

NATIONAL Assessment Centre Services (wef 10 Jan 2005)

Date In: 11/03/2019 17:01	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC19004378/K4	E-mail (within 8hrs. AIC 2hrs):		
Veh No: GBG8746T	i-Motor Claim Form: MT/1035633-001	12/3/19 17:03	
DOA: 08/3/2019 06:30	i-Motor W/O (Within: OD 2hrs. TP 4hrs):		
OD: TP Reporting Only	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: XE1104S 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
12/3/19 5:21PM	I have E-mail to 'patrick.tan@income.com.sg' regarding the vehicle mention to the preferred workshop of Premier @ Kaki Bukit Gate 2.
1/4/2019 10:28AM	Send E-mail to ODSupport@income.com.sg - For outcome. ?

NA1902322

Claimant's Particulars :-	Invoice Preparation Checklist	
	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
C Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) iT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
1. 2/3:	7) N1: Idac 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: 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 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	11/03/2019 17:01
Date Of Accident	08/03/2019 06:30
Exact Location Of Accident	JUNC OF WOODLANDS AVE 12 TWDS GAMBAS AVE (LPNO:2)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBG8746T
Insured/Policyholder	
Name Of Registered Owner	BAN CHUAN TRADING & ENGINEERING PTE LTD
Co Reg No	199000185N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93673075
Alternative Phone No	OFFICE-93673075
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097964714
Cover Note Number	
Driver	
Name of Driver	MUHAMMED ARAFAT S/O MOHAMED MUSTAFFA
NRIC No	S8938129J
Date Of Birth	02/11/1989
Occupation	INDOOR
Date Of Driving Pass	08/07/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93673075
Fax Number	
Contact Number	OTHERS-93673075
Email Address	NOEMAIL

Address	BLK 550A SEGAR ROAD #13-614
Postcode	671550
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190309/2029

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	XE1104S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MUHAMMED ARAFAT S/O MOHAMED MUSTAFFA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG8746T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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:

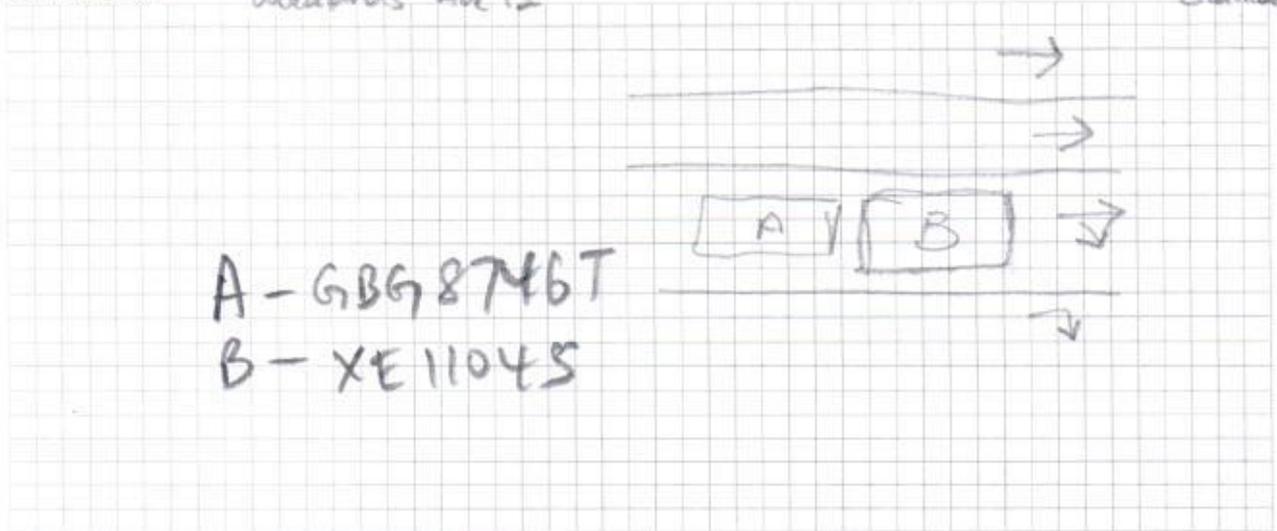
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Junction of

Woodlands Ave 12

Granby Ave

SKETCH PLAN



A - GBG 8746T
 B - XE 1104S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report - T/20190309/2029

DECLARATION

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



Policyholder's Signature
 Date & Time:

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

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

11/3/2019



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMED ARAFAT S/O MOHAMED MUSTAFFA	ID No.	S8938129J
Related Vehicle	GBG8746T (Lorry)	Contact No.	93673075
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/03/2019	Date Discharge	08/03/2019
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Details.

On 08/03/2019 at about 0630hrs, I was in my vehicle (GBG8746T) in Lane 2 of Woodlands Avenue 12 at the junction of Woodlands Avenue 12 and Gambas Avenue. The lane that I was in allowed vehicles to go straight along Woodlands Avenue 12 or turn right into Gambas Avenue. I was queuing up behind another vehicle (XE1104S). The vehicle signaled his intention to turn right into Gambas Avenue. As I was not going to turn right, I signaled my intention to filter to Lane 3 to proceed straight. As I was filtering, a motorcycle abruptly cut into Lane 3 from Lane 2. I was taken by surprise and swerved back into Lane 2. In a state of panic, I accidentally stepped on the accelerator instead of the brakes. My vehicle surged forward and collided into the rear of XE1104S. My vehicle incurred serious damages as the whole front portion was dented in and the front window was shattered. My chest hit the steering wheel and my head hit against the headrest. I was in great pain and was unable to exit my vehicle via the driver door. A passerby assisted to help me out of the vehicle via the front passenger door. I managed to sit at the road divider before passing out shortly. Traffic Police and ambulance were at scene and I was conveyed to Khoo Teck Puat Hospital via ambulance. I suffered a fracture on my last right toe and minor cuts all over my body. I was discharged at night on 08/03/2019 and was given 14 days of hospitalization leave. I did not manage to get the particulars of the other driver involved.

A TP IO informed me to lodge an accident report and informed me of my case number (L/20190308/0054). I have an in-car camera installed in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190309/2029

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20190309/2029

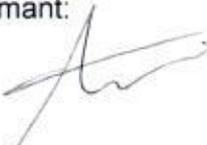
CONTINUATION OF REPORT

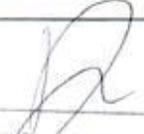
Sketch Plan

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 MUHAMMAD DANIAL ISKANDAR BIN MOHAMED SALIM
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL Contact No.: 65476131

Signature Of Informant: 
Date/Time: 09/03/2019 10:40
Classification Of Case:

Authentication Stamp NP168 Signature:  Singapore Police Force

Reported on 11/3/2019 @ 1440 hrs

ACCIDENT STATEMENT

ACCIDENT DATE: 08/03/2019 (DD/MM/YYYY), TIME: (06:30) (HH:MM) ^{AM}

LOCATION: Junc of Woodlands Ave 12 towards Gombas Ave (LP No: 2)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBG 8746T
- 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) (OD) ✓
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 93673075
- c) ADDRESS: _____

- *d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: _____

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) Body

7. a) REPORTED TO POLICE (YES / NO) _____
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XE1104S 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: _____

CONTACT: Premier @ Kaki Bukit Gate 2
NO: 8 Kaki Bukit Ave 2
#07-48
Rosan, 90683033

Admin @ bandhuan.com.sg

Email = Admin @ bandhuan.com.sg

fax = 62948166

VIDEO =

In Town In
to idac
today
11/3/2019
@ 1435
A key in vehicle

Go to Preferred workshop
 NTUC Income Motor Service Centre, 81 Ubi Ave 4 #01-12/19
 HP: 6788 6616 (Claim Assistance) U.B One, Singapore 408330

* No of passengers (including driver) (1)

* No of passenger (including driver) ()

* No of passenger (including driver) ()

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S8938129J**



Name
**MUHAMMED ARAFAT S/O
 MOHAMED MUSTAFFA**

Race
INDIAN

Date of birth: **02-11-1989** Sex: **M**

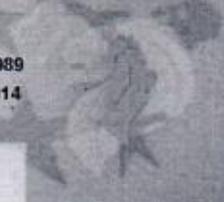
Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S8938129J**
 Name
**MUHAMMED ARAFAT S/O
 MOHAMED MUSTAFFA**

Birth Date **02 Nov 1989**
 Issue Date **14 Apr 2014**


002294956F

3836400



NRIC No: **S8938129J**



Date of issue
16-11-2004

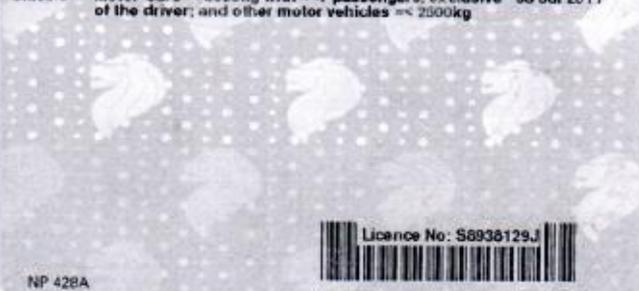
APT BLK 550A SEGAR ROAD #13-614
 SINGAPORE 671550

NRIC No: **S8938129J** Date: **16/12/2015**

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

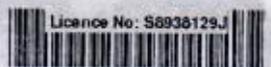
Class 5 **Motor Cars <= 2000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2000kg**

EFFECTIVE DATE
08 Jul 2011



NP 428A

Licence No: **S8938129J**



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No. Date of Accident
 Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5097964714		BAN CHUAN TRADING & ENGINEERING PTE LTD	199000185N	GCV	Preferred Workshop Plan	GBG8746T	GBG8746T	07/02/2018	28/05/2019

▼ **Policy Information**

Policy No.	5097964714	Policyholder Name	BAN CHUAN TRADING & ENGINE	Policyholder NRIC	199000185N
Certificate No.					
Address	BLK 637 #02-123 VEERASAMY ROAD SINGAPORE 200637				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/02/2018	Effective Date	07/02/2018 00:00	Expiry Date	28/05/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 637 #02-123	Address 2	VEERASAMY ROAD	Address 3	SINGAPORE 200637
Address 4		Address Type	Singapore address	Post Code	200637
Unit No.		Related Policy Number	5107699075		

▶ **Insured Object: GBG8746T**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	30/05/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 07 Feb 2018 TO 28 May 2019 In view of this amendment, an additional premium of \$474.96 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

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 : 5097964714

Cover : Preferred Workshop Plan

- | | |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : GBG8746T |
| Chassis Number | : JTFAT35Y40K209295 |
| 2. Name of Policyholder | : BAN CHUAN TRADING & ENGINEERING PTE LTD |
| 3. Effective Date of Insurance | : 07 Feb 2018 |
| 4. Expiry Date of Insurance | : 28 May 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. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HL BANK
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)

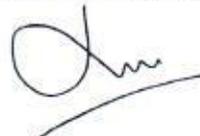
Agency : ABWIN PTE LTD (00000614234)
 Date of Issue : 07 Feb 2018 09:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097964714		BAN CHUAN TRADING & ENGINEERING PTE LTD	199000185N	GCV	Preferred Workshop Plan	GBG8746T	GBG8746T	07/02/2018	28/05/2019

Continue

▼ **Policy Information**

Policy No.	5097964714	Policyholder Name	BAN CHUAN TRADING & ENGINE	Policyholder NRIC	199000185N
Certificate No.					
Address	BLK 637 #02-123 VEERASAMY ROAD SINGAPORE 200637				
Product Name	COMMERCIAL VEHICLE INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	07/02/2018	Effective Date	07/02/2018 00:00	Expiry Date	28/05/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 637 #02-123	Address 2	VEERASAMY ROAD	Address 3	SINGAPORE 200637
Address 4		Address Type	Singapore address	Post Code	200637
Unit No.		Related Policy Number	5107699075		

▶ **Insured Object: GBG8746T**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	30/05/2018 00:00	POI Extension/Shorten	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 07 Feb 2018 TO 28 May 2019 In view of this amendment, an additional premium of \$474.96 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.

Claim Handling

Accident MT/1035633

Policy No.	5097964714	Vehicle No.	GBG8746T	GST Registration No.
Certificate No.				
Policyholder Name	BAN CHUAN TRADING & ENGINEERING PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading
Contact No.(Mobile)	93673075	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ **Accident Details**

Report Date	12/03/2019 16:52	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/03/2019	Time of Accident hh:mm	06:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNC OF WOODLANDS AVE 12 TWDS GAMBAS AVE (LPNO:2)			

▼ **Excess**

Own damage Excess	600.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	Yes	GST Registration Date	01/01/20
GST Registration No.	M200908830	GST Status Verified	No
Modification History			

▼ **Policyholder Mailing Address**

Address 1	BLK 637 #02-123	Address 2	VEERASAMY ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5107699075	

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	MUHAMMED ARAFAT S/O MOHAJ	Driver NRIC	S8938129J	Driving Experience
Register Date of Driver License	08/07/2011	Driver Age	29	Contact No.(Home)
Contact No.(Mobile)	93673075	Contact No.(Office)	0	Address 3
Address 1	BLK 550A #	Address 2	SEGAR ROAD	Post Code
Address 4	SINGAPORE 671550	Address Type	Singapore address	
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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-MD

New

Claim Type *	OD-MD	Insured Name	BAN CHUAN TRADING & ENGINEERING PTE LTD
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	GBG8746T
Claim Description	GBG8746T / XE1104S ON 8 Mar 2019		
Preferred Workshop	PREMIER@KAKIBUKITGATE	Insured Liability	Partially at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	12/03/2019 17:04
		Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1035633 Claim No. 001
 Last Doc. Received Yes No Upload Date 12/03/2019 16:55

Path *	Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2019 17:03	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2019 17:02	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2019 17:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2019 17:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2019 17:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2019 17:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2019 17:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2019 17:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2019 17:01	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2019 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2019 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2019 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2019 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2019 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2019 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2019 17:00	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Mar 2019 17:00	Photos	Normal	Photos

LKK Paya Ubi

From: Patrick Tan Teck Boon <patrick.tan@income.com.sg>
Sent: Tuesday, 12 March 2019 5:39 PM
To: NAC PU (rspu@lkkauto.com); ODsupport
Subject: FW: REGARDING VEHICLE NO: GBG8746T / CLAIM NO: MT/1035633-001 / OD / PREFERRED WORKSHOP /
Attachments: GBG8746T_08032019.PDF

Hi Krishna

Please send to odsupport@income.com.sg

Regards

Patrick Tan
Manager
Motor Insurance
T +65 6430 7978
www.income.com.sg



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in with you

From: LKK Paya Ubi [mailto:rspu@lkkauto.com]
Sent: Tuesday, 12 March, 2019 05:21 PM
To: Patrick Tan Teck Boon <patrick.tan@income.com.sg>
Subject: REGARDING VEHICLE NO: GBG8746T / CLAIM NO: MT/1035633-001 / OD / PREFERRED WORKSHOP /

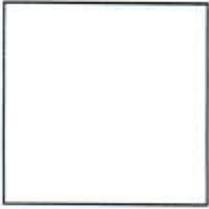
Hi

Pls note that the vehicle no: GBG8746T / Claim no: MT/1035633-001 / OD / Tow out from idac ubi to preferred workshop : Premier@kakibukit gate 2 .
May I know the out come asap.

Thank You,

Krishnasamy (Admin)

NATIONAL ASSESSMENT CENTRE SERVICES
51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933 Tel: 68410055 Fax : 68416315



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LKK Paya Ubi

From: ODsupport <ODsupport@income.com.sg>
Sent: Monday, 1 April 2019 10:42 AM
To: LKK Paya Ubi; ODsupport
Subject: RE: REGARDING VEHICLE NO: GBG8746T / CLAIM NO: MT/1035633-001 / OD / PREFERRED WORKSHOP /

Dear Krishnasamy

This is a Preferred workshop Plan, we will take over from here,

There will be no damage assessment at your end,

Thank you.

With Regards

Theresa Vimala
Senior Administrator
Motor Insurance
T +65 6430 7898
www.income.com.sg

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made different



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From: LKK Paya Ubi [mailto:rspu@lkkauto.com]
Sent: Monday, 1 April 2019 10:28 AM
To: ODsupport <ODsupport@income.com.sg>
Subject: REGARDING VEHICLE NO: GBG8746T / CLAIM NO: MT/1035633-001 / OD / PREFERRED WORKSHOP /

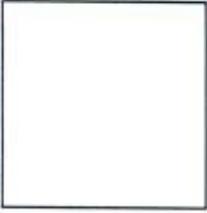
Hi

Pls note that the vehicle no: GBG8746T / Claim no: MT/1035633-001 / OD / Tow out from idac ubi to preferred workshop : Premier@kakibukit gate 2 .
May I know the out come asap.

Thank You,

Krishnasamy (Admin)

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51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933 Tel: 68410055 Fax : 68416315



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