

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MMA 118007274

Date In: 15/1/18 14:58	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18000844/h4	SAS e-filing		
Veh No: SKX 9488K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/1/18 20:30	i-Motor Claim Form	MT/0977909	15/1/18 17:04
OD: 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: SKQ 3884B	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

NA1800368	Invoice Preparation Checklist	Ant (\$) In Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	30.00	
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	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:-		
	QDI:		
	*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 (N-a INC) against INC \$30		
	9) N12: Idac Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Pee Charged	
Auditors' Comments:-	Invoice dated	Pee Charged	
Ref 1:			
Ref 2/3:			

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	15/01/2018 14:58
Date Of Accident	13/01/2018 20:30
Exact Location Of Accident	PIE TWDS CHANGI AFTER STEVEN RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9488K
Insured/Policyholder	
Name Of Registered Owner	PG MOTORING
Co Reg No	53213875M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97671329

Vehicle Particulars

Manufacturer	BMW
Model	650I A
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089747594
Cover Note Number	-

Driver

Name of Driver	ISSEY HAMID
NRIC No	S7836560I
Date Of Birth	08/12/1978
Occupation	INDOOR
Date Of Driving Pass	10/09/2001
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98254144
Fax Number	
Contact Number	
Email Address	NOEMAIL

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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.



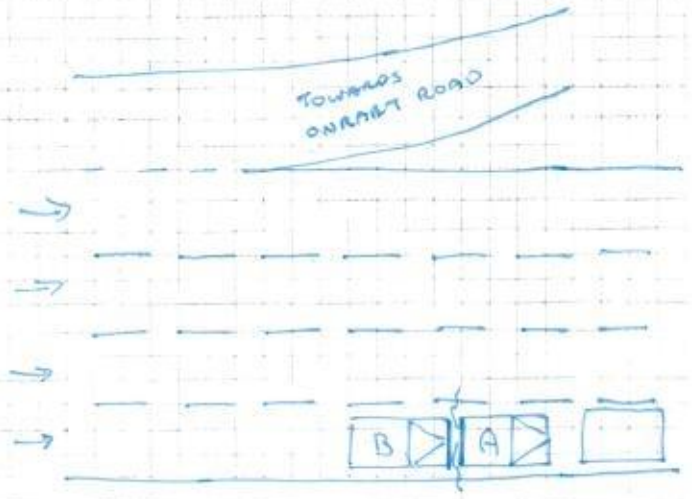
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

VEHICLE A - SKX 4488K
VEHICLE B - SKQ 384B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT.

THERE WAS NO CONTACT TO THE VEHICLE IN FRONT OF ME.

REPORT NUMBER:

T/20180115/2005

BUTIT PANJANG NPC

VEHICLE A - SKX 4488K

VEHICLE B - SKQ 384B

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.:

Vehicle No.	SKX 9498K	Model / Make	BMW 650i
Date of Accident	13/01/18		
Time of Accident	2030	HRS	
Location of Accident	PIE TOWARDS CHANLI AFTER STATION ROAD EXIT.		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	PA MOTORING		
Telephone No.	H/P : 9767 1329	Home :	Office :
NRIC	S3213875M		
Address	200 JALAN SUTAN #02-38 TEXTILE CENTRE S(199018)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5059747594		
Name of Driver	As Above If No, ISSAY HAMID		
NRIC	S7936560I	Any Passengers :	NIL
Date of birth	08 DEC 1978		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	10 SEP 2001		
Gender	Male / Female		
Contact No.	H/P : 9825 4144	Home :	Office :
Address	BLK 473 SENGAR ROAD #02-318 S(670473)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state RENTAL	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	ISSAY HAMID 9825 4144		
Name And Contact No.			
Police Report	No,	If Yes, Where?	BUKIT PANJANH NPC
Vehicle B No.	SKQ 3854 B	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address	6494 0051		
PARTICULAR WORKSHOP	N-SI AUTOMOTIVE PIE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	SALES@NSI.COM.SG		



SINGAPORE POLICE FORCE



T/20180115/2005

1 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180115/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2018 03:05	Vide Report No.:	Station Diary No.: 56
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Informant's Particulars

Name of Informant: ISSEY HAMID			Address: APT BLK 473 SEGAR ROAD #02-318 SINGAPORE 670473		
ID Type / ID No.: NRIC NO / S7836560I			Contact No.: Home/Office: Mobile: 98254144		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 08/12/1978	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: RENOVATION CONTRACTOR			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: 13/01/2018 20:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE towards Changi				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKK1215C	Car				Slightly Damaged	1
SKQ3884B	Car				Slightly Damaged	1
SKX9488K	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180115/2005

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Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180115/2005

CONTINUATION OF REPORT

Driver			
Name	ISSEY HAMID	ID No.	S78365601
Related Vehicle	SKX9488K (Car)	Contact No.	98254144
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/01/2018	Date Discharge	15/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 13/1/2018 at 2030hrs, I was driving my vehicle(SKX9488K) along PIE towards Changi. I was driving along the extreme right lane. As I was driving, I observed that the van in front of me was like serving probably due to the wet weather. I then began to be cautious and slow down. Suddenly, the car behind me hit onto my vehicle rear. It was a chain accident collision involving a total of 4 vehicles. Due to the accident, I suffered injuries to my neck and back area. My vehicle suffered slight damages to the rear bumper while the 2nd vehicle(SKQ3884B) suffered front and rear bumper damages, the 3rd vehicle which I do not have the vehicle number also had damages to the rear and front bumper while the 4th vehicle(SKK1215C) had slight damages to the front bumper. I also wish to state that there is TP who were at scene. No one conveyed in this accident. I do not have any inbuilt video recorder.



