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## 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,
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.	of the report being made available
Carlotte and the second	ACCIDENT STATEMENT
Date Of Report	18/06/2018 18:19
Date Of Accident	14/06/2018 22:40
Exact Location Of Accident	BUKIT BATOK ST 32 CARPARK
Country/State of Loss	SINGAPORE
The Control of the State of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW3422H
Insured/Policyholder	
Name Of Registered Owner	SARWANI BINTE MOHD SAKUAN
NRIC No	S7937459H
Email Address	NANIE_W@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83181017
	The property of the state of th

Alternative Phone No
Vehicle Particulars

Manufacturer HONDA

Model SHUTTLE 1.5G CVT

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OTHERS-83181017

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

REPORTING ONLY PRIVATE CAR

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

Vehicle Category

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5097999897

Cover Note Number

Driver

Name of Driver SARWANI BINTE MOHD SAKUAN

 NRIC No
 \$7937459H

 Date Of Birth
 06/12/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 12/06/2007

Driving Experience 11 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-83181017

Fax Number

Contact Number OTHERS-83181017

EMail Address NANIE\_W@HOTMAIL.COM

Address BLK 315 BUKIT BATOK STREET 32

#01-89

Postcode 850315

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 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

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

000000

ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s) YES

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

BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-6659999 - FAX NO: 66655793

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180615/2018

# 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

SKF6782A

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)

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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)
  - (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
- 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.
- 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

NRIC/FIN No .:

Date & Time:

NRIC/FIN No.:





1 of 3

Report No. T/20180615/2018

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

PEPORT OF A	RAFFIC	ACCIDENT
-------------	--------	----------

Date/Time Report Made: 15/06/2018 03:24		ACCIDENT	1.00	Station Diary No.:	
		ade:	Vide Report No.: J/20180614/0286	32	
Informant	's Particu	lars		COLUMN DE LE COMPLETA DE LA COMPLETA DEL COMPLETA DEL COMPLETA DE LA COMPLETA DE	
Name of I	nformant:	IOHAMED	Address: APT BLK 315 BUKIT BATOK 650315	STREET 32 #01-89 SINGAPORE	
ID Type / ID No.: NRIC NO / S7937459H		59H	Contact No.: Home/Office: Mobile: 83181017		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age:	Date of Birth: 06/12/1979	Type of Informant: Vehicle Owner	The state of the s	
Race:			Language: English	Institution / School Name:	
Occupation: Admin Exec			Driving Licence Information: Class: 3	Date of Expiry:	

eneral Inform	mation of the Accider	nt		T officeries
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/06/2018 22:40	Type of Location Car Park
Location: Along Road 1 BUKIT BATO Weather: Clear	K STREET 32	Road Surface:	F	Road Speed Limit:
Traffic Flow:		Traffic Control:	1	raffic Volume:
Type of Collis Moving Vehic	sion: cle Against - Parked V	ehicle	a	Anyone conveyed by ambulance: No

THE RESERVE OF THE PARTY OF THE		Model	Color	Condition	No of Passenge
Type	Make	Model	COIO		
Car					0
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2 of 3

Report No. T/20180615/2018

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	s Injured: NIL		Use of F	edestrian	Cross	sing: NA
Vehicle Owner					No. of the	
Name	SARWANI BINTE MOHAMED SAKUAN		ID No		S7937459H	
Related Vehicle	SLW3422H (Car)		Conta	ct No.	83181017	
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Di	scharge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree	of Injury	NIL	

