	Jcb description	Date &Time Completed	Done	by
Date In: 1941.9-15: 79		Date to I time completed	20110	
Res No: NAJINKIGODER 76/24	SAS e-filing	-		
Vch No: 1144470713	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 16/4/19- 19-20	i-Motor Claim Form	100-(Egohollum	17/1/19 14	1:17
OD / (P) Reporting Only	i-Motor W/O (Within: OD 2)	rs, TP 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	to Owner/Wksp	Mala and a second second	
Preferred Wksp / INC Assign Wksp / QV	V: (	Tol: F	ax:	)
TP Particulars: Veh No:	INC	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: (	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-1	00%]	
Year of Registration: (	) Warranty: YES ( )/NO (	)		
The state of the s	:\$1,000()/\$2,000()	Manager 10 Avenue -	<del>ebecharia</del>	
General Remarks:		A Company of the Comp	Son Silver	, Y.,
	's information strictly Confidential & S	trictly NO refer of repairer.		
( ) Total Loss Case : to e-mail ]  Drive-In ( ) / Towed-In ( ): In				
Drive-In ( )/ Towed-In ( ); In	nvoice: YES( ) / NO( );	Fowing Co: (		)
Remarks: (INC hotline: 6788 66	16)	Date&Time Completed	Done	hv
			Salar Control	a.y
1) Apply for Transport Allowance (	) / Courtesy Car ( )			2.9
2) QC Check / Post Repair Inspection	( )			20
	( )			
2) QC Check / Post Repair Inspection	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cos	( ) st>\$3000] ( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost Injury :	( ) st>\$3000] ( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost Injury :	( ) st>\$3000] ( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost Injury :	( ) st>\$3000] ( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost Injury :	( ) st>\$3000] ( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost Injury :	( ) st>\$3000] ( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cos Injury:  Date/Time Actions	( ) st>\$3000] ( )		Ani ((5))	Ami(S)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cos Injury:  Date/Time Actions	( ) st>\$3000] ( )	paration Checklist.		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cos Injury:  Date/Time Actions  NAIGONS  laimant's Particulars:	( ) st>\$3000] ( )  Invoice Pr. 1) AR: Accider 2) DA: Damag	eparation Checklist at Reporting (\$30); Assessment (\$100); INC (\$6	Anit (S)	Ami(S)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cos Injury:  Date/Time Actions	( ) (t>\$3000] ( )  Invoice Pr 1) AR: Accide 2) DA: Darrag 3) TF: Towing 4) FT: Follow-	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey	Anit (5) fit Bill 10) 1/545 5120	Ami(S)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cos Injury:  Date/Time Actions  NAIGONS  laimant's Particulars:	( )  (t > \$3000] ( )  Invoice Pr  1) AR: Accide 2) DA: Darrag 3) TF: Towing 4) FT: Follow- 5) FT: Fullow-	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey)	And (\$) fit Bill (0) /545 5120 530	Ami(S)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cos Injury:  Date/Time Actions  HAIGHAR  Particulars:  river/Owner: ontact No:	( )  (t > \$3000] ( )  Invoice Pr.  1) AR: Accider  2) DA: Darnag  3) TF: Towing  4) FT: Follow-  5) FT: Follow-  For claiming  6) TR: Re-insp	paration Checklist.  at Reporting (\$30);  Assessment (\$100); INC (\$8 Fee \$40 Fhrough Survey Fhrough Survey (Resurvey)  against INC Only (wef 10 Jan 2005)	Ant (\$)) fit Bill 10) 1/545 5120 530 ) 575	Ami(S)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cos Injury:  Date/Time Actions  HAIGHARY  Claimant's Particulars:	Invoice Pr   1) AR: Accided   2) DA: Darraged   3) TF: Towingday   FT: Follow-   5) FT: Follow-   For claimingday   6) TR: Re-insp   7) N1: Idae DA	paration Checklist  At Reporting (\$30); Assessment (\$100); INC (\$60); Fee \$40 Chrough Survey (Resurvey) against INC Only (wef 10 Jan 2005) cotion + SMRT Survey	Anit (\$) fit Bill (0) //545 5120 530	Ami(S)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cos Injury:  Date Time Actions  Claimant's Particulars: river/Owner: ontact No: amaged Portion:	Invoice Pr   1) AR: Accided   2) DA: Darraged   3) TF: Towingday   FT: Follow-   5) FT: Follow-   For claimingday   6) TR: Re-insp   7) N1: Idae DA   8) NTUC Addition	paration Checklist  At Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 2005 cotion + SMRT Survey ional Services	Ant(s) fitBill 100 107545 5120 530 ) \$75 \$160	Ami(S)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cos Injury:  Date/Time Actions  Plaimant's Particulars:  river/Owner: ontact No: amaged Portion:	Invoice Pr   1) AR: Accided   2) DA: Darraged   3) TF: Towingday   FT: Follow-   5) FT: Follow-   For claimingday   6) TR: Re-insp   7) N1: Idae DA   8) NTUC Addition	paration Checklist  At Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 2003 cotion + SMRT Survey ional Services y Car / Tpt Allowance	Ant (\$)) fit Bill 10) 1/545 5120 530 ) 575	Ami(S)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cos Injury:  Date/Time Actions  HAIGHAR  Particulars:  river/Owner: ontact No:	Invoice Pr.	paration Checklist.  At Reporting (\$30);  Assessment (\$100); INC (\$8  Fee \$40  Chrough Survey (Resurvey)  against INC Only (wef 10 Jan 2003  action  + SMRT Survey  ional Services  y Car / Tpt Allowance  Co-ordination pair Inspection	Ant(S)  fitBill  100  //\$45  \$120  \$30  )  \$75  \$160  \$55  \$10  \$25	Ami(S)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cos Injury:  Date/Time Actions  Haloware  Particulars:  river/Owner:  ontact No:  amaged Portion:  C. Checked by (Engr-In-Charge):	Invoice Pr	cparation Checklist.  At Reporting (\$30); Assessment (\$100); INC (\$30); Fee \$40 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 2003) action + SMRT Survey ional Services.  y Car / Tpt Allowance Co-ordination pair Inspection officet Excess Coordinations P (N-in INC) against INC	Ant(S) fitBill 00) /S45 S120 S30 ) \$75 S160 \$55 S10 \$25 \$35 \$30	Ami(S)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cos Injury:  Date/Time Actions  HAICHONS  Plaimant's Particulars:- river/Owner: ontact No: amaged Portion:  C. Checked by (Engr-In-Charge): uditors' Comments::	Invoice Pr	cparation Checklist.  At Reporting (\$30); Assessment (\$100); INC (\$30); Fee \$40 Chrough Survey Chrough Survey (Resurvey) against INC Only (wef 10 Jan 2003) action + SMRT Survey ional Services.  y Car / Tpt Allowance Co-ordination pair Inspection officet Excess Coordinations P (N-in INC) against INC	Ant(s) fitBill 00) 1/545 5120 530 ) \$75 \$160 \$25 \$35 \$20 30	Ami(S)

