

Date In: 23/02/2018 14:09	Job description	Date & Time Completed	Done by
Ref No: NA/INC18003508/R4	SAS e-filing		
Veh No: SLL 8781X	E-mail (within 8hrs, A/C 2hrs)		
DOA: 22/02/2018 08:45	i-Motor Claim Form	MT/0983468	24/2/18 13:45
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: SGD3888G 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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD*		
	*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 \$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 willful 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 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	23/02/2018 14:09
Date Of Accident	22/02/2018 08:45
Exact Location Of Accident	UPPER EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL8781X
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Insured/Policyholder

Name Of Registered Owner	KALTHOM BINTE OSMAN BAMADHAJ
NRIC No	S0077100G
Email Address	LUBY70@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91801556
Alternative Phone No	OTHERS-91801556

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6L 5AT
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	5093171580
Cover Note Number	

Driver

Name of Driver	LUBNA BINTE OSMAN BAMADHAJ
NRIC No	S7027436A
Date Of Birth	19/08/1970
Occupation	INDOOR
Date Of Driving Pass	04/11/1989
Driving Experience	28 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91801556
Fax Number	
Contact Number	OTHERS-91801556
Email Address	LUBY70@YAHOO.COM.SG

Address	20 BILAL LANE
Postcode	469091
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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	SGD3888G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA HOON HUAY
NRIC/Passport Number	S6938264I
Contact Number	92379899
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LUBNA BINTE OSMAN BAMADHAJ
Approximate Age	

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SLL8781X

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)**

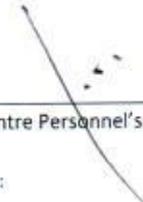
I understand, acknowledge, agree and consent that:

- (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:

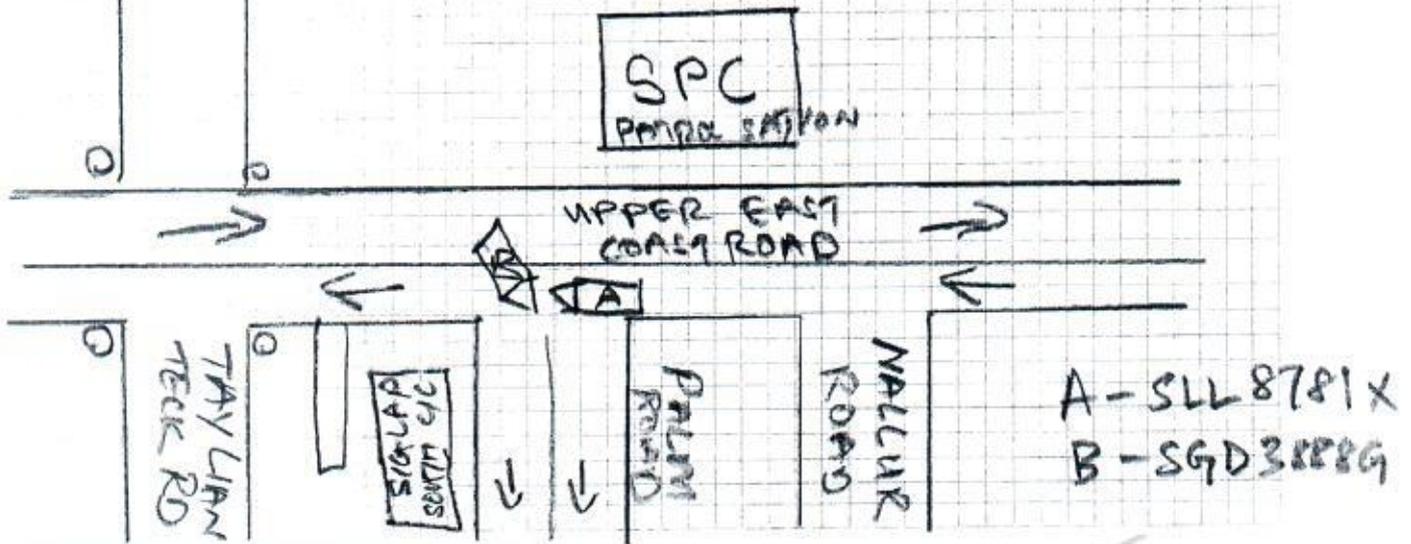


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls Refer to the Police Report
T/20180223/2063*

DECLARATION

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

Policyholder's Signature
Date & Time:

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

... 23/2/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kampong Glam NPP
17A Beach Road SINGAPORE 190526
Tel No: 1800-2989999



T901802232063

1 of 4

Report No: T901802232063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2018 13:06

Vide Report No.