#### Brief Details.

On 14/06/2018 at about 03:30pm, I parked my car, a midnight blue coloured Honda Shuttle bearing registration plate number SLW3422H. There were no damages to my car when I parked it. At about 10:40pm, I heard a loud sound. A neighbor came over to inform me that my car had been damaged. I went down to the carpark to make a check on my car. I discovered that the front left bumper was dented. and the front left portion was out of alignment and detached. The front right rim and tyre were also damaged as the impact had caused my car to shift and hit the kerb. There also appears to be scratch marks to the underside of the car which may have been caused when my car was pushed up the kerb by the impact. It was quite dark and I could not make out any other damages at this point of time. I have an in-vehicle camera inside my car which captured the incident. It showed that a car bearing registration plate number SKF6782A had hit into the left front side of my car. After hitting my car, the car reversed and hit into my neighbour's car, bearing registration plate number SLN582X. I did not manage to speak to the driver of the vehicle, because moved off and parked at another block after the accident. My husband tried to speak to her about the damage, but also did not manage to speak to her personally. She was heard shouting out loud that she can pay for the damages caused. She was then led away by the police.





T/20180615/2018

3 of 3

Report No. T/20180615/2018

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

CONTINUATION OF REPORT

# Sketch Plan

NP168

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 / Sgt 3 AIMAN AMIRUDDIN BIN SODIN	Signature Of Informant:
Signature of Interpreter: United Police Force	Date/Time: 15/06/2018 03:24
Officer In Charge Of Case:	Classification Of Case:

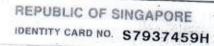
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# ACCIDENT STATEMENT

		14	\$00
	DENT DATE: 14/06/2018 100/MM/YY	WI TIME! 22: 40 (HH:MM)	*
ACCII	JENT DATE: 14/06/2018 (DD/MM/YTT	(1), IIMC.	65
ACCI	The Attendance of the Attendan	V	
1 3	MON: BURIT BATOK ST 30 CAR	PHRE	
LOCA	ION: BUTT BITTE	No.	
100			32
1	alvehicle NUMBER: SLW 3422 H	:/	
	SLW3422 H	or and the same of	
	a) VEHICLE NUMBER:		
	D)INSURANCE COMPANY:		160
	DJINSOKANCE GOTH THE PLANT		€3
	CIPOLICY NUMBER:	LOTY / THIPD PARTY FIRE &THEFT)	
	CIPOLICY NUMBER:	ARIT / ITIKO I / III	72.0
	E)MAKE & MODEL:  1)TYPE:(SALOON / COUPE / MPV /VAN / LOPE)  1)TYPE:(SALOON / COUPE / MPV /VAN / LOPE)	TOTHERS)	
	WYVES ALOON / COUPE / MPV /VAN / LO	RRY / MOTORCYCLE.	
	g) VEHICLE CATEGORY: (PRIVATE / COMMER	RCIAL / MOTORCYCLE)	39
	g) VEHICLE CATEGORY. (FRIVATE)		
	- THING HADER VOUR OWN IN	SURANCE (TEOTILE)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM)	(REPORTING ONLY)	33
	IF NO, PLEASE STATE IT INC.	24	
2	INSURED / POLICY HOLDER	(MALE / FEMALE)	4
	A)NAME:	CONTACT	
	HINRIC/FIN/PASSPORT:	COMMOND	-1
	c)ADDRESS:		N
		And the same of th	82
	· CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER	
8.			
Alue of passenge	DRIVER	(MALE / FEMALE)	4
17.0	CINAME	1018128 8218101	1
Concluding driver	) HINDIC / FIN / PASSPORT:	CONTACT	1
200	DJINKIC/TIN/T 71001 T.		
(0)	C)ADDRESS:		-
V		DD ALLA (VVVV)	
	"d)DATE OF BIRTH: (	DO/MM/TTTT	
970	OCCUPATION: (INDOOR) OUTDOOR)		1 - 0
	SOUTH OF DRIVING PACE -:		). / OINNEY
	ODDAY OF DRIVING PASS OF THE INS	SURED'S COMPANY? (YES THO)	0 00.0.
4	WAS DIGIVER AN ENTERONE THE DRIVER	WITH INSURED:	<del>-</del> .
	IF NO, RELATIONSHIP OF THE DRIVER	C / OTHERS	1
4	WALLE THE CONDITION ICLEAR AND IN	070111210	
	LIBOAD SURFACE! (DRIL) WEI CONTENS		9.5
9	WAS ANYBODY INJURED HER ( NO)	9	
	- TOCO OPTED TO POLICE LEST NOT	19.	
	IF YES, PLEASE STATE WHICH POLICE STAT	TION:	
	IF YES, PLEASE STATE TITLE		
8	B. THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SKF 6782 A	MODEL:	<u></u>
State of participation	al VEHICLE NUMBER: STI 6 19	MODEC	_
a to the street of the	L) DRIVER'S NAME:	CONTACT	
	C) NRIC/FIN/PASSPORT:		898
W	THIRD PARTY VEHICLE	HODEL	4 .
32,000.00M	d) VEHICLE NUMBER:	MODEL:	
Application of the 172-114	e) DRIVER'S NAME:		## DE
(0)	. Of DRIVER OTHER	CONTACT:	<del>-</del> .
the standy all w	NRIC/FIN/PASSPORT:	- SSCOROVEROUS CONTRACTOR	
37	100 as		
7			
2410.00			

