NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 24/10/2018 16:03	Job description	Date & Time Completed	Done by
Ref No: NA/INC 1801961 1/K4	SAS e-filing		
Veh No: SLB 5826Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/10/2018 18:50	i-Motor Claim Form	MT/1017692-001	30/10/18 10:15
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: UNKNOWN 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

NA1807019

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		Amt ($) 1st Bill	Amt ($) 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 : Idao DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*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: Idao Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 29/10/2018 14:33

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 witholding 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	24/10/2018 16:03
Date Of Accident	19/10/2018 18:50
Exact Location Of Accident	CIQ MALAYSIA CAUSEWAY
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB5826Z
Insured/Policyholder	
Name Of Registered Owner	ABDUL HAMID B HAJI ABDUL MANAN
NRIC No	S0047823G
Email Address	GAYAHAMID@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97527236
Alternative Phone No	OTHERS-97527236
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090132134-01
Cover Note Number	
Driver	
Name of Driver	NURULHUDA BINTE ABDUL HAMID
NRIC No	S8933266D
Date Of Birth	25/09/1989
Occupation	INDOOR
Date Of Driving Pass	16/07/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97527236
Fax Number	
Contact Number	OTHERS-97527236
EMail Address	GAYAHAMID@HOTMAIL.COM

Address	BLK 415 EUNOS ROAD 5 #09-40
Postcode	400415
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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)	5
Passenger 1	NAME: : ABDUL HAMID B HAJI ABDUL MANAN GENDER: : MALE
Passenger 2	NAME: : ROGOYAH BT ABDULLAM GENDER: : FEMALE
Passenger 3	NAME: : NIL GENDER: : FEMALE
Passenger 4	NAME: : NIL 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

PLS REFER TO THE MALAYSIA POLICE REPORT : TRAFIK JOHOR BAHRU (S) / 025321/18 / TRAFIK JOHOR BAHRU (S) / 025320/18

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NURULHUDA BINTE ABDUL HAMID
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLB5826Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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.

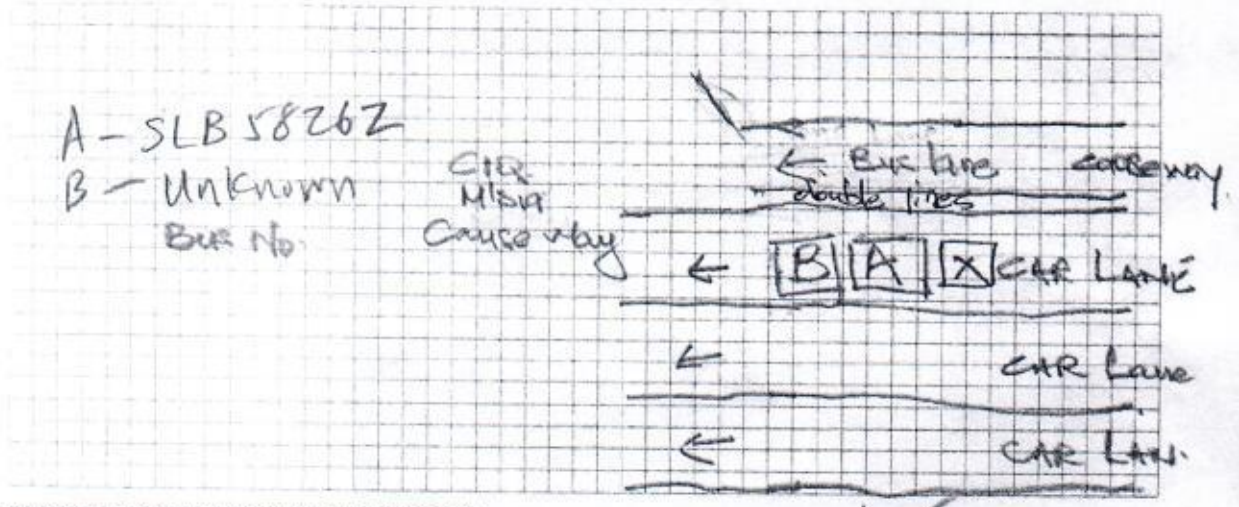
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 24/10/18 8.30pm	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 29/10/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -
TRAFIK JOHOR BAHRU(S)/025321/18
TRAFIK JOHOR BAHRU(S)/025320/18

DECLARATION

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

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 24/10/18 8.30pm	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
		29/10/2018

PEJABAT BAHAGIAN SIASATAN DAN
PENGUATKUASAAN TRAFIK DAERAH
KETUA TRAFIK DAERAH
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN
JALAN TEBRAU 80250 JOHOR BAHRU.