### 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 <u>truthful and accurate</u> 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.
- 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

•	$\sim$ 1	DIED.			$n \cdot n = n$	ч.
AU	u	DEN	1101	ATE	NO EL	ЯΙ

Date Of Report 17/04/2019 15:59
Date Of Accident 16/04/2019 17:20

Exact Location Of Accident PIE (TUAS) AFTER STEVEN RD EXIT

Country/State of Loss SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKG4707B

Insured/Policyholder

Name Of Registered Owner KARTINA BINTI HASHIM

NRIC No S8173727D
Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-92479197

 Alternative Phone No
 OFFICE-92479197

Vehicle Particulars

Manufacturer VOLKSWAGEN

Model JETTA 1.4 TSI AT 1K23Q5 MX

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 5069705492-04

Cover Note Number

Driver

Name of Driver MOHAMAD FAROK BIN OMAR

 NRIC No
 \$6943070H

 Date Of Birth
 07/12/1969

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/03/2004

Driving Experience 15 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-94870063

Fax Number

Contact Number OFFICE-94870063

EMail Address NOEMAIL

**BLK 888 TAMPINES STREET 81** Address

#03-1090

Postcode 520888

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

SPOUSE

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?

Number of vehicles (including own vehicle)

involved in the accident

NO

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: KARTINA BINTI HASHIM

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SJX5872Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

### **DETAILS OF INJURED PERSON 1**

Name MOHAMAD FAROK BIN OMAR

Approximate Age

Injuries Sustain HAND
Injured person in which vehicle? SKG4707B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

YES

Address Postcode

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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

Name:

NRIC/FIN No .:

	A= SKG4707B B= SJX58727
B	PIE towards Tucs
	(After Stevens Road Exit)
51510	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	Refer to attach
/	
/	
ECLARATION	

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 Personne s Signature Name:

NRIC/FIN No .:

On 16.04.19 at about 17:20 hours along PIE towards Tuas (After Stevens Road Exit). I was travelling straight on the lane 1, suddenly I heard a loud bang from behind. When I alighted I realised it was vehicle (B) had hit onto rear portion of my vehicle (A). I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SKG 4707B