fax =

Workshop - money koh@gmail. com.



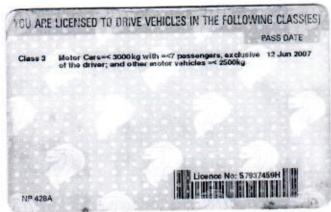


SARWANI BINTE MOHAMED

Race BOYANESE Date of birth 06-12-1979 Country of birth SINGAPORE









# 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: 5097999897

1. Index mark and Registration Number of Vehicle

: SLW3422H

Chassis Number

: GK81200400

2. Name of Policyholder

: SARWANI BINTE MOHD SAKUAN

Cover : drivo PREMIUM

3. Effective Date of Insurance

: 07 Feb 2018

4. Expiry Date of Insurance

: 06 Feb 2019

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) : 55600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100

ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE : YES NCD PROTECTION : YES TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : SARWANI BINTE MOHAMED SAKUAN

NAMED DRIVER (1) : RASHID KHAN BIN IBRAHIM KHAN SURATTEE

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)

: VENTURE CARS PTE. LTD. (00000573058)

Date of Issue

: 08 Feb 2018 10:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

**eBao**Tech

Hello, NAC\_PAYA\_UBI\_800601

· Change Language

· Change Password

· Log Out

My Desktop Notice of Loss

Policy Query
Policy No.

Vehicle No.(For Motor)

SLW3422H

Date of Accident

14/06/2018 22:40

Search

Select Policy No. 5097999897

Policyholder Name Policyholder NRIC SARWANI BINTE MOHD S7937459H

older Product

Cover Type

GPC drivo PREMIUM SLW3422H SLW3422H

Vehicle No.

Insured Commence Object Date

ice Expiry Date

GeneralClaim

07/02/2018 06/

06/02/2019

Continue

# Policy Information

Policy No.	5097999897	Policyholder Name	SARWANI BINTE MOHD SAKUAN	Policyholder NRIC	S7937459H
Address	BLK 315 #01-89 BUKIT BATOK	STREET 32 SI	NGAPORE 650315	(5) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/02/2018	Effective Date	07/02/2018 00:00	Expiry Date	06/02/2019 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	VENTURE CARS PTE, LTD.	Agent Tel.	62898800	GST Flag	Y
Co- insurance Flag Open Policy Info	No				
Certificate Info					
	older Mailing Address				
Address 1	BLK 315 #01-89	Address 2	BUKIT BATOK STREET 32	Address 3	SINGAPORE 650315
Address 4		Address Type	Singapore address	Post Code	650315
Jnit No.	01-89	Related Policy Number	5097999897		
▶ Insured	d Object: SLW3422H				
▼ Endors	ements				
Sequenc	e Date of Endorsement	Endorser	ment Type Endorsemen	t Status	Endorsement Content
E.	07/02/2018 00:00	Basic Inform Endorsement	Endorsoment Tale	Effective	Thank you for giving us the opportunity to serve you. We confirm that from 07 Feb 2018, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: SLW3422H

Continue Cancel

## **Claim Handling**

## Accident MT/0999087

Product Code					
Product Code	5097999897	Vehicle No.	SLW3422H	GST Registration No.	
Collect No. (Monitor)   System   System   Special Remark   Collect No. (Monitor)   Collect No. (No. (No. 1)   Collect No. (No. 1)	SARWANI BINTE MOHD SAKUAN			Policyholder NRIC	579
Email Address	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
TCA	83181017	Contact No.(Office)	0	Contact No.(Home)	0
NCD Protocom		Special Remark		eCode	No
Report Data	. No Yes	TCA	* No _ Yes	eCode Reason	10
Report Date 19/06/2018 09/29 Accident Report Writhin 28 hrs 19 hrs 19 hrs 19 hrs 2 hrs 19 hr	Yes	NCD Entitlement(%)	50	Private Hire	No
Date of Accodent					
Date of Accident 14,06/2018	19/06/2018 09:39	Accident Report Within 24 hrs	Yes	Accident Type	Sid
Reporting Centre					Sin
## Penelific  ## Excess    Conditional Excess   GOD_GO   Additional Excess   GOD_GO   Windscreen Excess   100					
№ Benefits         № Excess         600,00         Additional Excess         0         windscreen Excess         10           Command Driver Excess         0,00         Outsides Singapoore TP Excess         0,00         Windscreen Excess         10           Modification Three Excess         0,00         Outside Singapoore TP Excess         0,00         Windscreen Excess         10           Figure Transplatered         No         GST Registeration Date         GST Registeration Date         Yes           CST Registration No.         GST Registeration Date         GST Registeration Date         Yes           Modification History         Policyholder Mailing Address         Address 2         BURIT DATOK STREET 32         Address 3         SST           Address 4         BLK 31 # 01-09         Address 2         BURIT DATOK STREET 32         Address 3         SST           Address 4         BLK 31 # 01-09         Address 3         BURIT DATOK STREET 32         Address 3         SST           Driver Institute         BLK 31 # 01-09         Address 3         BURIT DATOK STREET 32         Address 3         SST           Driver Policy         BLK 31 # 01-09         BLK 31 # 01-09         BARRY Driver Policy         BARRY Driver Policy         Driver DOB         So           Driver Policy Level Level Level C	BUNIT BATON ST 33 CARDARY	orange rores		1011101	
### SARWANI BINTE MOHANED SAXUAN Driver Type  ### Driver Name  ### Driver Name  ### Driver Name  ### Driver Losses  ### Driver Name  ### Driv	DONE DITOR 31 32 CHRPARA				
Own damage Excess         600,00         Additional Excess         0         Windscreen Excess         10           Unnamed Driver Excess         0.00         Outside Singapore OD Excess         600,00         No           Inflight Privaces         0.00         Outside Singapore TP Excess         0.00         OUTside Singapore Discress         0.00           GST Registration No.         GST Registration No.         GST Status Verified         Yes         Ves           Address 1         BLX 315 #01-89         Address 2         BUNIT BATOK STREET 32         Address 3         SII           Address 4         Address 3         Address 4         Address 4         Post Code         65           Unin No.         01-89         Related Policy Number         5097999897         Post Code         65           Obrev Name         SARWANI BINTE MORANED SAKUAN         Driver MIQ         57937459H         Driver DOB         06           Diver Name         SARWANI BINTE MORANED SAKUAN         Driver MQC         57937459H         Driver DOB         06           Address 3         BLX 315         Address 3         BLX 315         Driver Policy Number         38         Driver DOB         06           Address 4         BLX 315         Address 3         BLX 315         Address 3<					
Dunalmed Driver Excess	400.00	Additional Evenes	•	Windsonen Evenes	100
Third Purity Excess				Windscreen Excess	100
### OFT Registered Information    GST Registration Date   GST Registration Date   GST Registration Date   GST Registration No.   GST Status Verified   Yes					
GST Registration No.   GST Status Verified   Yes		Outside Singapore in excess	0.00		
GST Status Verified   Yes			GST Registration Date		
Policyholder Mailing Address	NO			Yes	
## Policyholder Mailing Address  Address 1 BLX 315 #01-89 Address 2 BUKIT BATOK STREET 32 Address 3 SIT Address 4 Address Type Singapore address Pask Code 65  Unit No. 01-89 Related Palky Number 5097999897  ### Of Driver Name  SARWANI BINTE MOHAMED SAKUAN Driver Type Main Driver  Unnamed driver Name  Register Date of Driver License 12/06/2007 Driver Age 38 Driving Experience 11  Contact No. (Office) 0 Contact No. (Office) 0 Contact No. (Home) No. ### Of No. (Home) No. ### Of No. ### Of No. (Home) No. ### Of No. ### Of No. (Home) No. ### Of No. (Home) No. ### Of No.				163	
Address 1 BLK 315 # 01-89 Address 2 BUKIT BATOK STREET 32 Address 3 SIT Address 4 Address 4 Post Code 65 Address 4 Post Code 65 Post Co					
Address 1 BLK 315 # 01-89 Address 2 BUKIT BATOK STREET 32 Address 3 SIT Address 4 Address 4 Post Code 65 Address 4 Post Code 65 Post Co	dress				
Address 4 Address Type Singapore address Post Code 65  Related Policy Number 5097999897  ***Of Driver Info  Driver Name SARWANI BINTE MOHAMED SAKUAN Driver Type Main Driver  Unnamed driver Name Begister Date of Driver License 12/66/2007 Driver Name Contact No. (Office) 0  Address 1 BIX 315 Address 2  Address 2 BUKIT BATOK STREET 32  Address 3  Address 4 Address 7  Address 4 Address 7  Address 9  Des ne own a Singapore Address 8  Des ne own a Singapore Redirect Company  Ves = No  Driver Vehicle No.  ***Enall Address ***O mg  Any Injury?**  ***Claim 601 OP-MX New**  ***Claim 601 OP-MX New**  ***Claim 602 OP-MX 1 Insured Name SARWANI BINTE MOHD SAKUAN Insured NRIC 57  Contact No. (Mobile) 83181017 Contact No. (Home) NIL Contact No. (Office) Tevel No.  ***Contact No. (Mobile) 83181017 Contact No. (Home) NIL Contact No. (Office) Tevel No.  ***Contact No. (Mobile) 83181017 Contact No. (Home) NIL Contact No. (Office) Tevel No.  ***Contact No. (Mobile) 83181017 Contact No. (Home) NIL Contact No. (Office) Tevel No.  ***Contact No. (Mobile) 83181017 Contact No. (Home) NIL Contact No. (Office) Tevel No.  ***Contact No. (Mobile) 83181017 Contact No. (Home) NIL Contact No. (Office) Tevel No.  ***Contact No. (Mobile) 83181017 Contact No. (Home) Nil Contact No. (Office) Tevel No.  ***Contact No. (Mobile) 83181017 Contact No. (Home) Nil Contact No. (Office) Tevel No.  ***Contact No. (Mobile) 83181017 Contact No. (Home) Nil Contact No. (Home) No.  ***Contact No. (Mobile) Repaired Nortshop Contact No.  ***Contact No. (Mobile) Repaired Nortshop Contact No.  ***Contact No. (Mobile) Repaired Nortshop Repaired Nortshop Nortshop Nortshop Contact No.  ***Contact No. (Mobile) Repaired Nortshop Repa		Address 2	BUILT BATON STREET 33	Address 3	CIN
Diriver Info	BLK 313 #01-69				
Driver Info  Driver Name  SARWANI BINTE MOHAMED SAKUAN  Driver Type Main Driver  Unnamed driver Name Unnamed view Registered Unit No.  S701-89 Unit No.  #01-89 Unit No.  #01-80 Unit No	01-80			Post Code	0.30
Driver Name	01-03	Redice Folley Harriser	309/99909/		
Unnamed driver Name Register Date of Driver License 12/06/2007 Driver Age 38 Driver Age 38 Driver License 12/06/2007 Contact No.(Mobile) 83181017 Contact No.(Office) 0 Contact No.(Home) 0 Address 1 BLK 315 Address 2 BUKIT BATOK STREET 32 Address 3 Address 4 Address 3 Address 4 Address 7 Address 7 Address 8 Address 8 Address 8 Address 9 BukIT BATOK STREET 32 Address 9 Post Code 65  Unit No.  ### ### ### ### ### ### ### ### ### #	SADWANI RINTE MOHAMED SAVIJAN	Oriver Type	Main Driver		
Register Date of Driver License 12/06/2007 Driver Age 38 Driving Experience 11 Contact No.(Mobile) 83181017 Contact No.(Office) 0 Contact No.(Home) 0 Address 1 BUX 315 Address 2 BUXIT BATOK STREET 32 Address 3 Address 4 Address 4 Post Code 65  Unit No. #01-89 Does he own a Singapore Registered car?  Ves ■ No Driver Vehicle No. Driver Vehicle No.  Driver Vehicle No. Driver Insurer Company  Preferred North No.(Mobile) 83181017 Ontact No.(Office) Driver North No.(Mobile) 83181017 Ontact No.(Home) NIL Contact No.(Home) NIL Contact No.(Office) Email Address Panie, with hotman and in the preferred Workshop Contact No.  Claim Description Stury422H SKF6782A ON 14 Jun 2018  Preferred Workshop Contact No.  Require Finalisation Yes Preferred Workshop Repairer  Print AK letter  Print AK letter	SAKWANI DINTE PIOTANED SAKOAN			Driver DOB	06/
Contact No. (Mobile) 83181017 Contact No. (Office) 0 Contact No. (Home) 0 Address 1 BLK 315 Address 2 BUKIT BATOK STREET 32 Address 3 Address 4 Address Type Singapore address Post Code 651 Address 7 Post Code 652 Address 7 Post Code 652 Address 7 Post Code 653 Address 7 Post Code 653 Address 7 Post Code 654 Address 7 Post Code 655 Address 7	17/05/2007		Bana and a		
Address 1 BLK 315 Address 2 BUKIT BATOK STREET 32 Address 3 Address 4 Address Type Singapore address Post Code 55 Unit No. #01-89 Does he own a Singapore Registered car? Yes = No Driver Vehicle No. Driver Insurer Company  Declaration  Breathabyser or Blood Test Reading?  Claim 01 OD-MX Naw  Claim 71pe * OD-MX Insured Name SARWANI BINTE MOHD SAKUAN Insured NRIC S7: Contact No.(Mobile) B3181017 Contact No.(Home) NIL Contact No.(Office) Finalis Address Paine, w@hotmail.com O1 Vehicle Number SLW3422H TP Vehicle Number SK Claim Description SLW3422H / SKF6782A ON 14 Jun 2018  Preferred Workshop Contact No. Require Finalisation Yes Insured Liability * Not at Fault Telephore Total Loss but Repaired  Print AK letter  Address Post Code Singapore address Post Code Singapore address Post Code Singapore address Post Code Singapore Address No.  Address Post Code Singapore address Post Code Singapore address Post Code Singapore Address No.  Any Injury? Yes * No  Insured Name SARWANI BINTE MOHD SAKUAN Insured NRIC S7: Contact No.(Office) NIL Contact No.(Office) NIL Contact No.(Office) NIL Contact No.(Office) Nil Contact No. Not at Fault Telephore No.  Regular Finalisation Yes Telephore Not Fredericed Workshop, Name unknown Telephore Not Repaired Norkshop Name unknown Total Loss but Repaired  Print AK letter					
Address Type Singapore address Post Code 659  Does he own a Singapore Ves = No Driver Vehicle No. Driver Insurer Company  Declaration  Breathalyser or Blood Test Reading?  Claim 001 OD-MX Nex  Claim 001 OD-MX Nex  Claim 17pe * OD-MX Insured Name SARWANI BINTE MOHD SAKUAN Insured NRIC 57: Contact No. (Mobile) 83181017 Contact No. (Home) NIL Contact No. (Office) Email Address Name wightermail.com OI Vehicle Number SLW3422H TP Vehicle Number SK Claim Description SLW3422H SKF6782A ON 14 Jun 2018  Preferred Workshop Contact No.  Insured Liability * Not at Fault Test Not Not Not at Fault Test Not Not Not at Fault Test Not Not Not Not Not Not Not Not Not No					W.
Unit No. #01-89  Deck own a Singapore Registered Car?  Ves = No Driver Vehicle No. Driver Vehicle No. Driver Insurer Company  Perfect Red Workshop Contact No. (Mobile)  Email Address	ock 313				650
Declaration  Breathalyser or Blood Test Registered Car?  O mg  Any Injury?  Ves No  Nodification History  Claim 001 OD-MX  New  Claim Type *  Contact No. (Mobile)  B3181017  Contact No. (Home)  Diver Insured Name  SARWANI BINTE MOHD SAKUAN  Insured Name  Contact No. (Mobile)  B3181017  Contact No. (Home)  Diver Insured Name  SARWANI BINTE MOHD SAKUAN  Insured NRIC  S7:  Contact No. (Mobile)  B3181017  Contact No. (Home)  Diver Insured NRIC  S7:  Contact No. (Mobile)  B3181017  Contact No. (Home)  Diver Insured NRIC  S7:  Contact No. (Mobile)  B3181017  Contact No. (Home)  Diver Insured NRIC  S7:  Contact No. (Mobile)  B3181017  Contact No. (Home)  Diver Insured NRIC  S7:  Contact No. (Mobile)  B18181017  Contact No. (Home)  Diver Insured NRIC  S7:  Contact No. (Mobile)  Email Address  Dail Moderate No.  Name of Preferred Workshop	+01.00	Address type	Singapore address	rost code	650
Declaration  Breathalyser or Blood Test Reading?  O mg  Any Injury?  Yes No  Notat Fault  No.  Require Finalisation  Yes Ves No  Any Injury?  Yes No  Any Injury?  Yes No  Any Injury?  Yes No  New  Claim 101 OD-MX  New  Claim 101 OD-MX  New  Claim 201 OD-MX  New  Claim 301 OD-MX  New  Claim 301 OD-MX  New  Claim 301 OD-MX  Insured Name  SARWANI BINTE MOHD SAKUAN  Insured NRIC  S7:  Contact No.(Mobile)  83181017  Contact No.(Home)  NIL  Contact No.(Office)  Email Address  Panie_w@hotmail.com  OI Vehicle Number  SLW3422H  TP Vehicle Number  SKW3422H  No.  Require Finalisation  Yes  Preferred Workshop Contact  No.  Require Finalisation  Yes  Preferred Repair Option  Preferred Workshop, Name unknown  GIA report  Re  Report Taken By  KRISHNASAMY  Workshop Repairer  Total Loss but Repaired		NO CALLED NO		PAGE-TOYS AND THE WALL BOAY	
Breathalyser or Blood Test Reading?  Any Injury?  Yes No  Your Notat Fault  Preferred Workshop Contact No.  Require Finalisation  Yes  Yes  No  No  No  No  No  No  No  No  No  N	tes = No	priver vehicle No.		Driver Insurer Company	
Breathalyser or Blood Test Reading?  Any Injury?  Yes No  Your Notat Fault  Preferred Workshop Contact No.  Require Finalisation  Yes  Yes  No  No  No  No  No  No  No  No  No  N					
Reading?  Claim 001 OD-MX  New  Claim 1ype * OD-MX  T Insured Name SARWANI BINTE MOHD SAKUAN Insured NRIC S7: Contact No.(Mobile) 83181017  Contact No.(Home) NIL Contact No.(Office)  Email Address					
Claim Type * OD-MX	0 mg	Any injury?	Yes No		
Contact No. (Mobile) 83181017 Contact No. (Home) NIL Contact No. (Office)  Email Address nanie_w@hotmail.com 01 Vehicle Number SLW3422H TP Vehicle Number SK  Claim Description SLW3422H / SKF6782A ON 14 Jun 2018  Preferred Workshop Contact No.  Require Finalisation Yes	di				
Contact No. (Mobile) 83181017 Contact No. (Home) NIL Contact No. (Office)  Email Address nanie_w@hotmail.com 01 Vehicle Number SLW3422H TP Vehicle Number SK  Claim Description SLW3422H / SKF6782A ON 14 Jun 2018  Preferred Workshop Contact No.  Require Finalisation Yes	OD-MX	Insured Name	SARWANI BINTE MOHD SAKUAN	Insured NRIC	\$75
Email Address hanie_w@hotmail.com O1 Vehicle Number SLW3422H TP Vehicle Number SK  Claim Description SLW3422H / SKF6782A ON 14 Jun 2018  Preferred Workshop Contact No.  Require Finalisation Yes	83181017	Contact No.(Home)	NIL	Contact No.(Office)	
Claim Description SLW3422H / SKF6782A ON 14 Jun 2018  Preferred Workshop Contact No.  Require Finalisation Yes	nanie_w@hotmail.com	OI Vehicle Number	SLW3422H	TP Vehicle Number	SKF
Preferred Workshop Contact No.  Require Finalisation Yes  Preferred Repair Option Preferred Workshop, Name unknown  GIA report Re  Report Taken By  KRISHNASAMY Workshop Repairer  Total Loss but Repaired  Print AK letter	SLW3422H / SKF6782A ON 14 Jun 2018		all artists of the state of the	Name of Preferred Workshop	
Require Finalisation  Yes  Preferenced Repair Option  Preferred Workshop, Name unknown  GIA report  Report Taken By  Report Taken By  Report Taken By  Print AK letter  Preferenced Repair Option  Preferred Workshop, Name unknown  Total Loss but Repaired  Total Loss but Repaired		Insured Liability *	Not at Fault		
Date Registered 19/06/2018 09:49 Claim Close Date Date Date Report Taken By KRISHNASAMY Workshop Repairer Total Loss but Repaired  ✓ Print AK letter	face = 1			P14 11000	5
Report Taken By KRISHNASAMY Workshop Repairer Total Loss but Repaired  Print AK letter		Preferend Repair Option	Preferred Workshop, Name unknown		phone
₹ Print AK letter		Marie Company of the			14.03
	19/06/2018 09:49				131
Caua Cubmit	19/06/2018 09:49				130
	19/06/2018 09:49				131
No. Require Finalisation Date Registered Report Taken By		SARWANI BINTE MOHD SAKUAN  PRIVATE CAR INSURANCE  83181017  = No Yes  Yes  19/06/2018 09:39  14/06/2018  BUKIT BATOK ST 32 CARPARK  600.00 0.00 0.00 0.00 10.00  tion  No  dress  BLK 315 #01-89  01-89  SARWANI BINTE MOHAMED SAKUAN  12/06/2007 83181017 BLK 315  #01-89  Yes = No  Omg	SARWANI BINTE MOHD SAKUAN  PRIVATE CAR INSURANCE 63181017	SARWANI BINTE MOHD SAKUAN   PRIVATE CAR INSURANCE   Cover Type	PRIVATE CAR INSURANCE

Accident No.

MT/0999087

Claim No.

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Last Doc. Received

Yes No

Upload Date

19/06/2018 09:45

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