

NATIONAL Assessment Centre Services (ver 1 Jan 2001)

| | | | |
|---------------------------|---|-----------------------|---------------|
| Date In: 20/03/2018 11:21 | Job description | Date & Time Completed | Done by |
| Ref No: NA18005241 KY | SAS e-tiling | | |
| Veh No: GBF 3536X | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 11/07/2017 08:15 | I-Motor Claim Form | MT/0975220 | 21/3/18 13:35 |
| OD / TP / Reporting Only | I-Motor W/O (within OD 3hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| TP Insure: | Assessment/Survey Report | | |
| | Ass't Report by Fax/ Hand to Owner/Wksp | | |

| | | |
|---|---|---------------|
| Preferred Wksp / INC Assign Wksp / OW: (| Tel: (| Fax: (|
| TP Particulars: Yeh No: PEDESTRIAN, INC() / Non-INC() | | |
| Owner / Driver: (| Tel: (| |
| Policy No: (| Period: (| Cover Type: (|
| Confirmed by: (| Date: (| Time: (|
| Insured/Driver Liability: (%) | (Note: Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%) | |
| Year of Registration: (| Warranty: YES() / NO() | |
| Excess: (\$ | Loading: \$1,000() / \$2,000() | |

General Remarks:

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

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

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

| Remarks | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | |
|---------------------------------|---|
| NA1801772 | Invoice Preparation Checklist |
| Human's Particulars: | 1) AR: Accident Reporting (\$30) |
| river/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 |
| | Foreclaiming against INC Only (ver 10 Jan 2010) |
| | 6) TR: Re-inspection \$75 |
| | 7) NI: Idm DA + SMRT Survey \$160 |
| | 8) NTUC Additional Services: |
| | 9) NI: Idm Mobils \$10 |
| C. Checked by (Engr-In-Charge): | *NI: Courtesy Car / Tpl Allowance \$5 |
| | *NI: Repair Coordination \$10 |
| | *NI: Post Repair Inspection \$25 |
| | *NI: DY / Collect Unpaid Coordination \$5 |
| | TP (NI); TP (Non INC) against INC \$30 |
| | 2) NI: Idm Mobils \$10 |
| | 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 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 | 20/03/2018 11:21 |
| Date Of Accident | 11/07/2017 08:15 |
| Exact Location Of Accident | ALONG JALAN ISMAIL |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | GBF3536X |
| Insured/Policyholder | |
| Name Of Registered Owner | IFFAH SERVICES |
| Co Reg No | 53073373X |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96697916 |
| Alternative Phone No | OFFICE-96697916 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE DX 3.0 M |
| 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 | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5084208378 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | ROSLAN BIN AHMAT |
| NRIC No | S1612340D |
| Date Of Birth | 16/11/1963 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/01/2016 |
| Driving Experience | 1 YEAR AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96697916 |
| Fax Number | |
| Contact Number | OTHERS-96697916 |
| Email Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 627 HOUGANG AVE 8 #04-140 |
| Postcode | 530627 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLIDED INTO PEDESTRIAN |
| 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? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | NO |
| 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 | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20170711/2039 / 171014942711

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |



SKETCH PLAN


IMPORTANT NOTICE

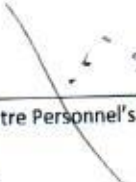
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

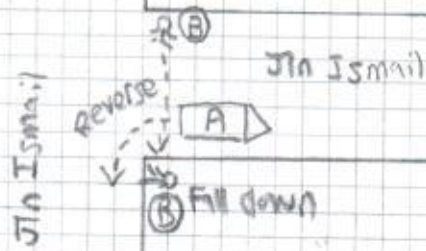

Driver's Signature
(If driver is not the policyholder)
Date & Time:

 21/3/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A - GBF3536X

B - Pedestrian



Jln Enus

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20170711/2039
171014942711

DECLARATION

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

* IFFAH SERVICES

Policyholder's Signature
Date & Time:

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

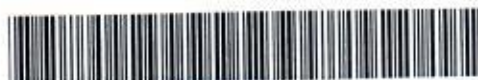
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