Station Diary No.: 15

Informant's Particulars

Name of Informant: LUBNA BINTE OSMAN BAMAHAJ	Address: 20 BILAL LANE SINGAPORE 460091	
ID Type / ID No. NRIC NO / S7027436A	Contact No. Home/Office	Mobile: 91801556
Nationality: SINGAPORE CITIZEN	Email	
Sex: Female	Age: 47	Date of Birth: 19/08/1970
Race: Arab	Language:	Institution / School Name:
Occupation: SHOP ASSISTANT	Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others:	Drink Drive: No	Date/Time of Accident: 22/02/2018 06:45	Type of Location: Straight Road
Location: Along Road 1 UPPER EAST COAST ROAD PALM ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
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
SGD3888G	Car	TOYOTA	HARRIER M GRADE	Black	Slightly Damaged	1
SLL8781X	Car	HONDA	CIVIC 1.6L 5AT	Brown	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kampong Glam NPP
17A Beach Road SINGAPORE 199596
Tel No: 1800-2589999



1/0218022302083

2 of 4

Report No: 1/0218022302083

CONTINUATION OF REPORT

Driver		ID No.	56938264
Name	CHUA HOON HUAY	Contact No.	92379899
Related Vehicle	SGD3888G (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
		Date Discharge	NIL
		Degree of Injury	NIL
No. of Days granted Medical Leave	NIL		
Driver		ID No.	S7027436A
Name	LUBNA BINTE OSMAN BAMADHAJ	Contact No.	91801556
Related Vehicle	SLL8781X (Car)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	RAFFLESMEDICAL	Date Treatment	23/02/2018
		Date Discharge	NIL
		Degree of Injury	Slight
No. of Days granted Medical Leave	03		

Brief Details.

On 23/02/2018 at about 0845hrs, I was travelling along Upper East Coast Road with my vehicle SLL8781X. I was travelling at about 50Kms/hr. I was traveling on the left lane towards Siglap Road. There was about 4-5 vehicles on the right lane as they were waiting to turn right into SPC Petrol Station along Upp East Coast Road.

Upon reaching the junction of Palm Road, one vehicle (SGD3888G) suddenly came out of nowhere. The said vehicle (SGD3888G) was trying to turn right into Palm Road from Upper East Coast Road. I could not stop in time as such applied emergency break. As a result, my vehicle swerved to the right and my vehicle's front left collided with her vehicle's rear left. I believed her vision was blocked by the turning vehicles on the first lane and as a result, the accident occurred.

We then stopped our vehicles at Palm Road. We took pictures of the damages and exchanged particulars. At that point of time, there were no serious injuries as such no police or ambulance were called. I felt pain on my left shoulder however I am able to visit the doctor on my own. After exchanging particulars, we left scene.

On 23/02/2018, I decided to go to Raffles Medical for consultation. According to the doctor, I suffered a twist on my left shoulder and was given 3 days medical leave.

I have already lodged a report with IDAC and was advised to lodge a police report.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Kampong Green SPT
17A Beach Road SINGAPORE 189596
Tel No. 1800-2988998



1800-2988998

3 of 4

Report No. 1800-2988998

CONTINUATION OF REPORT

* Reported on 22/2/2018 @ 1325 HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: 22/2/2018 (DD/MM/YYYY), TIME: 08 45 AM (HH:MM)

LOCATION: Upper East Coast Road.

1. DETAILS OF VEHICLE SLL 8781X
 - a) VEHICLE NUMBER: _____
 - b) INSURANCE COMPANY: _____
 - 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)
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

* No of passenger
(including driver)
(1)

- DRIVER**
- a) NAME: _____ (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: _____ CONTACT: 91801556
 - 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) Sister
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
- b) ROAD SURFACE: (DRY / WET / OTHERS)
- 6. WAS ANYBODY INJURED (YES / NO) Slight
- 7. a) REPORTED TO POLICE (YES / NO) ?
IF YES, PLEASE STATE WHICH POLICE STATION: _____

* No of passenger
(including driver)
()