**SINGAPORE
POLICE FORCE**



T/20180115/2005

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Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180115/2005

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 /

Staff Sgt NIAZ MOHAMED GHAZALI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / G17

Staff Sgt MOHAMMAD ZULKARNIAN BIN
SAMSUDIN

Contact No.: 65476429

Authentication Stamp

NP168

Singapore Police Force


Signature Of Informant:

Date/Time:

15/01/2018 03:05

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S78365601




Name
ISSEY HAMID

Race
JAVANESE

Date of birth
08-12-1978

Country of birth
SINGAPORE

Sex
M



S78365601


REPUBLIC OF SINGAPORE / DRIVING LICENCE

Licence Number: **S78365601**


Name
ISSEY HAMID

Birth Date: **08 Dec 1978**

Issue Date: **24 Aug 2007**



001521254K



3940977



NRIC No. **S78365601**



Date of issue
06-10-2006

APT BLK 473 SEGAR ROAD #02-318
SINGAPORE 670473


S78365601 26/05/2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycles <= 200 cc	27 Apr 1996
Class 2A Motorcycles between 201 cc and 400 cc	19 Aug 1997
Class 2 Motorcycles > 400 cc	30 Mar 2001
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	10 Sep 2001

NP-428A

Licence No: S78365601





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: 5089747594

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SKX948BK
Chassis Number : WBAL232000C579133
2. Name of Policyholder : PG MOTORING
3. Effective Date of Insurance : 15 Nov 2017
4. Expiry Date of Insurance : 14 Nov 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
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SKYWAY CREDIT & LEASING PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE PTE. LTD. (00000572842)
Date of Issue : 05 Apr 2017 09:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Transfer Of Vehicle Ownership (Acknowledgement)

Vehicle Details

Vehicle No.:	SKX9488K	Vehicle Scheme:	Normal
Vehicle Type:	N18 - Passenger (Co) Company Car (Single Rate)	Vehicle Model:	650I A
Vehicle Make:	B.M.W.	Engine No.:	20074966N63B44A
Chassis No.:	WBALZ32000C579133	Trailer Chassis No.:	-
Motor No.:	-	Passenger Capacity:	3
Propellant:	Petrol	Power Rating:	-
Engine Capacity:	4395 cc	Maximum Laden Weight:	2390 kg
Unladen Weight:	2015 kg	Secondary Colour:	-
Primary Colour:	Black	Maximum Power Output:	300.0 kW (402 bhp)
IU Label No.:	1124935917	Original Registration Date:	31 Mar 2011
First Registration Date:	11 Jun 2013	Open Market Value:	\$77,339.00
Manufacturing Year:	2011	Minimum PARF Benefit:	\$55,605.00
PARF Eligibility:	Yes	Actual ARF Paid:	\$111,211.00
No. of Transfer:	2		

Owner Particulars

Owner Name:	PG MOTORING
Owner ID Type:	Business
Owner ID:	53213875M
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	200
Registered Street Name:	JALAN SULTAN
Registered Unit No.:	#02 - 38
Registered Building Name:	TEXTILE CENTRE
Registered Postal Code:	199018

COE No./Expiry Date: 2013060107000462D / 10 Jun 2023

COE Bid Category: E - Open Category

QP Paid: \$66,701.00

Transaction Details

Business Transaction Ref. No.: 20171115164515721456

Business Transaction Date: 15 Nov 2017

Business Transaction Time: 16:45:15

Message:

Vehicle has been successfully transferred to PG MOTORING (53213875M).

Please note that \$11.00 will be deducted from your GIRO account.

OK Save as PDF

https://lta.link.vrl.lta.gov.sg/lta/vrl/action/transferToAcctConfirmAtAA?FUNCTION_ID=F0... 15-Nov-17

Claim Handling

The premium on this policy has not been collected.

Accident MT/0977909

Policy No.	5089747594	Vehicle No.	SKX9488K	GST Registration No.	
Policyholder Name	PG MOTORING			Policyholder NRIC	532
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97671329	Contact No.(Office)		Contact No.(Home)	
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	15/01/2018 16:54	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	13/01/2018	Time of Accident hh:mm	20:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGE AFTER STEVEN RD EXIT				
▼ 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	200 JALAN SULTAN	Address 2	#02-38 TEXTILE CENTRE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	199001
Unit No.	02-38	Related Policy Number	5097341677		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/11/1978
Unnamed driver Name	ISSEY HAMID	Driver NRIC	S7836560I	Driving Experience	16
Register Date of Driver License	10/09/2001	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	98254144	Contact No.(Office)		Address 3	SINGAPORE
Address 1	BLK 473 #02-318	Address 2	SEGAR ROAD	Post Code	670001
Address 4		Address Type	Singapore address		
Unit No.	02-318				
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	PG MOTORING	Insured NRIC	532
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SKX9488K	TP Vehicle Number	SKQ
Claim Description	SKX9488K / SKQ38848 ON 13 Jan 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	15/01/2018
Date Registered	15/01/2018 17:01	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Claim No.	001
Upload Date	15/01/2018 17:04

Category *

[illegible][illegible]

<http://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do>

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading

Address	BLK 473 SEGAR RD #02-318
Postcode	670473
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SKQ3884B
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	ISSEY HAMID
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SKX9488K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	