IFFAH SERVICES
IFFAH SERVICES

21/3/2018



SINGAPORE POLICE FORCE



T/20170711/2039

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20170711/2039

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 11/07/2017 10:24 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: ROSLAN BIN AHMAT | | | Address: APT BLK 627 HOUGANG AVE 8 #04-140 HDB-HOUGANG SINGAPORE 530627 | |
| ID Type / ID No.: NRIC NO / S1612340D | | | Contact No.: Home/Office: Mobile: 96697916 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 53 | Date of Birth: 16/11/1963 | Type of Informant: Driver | |
| Race: Javanese | | | Language: Malay | Institution / School Name: |
| Occupation: Postman | | | 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: 11/07/2017 08:30 | Type of Location: T-Junction |
| Location: Along Road 1 JALAN ISMAIL | | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: | | |
| Traffic Flow: One Way | Traffic Control: Not Controlled | Traffic Volume: No Traffic | | |
| Type of Collision: Moving Vehicle Against - Pedestrian | | | Anyone conveyed by ambulance: Yes | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|--------------|-----------------|
| GBF3536X | Van | | | | No Damage | 0 |



**SINGAPORE
POLICE FORCE**



T/20170711/2039

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20170711/2039

CONTINUATION OF REPORT

Brief Details.

AT THE ABOVE MENTIONED TIME AND LOCATION, I JUST FINISHED DELIVERY AT JALAN ISMAIL AND THERE WERE A LOT OF CARS PARKED ON THE SIDE OF THE ROAD. I WAS IN ONE OF THE SMALL ROADS AND IN ORDER FOR ME TO EXIT, I HAD TO REVERSE INTO THE MAIN ROAD. CHECKED THE ROAD WAS CLEAR FOR ME TO REVERSE. WHILE REVERSING, SUDDENLY I SAW FROM MY REAR VIEW MIRROR SOMEONE FELL AT BACK OF MY VEHICLE AND I STOPPED IMMEDIATELY AND WENT DOWN TO CHECK AND FOUND OUT THAT I COLLIDED ONTO A PEDESTRIAN WHO IS AN OLD LADY.



**SINGAPORE
POLICE FORCE**



T/20170711/2039

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20170711/2039

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:
TP /
AZRUL AZWAN BIN MD SA'AD

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SYED ZAYID MUHAMMAD BIN SYED
ABDUL WAHID ALHINDUAN
Contact No: 65476394

Authentication Stamp
NP168

Signature: _____

Signature Of Informant:

Date/Time:
11/07/2017 10:24

Classification Of Case:



ROAD TRAFFIC ACT (CHAPTER 276)
(SECTIONS 133, 134)

Traffic Police
Singapore Police Force
10, Ubi Avenue 3
Singapore 408665
Tel : 6547 0000
Fax: 6547 4749

DATE OF ISSUE : 20 Nov 2017

Report No. 1710 1494 2711



RR740762340SG



ROSLAN BIN AHMAT

APT BLK 627 HOUGANG AVENUE 8

#04-140

SINGAPORE 530627

Driving Licence/ID No./Ref :

S1612340D

(TP/IP/35715/2017)

REGISTERED

Dear Sir / Madam,

NOTICE TO ATTEND COURT

You are now charged with the following charge(s):

Charge(s) :

Demerit Points

9

YOU ROSLAN BIN AHMAT ARE CHARGED THAT YOU ON 11 JULY 2017 AT ABOUT 8.15 AM ALONG JALAN ISMAIL SINGAPORE, DID DRIVE/RIDE MOTOR VEHICLE GBF3536X WITHOUT REASONABLE CONSIDERATION FOR OTHER PERSONS USING THE ROAD, TO WIT, BY FAILING TO KEEP A PROPER LOOKOUT WHILE REVERSING, THUS RESULTING IN A COLLISION WITH A PEDESTRIAN, NAMELY ONE LOO CHEN LAN, FEMALE CHINESE, 83 YEARS OLD, WHO WAS CROSSING THE ROAD FROM YOUR LEFT TO RIGHT, AND YOU HAVE THEREBY COMMITTED AN OFFENCE PUNISHABLE UNDER SECTION 65(b) OF THE ROAD TRAFFIC ACT, CHAPTER 276.

You are hereby required to appear on 17 Jan 2018 at 9.30 am in person before Court No. 21 of the State Courts at 1 Havelock Square, Singapore 059724, and you are hereby warned that if you, without just excuse, fail to appear before the Court on the said date and time, a warrant of arrest may be issued to compel your attendance and you may be required to show cause why you should not be punished for failing to attend Court.