TEL : 07-2277566

Ruj :
Tkh : 20/10/2018

NURULHUDA BINTE ABDUL HAMID No KP :
APT BLK 415 EUNOS ROAD 5 #09-40 SINGAPORE
400415 JOHOR - Motokar SLB5826Z

KEPUTUSAN PENYIASATAN KES

No. Pengaduan Polis	: TRAFIK JOHOR BAHRU(S)/025321/18
Tkh/Masa Rpt	: 19/10/2018 18:54 HRS
Kesalahan	: R10 LN166/59
Tkh/Masa Kemalangan	: 19/10/2018 18:30 HRS
Tempat Kemalangan	: TAMBAK JOHOR

Dengan hormatnya saya merujuk kepada pengaduan yang dibuat sepertimana dinyatakan di atas.

2. Untuk makluman pihak yang bertanggungjawab melakukan kesalahan di atas telah disaman polis RM 300.00 pada 20/10/2018 (CARS 180209329).

3. Butir-butir tertuduh yang disabitkan adalah seperti berikut :-
[redacted] KP 701021015319
[redacted] TAMAN SRI PUTRI KULAI
81300
JGT828 PEMANDU MPV

"BERHATI-HATI DI JALAN RAYA"

(R104724 - KAMARUDDIN B YUSOF)
AIO TRAFIK
80250 JOHOR BAHRU

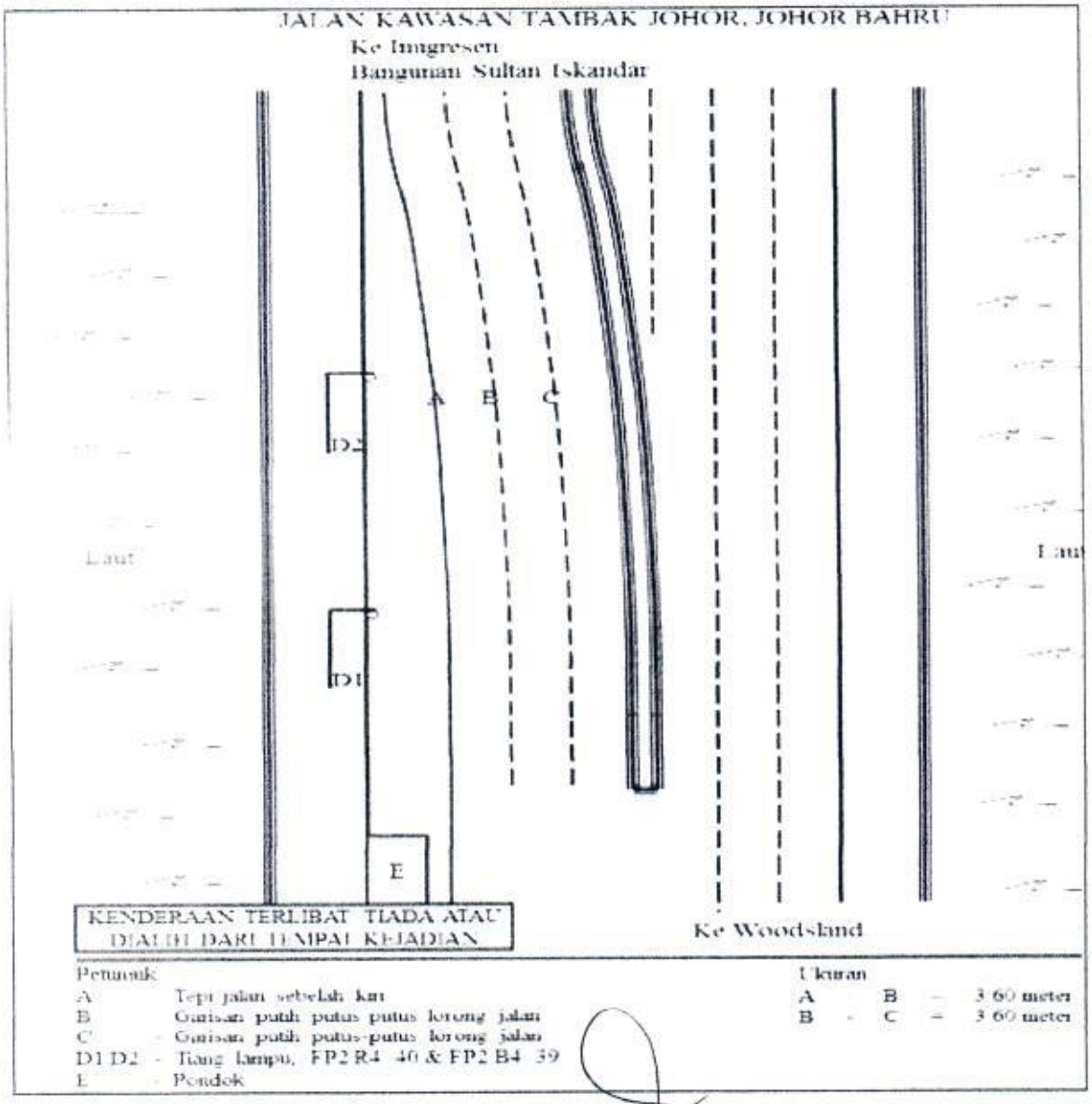
s . k KST No :
[Notis ini hanya sebagai makluman anda sahaja]

KETUA POLIS DAERAH
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN
80250 JOHOR BAHRU
JOHOR

Tel : 072237977 Samb :

No. Pengaduan :TRAFIK JOHOR BAHRU(S)/025320/18
Tarikh Cetak :23/10/2018
Dicetak Oleh :R5190818

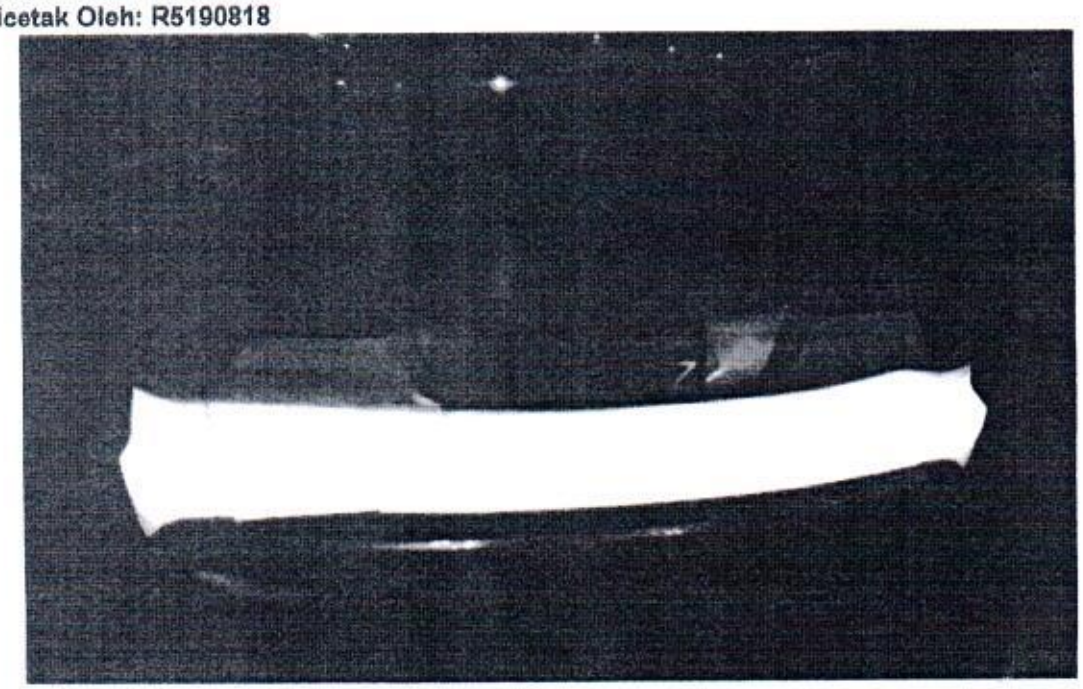
(Rajah Kasar Tidak Mengikut Skala)

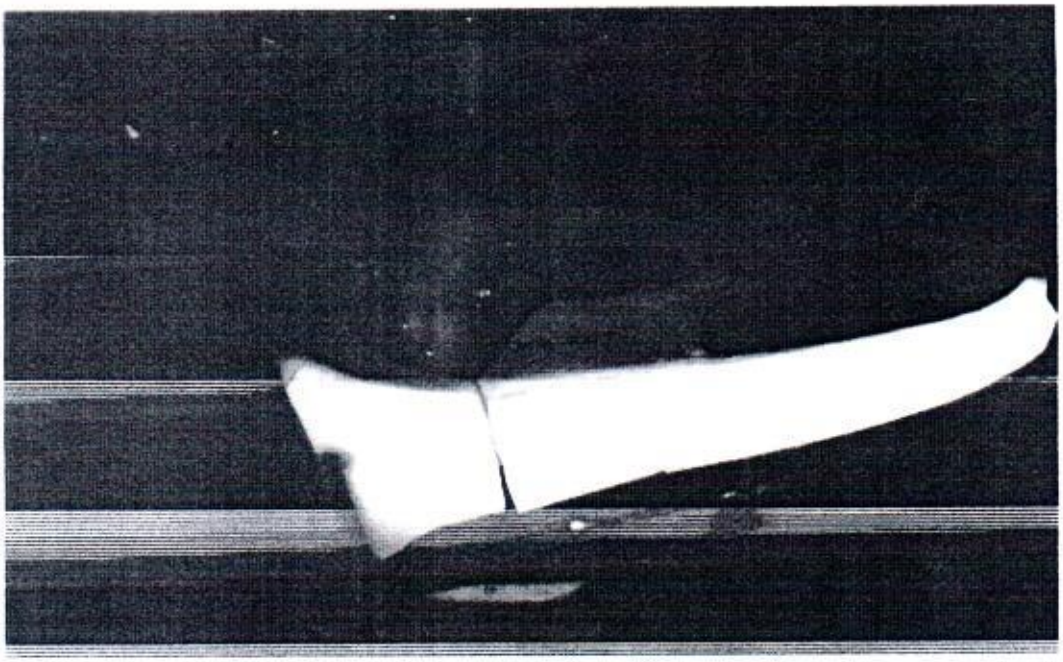


KETUA POLIS DAERAH
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN
80250 JOHOR BAHRU
JOHOR

Tel :072237977 Samb :

ID Jurugambar: S22595
No. Pengaduan: TRAFIK JOHOR BAHRU(S)/025321/18
Tarikh Cetak: 23/10/2018
Dicetak Oleh: R5190818





POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S) **Pegawai Penyiasat** : R104724
Daerah : J/BAHRU SELATAN
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/025320/18
Tarikh : 19/10/2018
Waktu : 1841 PM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot
Nama : MOHD KHAIRUL AMIRIN B. ZULKIFLI **No Personel :** R205097 **Pangkat :** KONST/P
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Paspot: ---
Alamat: ---
No K/P (Baru) : --- **No Polis/Tentera:** ---
Bahasa Asal : ---

Butir-butir Pengadu
Nama : LIEW CHON HIN
No K/P (Baru) : 701021015319 **No Polis/Tentera :** A1737906 **No Paspot :** ---
No Sijil Beranak : ---
Jantina : Lelaki **Tarikh Lahir :** 21/10/1970 **Umur :** 47 tahun 11 bulan
Keturunan : Cina **Warganegara :** Malaysia
Pekerjaan : SWASTA
Alamat Tempat Tinggal : NO 3269 JALAN SRI PUTRI 10/11 TAMAN SRI PUTRI 81000 KULAI JOHOR MALAYSIA
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel Rumah : --- No Tel (Pejabat) : --- No Tel (HP) : 016-7072950

Pengadu Menyatakan :
PADA 19/10/2018 JAM LEBIH KURANG 1830HRS SAYA MEMANDU SEBUAH MPV NO JGT928 DARI SINGAPORE HENDAK KE ECO BUSINESS PARK. SEMASA SAYA MEMANDU DI TAMBAK JOHOR JALAN LENGANG TIBA TIBA SEBUAH M/KAR NO SLB5826Z TELAH BERHENTI DI TENGAH JALAN DILORONG TENGAH DAN MENYEBABKAN SAYA TERLANGGAR BAHAGIAN BELAKANG M/KAR TERSEBUT. SAYA TIDAK CEDERA. KEROSAKAN M/KAR SAYA ADALAH BUMPER HADAPAN, BONET HADAPAN, LAMPU HADAPAN SEBELAH KANAN. LAIN LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu: Tandatangan Jurubahasa(Jika ada) : Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R5190818 | 23/10/2018 03:18:53 PM

KLINIK SHAKTHI & SURGERI

No.5, Jalan Setia Tropika 1/28, Taman Setia Tropika,
81200 Kempas, Johor.
Tel : 07-232 3399 / 07-232 0630 / 07-244 2169
Email : aravindajothi@yahoo.com

REFFERAL LETTER

DATE : 19 October 2018

DEAR DOCTOR :

Kindly Attend To Mr/Mdm/Miss/Baby : Rigayah bt Abdullah

Ic No. / Passport No. : 520033543

Past Medical History And Medication :

Current Medical History :

K/c/o hypothyroidism
done op 30 years ago
? thyroidectomy
on L-thyroxine

c/o trembling
Rt knee pain
localized,
tremor

Alleged MVA today
6.30pm
hit by van while tried
to avoid bus

O/E full ROM of knee 0—90° no crepit
slight tender @
[illegible]

Kindly see the patient and
do the needful.

Thank you

REFERING DOCTOR,

DR. ....

SIGNATURE : ....

KLINIK SHAKTHI & SURGERI

No. 5, Jalan Setia Tropika 1/28, Taman Setia Tropika,
81200 Kempas, Johor. Tel: 07-232 3399 / 07-244 2169
Fax: 07-232 0630 Whatsapp: 011-2838 0226

OFFICIAL RECEIPT
Resit Rasmi

Date: *Tarikh:* 19/10/18.

Receipt No.: *Resit No.:* 15315

Received From: *Diterima dari:* ROGAYAH BT ABDULLAH

The Sum of Ringgit: *Wang yang diterima:* EMPAT PULUH LAPAN RINGGIT SHJ

In Payment of: *Untuk bayaran:* RAWATAN PERUBATAN

RM 48-00

Cheque No.: *No. cek:*

Authorised Signature *Yang menerima*

Company Chop *Cop syarikat*

KLINIK SHAKTHI & SURGERI
No.5, Jalan Setia Tropika 1/28, Taman Setia Tropika,
81200 Kempas, Johor.
Tel : 07-232 3399 / 07-232 0630 / 07-244 2169
Email : aravindajothi@yahoo.com

REFFERAL LETTER

DATE : 19/10/18

DEAR DOCTOR :

Kindly Attend To Mr/~~Mdm/Miss/Baby~~ : ABDUL HAMID BIN HAJI ABDUL MANAN

Ic No. / Passport No. : S0047823G

Past Medical History And Medication :

Current Medical History :

71/malay/♀
k/c DM
HPT
dyslipidaemia

H/o alleged MVA today @ CIQ
6.30pm (19/10/18)

family was on the way from checkpoint entering malaysia.
during HRV, suddenly was bypassed by a bus

post trauma
c/o back pain
localised, throbbing in nature
& difficulty in ~~doing~~ praying especially bending.

o/e 1° survey clear
no lumbar tenderness.

