

NATIONAL Assessment Centre Services. [ver 1 Jan 2005]

Date In: 09/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18018266/13	SAS e-filing		
Veh No: 8FZ 7251M	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 05/10/18 2255	i-Motor Claim Form	07/10/14938-	001
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: 1467833 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: ()

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Claimant's Particulars:	Invoice Preparation Checklist	Ami (\$)	Ami (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	Ami (\$)	Ami (\$)
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	Ami (\$)	Ami (\$)
Damaged Portion:	3) TP: Towing Fee \$40/\$45	Ami (\$)	Ami (\$)
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	Ami (\$)	Ami (\$)
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30	Ami (\$)	Ami (\$)
Dat. 1:	For claiming against INC Only (wef 10 Jan 2005)	Ami (\$)	Ami (\$)
Dat. 2 / 3:	6) TR: Re-inspection \$75	Ami (\$)	Ami (\$)
	7) N1: Idac DA + SMRT Survey \$160	Ami (\$)	Ami (\$)
	8) NTUC Additional Services:-	Ami (\$)	Ami (\$)
	OD*	Ami (\$)	Ami (\$)
	*N5: Courtesy Car / Tpl Allowance \$5	Ami (\$)	Ami (\$)
	*N6: Repair Co-ordination \$10	Ami (\$)	Ami (\$)
	*N7: Post Repair Inspection \$25	Ami (\$)	Ami (\$)
	*N8: DV / Collect Excess Coordination \$3	Ami (\$)	Ami (\$)
	TP (N11): TP (Non INC) against INC \$20	Ami (\$)	Ami (\$)
	9) N12: Idac Mobile \$0	Ami (\$)	Ami (\$)
	Invoice dated Fee Charged	Ami (\$)	Ami (\$)
	Invoice dated Fee Charged	Ami (\$)	Ami (\$)

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 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. 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	09/10/2018 14:37
Date Of Accident	05/10/2018 22:50
Exact Location Of Accident	BKE TWDS WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFZ7251M
Insured/Policyholder	
Name Of Registered Owner	SAMSUDDIN BIN YUSSOP
NRIC No	S1389789A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96161304
Alternative Phone No	OTHERS-96161304

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5079186641-02
Cover Note Number	

Driver

Name of Driver	HIEW CHOON KIOW
Passport No/FIN	F7182004K
Date Of Birth	21/03/1968
Occupation	INDOOR
Date Of Driving Pass	26/12/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90056797
Fax Number	
Contact Number	
Email Address	RACHELHIEW@HOTMAIL.COM

Address	BLK 767 YISHUN AVE 3 #01-309
Postcode	760767
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	
	NAME: : SAMSUDDIN BIN YUSSOP
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181006/2010

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	JGG7833
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FONG VUI LOONG
NRIC/Passport Number	810515125211
Contact Number	93724632
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLJ6171E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LUCAS
NRIC/Passport Number
Contact Number 92774996
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGL5922K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver AURELIA YEW YUN RONG
NRIC/Passport Number S9810034B
Contact Number 96191686
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.

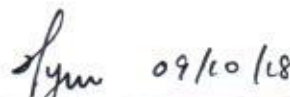


Policyholder's Signature
Date & Time:



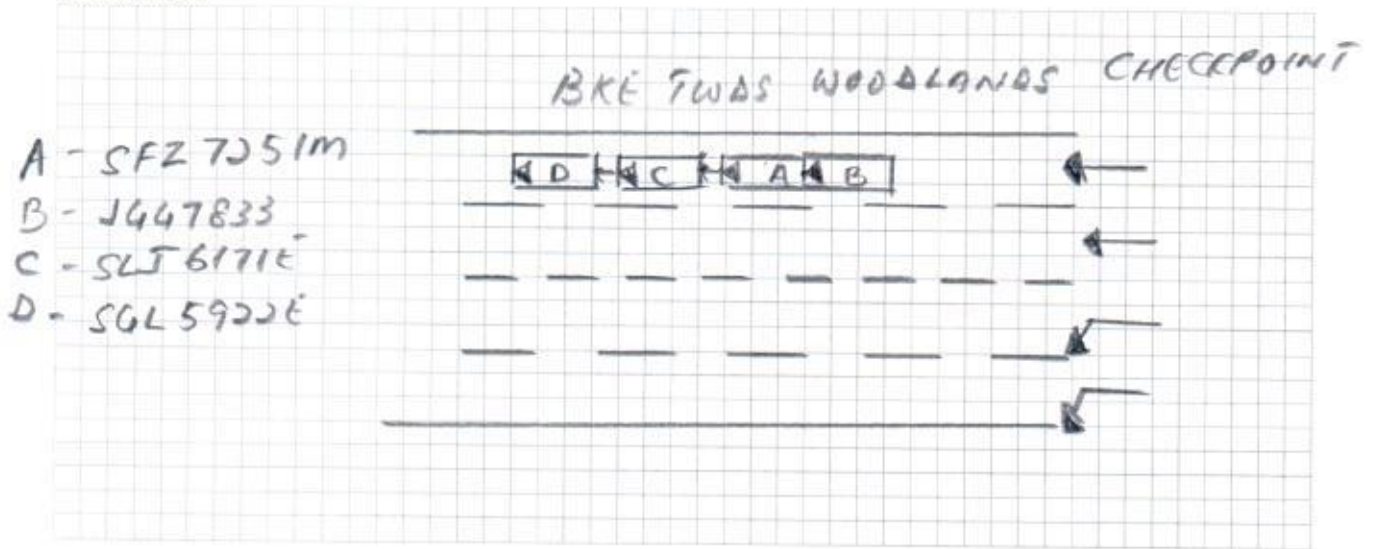
Driver's Signature
(If driver is not the policyholder)
Date & Time:

6/10/18



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature] 6/10/18

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

[Signature] 09/10/18

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



SINGAPORE POLICE FORCE



T/20181006/2010

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 4

Report No. T/20181006/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2018 02:07		Vide Report No.: J/20181005/0224		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: HIEW CHOON KIW			Address: 767 YISHUN AVENUE 3 #01-309 SINGAPORE 760767		
ID Type / ID No.: NRIC NO / F7182004K			Contact No.: Home/Office: Mobile: 90056797		
Nationality: MALAYSIAN			Email:		
Sex: Female	Age: 50	Date of Birth: 21/03/1968	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: OPERATION ASSISTANT			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/10/2018 22:55	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY				
Along BKE towards Woodlands Checkpoint Just before Woodlands Checkpoint				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JGG7833	Car					1
SFZ7251M	Car				Seriously Damaged	1
SGL5922K	Car					1
SLJ6171E	Car					2



SINGAPORE POLICE FORCE



T/20181006/2010

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20181006/2010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FONG VUI LOONG	ID No.	810515125211
Related Vehicle	JGG7833 (Car)	Contact No.	93724632
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HIEW CHOON KIW	ID No.	F7182004K
Related Vehicle	SFZ7251M (Car)	Contact No.	90056797
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	NIL
Driver			
Name	AURELIA YEW YUN RONG	ID No.	S9810034B
Related Vehicle	SGL5922K (Car)	Contact No.	96191686
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20181006/2010

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20181006/2010

CONTINUATION OF REPORT

Driver			
Name	LUCAS	ID No.	NIL
Related Vehicle	SLJ6171E (Car)	Contact No.	92774996
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/10/2018 at about 2255hrs, I was driving my car (SFZ7521M) on the extreme right of 4 lanes along BKE towards Woodlands Checkpoint, just before Woodlands Checkpoint. My car was stationary as the traffic was building up. Before the collision, I heard vehicle screeching sound lasted about 5-10 seconds. I thought that the sound came from the left lane. Out of the sudden, I felt the impact from the rear of my car. Then realized a car (JGG7833) collided onto my car. At the point of time, I was stepping on the brake however the impact causes my car to move forward hence collided onto the car(SLJ6171E) in front of me. I then came down from my vehicle and check on the damages. My car sustained serious dent and scratches on the rear and dented on the front bumper at the car plate area. Total there were four car involved and I am the 3rd car. and we exchanged particulars on the spot. The first car in front(SGL5922K) then called for Police assistance. Myself and my passenger was not injured. Traffic police then came down to scene. Subsequently, I called for towing service to tow away my car. Traffic police also advised me to lodge a traffic police report within 24hrs.

I wish to state that my car does not have in-car camera. No government property damaged.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20181006/2010

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Report No. T/20181006/2010

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:

J /

Sgt 2 ZENG YAOSHENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SING CHWEE THENG

Contact No.: 65476397

SN 130



Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:

06/10/2018 02:07

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (05 / 10 / 18) (DD/MM/YYYY), TIME: (22:55) (HH:MM)

LOCATION: BKE TWO WOODLANDS CHECKPOINT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SF27251M
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA ALTIS
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: SAMSUDDIN BIN YUSSOP (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1369789A CONTACT: 96161304
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HIEW CHUON KHOW (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: F7182004K CONTACT: 90056797
c) ADDRESS: BLK 767 YISHUN AVE 3
#01-309 (760767)

*d) DATE OF BIRTH: (21 / 03 / 1968) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26 / 12 / 2013

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

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: JG67833 MODEL:
b) DRIVER'S NAME: LONG VUI LOON
c) NRIC/FIN/PASSPORT: 810515125211 CONTACT: 93724632

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLJ6171E MODEL:
e) DRIVER'S NAME: LUCAS
f) NRIC/FIN/PASSPORT: CONTACT: 92774996

10) 5GL5922K

AURELIA 96191686

email =

fax =

video =

rachelhiew@hotmail.com

06/10/18
police report
↑
veh ✓

REPUBLIC OF SINGAPORE DRIVING LICENCE



 Licence Number: **F7182004K**
 Name: **HIEW CHOON KIW**
 Birth Date: **21 Mar 1968**
 Issue Date: **26 Dec 2013**
 Valid Till: **25 Dec 2018**



0022594188




WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
PARKWAY HOSPITALS SINGAPORE PTE. LTD.


 Name:
HIEW CHOON KIW
 Work Permit No.: **5 09652139** Sector:
SERVICE

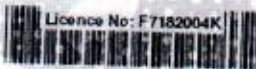

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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	26 Dec 2013
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	26 Dec 2013

NP 423A

Licence No: F7182004K



VISIT PASS
Immigration Regulations

Name:
HIEW CHOON KIW


 ID:
F7182004K
 Date of Birth:
21-03-1968 Sex:
F
 Nationality:
MALAYSIAN

Download SGWorkPass App to check status


YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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: 5079186641-02

Cover : Third Party

- | | |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle | : SFZ7251M |
| Chassis Number | : MR053ZEC107102063 |
| 2. Name of Policyholder | : SAMSUDDIN BIN YUSSOP |
| 3. Effective Date of Insurance | : 27 Apr 2018 |
| 4. Expiry Date of Insurance | : 26 Apr 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)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: SAMSUDDIN BIN YUSSOP
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE LTD
SUM INSURED	: N/A

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 : DIRECT BUSINESS DEPT (00000600280)
Date of Issue : 04 Apr 2018 14:18 hrs
Reprint : 04 Apr 2018 14:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1014938

Policy No.	5079186641-02	Vehicle No.	SFZ7251M	GST Registration No.
Certificate No.				
Policyholder Name	SAMSUDDIN BIN YUSSOP			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	96161304	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	09/10/2018 15:33	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/10/2018	Time of Accident hh:mm	22:55	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BKE TWDS WOODLANDS CHECKPOINT			

▼ Excess

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

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	BLK 767 #01-309	Address 2	YISHUN AVENUE 3	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-309	Related Policy Number	5079186641-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	HIEW CHOON KLOW	Driver NRIC	F7182004K	Driving Experience
Register Date of Driver License	26/12/2013	Driver Age	50	Contact No.(Home)
Contact No.(Mobile)	90056797	Contact No.(Office)	0	Address 3
Address 1	BLK 767	Address 2	YISHUN AVENUE 3	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#01-309			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com

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 OD-MX

New

Claim Type *	OD-MX	Insured Name	SAMSU
Contact No.(Mobile)	96161304	Contact No. (Home)	675414
Email Address		OI Vehicle Number	SFZ725
Claim Description	SFZ7251M / JGG7833 ON 5 Oct 2018		
Preferred Workshop	Insured Liability	Not at Fault	
Source No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	09/10/2018 15:42
Print AK letter		Workshop Repairer	ROSLINDA

Save Submit

Attachment



Accident No.	MT/1014938	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/10/2018 00:00

Choose File	No file chosen	<div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div> <div>Clear</div>	Category *	Confidential
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Choose File	No file chosen		Please Select	NO
Message Read				

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 15:42	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 15:42	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 15:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 15:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 15:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 15:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 15:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 15:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 15:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 15:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 15:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 15:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 15:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 15:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 15:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 15:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 15:40	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2018 15:40	Photos	Normal	Photos



Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

Scan and uploading