Yours faithfully,

HEAD INVESTIGATION
TRAFFIC POLICE

This is computer generated and does not require a signature.

Reported on 19/3/2018
@ 0945AM

ACCIDENT STATEMENT

ACCIDENT DATE: 11/07/2017 (DD/MM/YYYY), TIME: 08:15 AM (HH:MM)

LOCATION: Along Jalan Ismail

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF3536X
b) INSURANCE COMPANY: NTUC
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

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96697916
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)
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)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Pedestrian 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: _____

Email = yusnita@ych.com

fax = yusnita@ych.com

Waiting for DL? and Company Chop? & Police Report

*Ask Driver → Pass Driving Date? 01-01-2004

on 21/3/2018 @ 10AM

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1612340D



Name

ROSLAN BIN AHMAT

Race

JAVANESE

Date of birth

16-11-1963

Sex

M

Country of birth

SINGAPORE



4371026



NRIC No. S1612340D



Date of issue

28-02-2009

APT BLK 627 HOUGANG AVENUE 8 #04-140
SINGAPORE 530627

NRIC No. S1612340D

Date: 25/09/2016

Status of Driving Licence

QUALIFIED DRIVING LICENCE

| | |
|---------------------------------------|---|
| Qualified Driving Licence No. : | S1612340D |
| Status of Qualified Driving Licence : | Invalid |
| Class of Qualified Driving Licence : | |
| Expiry Date : | Valid for life unless revoked, suspended or disqualified. |
| Disqualification Date : | 28/02/2018 To : 29/04/2018 |

PROVISIONAL DRIVING LICENCE

| | |
|---|------------|
| Provisional Driving Licence No. : | S1612340D |
| Status of Provisional Driving Licence : | No Licence |
| Class of Provisional Driving Licence : | |
| Expiry Date : | - |

The above information is accurate as at 19/03/2018 12:01 AM.

Pass Driving Date : 01-01-2004

Krishna Samy

spu a) www.com

GBF-35364

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

| | | | |
|------------------------|---------------------------------------|------------------|---|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="11/07/2017 08:15"/> |
| Vehicle No.(For Motor) | <input type="text" value="GBF3536X"/> | | |

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5084208378 | IFFAH SERVICES | S3073373X | GCV | Comprehensive | GBF3536X | GBF3536X | 19/09/2016 | 18/09/2017 |

Accident MT/0975220

| | | | | | |
|----------------------|---|----------------------|---|----------------------|---------------|
| Policy No. | 5084208378 | Vehicle No. | GBF3536X | GST Registration No. | |
| Policyholder Name | IFFAH SERVICES | | | Policyholder NRIC | 53073373X |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Comprehensive | Loading | 0 |
| Contact No. (Mobile) | NA | 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 | Not available |

Accident Details

| | | | | | |
|-------------------|---------------------------------------|-------------------------------|-------|---------------------|--------------------------|
| Report Date | 27/12/2017 10:16 | Accident Report Within 24 hrs | Yes | Accident Type | Collided into Pedestrian |
| Date of Accident | 11/07/2017 | Time of Accident hh:mm | 08:30 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | JUNCTION OF ROAD 1 AND 2 JALAN ISMAIL | | | | |

Benefits

Excess

| | | | | | |
|-----------------------|--------|-----------------------------|--|-------------------|--------|
| Own damage Excess | 600.00 | Additional Excess | | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |

GST Registered Information

| | | | |
|----------------------|--|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | 27/12/2017 16:19:12 Karthlyn Yuen changed GST Status Verified from No to Yes | | |

Policyholder Mailing Address

| | | | | | |
|-----------|----------------|-----------------------|-------------------|-----------|------------------|
| Address 1 | BLK 629 #02-82 | Address 2 | HOUGANG AVENUE 8 | Address 3 | SINGAPORE 530629 |
| Address 4 | | Address Type | Singapore address | Post Code | 530629 |
| Unit No. | 02-82 | Related Policy Number | 5084208378 | | |

OI Driver Info

| | | |
|---------------------------------|----------------------|--------------------|
| Driver Name | Driver Type | |
| Unnamed driver Name | Driver NRIC | Driver DOB |
| Register Date of Driver License | Driver Age | Driving Experience |
| Contact No. (Mobile) | Contact No. (Office) | Contact No. (Home) |
| Address 1 | Address 2 | Address 3 |