Thank for seeing this patient, for your expert management.
Kindly do the needful
Δ CT of the back

REFERING DOCTOR,

DR. ....

SIGNATURE : ....

KLINIK SHAKTHI & SURGERI
No. 5, Jalan Setia Tropika 1/28, Taman Setia Tropika,
81200 Kempas, Johor. Tel: 07-232 3399 / 07-244 2169
Fax. 07-232 0630 Whatsapp: 011-2838 0226

OFFICIAL RECEIPT
Resit Rasmi

Date: *Tarikh:* 19/10/18

Receipt No.: *Resit No.:* 15[illegible]3

Received From: *Diterima dari:* ABDUL HAMID BIN HAJI ABDUL MANAN

The Sum of Ringgit: *Wang yang diterima:* ENAM PULUH RINGGIT SHJ

In Payment of: *Untuk bayaran:* RAWATAN PERUBATAN

RM 60-00

Cheque No.: *No. cek:*

Authorised Signature
Yang menerima

Company Chop
Cop syarikat

KLINIK SHAKTHI & SURGERI
No.5, Jalan Setia Tropika 1/28, Taman Setia Tropika,
81200 Kempas, Johor.
Tel : 07-232 3399 / 07-232 0630 / 07-244 2169
Email : aravindajothi@yahoo.com

REFFERAL LETTER

DATE : 19/10/18

DEAR DOCTOR :

Kindly Attend To Mr/Mdm/Miss/Baby : NURUL HUDA BINTI ABDULLAH

Ic No. / Passport No. : S8933266D

Past Medical History And Medication :

Current Medical History :

29 / Singaporean / ♀

H/o alleged MVA 7/12 ago

& hospital charge physiotherapy

alleged MVA today at 6.30 pm

tried to avoid bus, @ near CIQ, was hit from back by car

post trauma

c/o neck pain

tolerable

O/E full ROM of neck

able to extend neck

c/o shoulder pain - full ROM.

STI of neck & shoulder

Thank you for seeing this patient

kindly do the needful for this patient

REFERING DOCTOR,

DR.

SIGNATURE :

KLINIK SHAKTHI & SURGERI
No. 5, Jalan Setia Tropika 1/28, Taman Setia Tropika,
81200 Kempas, Johor. Tel: 07-232 3399 / 07-244 2169
Fax: 07-232 0630 Whatsapp: 011-2838 0226

OFFICIAL RECEIPT
Resit Rasmi

Date: *Tarikh:* 19/10/18

Receipt No.: *Resit No.:* 15374

Received From: *Diterima dari:* NURUL HUDA BINTE ABDUL HAMID.

The Sum of Ringgit: *Wang yang diterima:* LIMA PULUH TIGA RINGGIT SHJ

In Payment of: *Untuk bayaran:* RAWATAN PERUBATAN

RM 53-00

Cheque No.: *No. cek:*

Authorised Signature
Yang menerima

Company Chop
Cop syarikat

KLINIK SHAKTHI & SURGERI

No. 5, Jalan Setia Tropika 1/28, Taman Setia Tropika,
81200 Kempas, Johor. Tel: 07-232 3399 / 07-244 2169
Fax: 07-232 0630 Whatsapp: 011-2838 0226

OFFICIAL RECEIPT
Resit Rasmi

Date: *Tarikh:* 19/10/18

Receipt No.: *Resit No.:* 15376

Received From: *Diterima dari:* NABILAH MAISARAH BINTE MUHAMMAD IMRAN

The Sum of Ringgit: *Wang yang diterima:* DUA PULUH LIMA RINGGIT SHJ

In Payment of: *Untuk bayaran:* RAWATAN

RM 25-00

Cheque No.: *No. cek:*

Authorised Signature
Yang menerima

KLINIK SHAKTHI & SURGERI
NO. 5, JALAN SETIA TROPIKA 1/28,
Company Chop
Cop syarikat

