SAS e-filing		
Veh No SJN3863P	E-mail (within 3hrs, A/C 2hrs)		
DOA 29/12/2017 02:00	i-Motor Claim Form	MT/0976059	3/1/18 10:40
OD TP 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: AJX4392	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

NA1800101	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	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 \$3		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile \$30		
Cat. 2 / 3:	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 ability.
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 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	02/01/2018 16:56
Date Of Accident	29/12/2017 02:00
Exact Location Of Accident	SULTAN IBRAHIM MALAYSIA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN3863P
Insured/Policyholder	
Name Of Registered Owner	INFINITE DRIVE PTE. LTD.
Co Reg No	201606831H
Email Address	JUDYTANSM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83533777
Alternative Phone No	OFFICE-91419714

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX 2.0L GT CVT ABS D/AB 2WD HID
Exact Purpose for which vehicle was being used at time of accident	WORK
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081467455-01
Cover Note Number	

Driver

Name of Driver	MUHAMAD ZULFADLI BIN ABU TALIB
NRIC No	S8421977J
Date Of Birth	20/07/1984
Occupation	INDOOR
Date Of Driving Pass	08/09/2016
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83533777
Fax Number	
Contact Number	OTHERS-91419714
EMail Address	JUDYTANSM@HOTMAIL.COM

Address	BLK 528A PASIR RIS ST 51 #05-655
Postcode	511528
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	4
Passenger 1	NAME: : JEAN LEE GENDER: : FEMALE
Passenger 2	NAME: : SHANE LEE GENDER: : MALE
Passenger 3	NAME: : ARIFF GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : G/20171229/2078 / TRAFIK JOHOR BAHRU (S) 030010/17

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	AJX4392
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 MUHAMAD ZULFADLI BIN ABU TALIB

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? SJN3863P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name JEAN LEE

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? SJN3863P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 3

Name SHANE LEE

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? SJN3863P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 4

Name ARIFF

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? SJN3863P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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.

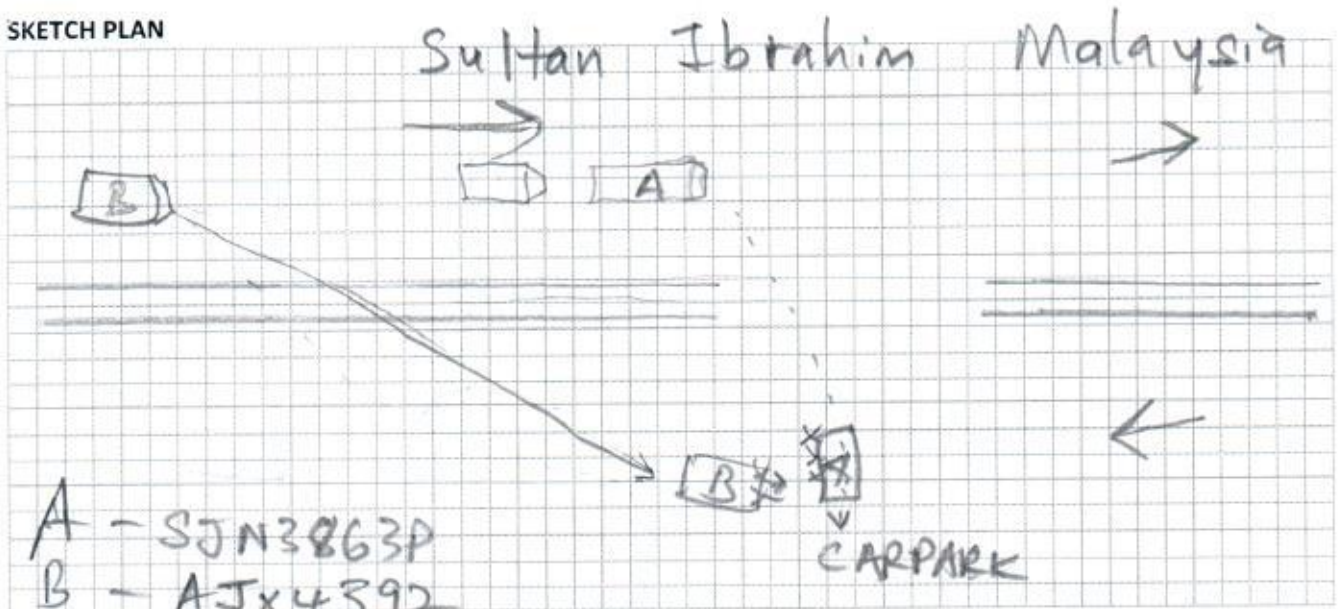


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
9/2017/229/2078
TRAFFIC JOMOR BAHRU(S)/
030010/17

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.:



SINGAPORE POLICE FORCE



G/20171229/2078

1 of 2

POLICE REPORT (NP299)

Report No. G/20171229/2078

Police Station Of Origin
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Date/Time Report Made 29/12/2017 15:18		Vide Report No.		Station Diary No. 79	
Name Of Informant MUHAMAD ZULFADLI BIN ABU TALIB		Address APT BLK 528A PASIR RIS STREET 51 #05-655 SINGAPORE 511528			
ID Type / ID No. NRIC NO / S8421977J		Contact No. Home/Office Mobile 83533777			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation AV Technician		Sex Male	Age 33	Date of Birth 20/07/1984	Race Malay
Institution/School Name		Language English			
Date/Time Of Incident 29/12/2017 02:00		Location Of Incident Sultan Ibrahim MALAYSIA			

Brief details.

On the 29/12/2017 at about 2am, I was driving my car SJN3863E (Black, Mitsubishi Lancer EX) in Malaysia, Sultan Ibrahim. I was travelling on a two-way single lane, and there was a car in front of me making a right turn into the carpark. After the car turned, I then followed behind and turned right as there were no incoming vehicles. As I was turning right, a car from my lane behind me had drove against the traffic flow and hit against my right side of the car. The driver was driving very fast.

Signature Of Officer Recording The Report:

G / Sr Staff Sgt WONG TING CHIEN

Signature Of Interpreter:
Not applicable

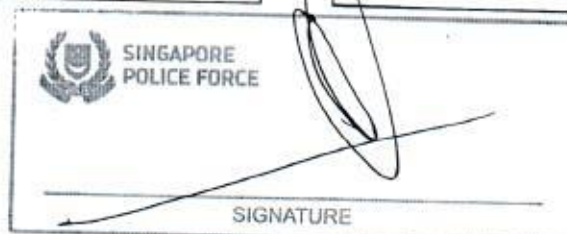
Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp WILLJUDE VIMALRAJ S/O RAYMOND SURAS
Contact No.: 6244 7200

Signature Of Informant:

Date/Time:
29/12/2017 15:18

Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



G/20171229/2078

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20171229/2078

I had 3 passengers inside my car and they were all injured with sprains, cuts and bruises. They had came back to Singapore and see the doctor here.

The other party was driving a silver color car, Malaysian license plate number AJX4392, a male Chinese driver. Inside his car had 3 passengers as well. My car sustained heavily dents and scratches on the right rear side and my right rear wheel was out of alignment. The window also broke. While the other driver's car was badly dented on the front. Both our cars could be driven anymore.

I am lodging this report for my insurance claim.

Signature Of Officer Recording The Report:

G / Sr Staff Sgt WONG TING CHIEN

Signature Of Interpreter:
Not applicable

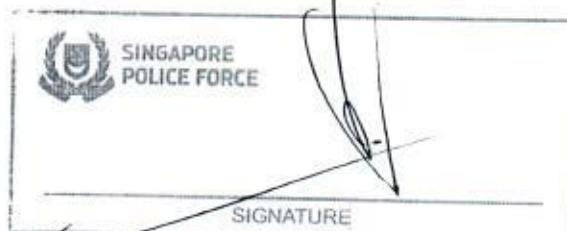
Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp WILLJUDE VIMALRAJ S/O RAYMOND SURAS
Contact No.: 6244 7200

Authentication Stamp

Signature Of Informant:

Date/Time:
29/12/2017 15:18

Classification Of Case:





POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
JALAN TEBRAU, 80250 JOHOR BAHRU
07-2237977

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : MUHAMAD ZULFADLI BIN ABU TALIB
No Kad Pengenalan / Paspot : S8421977J
No Repot Polis : TRAFIK JOHOR BAHRU(S)/030010/17
Tarikh @ Masa Repot Polis : 28/12/2017 @ 03:32
Pengesahan Penerimaan Repot :

.....
Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R138747) SJN RASHID BIN JELAS
Tempat Tugas : JOHOR , J/BAHRU SELATAN
No Telefon Pejabat : **No Telefon Bimbit** : 019-2368965
Tarikh @ masa Perjumpaan :
Pengesahan Penerimaan Repot : (RASHID BIN JELAS) SJN 138747
 Pen. Pegawai Penyiasat
 Balai Polis Trafik
 IPPD Johor Bahru (S)

.....
Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : **No Badan** : **Pangkat** :

Tarikh @ Masa Gambar Diambil :

Pengesahan Gambar Diambil :

.....
Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Isnin - Khamis :

08:00 Pagi - 01:00 Tengah Hari

02:00 Petang - 04:30 Petang

Jumaat :

08:00 Pagi - 12:30 Tengah Hari

02:45 Petang - 04:30 Petang

Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

- | | |
|---------------------------|-------------------------------------|
| 1. Salinan Repot Polis | <input checked="" type="checkbox"/> |
| 2. Gambar Kenderaan | <input type="checkbox"/> |
| 3. Rajah Kasar Kemalangan | <input type="checkbox"/> |
| 4. Keputusan Siasatan | <input type="checkbox"/> |
| 5. Lain-lain Dokumen | <input type="checkbox"/> |

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan Dokumen :

.....
Tandatangan Pegawai Kaunter Pembekalan Dokumen

Enquire Transfer Fee

Vehicle Details	
Vehicle No. :	SJN3863P
Vehicle Type :	N18 - Passenger (Co) Company Car (Single Rate)
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	MITSUBISHI
Vehicle Model :	LANCER EX 2.0L GT CVT ABS D/AB 2WD HID
Chassis No. :	JMYSTCY4A9U001781
Propellant :	Petrol
Engine No. :	4B11CN4737
Engine Capacity :	1998 cc
Maximum Power Output :	114.0 kW (152 bhp)
Maximum Laden Weight :	1850 kg
Unladen Weight :	1427 kg
Year Of Manufacture :	2008
Original Registration Date :	13 Feb 2009
Lifespan Expiry Date :	-
COE Category :	B - Car (1601cc & above)
Quota Premium :	\$689.00
COE Expiry Date :	12 Feb 2019

* Reported on 28/12/2017 @ 1335 HRS. * Bring Vehicle No: SJN3863P to parked at idac but Driver in Hospital when he come to idac he will do the report? and give details?

ACCIDENT STATEMENT

ACCIDENT DATE: (29/12/2017) (DD/MM/YYYY), TIME: (2 am) (HH:MM)

LOCATION: Sultan Ibrahim MALAYSIA

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN3863P
b) INSURANCE COMPANY: N TUC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (TP)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 83533777
c) ADDRESS:
*d) DATE OF BIRTH: (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) HIRED
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS) All
6. WAS ANYBODY INJURED (YES / NO) → Serious
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: AJX4392 MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* Boss: Tel: 91419714

Email =

fax =

Waiting for Driver / Chop / Details? OK

OK * Did not give key? → (Car key Driver will bring)?

* No of passenger (including driver) (4)
1) Jean Lee (F)
2) Shane Lee (M)
3) Arief (M)

* No of passenger (including driver) ()

* No of passenger (including driver) ()

(Tow) In from Malaysia

* Video Yes (revert)


* Driver came to idac on 29/12/17 @ 1620 HRS

* only waiting for chop by company & by 21/1/2018 + do report?

call response at 21/1/2018 @ 1445 HRS.

Mr. Long ← E-mail to him?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8421977J





Name
MUHAMAD ZULFADLI BIN ABU TALIB
محمد نوالفدالي بن ابو طالب

Race
MALAY

Date of birth
20-07-1984

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8421977J -



MUHAMAD ZULFADLI BIN ABU TALIB

Birth Date: 20 Jul 1984
Issue Date: 08 Sep 2016



002607663J

5058805




NRIC No. S8421977J

Date of issue
18-04-2012

APT BLK 528A PASIR RIS STREET 51 #05-655
SINGAPORE 511528

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 08 Sep 2016

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: 5081467455-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJN3863P**
Chassis Number : JMYSTCY4A9U001781
2. Name of Policyholder : INFINITE DRIVE PTE. LTD.
3. Effective Date of Insurance : 15 Dec 2017
4. Expiry Date of Insurance : 14 Dec 2018
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	: N/A
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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
Date of Issue : 14 Jun 2017 12:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5081467455-01	INFINITE DRIVE PTE. LTD.	201606831H	GFT	drivo CLASSIC	SJN3863P	SJN3863P	15/12/2017	

 **Policy Information**

Policy No.	5081467455-01	Policyholder Name	INFINITE DRIVE PTE. LTD.	Policyholder NRIC	201606831H
Address	1 COLEMAN STREET #10-06 THE ADELPHI SINGAPORE 179803				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	14/06/2017	Effective Date	20/06/2017 00:00	Expiry Date	19/06/2018 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	1456.42		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 **Policyholder Mailing Address**

Address 1	1 COLEMAN STREET	Address 2	#10-06 THE ADELPHI	Address 3	SINGAPORE 179803
Address 4		Address Type	Singapore address	Post Code	179803
Unit No.	05-03	Related Policy Number	5092012368		

 **Insured Object: SJN3863P**
 **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	17/08/2017 00:00	Basic Information Endorsement	000001286621474	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKG4679Z 17-08-2017 \$1,438.52 In view of this amendment, a refund of \$1,438.52 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJK4640A 18-09-2017 \$1,112.27 In view of this amendment, a refund of \$1,112.27 (inclusive of GST) will be adjusted against the outstanding premium.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJF1900X 05-09-2017 \$1,034.91 In view of this amendment, an additional premium of \$1,034.91 (inclusive of GST) is payable under your policy. Please ignore this premium payment request</p>
2	05/09/2017 00:00	Basic Information Endorsement	000001286656296	Endorsement Take Effective	
3	05/09/2017 00:00		000001286647378		
		Basic Information		Endorsement Take	

Claim Handling

Accident MT/0976059

Policy No.	5081467455-01	Vehicle No.	SJN3863P	GST Registration No.	
Policyholder Name	INFINITE DRIVE PTE. LTD.			Policyholder NRIC	2018
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83533777	Contact No.(Office)	0	Contact No.(Home)	0
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	No

▼ Accident Details

Report Date	03/01/2018 10:21	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	29/12/2017	Time of Accident hh:mm	02:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	SULTAN IBRAHIM MALAYSIA				

▼ Benefits

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	1 COLEMAN STREET	Address 2	#10-06 THE ADELPHI	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	179021
Unit No.	05-03	Related Policy Number	5092012368		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMAD ZULFADLI BIN ABU T	Driver NRIC	S8421977J	Driver DOB	20/12/1988
Register Date of Driver License	08/09/2016	Driver Age	33	Driving Experience	1
Contact No.(Mobile)	83533777	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 528A	Address 2	PASIR RIS STREET 51	Address 3	
Address 4		Address Type	Singapore address	Post Code	511061
Unit No.	#05-655				
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
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	INFINITE DRIVE PTE. LTD.	Insured NRIC	2018
Contact No.(Mobile)	91419714	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJN3863P	TP Vehicle Number	AJX4392
Claim Description	SJN3863P / AJX4392 ON 29 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Recd
Date Registered	03/01/2018 10:39	Claim Close Date		Date Received	03/01/2018
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

1/3/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0976059

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

03/01/2018 10:40

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
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Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:39	NRJC/ Driving License	Normal	NRJC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:37	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:37	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:37	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:37	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:37	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:37	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:36	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:36	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:36	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:36	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:36	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Jan 2018 10:36	Photos	Normal	Photos 20

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading