

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA18 056497

Date In: 30/4/18-15:23	Job description	Date & Time Completed	Done by
Ref No: MNA18 007940/24	SAS e-filing		
Veh No: SN3668M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/4/18-14:15	i-Motor Claim Form	MT10992482001	30/4/18 19:04
OD: TP 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: PC778G	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:- (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 (\$) Est Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
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		
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Est. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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	30/04/2018 15:23
Date Of Accident	29/04/2018 14:15
Exact Location Of Accident	BLK 161 TAMPINES ST 12 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN3668M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDULLAH BIN ISAHAK
NRIC No	S8917202J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91853589
Alternative Phone No	OFFICE-91853589

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1623Q5
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	5091349768
Cover Note Number	

### Driver

Name of Driver	ABDULLAH BIN ISAHAK
NRIC No	S8917202J
Date Of Birth	18/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	07/09/2009
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91853589
Fax Number	
Contact Number	OFFICE-91853589
EMail Address	NOEMAIL

Address	BLK 161 TAMPINES STREET 12 #04-227
Postcode	521161
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180429/2054.

#### 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	PC778G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)




## SKETCH PLAN


### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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:

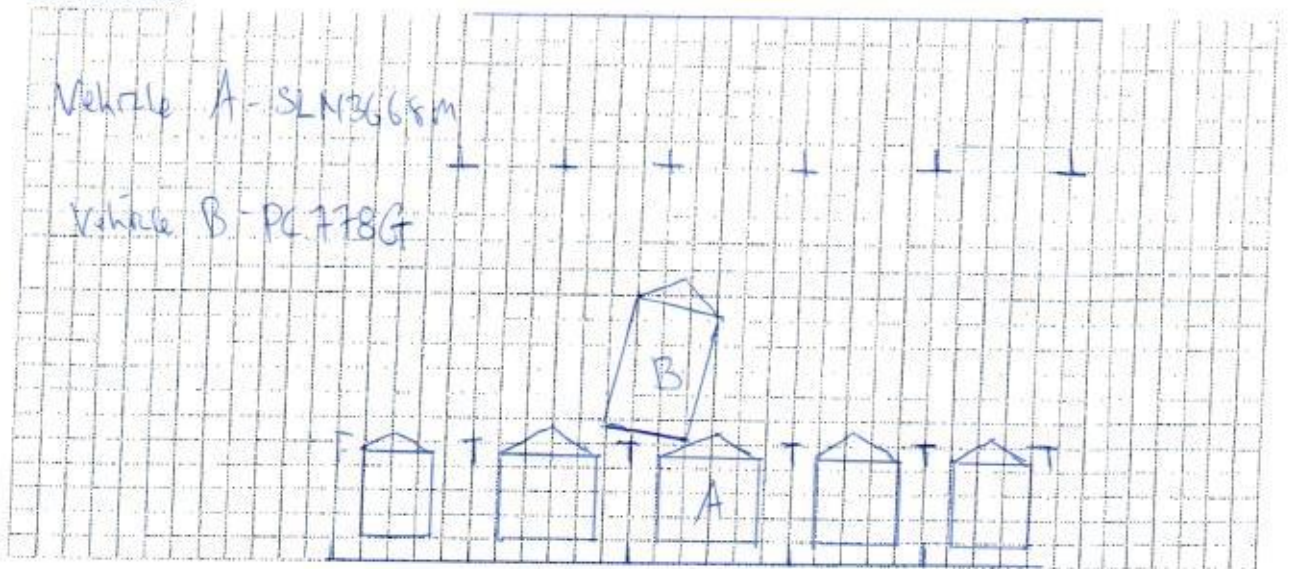
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Refer to the Police Report -

## 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 ACCIDENT STATEMENT

### IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

### Accident details

Date and time of accident	Date: 24/04/2018 (DD/MM/YY) Time: 14:15 (HH:MM)
Exact location of accident	Blk 161, Tampines street 12, Carpark Lot 61

### Details of vehicle

Vehicle registration number	SLN 3668M		
Vehicle make and model	Jetta		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	if no, please select:	
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>	

### Insurance information

Insurance company	Nico		
Policy number	5091349768		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

### Insured / Policy holder

Name	ABDULLAH BIN ISAHAK		Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S891720215		
Contact	9185 3589		
Address	Blk 161, Tampines street 12, # 04-227 s(521161)		

### Driver

Same as insured above ☒ (skip to D.O.B)

Name			Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number			
Contact			
Address			
Email address	abyours2@gmail.com		
Date of birth	15-05-1984		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	07/09/2009		

### General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	_____ (Inclusive of driver)

#### Passenger 1

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 2

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 3

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 4

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 5

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

#### Passenger 6

Name	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

### Other information

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### Details of police action

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	CHANG KAT NPP



Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	PC778G
Vehicle make model	

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
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Witness 2

Name	
------	--

Injured person 1

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>





# SINGAPORE POLICE FORCE



T/20180429/2054

1 of 3

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20180429/2054

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/04/2018 16:46	Vide Report No.: G/20180429/0161	Station Diary No.: 10
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**Informant's Particulars**

Name of Informant: 'ABDULLAH BIN ISAHAK			Address: APT BLK 161 TAMPINES STREET 12 #04-227 SINGAPORE 521161		
ID Type / ID No.: NRIC NO / S8917202J			Contact No.: Home/Office: Mobile: 91853589		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 18/05/1989	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: INSURANCE AGENT			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/04/2018 14:15	Type of Location: Car Park
Location: Along Road 1 TAMPINES STREET 12  Blk 161 Tampines Street 12 Carpark Lot 61				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC778G	Bus/Coach/Mi nibus					0
SLN3668M	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1623Q5	Grey	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20180429/2054

2 of 3

Report No. T/20180429/2054

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN3668M	NTUC Income Insurance Co-Operative Limited	5091349768	25/05/2017	23/06/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	'ABDULLAH BIN ISAHAK	ID No.	S8917202J
Related Vehicle	SLN3668M (Car)	Contact No.	91853589
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

On 28/04/2018 at 2000hrs, I parked my vehicle at Blk 161 Tampines Street 12 Carpark Lot 61. Everything was secured and intact before I left the vehicle. Later on 29/04/2018 at 1515hrs, I went to retrieve my vehicle and discovered there was a note left on the front windscreen. The note stated "Sir there was a hit & run on your vehicles from front left bumper. Sunday 29/04/2018 time 1415hrs mini bus PC 778G grey color pls check your CCTV". I then make a check on my vehicle and discovered there was damages to my front left bumper. I further discovered there were further serious error that was highlighted on the system when I started the car. There was steering wheel problem and also stabilization error. The estimated cost of damage is unknown. I then call for 999 and traffic police came down and attended to me vide G/20180429/0161.

I am lodging this report to trace the culprit and also for insurance purposes.





**SINGAPORE  
POLICE FORCE**



T/20180429/2054

3 of 3

Report No. T/20180429/2054

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

**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:

G /

Staff Sgt KOH SIEN KHAI, KELVIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

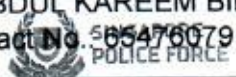
29/04/2018 16:46

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No. 65476079



Authentication Stamp

NP168

Classification Of Case:

SIGNATURE

\*From Left Bumper

1

Sir

There was a

Hit & Run on

Your Vehicles. (X)

Sunday 29/04/2018

Time: 1415 hrs.

Mini Bus: PC

7789

grey color.

PLS CHECK your CAR.  
CCV.



3555185



NRIC No. **S8917202J**



Date of issue  
**05-06-2004**

Address  
**APT BLK 161 TAMPINES STREET 12  
#04-227  
SINGAPORE 521161**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E


	PASS DATE
Class 2B Motorcycles <= 200 CC	25 Oct 2007
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	07 Sep 2009

S / No. 9000093952

S8917202J

NP 428A

Licence No: S8917202J



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8917202J**




Name  
**'ABDULLAH BIN ISAHAK**

عبدالله بن اساهك

Race  
**MALAY**


Date of birth  
**18-05-1989**

Sex  
**M**

Country of birth  
**SINGAPORE**

S8917202J

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number **S8917202J**

Name  
**'ABDULLAH BIN ISAHAK**

Birth Date **18 May 1989**

Issue Date **25 Mar 2008**

001554780J



**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:** 5091349768

**Cover :** drivo CLASSIC

- |   |                              |
|---|------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SLN3668M</b>            |
| Chassis Number  | : <b>WVWZZZ16ZDM021833</b>   |
| 2. Name of Policyholder   | : <b>ABDULLAH BIN ISAHAK</b> |
| 3. Effective Date of Insurance  | : <b>25 May 2017</b>         |
| 4. Expiry Date of Insurance   | : <b>23 Jun 2018</b>         |
| 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: 'ABDULLAH BIN ISAHAK
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (S) 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 : INSURE LINK PTE LTD (00000614836)  
Date of Issue : 25 May 2017 14:14 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

29/04/2018 14:15

Vehicle No.(For Motor)

SLN3668M

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091349768	ABDULLAH BIN ISAHAK	S8917202J	GPC	drive CLASSIC	SLN3668M	SLN3668M	25/05/2017	23/06/2018

## Policy Information

Policy No.	5091349768	Policyholder Name	ABDULLAH BIN ISAHAK	Policyholder NRIC	S8917202J
Address	BLK 161 #04-227 TAMPINES STREET 12 SINGAPORE 521161				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	25/05/2017	Effective Date	25/05/2017 00:00	Expiry Date	23/06/2018 23:59
Excess Type		All Claim Excess			
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	Young/Inexperience Driver Excess	
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 161 #04-227	Address 2	TAMPINES STREET 12	Address 3	SINGAPORE 521161
Address 4		Address Type	Singapore address	Post Code	521161
Unit No.		Related Policy Number	5091349768		

## Insured Object: SLN3668M

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	23/12/2017 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: 25 May 2017 TO 23 Jun 2018 In view of this amendment, an additional premium of \$121.34 (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.

Continue

Cancel



• Exit

## Claim Handling

Accident MT/0992482

Policy No.	5091349768	Vehicle No.	SLN3668M	GST Registration No.	
Policyholder Name	ABDULLAH BIN ISAHAK	Cover Type	drive CLASSIC	Policyholder NRIC	589172021
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	91853589	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Embellment(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	30/04/2018 19:03	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	29/04/2018	Time of Accident (h:mm)	14:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 161 TAMPINES ST 12 OPEN SPACE CARPARK				

**Benefits**

**Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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	BLK 161 #04-227	Address 2	TAMPINES STREET 12	Address 3	SINGAPORE 521161
Address 4		Address Type	Singapore address	Post Code	521161
Unit No.		Related Policy Number	5091349768		

## OI Driver Info

Driver Name	ABDULLAH BIN ISAHAK	Driver Type	Main Driver	Driver DOB	18/05/1989
Unnamed driver Name		Driver NRIC	589172021	Driving Experience	8
Register Date of Driver License	07/09/2009	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	91853589	Contact No.(Office)	0	Address 3	SINGAPORE 521161
Address 1	BLK 161	Address 2	TAMPINES STREET 12	Post Code	521161
Address 4		Address Type	Singapore address		
Unit No.	04-227			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

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 **New**

Claim Type *	OD-MX	Insured Name	ABDULLAH BIN ISAHAK	Insured NRIC	589172021
Contact No.(Mobile)	91853589	Contact No.(Home)	91853589	Contact No.(Office)	
Email Address		OI Vehicle Number	SLN3668M	TP Vehicle Number	PC778G
Claim Description	SLN3668M / PC778G ON 29 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	30/04/2018 19:04	Claim Close Date		Date Received	30/04/2018 00:00
Report Taken By	Jackson				

☒ Print AK letter

Save Submit











## Attachment

Accident No.	MT/0992482	Claim No.	001
Last Disc Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/04/2018 19:05

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 19:05	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-30		<a href="#">Edit</a>
	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 19:05	SAS		Normal	SAS 2018-4-30		<a href="#">Edit</a>
	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 19:05	Photos		Normal	Photos 2018-4-30		<a href="#">Edit</a>
	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 19:05	Photos		Normal	Photos 2018-4-30		<a href="#">Edit</a>
	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 19:05	Photos		Normal	Photos 2018-4-30		<a href="#">Edit</a>
	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 19:05	Photos		Normal	Photos 2018-4-30		<a href="#">Edit</a>
	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 19:05	Photos		Normal	Photos 2018-4-30		<a href="#">Edit</a>
	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Apr 2018 19:05	Photos		Normal	Photos 2018-4-30		<a href="#">Edit</a>
<b>Video List</b>							
Uploaded By/Date	Folder Date	File Name		Source	Action		
<a href="#">Display in New Window</a>				<a href="#">Scan and uploading</a>			