Claim Handling

Accident MT/0975220

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-----|
| Policy No. | 5084208378 | Vehicle No. | GBF3536X | GST Registration No. | |
| Policyholder Name | IFFAH SERVICES | | | Policyholder NRIC | 530 |
| Product Code | COMMERCIAL VEHICLE INSURANCE | Cover Type | Comprehensive | Loading | 0 |
| Contact No.(Mobile) | NA | 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 | Not |

▼ Accident Details

| | | | | | |
|-------------------|---------------------------------------|-------------------------------|-------|---------------------|-----------|
| Report Date | 27/12/2017 10:16 | Accident Report Within 24 hrs | Yes | Accident Type | Collision |
| Date of Accident | 11/07/2017 | Time of Accident hh:mm | 08:30 | Country of Accident | Sing |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | JUNCTION OF ROAD 1 AND 2 JALAN ISMAIL | | | | |

▼ Benefits

▼ Excess

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

▼ GST Registered Information

| | | | | | |
|----------------------|--|-----------------------|--|---------------------|-----|
| GST Registered | No | GST Registration Date | | GST Status Verified | Yes |
| GST Registration No. | | | | | |
| Modification History | 27/12/2017 16:19:12 Karthlyn Yuen changed GST Status Verified from No to Yes | | | | |

▼ Policyholder Mailing Address

| | | | | | |
|-----------|----------------|-----------------------|-------------------|-----------|-----------|
| Address 1 | BLK 629 #02-82 | Address 2 | HOUGANG AVENUE 8 | Address 3 | SINGAPORE |
| Address 4 | | Address Type | Singapore address | Post Code | 5300 |
| Unit No. | 02-82 | Related Policy Number | 5084208378 | | |

▼ OI Driver Info

| | | | | | |
|---|---|---------------------|-----------------|------------------------|--|
| Driver Name | | Driver Type | | Driver DOB | |
| Unnamed driver Name | | Driver NRIC | | Driving Experience | |
| Register Date of Driver License | | Driver Age | | Contact No.(Home) | |
| Contact No.(Mobile) | | Contact No.(Office) | | Address 3 | |
| Address 1 | | Address 2 | | Post Code | |
| Address 4 | | Address Type | Foreign address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Modification History

Claim 002 OD-MX

New

| | | | | | |
|--------------------------------|--------------------------------------|-------------------------|----------------------------------|----------------------------|------|
| Claim Type * | OD-MX | Insured Name | IFFAH SERVICES | Insured NRIC | 530 |
| Contact No.(Mobile) | 96697916 | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | OT Vehicle Number | GBF3536X | TP Vehicle Number | PFD |
| Claim Description | GBF3536X / PEDESTRIAN ON 11 Jul 2017 | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Partially at Fault | GIA report | Rec |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | 21/0 |
| Date Registered | 21/03/2018 13:42 | Claim Close Date | | Total Loss but Repaired | |
| Report Taken By | KRISHNASAMY | Workshop Repairer | | | |

☒ Print AK letter

Save Submit

Attachment

| | | | | | |
|--------------------|---|-------------|------------------|--------------|-----------|
| Accident No. | MT/0975220 | Claim No. | 002 | | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 21/03/2018 13:35 | | |
| 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

Message Read

| | | | |
|-------|---------------|----|--------|
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |
| Clear | Please Select | NO | Normal |

Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|------------|--|-----------------------|---------|-----------------------|
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 13:42 | NRIC/ Driving License | Normal | NRIC/ Driving License |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 13:41 | NRIC/ Driving License | Normal | NRIC/ Driving License |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 13:38 | SAS | Normal | SAS 2018 |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 13:37 | Photos | Normal | Photos 20: |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 13:37 | Photos | Normal | Photos 20: |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 13:37 | Photos | Normal | Photos 20: |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 13:37 | Photos | Normal | Photos 20: |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 13:37 | Photos | Normal | Photos 20: |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 13:37 | Photos | Normal | Photos 20: |
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| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 13:37 | Photos | Normal | Photos 20: |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 13:37 | Photos | Normal | Photos 20: |
| | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Mar 2018 13:37 | 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