8. THIRD PARTY VEHICLE SGD 3888 G
 - a) VEHICLE NUMBER: _____ MODEL: _____
 - b) DRIVER'S NAME: Chua Hoon Hui
 - c) NRIC/FIN/PASSPORT: S6938264 I CONTACT: 92379899

* No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE
 - d) VEHICLE NUMBER: _____ MODEL: _____
 - e) DRIVER'S NAME: _____
 - f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = luby 70 @ yahoo . com . sg

fax = Luby 70 @ yahoo . com . sg

Waiting for Police Report ?
✓ ok

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S7027436A



Name
 LUBNA BINTE OSMAN
 BAMADHAJ
 لُبْنَى بِنْتِ عُثْمَانَ بَامَدْحَج

Race
 ARAB

Date of Birth 19-08-1970 Sex F
 Country of Birth SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7027436A
 Name
 LUBNA BINTE OSMAN
 BAMADHAJ

Birth Date 19 Aug 1970
 Issue Date 07 Oct 2003




0356382



NRIC No. S7027436A



Blood Group O+ Date of issue 26-05-1992

20 BILAL LANE
 SINGAPORE 468091
 NRIC No: S7027436A Date: 24/04/2017

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

PASS DATE 04 Nov 1983

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

Licence No. S7027436A



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: 5093171580

Cover : drivo CLASSIC

- | | |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SLL8781X |
| Chassis Number | : JHMF046209S200800 |
| 2. Name of Policyholder | : KALTHOM BINTE OSMAN BAMADHAJ |
| 3. Effective Date of Insurance | : 03 Aug 2017 |
| 4. Expiry Date of Insurance | : 20 Aug 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 business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: KALTHOM BINTE OSMAN BAMADHAJ
NAMED DRIVER (1)	: ALWEE BIN AHMAD
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 : ASSURE PTE. LTD. (00000572842)
Date of Issue : 03 Aug 2017 14:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093171580	KALTHOM BINTE OSMAN BAMDHAJ	S0077100G	GPC	drivo CLASSIC	SLL8781X	SLL8781X	03/08/2017	20/08/2018

Continue

Owner - Sister

▼ **Policy Information**

Policy No.	5093171580	Policyholder Name	KALTHOM BINTE OSMAN BAMAC	Policyholder NRIC	S0077100G
Address	20 BILAL LANE SINGAPORE 469091				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	03/08/2017	Effective Date	03/08/2017 00:00	Expiry Date	20/08/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	ASSURE PTE, LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	20 BILAL LANE	Address 2	SINGAPORE 469091	Address 3	
Address 4		Address Type	Singapore address	Post Code	469091
Unit No.		Related Policy Number	5093171580		

▶ **Insured Object: SLL8781X**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	08/02/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 03 Aug 2017 TO 20 Aug 2018 In view of this amendment, an additional premium of \$36.35 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

Claim Handling

Accident MT/0983468

Policy No.	5093171580	Vehicle No.	SLL8781X	GST Registration No.	
Policyholder Name	KALTHOM BINTE OSMAN BAMADHAJ	Cover Type	drive CLASSIC	Policyholder NRIC	500
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	91801556	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

▼ Accident Details

Report Date	24/02/2018 11:05	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	22/02/2018	Time of Accident hh:mm	08:45	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER EAST COAST ROAD				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	20 BILAL LANE	Address 2	SINGAPORE 469091	Address 3	
Address 4		Address Type	Singapore address	Post Code	469
Unit No.		Related Policy Number	5093171580		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	19/0
Unnamed driver Name	LUBNA BINTE OSMAN BAMADHAJ	Driver NRIC	S7027436A	Driving Experience	28
Register Date of Driver License	04/11/1989	Driver Age	47	Contact No.(Home)	0
Contact No.(Mobile)	91801556	Contact No.(Office)	0	Address 3	
Address 1	20 BILAL LANE	Address 2		Post Code	469
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			

Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	KALTHOM BINTE OSMAN BAMADHAJ	Insured NRIC	500
Contact No.(Mobile)	96776706	Contact No.(Home)	64440176	Contact No.(Office)	644
Email Address	btskalthom@yahoo.com	OI Vehicle Number	SLL8781X	TP Vehicle Number	SGD
Claim Description	SLL8781X / SGD3888G ON 22 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	24/02/2018 13:51	Claim Close Date		Date Received	24/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