TEL: FAX: 07-232 0630
E-mail: ...@yahoo.com

KLINIK SHAKTHI & SURGERI

No. 5, Jalan Setia Tropika 1/28, Taman Setia Tropika,
81200 Kempas, Johor. Tel: 07-232 3399 / 07-244 2169
Fax: 07-232 0630 Whatsapp: 011-2838 0226

OFFICIAL RECEIPT
Resit Rasmi

Date: *Tarikh:* 19/10/18

Receipt No.: *Resit No.:* 15377

Received From: *Diterima dari:* NAUFAL MIRZA BIN MUHAMMAD IMRAN

The Sum of Ringgit: *Wang yang diterima:* DUA PULUH LIMA RINGGIT SHJ

In Payment of: *Untuk bayaran:* RAWATAN

RM 25-00

Cheque No.: *No. cek:*

Authorised Signature
Yang menerima

Company Chop
Cop syarikat

...@yahoo.com

THIS PASSPORT IS VALID FOR ALL COUNTRIES
EXCEPT THE FOLLOWING:

Passenger

PASSPORT REPUBLIC OF SINGAPORE

Type: PA
Country Code: SGP
Passport No: K0312636K

Name:
ABDUL HAMID BIN HAJI ABDUL MANAN
(A HAMID BIN HJ A MANAN)

Sex: M
Nationality: SINGAPORE CITIZEN
Date of birth: 20 OCT 1947
Place of birth: SINGAPORE
Date of issue: 08 MAR 2018
Authority: MINISTRY OF HOME AFFAIRS
Date of expiry: 08 DEC 2023
Modifications: SEE PAGE 2
National ID No: S0047823G

PASGPABDUL<HAMID<BIN<HAJI<ABDUL<MANAN<<<<<<<
K0312636K1SGP4710206M2312086S0047823G<<<<<26

THIS PASSPORT IS VALID FOR ALL COUNTRIES
EXCEPT THE FOLLOWING:

Passenger

PASSPORT REPUBLIC OF SINGAPORE

Type: PA
Country Code: SGP
Passport No: K0203859N

Name:
ROGOYAH BT ABDULLAH

Sex: F
Nationality: SINGAPORE CITIZEN
Date of birth: 24 MAR 1953
Place of birth: MALAYSIA
Date of issue: 26 JAN 2018
Authority: MINISTRY OF HOME AFFAIRS
Date of expiry: 26 OCT 2023
Modifications: SEE PAGE 2
National ID No: S2003394J

PASGPROGOYAH<BT<ABDULLAH<<<<<<<<<<<<<<<<<<<<
K0203859N4SGP5303245F2310266S2003394J<<<<<84

* Reported on 24/10/2018 @ 1450hrs.

ACCIDENT STATEMENT

ACCIDENT DATE: (19/10/2018) (DD/MM/YYYY), TIME: (18:50) (HH:MM)

LOCATION: CIQ M'SIA CAUSEWAY.

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: ~~SLB5886Z~~ SLB5826Z
   b) INSURANCE COMPANY: ____
   c) POLICY NUMBER: ____
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: ____
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: ____
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. **INSURED / POLICY HOLDER**
   A) NAME: ____ (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: ____ CONTACT: ____
   c) ADDRESS: ____

* OWNER came to report and give detail

* CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

*No of passenger (Including driver) (5)

Passengers { 1 - male, 3 - Female

3. **DRIVER**
   a) NAME: ____ (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: ____ CONTACT: 97527236
   c) ADDRESS: ____
   *d) DATE OF BIRTH: (__/__/____) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) YEARS OF DRIVING EXPRERIENCE: ____

OWNER Father

Daughter Driver

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ____
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS ____)
   b) ROAD SURFACE: (DRY / WET / OTHERS ____)
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
   IF YES, PLEASE STATE WHICH POLICE STATION: ____
8. **THIRD PARTY VEHICLE**
   a) VEHICLE NUMBER: Unknown MODEL: ____
   b) DRIVER'S NAME: ____
   c) NRIC/FIN/PASSPORT: ____ CONTACT: ____

*No of passenger (Including driver) (__)

Bus

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: ____ MODEL: ____
   e) DRIVER'S NAME: ____
   f) NRIC/FIN/PASSPORT: ____ CONTACT: ____

*No of passenger (Including driver) (__)

gayahamid@hotmail.com

Driver was not present ??

email = ~~[illegible]@hotmail.com~~

fax = gayahamid@hotmail.com ✓

VIDEO =

? Waiting for Sketch Plan for Driver to sign & DL & IC ← ok ✓

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8933266D

Name

NURULHUDA BINTE ABDUL HAMID

نورولحودا بنت عبدول حميد

Race
MALAY

Sex
F

Date of birth
25-09-1989

Country/Place of birth
SINGAPORE

S8933266D

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8933266D

Name:

NURULHUDA BINTE ABDUL HAMID

Birth Date: 25 Sep 1989

Issue Date: 16 Jul 2015

002452213E

5306991

NRIC No. S8933266D

Date of issue
23-04-2014

Address
APT BLK 415 EUNOS ROAD 5
#09-40
SINGAPORE 400415

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

			EFFECTIVE DATE
C	Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	11 Nov 2015
	Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	16 Jul 2015

S / No.9000226284

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601

› Change Language › Change Password › Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SLB5826Z

Date of Accident 19/10/2018 18:50

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5090132134-01		ABDUL HAMID B HAJI ABDUL MANAN	S0047823G	GPC	drivo CLASSIC	SLB5826Z	SLB5826Z	14/04/2018	13/04/2019

Continue

Policy Information

Policy No.	5090132134-01	Policyholder Name	ABDUL HAMID B HAJI ABDUL M/	Policyholder NRIC	S0047823G
Certificate No.					
Address	BLK 415 #09-40 EUNOS ROAD 5 SINGAPORE 400415				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	11/04/2018	Effective Date	14/04/2018 00:00	Expiry Date	13/04/2019 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	TAN YONG SOON (CHEN YONGS	Agent Tel.	97628965	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 415 #09-40	Address 2	EUNOS ROAD 5	Address 3	SINGAPORE 400415
Address 4		Address Type	Singapore address	Post Code	400415
Unit No.		Related Policy Number	5051136947-07		

Insured Object: SLB5826Z

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1017692

Policy No.	5090132134-01	Vehicle No.	SLB5826Z	GST Registration Nr
Certificate No.				
Policyholder Name	ABDUL HAMID B HAJI ABDUL MANAN			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	97527236	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

Accident Details

Report Date	30/10/2018 10:04	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/10/2018	Time of Accident hh:mm	18:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	CIQ MALAYSIA CAUSEWAY			

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00	
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 415 #09-40	Address 2	EUNOS ROAD 5	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5051136947-07	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NURULHUDA BINTE ABDUL HAM	Driver NRIC	S8933266D	Driver DOB
Register Date of Driver License	16/07/2015	Driver Age	29	Driving Experience
Contact No.(Mobile)	97527236	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 415 #	Address 2	EUNOS ROAD 5	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.		Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ◉ No

Modification History

Claim 001 OD-MX **New**

Claim Type *		OD-MX	Insured Name ABDUL
Contact No.(Mobile)			Contact No. (Home) 674963
Email Address			OI Vehicle Number SLB582
Claim Description		SLB5826Z / UNKNOWN ON 19 Oct 2018	
Preferred Workshop		Insured Liability Partially at Fault	
Contact No.			
Finalisation	Yes	Preferred Repair Option Preferred Workshop, Name unknown	GIA report Received
Date Registered		30/10/2018 10:13	Claim Close Date
Report Taken By			Workshop Repairer

✓ Print AK letter

Save | Submit

Attachment

Accident No.	MT/1017692	Claim No.	001
Last Doc. Received	(•) Yes ( ) No	Upload Date	30/10/2018 10:15

Path *		Category *	Confidential
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO
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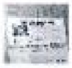
Choose File No file chosen	Clear	Please Select	NO
Choose File No file chosen	Clear	Please Select	NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 10:13	NRIC/ Driving License		Normal	NRIC/ Driving L
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 10:09	Photos		Normal	Photos :
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Oct 2018 10:09	Photos		Normal	Photos :

Video List

Uploaded By/Date	Folder Date	File Name