

NATIONAL Assessment Centre Services			
Date In: 20/07/2008 14:49	Job description	Date & Time Completed	Done by
Ref No: N18046093816	SAS e-filing		
Veh No: SKY 6093P	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 19/07/2008 09:00	i-Motor Claim Form	MT/1003854-001	20/07/2008
☒ OD TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		17.03
	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: ✓	INC () / Non-INC ()
Owner / Driver: (	Tel:	()
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time: (
Insured/Driver Liability: (	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (	Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

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

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat 1: Cat 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			1st Bill	Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
8) NTUC Additional Services:-				
ON*				
*N5: Courtesy Car / Tpt Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
TP (N11): TP (Non INC) against INC \$20				
9) N12: Idac Mobile 30				
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	20/07/2018 14:49
Date Of Accident	19/07/2018 09:00
Exact Location Of Accident	MOUNT ELIZABETH HOSPITAL CARPARK F8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY6093P
Insured/Policyholder	
Name Of Registered Owner	IMAKOJI NAOKO
NRIC No	S8084245G
Email Address	NAOKO846@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96518105
Alternative Phone No	OTHERS-96518105

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	PAJERO
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?	YES
If No, Please state action to be taken	
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	5062011246-04
Cover Note Number	

Driver

Name of Driver	IMAKOJI NAOKO
NRIC No	S8084245G
Date Of Birth	25/11/1990
Occupation	INDOOR
Date Of Driving Pass	27/03/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96518105
Fax Number	
Contact Number	OTHERS-96518105
Email Address	NAOKO846@GMAIL.COM

Address	3 RODYK STREET #09-13
Postcode	238213
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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)	3
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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

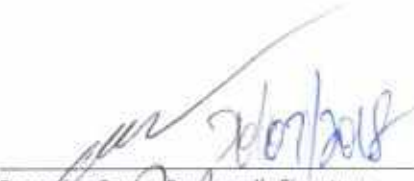
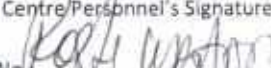
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

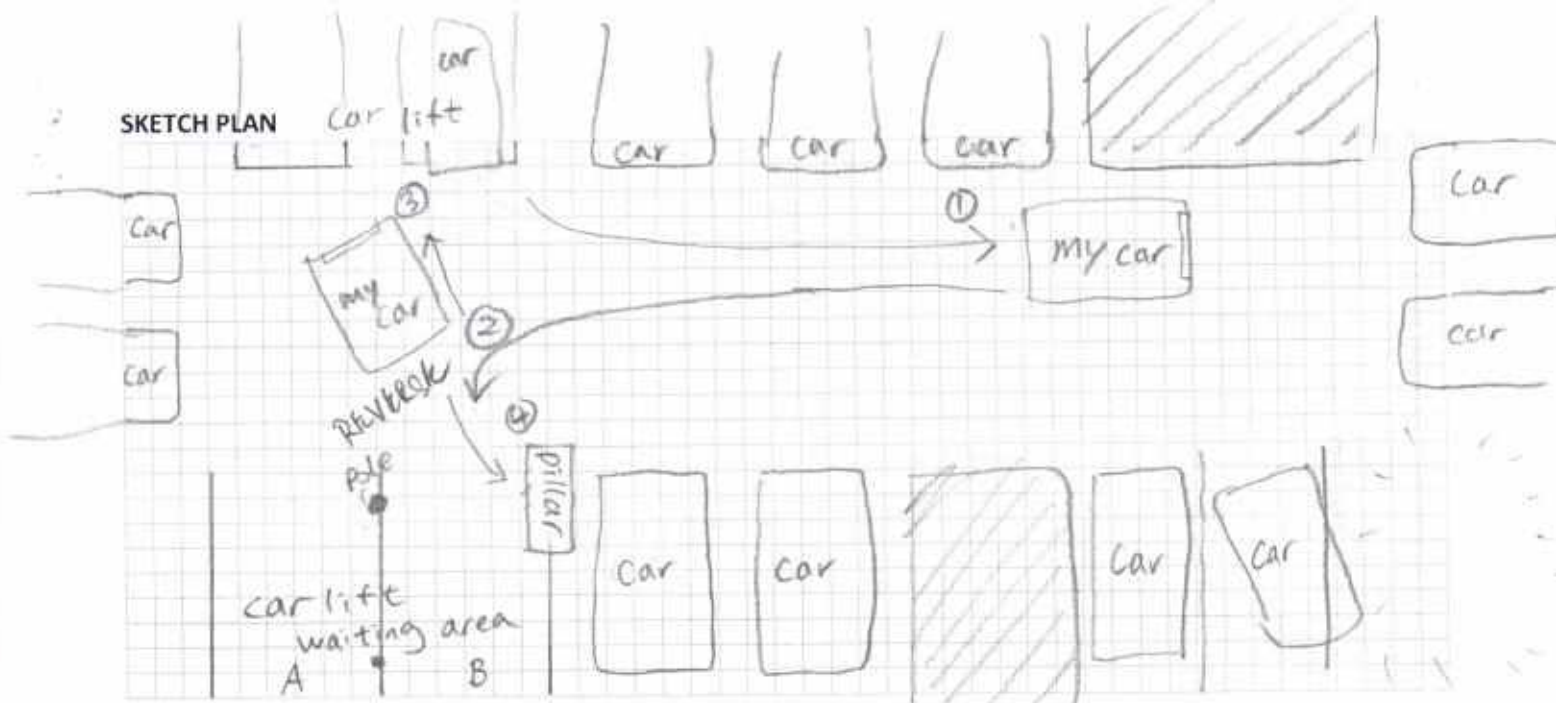
I understand, acknowledge, agree and consent that:

- (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: 20 July 2018
11 AM


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


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

① I was looking for a parking lot. I found one but the lot was very last on a corner and the next car was parked diagonally crossed over the free parking lot line. ② So, I drove back to car lift waiting area and ③ tried to change my car's direction, the car lift door opened and I saw a car waiting to exist from the car lift. I drove back quickly to make space for the car lift existing vehicle and hit against a car park pillar which was at a blind spot while reversing my car.

DECLARATION

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

Policyholder's Signature

Date & Time: 20 July 2018
11AM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20 July 2018
11AM

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8084245G



Name

IMAKOJI NAKO

Race

JAPANESE

Date of birth

25-11-1980

Sex

F

Country of birth

JAPAN



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8084245G

Name

IMAKOJI NAKO

Birth Date: 25 Nov 1980

Issue Date: 23 Feb 2012



002045517G

S8084245G



NRIC No. S8084245G



Nationality

JAPANESE

Date of issue

27-11-2007

3 RODYK STREET #09-13
SINGAPORE 238213

NRIC No: S8084245G

Date: 07/01/2015

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with > 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 27 Mar 2007

NP 428A



Licence No: S8084245G

Claim Handling

Accident MT/1003854

Policy No.	5062011246-04	Vehicle No.	SPY6093P	GST Registration No.	
Policyholder Name	IMAKOJI NAOKO			Policyholder NRIC	58084245G
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Loading	0
Contact No.(Mobile)	96518105	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFR	Yes	TCA	Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hing	No

Accident Details

Report Date	20/07/2018 14:49	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	19/07/2018	Time of Accident HH:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Form		ICM No.	
Accident Location	MOUNT ELIZABETH HOSPITAL CARPARK P1				

Benefits

Excess

Own damage Excess	000.00	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	3 RODDY STREET	Address 2	#0911 WATERMARK ROBERTSD	Address 3	SINGAPORE 238213
Address 4		Address Type	Singapore address	Post Code	238213
Unit No.	29-01	Related Policy Number	5062011246-04		

DI Driver Info

Driver Name	IMAKOJI NAOKO	Driver Type	Man Driver		
Unnamed driver Name		Driver NRIC	S8084245G	Driver DOB	29/11/1990
Register Date of Driver License	27/03/2007	Driver Age	37	Driving Experience	11
Contact No.(Mobile)	96518105	Contact No.(Office)		Contact No.(Home)	
Address 1	3 RODDY STREET	Address 2	#0911 WATERMARK ROBERTSD	Address 3	SINGAPORE 238213
Address 4		Address Type	Singapore address	Post Code	238213
Unit No.	29-01				
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	SPY6093P	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes
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Modification History

Claim 001

New

Claim Type *	OD-MD	Injured Name	IMAKOJI NAOKO	Injured NRIC	58084245G
Contact No.(Mobile)	96518105	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	naoko846@gmail.com	DI Vehicle Number	SPY6093P	TP Vehicle Number	
Claim Description	SPY6093P / - ON 19 Jul 2018	Name of Preferred Workshop			
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report	Received
Date Registered	20/07/2018 17:01	Claim Close Date		Date Received	20/07/2018 00:00
Report Taken By	ROSLY WAHAB				

Print AK lotter

Save Submit

Attachment

Accident No.	MT/1003854	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/07/2018 17:03
Path *		Category *	Confidential Urgency *
Choose File No file chosen		Clear Please Select *	NO Normal *
Choose File No file chosen		Clear Please Select *	NO Normal *
Choose File No file chosen		Clear Please Select *	NO Normal *
Choose File No file chosen		Clear Please Select *	NO Normal *
Choose File No file chosen		Clear Please Select *	NO Normal *
Choose File No file chosen		Clear Please Select *	NO Normal *
Choose File No file chosen		Clear Please Select *	NO Normal *
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 17:03	Photos	Normal	Photos 2018-7-20		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 17:03	Photos	Normal	Photos 2018-7-20		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 17:03	Photos	Normal	Photos 2018-7-20		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 17:03	Photos	Normal	Photos 2018-7-20	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 17:03	Photos	Normal	Photos 2018-7-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 17:03	Photos	Normal	Photos 2018-7-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 17:03	Photos	Normal	Photos 2018-7-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 17:03	Photos	Normal	Photos 2018-7-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 17:03	Photos	Normal	Photos 2018-7-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 17:03	Photos	Normal	Photos 2018-7-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 17:03	Photos	Normal	Photos 2018-7-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 17:03	SAS	Normal	SAS 2018-7-20	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 20 Jul 2018 17:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-20	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

to Simon

By 1) Details of Accident:

- 1) Vehicle hit Vehicle: ☐ 2) Vehicle hit ? ☐
- a) Motorist ☐ b) Pedestrian ☐
- b) Motorcycle ☐ c) Animal ☐
- c) Bicycle ☐
- 3) Vehicle hit Road Side Objects: ☐
- a) Govt Property ☐ b) Road Work Object ☐
- (e.g. signposts, barriers, trees etc)
- c) Private Property ☐
- 4) Vehicle drop into drain ☐
- 5) Damage due to Act of God: ☐
- a) Fallen Object ☐ b) Flood ☐
- c) Other ☐
- 6) Parked & Found Damaged: ☐
- a) Vandalism ☐ b) Hit by Moving Object ☐
- 7) Theft Case ☐
- a) Stolen ☐ b) Damage found ☐
- when recovered.
- 8) Fire ☐
- a) Whilst driving ☐ b) Parked ☐
- 9) Accident date more than 24hrs ☐

Remarks for Internal Information

Remarks to appear in Works Order & Assessment report

- 1) Potential Total Loss ☐
- 2) SRS Light on ☐
- 3) ABS Light on ☐

By 2) Details of Vehicle Information:

Vehicle No: SPY 6093P V/F Reg: 14

Type: Car / M.Cycle / Bus / Van / Lowry / Taxi / Prime Mover / Truck / Trailer or

Make & Model: mitsubishi Pajero c.o.

Colour: SILVER Transmission Type: Auto / Manual

Eng/No: SILVER Sp. Reading: 104957

C/No: SILVER

Gen. Cond: Good / Fair / Poor / Burnt or

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 265/60 R18

R: 265/60 R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm

Parallel Import: Yes ☒ No ☐

Repair Type: LS / I.B.I

Towed-In: Yes ☐ No ☒

No of Repair Days: 20/07/2018

Towing Required: Yes ☐ No ☒

D.O.I. 20/07/2018

Vehicle in Idac: Yes ☐ No ☒

Time:

By Assessor- 2) Comments

- 1) Damages not due to recent accident.
- 2) Damages do not seem hit onto:
- a. Vehicle ☐ b. Motorcycle ☐ c. Bicycle ☐ d. Pedestrian ☐
- e. Animal ☐ f. Govt Object ☐ g. Road Work Object ☐
- h. Private Property ☐ i. Drain ☐ j. Road Kerb/Grass Verge ☐
- 3) Vehicle does not seem damaged as a result of:
- a. Fallen Object ☐ b. Flood ☐ c. Vandalism ☐ d. Fire ☐
- e. Moving Object ☐ f. Stolen ☐ g. Stolen & Recovered ☐

Time Started: Time completed:

- 1) CSO
- 2) ABS
- 3) Entire Operation Completed Time:

MOTORCAR (Rear)

Vehicle No:

Vehicle No:

[illegible]

No of Items: _____ Assessor: _____

Claim Handling

Task Transfer Exit

Accident MT/1003854

LOS SAN SUB

Policy No.	S062011246-04	Vehicle No.	SFY6093P	GST Registration No.	
Policyholder Name	IMAKOJI NAOKO			Policyholder NRIC	S8084245G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96518105	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	☐ No ☒ Yes	TCA	☐ No ☒ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	20/07/2018 14:49	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	19/07/2018	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	MOUNT ELIZABETH HOSPITAL CARPARK FB				

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	3 RODDY STREET	Address 2	#0913 WATERMARK ROBERTSON	Address 3	SINGAPORE 238213
Address 4		Address Type	Singapore address	Post Code	238213
Unit No.	29-01	Related Policy Number	S062011246-04		

OI Driver Info

Driver Name	IMAKOJI NAOKO	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8084245G	Driver DOB	25/11/1990
Registrar Date of Driver License	27/03/2007	Driver Age	37	Driving Experience	11
Contact No.(Mobile)	96518105	Contact No.(Office)		Contact No.(Home)	
Address 1	3 RODDY STREET	Address 2	#0913 WATERMARK ROBERTSON	Address 3	SINGAPORE 238213
Address 4		Address Type	Singapore address	Post Code	238213
Unit No.	29-01				
Does he own a Singapore Registered car?	Yes ☒ No ☐	Driver Vehicle No.	SFY6093P	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes ☒ No ☐
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Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Tan Siew Choo

LOS SAN SUB

Claim Type	OD-MD	Insured Name	IMAKOJI NAOKO	Insured NRIC	S8084245G
Contact No.(Mobile)	96518105	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	naoko848@gmail.com	O1 Vehicle Number	SFY6093P	TP Vehicle Number	-
Claim Description	SFY6093P / - ON 19 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Income to assign workshop	GIA report	Received
Date Registered	20/07/2018 17:04	Claim Close Date		Date Received	20/07/2018 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
☒ Print AK letter				OD Excess Collected by Workshop	

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment Attachment

Vehicle Info

Vehicle Make	MITSUBISHI	Vehicle Model	PAJERO	Engine Capacity	
Date of Registration	18/02/2009	Classis No.	JMALVY97WBDO0112		
Towing Required *	☐ Yes ☒ No	Vehicle in IDAC *	☐ Yes ☒ No	Parallel Import *	☐ Yes ☒ No
Type of Tender *	Own Damage	Assessor Name *	ROSLI WAHAB	Survey Current Status	
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAVA		
Windscreens		Total Loss *	☐ Yes ☒ No		
Parts & Labour					

Cost

Market
Value(\$)

Scrap Value(\$)

Economical Repair Value(\$)

1) FENDER GLASS SEALANT -NECESSARY

Remark

Damage Listing

Find a Part

root

Not Applicable
ABS
ABSORBER
ACCELERATOR
ACTUATOR
ADVERTISEMENT STICKER

No.	Part No.	Description	Qty *	Repair Code *	
1	16000102	BUMPER (REAR)	1	Replace	X
2	16001303	BUMPER BRACKET (REAR LEFT)	1	Unconfirm	X
3	16001304	BUMPER BRACKET (REAR RIGHT)	1	Unconfirm	X
4	16002402	BUMPER CLIPS (REAR)	1	Replace	X
5	16005002	BUMPER REINFORCEMENT (REAR)	1	Unconfirm	X
6	16005	BUMPER REVERSE SENSOR	1	Unconfirm	X
7	16004904	BUMPER REFLECTOR (REAR RIGHT)	1	Unconfirm	X
8	16005103	BUMPER RETAINER (REAR LEFT)	1	Replace	X
9	16005104	BUMPER RETAINER (REAR RIGHT)	1	Replace	X
10	42000102	TAIL LAMP (RIGHT)	1	Replace	X
11	420002	TAIL LAMP GARNISH	1	Unconfirm	X
12	420007	TAIL LAMP PANEL	1	Unconfirm	X
13	150053	BOOT SPOILER	1	Replace	X
14	25400106	FENDER (REAR RIGHT)	1	Replace	X

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Monday, 23 July, 2018 4:18 PM
To: Hock Wah Motor Pte Ltd; NAC-Bukit Merah
Subject: SFY6093P, OD claim no : MT/1003854

Importance: High

Dear Hock Wah,

Veh is still with owner Ms IMAKOJI NAOKO (tel : 96518105), kindly assist with the necessary arrangement asap.

OD excess of \$600/- is applicable.

No survey required only for this repair works.

FOR PAYMENT: Please forward the Invoice & Discharge Voucher within 14 days after the repair has been done to my email, cc a copy to Yap Chee Ling at cheeling.yap@income.com.sg

Regards.

Tan Siew Choo
Senior Claims Executive
Motor Insurance
T +65 6430 7882
www.income.com.sg



Our Ref: MT/CA/OD/051/1003854-001/TSC
23 Jul 2018

HOCK WAH MOTOR WORKSHOP PTE LTD
BLK 3011 BEDOK NORTH AVE 4 #01-2008/10/12
BEDOK INDUSTRIAL PARK E
SINGAPORE 489977

Dear Sir

CLAIM NUMBER: MT/1003854-001

REPAIR OF VEHICLE NUMBER: SFY6093P

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:

Award Date: 23 Jul 2018

Make: MITSUBISHI

Model: PAJERO

Estimated Repair Days: 5

Location: NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)

Address: BLK 1007 #01-11 BUKIT MERAH LANE 3 ALEXANDRA VILLAGE INDUSTRIAL ESTATE SINGAPORE 159721

Benefits Applicable: N/A

- Excess Applicable: 600.00
 - Please note that supplementary items will not be allowed.
 - If you have any queries, please contact Tan Siew Choo at 64307882 or email us at motor@income.com.sg.
- Yours sincerely
Low Choo Mee
Senior Manager
Motor Insurance

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / July / 2018) (DD/MM/YYYY), TIME: (9 : 00) (HH:MM)

LOCATION: M3 Elizabeth Hospital car park F8

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SIFY6093P
b) INSURANCE COMPANY: N-TUC
c) POLICY NUMBER: 5062011246-04
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mitsubishi Pajero
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private use
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: IMAKOJI NAOKO (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S80842456 CONTACT: 96518105
c) ADDRESS: 3 Rodys Street #09-13 Watermark Robertson Quay

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: IMAKOJI NAOKO (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S80842456 CONTACT: 96518105
c) ADDRESS: 3 Rodys Street #09-13 Watermark Robertson Quay

*d) DATE OF BIRTH: (25 / 11 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23 Feb 2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: 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 = naoko846@gmail.com

VIDEO =

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: 5062011246-04

Cover : drive CLASSIC

- | | |
|---|--------------------|
| 1. Index mark and Registration Number of Vehicle | : SFY6093P |
| Chassis Number | : JMAYV97WBJ000112 |
| 2. Name of Policyholder | : IMAKOJI NAOKO |
| 3. Effective Date of Insurance | : 18 Feb 2018 |
| 4. Expiry Date of Insurance | : 17 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: IMAKOJI NAOKO
NAMED DRIVER (1)	: MOHD HELMI BIN RAZALI
NAMED DRIVER (2)	: HARU HITO IMAKOJI
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)

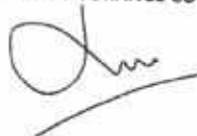
Agency : MAUREEN CHEAH CHING HIANG (00000512831)
Date of Issue : 04 Jan 2018 13:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive