

NATIONAL Assessment Centre Services

Date In	23/03/2019 15:48	Job description	Date & Time Completed	Done by
Ref No	NA/INC19005246/K4	SAS e-filing		
Ph No	SFW 5844G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A	23/03/2019 07:50	i-Motor Claim Form	MT/1037190-001	25/3/19 1030
OD TP Reporting Only		i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No:	
Owner / Driver: (SLN50645 INC () / Non-INC ()	
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

NAI902133	Invoice Preparation Checklist	Unit (\$)	Unit (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Est. Bill	Add. Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
IC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Author's Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	23/03/2019 15:48
Date Of Accident	23/03/2019 07:50
Exact Location Of Accident	2 COOK STREET SIX SENSES MAXWELL HOTEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW5844G
Insured/Policyholder	
Name Of Registered Owner	JOHARI BIN MOHD YACOB
NRIC No	S7421257C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93803160
Alternative Phone No	OTHERS-93803160

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L AT RSZ
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096198369-01
Cover Note Number	

Driver

Name of Driver	JOHARI BIN MOHD YACOB
NRIC No	S7421257C
Date Of Birth	27/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2003
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93803160
Fax Number	
Contact Number	OTHERS-93803160
Email Address	NOEMAIL

Address	BLK 428 TAMPINES STREET 41 #02-475
Postcode	520428
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190323/2089

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	SLN5064S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KAY BENG
NRIC/Passport Number	
Contact Number	84331562
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JOHARI BIN MOHD YACOB

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SFW5844G

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:

 23/3/2019

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

SKETCH PLAN

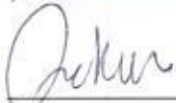
Pls Refer to the Attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

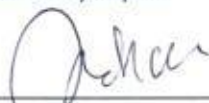
Pls Refer to the Attached

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:

 23/3/2019

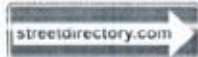
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Business Property Loan
Purchase or Refinance for
more value
Receive up to \$500 in shopping vouchers

Apply online

T&C apply



Cook Street

Location of Company

Cook Street

Map Directions

Map

Building Directory

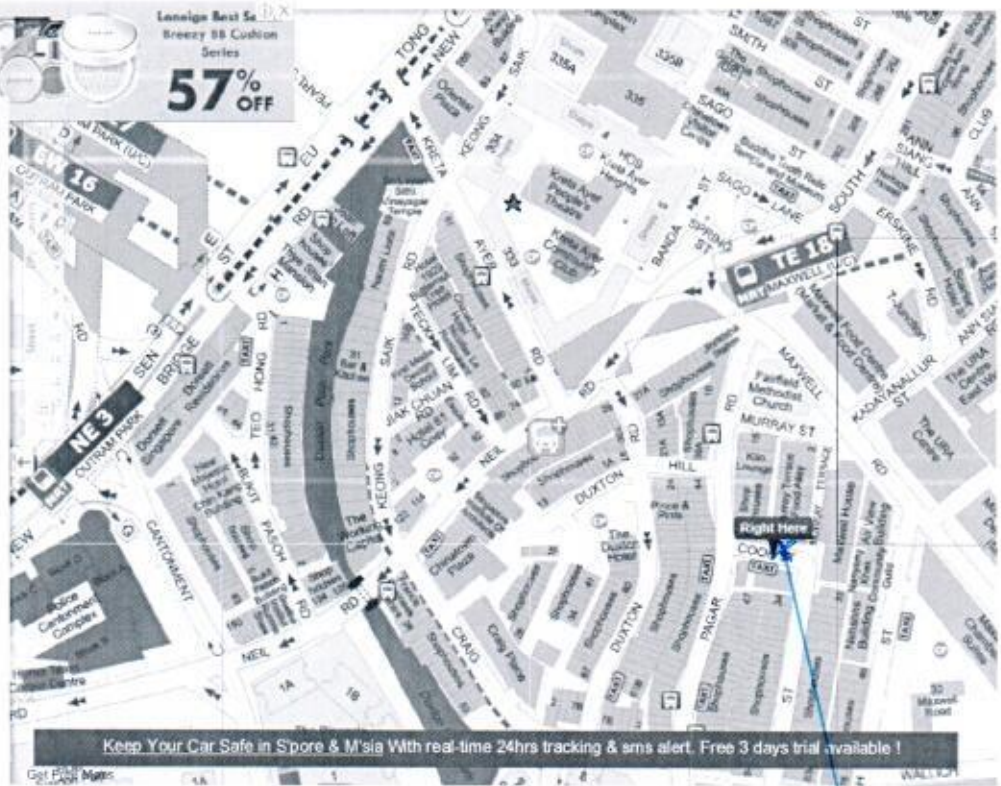
What's Nearby

Get Tips

Getting Here

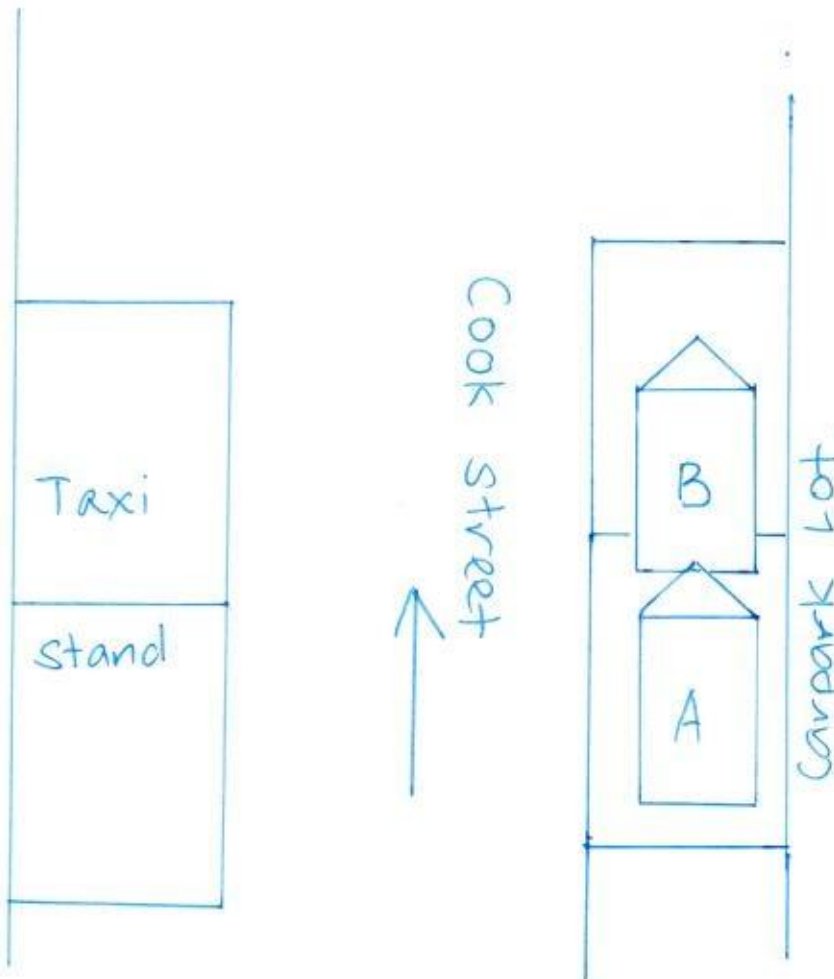


5 Things You Shouldnt Do
If Hes Cheating On You



Keep Your Car Safe in Spore & M'sia With real-time 24hrs tracking & sms alert. Free 3 days trial available!

Accident
site



A - SFW5844G

B - SLN5064S

John

Accident Statement

On 23rd March 2019 around 0750Hrs, I was driving my vehicle (SFW5844G), picking up a customer from Six Sense Maxwell Hotel along No. 2 Cook Street. While waiting for the customer to board my car, suddenly a vehicle (SLN5064S) in front of me reversed abruptly and hit onto my vehicle. The driver of the third party vehicle then quickly drove off left the accident scene without alighting to exchange particulars. A Caucasian lady, Marion (Contact No: 9178 4594) whom clearly witnessed the accident event approached me and informed the driver of the third party vehicle was the driver of her Go-Car booking. She provided me with the driver's particular and relevant information. I wish to state that my vehicle was stationary when the accident happened. I have immediately reported this hit and run incident to the police post (refer attached). I'm making a claim against third party.



Name: Johari Bin Mohd Ya'cob
I/C: S7421257C

— and Refer to the Police Report —
T/20190323/2089



SINGAPORE POLICE FORCE



T/20190323/2089

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

1 of 4

Report No. T/20190323/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2019 13:46	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars

Name of Informant: JOHARI BIN MOHD YA'COB			Address: APT BLK 428 TAMPINES STREET 41 #02-475 SINGAPORE 520428		
ID Type / ID No.: NRIC NO / S7421257C			Contact No.: Home/Office: Mobile: 93803160		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 27/06/1974	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/03/2019 07:50	Type of Location: PARKING LOT
Location: COOK STREET 2 Cook Street, Six Senses Maxwell Hotel				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFW5844G	Car	HONDA	STREAM 1.8L AT RSZ	Grey	Seriously Damaged	0
SLN5064S	Car				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFW5844G	NTUC Income Insurance Co-Operative Limited	5096198369-01	17/01/2019	16/01/2020



Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20190323/2089

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JOHARI BIN MOHD YA'COB	ID No.	S7421257C
Related Vehicle	SFW5844G (Car)	Contact No.	93803160
Hospital/Clinic	MEDICARE ASSOCIATES	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/03/2019	Date Discharge	23/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Tan Kay Beng	ID No.	NIL
Related Vehicle	SLN5064S (Car)	Contact No.	84331562
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 23/03/2019 at about 07:50am, I was at 2 Cook Street, Six Senses Maxwell Hotel to pick up a customer for a "Grab" ride. I then proceeded to park my vehicle (Vehicle Number: SFW5844G) at the parking lot of the hotel, right in front of me there was another parked vehicle (Vehicle Number: SLN5064S). I was awaiting for my customer when suddenly the car which is parked in front of me reversed and hit onto the bumper of my vehicle. The vehicle whom had hit onto me then quickly drove off. The driver did not come out of the vehicle to exchange particulars. I am sure that he is aware that he had reversed into my vehicle.

A lady (Name: Marion, Contact: 91784594) whom witnessed the accident then came up to me and informed me that the driver whom had reversed into my vehicle is her Grab Driver. The lady then passed me the information of the driver's name and car plate number which is displayed on the "Grab" application.

I want to state that this accident had caused my front bumper to crack and dented. My neck is also injured due to the accident and I had visited Medicare Associates located at 482 Tampines Street 43 #01-26, and I was awarded 3 days medical certificate.



**SINGAPORE
POLICE FORCE**



T/20190323/2089

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

3 of 4

Report No. T/20190323/2089

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190323/2089

4 of 4

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20190323/2089

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:
G /
Sgt 1 CHUN KHANG YEE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
23/03/2019 13:46

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (23/3/2019) (DD/MM/YYYY), TIME: (07:50) (HH:MM) ^{Am}

LOCATION: 2 Cook Street, Six senses Maxwell Hotel

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFW5844G
 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:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 93803160
 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) OWNER

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: SLN5064S MODEL: *No of passenger (Including driver) (-)
 b) DRIVER'S NAME: TAN KAY BENG
 c) NRIC/FIN/PASSPORT: CONTACT: 84331562

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL: *No of passenger (Including driver) (-)
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

email =

fax =

Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7421257C**


Name
JOHARI BIN MOHD YA'COB


Race
INDIAN


Date of Birth
27-06-1974

Sex
M

Country of Birth
SINGAPORE









A0116110

NRIC No. **S7421257C**



Blood Group
A+

Date of issue
23-03-2002

APT. BLK 428 TAMPINES STREET 41 #02-475
SINGAPORE 520428

NRIC No. **S7421257C** Date: **04/07/2010** No: **6475822**

Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7421257C**
Name: **JOHARI BIN MOHD YA'COB**

Birth Date: **27 Jun 1974**
Issue Date: **26 Sep 2003**

000864598K




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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which, unladen does not exceed 2500 kilograms	26 Sep 2003

NP 428A

Licence No: S7421257C



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 : 5096198369-01

Cover : Comprehensive

- | | |
|--|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : SFW5844G |
| Chassis Number | : JHMRN68809C200441 |
| 2. Name of Policyholder | : JOHARI BIN MOHD YACOB |
| 3. Effective Date of Insurance | : 17 Jan 2019 |
| 4. Expiry Date of Insurance | : 16 Jan 2020 |
| 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 or Hirer's business. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business. | |
- This Policy does not cover:
- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) 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\$2,000
EXCESS (SECTION 2)	: S\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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 : GRABCAR PTE. LTD. (00000601726)

Date of Issue : 10 Jan 2019 23:47 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.	<input type="text"/>	Date of Accident	<input type="text" value="23/03/2019 07:50"/>
Vehicle No.(For Motor)	<input type="text" value="SFW5844G"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5096198369-01		JOHARI BIN MOHD YACOB	S7421257C	GCV	Comprehensive	SFW5844G	SFW5844G	17/01/2019	16/01/2020

▼ Policy Information

Policy No.	5096198369-01	Policyholder Name	JOHARI BIN MOHD YACOB	Policyholder NRIC	S7421257C
Certificate No.					
Address	BLK 428 #02-475 TAMPINES STREET 41 SINGAPORE 520428				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy issue Date	10/01/2019	Effective Date	17/01/2019 00:00	Expiry Date	16/01/2020 23:59
Third Party Excess	2000	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	GRABCAR PTE. LTD.	Agent Tel.	65703925	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	BLK 428 #02-475	Address 2	TAMPINES STREET 41	Address 3	SINGAPORE 520428
Address 4		Address Type	Singapore address	Post Code	520428
Unit No.	02-475	Related Policy Number	5096198369-01		

► Insured Object: SFW5844G

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Accident MT/1037190

Policy No.	5096198369-01	Vehicle No.	SFW5844G	GST Registration No.
Certificate No.				
Policyholder Name	JOHARI BIN MOHD YACOB			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	93803160	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input 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	25/03/2019 10:27	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/03/2019	Time of Accident hh:mm	07:50	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	2 COOK STREET SIX SENSES MAXWELL HOTEL			

▼ Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess		
Third Party Excess	2,000.00	Outside Singapore TP Excess		

▼ 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 428 #02-475	Address 2	TAMPINES STREET 41	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-475	Related Policy Number	5096198369-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	JOHARI BIN MOHD YACOB	Driver NRIC	S7421257C	Driver DOB
Register Date of Driver License	26/09/2003	Driver Age	44	Driving Experience
Contact No.(Mobile)	93803160	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 428	Address 2	TAMPINES STREET 41	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-475			
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-MX

New

Claim Type *	OD-MX	Insured Name	JOHARI
Contact No.(Mobile)	93803160	Contact No.(Home)	NIL
Email Address		Vehicle Number	SFW5844G
Claim Description	SFW5844G / SLN5064S ON 23 Mar 2019		
Preferred Workshop	Insured Liability	Partially at Fault	
Report No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received		
Report Taken By		Claim Close Date	25/03/2019 10:36
Print AK letter		Workshop Repairer	

Save Submit

Attachment



Accident No. MT/1037190 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 25/03/2019 10:30

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

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Message Read

Clear

Clear

Clear

Clear

Clear

Clear

Clear

Category *

Confidential

Please Select NO

Please Select NO

Please Select NO

Please Select NO

Please Select NO

Please Select NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 10:36	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 10:36	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 10:34	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 10:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 10:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 10:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 10:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 10:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 10:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 10:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 10:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 10:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 10:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 10:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 10:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 10:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 10:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Mar 2019 10:31	Photos	Normal	Photos