Vehicle (B): SJX 5872Y



### SINGAPORE ACCIDENT STATEMENT

Accident Date: 10 04 2019 Time: 17-20 (hh:mm) 24 hr format
Location PIE towards Tugs cafter Stevens Road Exit).
2.0.2 (40.0 2.0.1)
Vehicle Number SKG 4707 B
Insured Name Karting Binti Hashim
NRIC/FIN 58173727D Contact Number 9247 9197.
Make VOIKSWEGED Model Jetta.
Are you claiming under your own insurance policy for repair to your vehicle?
( ) Yes If No,Pls select: ( / ) Third Party ( ) Reporting
Insurance Company NIOC
Type of Policy ( V ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only
Policy Number 5069705492-04
Name of Driver Mil
Name of Driver Housing Larok Bin Omac. () Same as Insured
NRIC / FIN \$ 69430 70H Contact Number 94 8 7 0063
Date of Birth 07/12/1969 Contact Number 9487 0063.
Driving Pass Date 63 103 1 2004
Occupation ( ) Indoor ( ) Outdoor
Gender (V) Male ( ) Female
Empil Address
Address of Driver BLK 808 Tampines Street 81
Was driver an employee of the Insured's Company? ( ) Yes ( ) No
Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured
( ) Ourmon ( / ) Summer ( ) F: 1 / ) The first of the fir
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions ( / ) Clear ( ) Raining ( ) Others
Road Surface ( ) Dry ( ) Wet ( ) Others
Was any foreign vehicle involved in this accident? ( ) Yes ( ) No
Was anybody injured in the accident? (V) Yes () No
If yes, injured detail Mohamad Farok Bin Omar Hand Pain
Was there any video captured by Car Camera? ( ) Yes ( ✓) No
Was the Accident reported to the Police? ( ) Yes ( ) No If yes attach police report
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact
Veh B SJX 5872 Y Veh C
Veh D
Veh E
Veh F
TAME &

Passenger = Kartina Binti Hashim (F).

Driver + I passenger.



### Certificate of Insurance

Cover : drivo CLASSIC

: WVWZZZ1KZAM132472

: KARTINA BINTI HASHIM

: 25 Feb 2019

: 24 Aug 2020

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: 5069705492-04

1. Index mark and Registration Number of Vehicle SKG4707B

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

EXCESS (SECTION 2)

WINDSCREEN EXCESS

ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP

INSURE WITH COE

NCD PROTECTION

TRANSPORT ALLOWANCE

**EXCESS WAIVER** 

PRIMARY DRIVER

NAMED DRIVER (1)

NAMED DRIVER (2)

HIRE PURCHASE COMPANY

: S\$600

: N/A

: \$\$100

: N/A

: PLEASE REFER OVERLEAF

: NO

: YES

: YES (FREE)

: NO

: NO

: KARTINA BINTI HASHIM

: MOHAMED FAROK BIN OMAR

: STANDARD CHARTERED BANK (SINGAPORE) LIMITED

: 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

: IVAN INSURANCE AGENCY PTE. LTD. (00000614519)

Date of Issue

SUM INSURED

: 15 Jan 2019 14:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

SKG47077 ( Owl)

## REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8173727D





Name

KARTINA BINTI HASHIM

كرتينا بنت هاشم

Race

MALAY

Date of birth

Sex

24-05-1981

F

Country of birth

MALAYSIA



8 5 8 4 1 9 5



NRIC No. S8173727D



Nationality

MALAYSIAN

Date of issue

08-09-2003

APT BLK 888 TAMPINES STREET 81 #03-1090 SINGAPORE 520888

NRIC No: \$8173727D

Date: 12/05/2017







MOHAMAD FAROK BIN OMAR

MALAY Tele v Sali 07-12-1969 M

SINGAPORE



146 468

SKG 4707B Chiver

NRC W S6943070H



.

APT BLK 888 TAMPINES STREET 81 #03-1090 SINBAPORE 520888 NRIC No: \$8943070H Date: 26/05/201 Date: 26/05/2017



Sta 470733 driver

# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

03 Mar 2004

NP 428A



eBaoTech		GeneralClaim									
Hello, NAC_PAYA_UBI_80	0601						· Chang	e Language	> Chang	ge Password	Log Ou
My Desktop	Polic	y Query									
Notice of Loss	Policy No	3.				Date	of Accident	-	16/04/2019 1	7:20	
	Vehicle I	No.(For Motor)	SKG47	SKG4707B		Certificate Number		[			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0 5	069705492- 04		KARTINA BINTI HASHIM	S8173727D	GPC	drivo CLASSIC	SKG4707B	SKG4707B	25/02/2019	24/08/2020

Policy No.	5069705492-04	Policyholder Name	KARTINA E	INTI HASHIM	Policyholder NRIC	S8173727D	
Certificate No.					NRIC		
Address	BLK 126 #14-84 BEDOK NORTH	STREET 2 SI	GAPORE 46	0126			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	15/01/2019	Effective Date	25/02/201	00:00	Expiry Date	24/08/2020 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	o .	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
thio.							
Certificate							
Certificate nfo	holder Mailing Address						
Certificate Info Policyl	holder Mailing Address BLK 888 #03-1090	Addre	ss 2	TAMPINES STREET	81	Address 3	SINGAPORE 520888
Certificate Info Policyl Address 1	A TORNAL CONTRACTOR OF THE PROPERTY OF THE PRO		ss 2 ss Type	TAMPINES STREET Singapore address		Address 3 Post Code	SINGAPORE 520888 520888
Certificate Info Policyl Address 1 Address 4	A TORNAL CONTRACTOR OF THE PROPERTY OF THE PRO	Addre	ss Type d Policy			d south a few and the contractions	Assessment
Certificate Info Policyl Address 1 Address 4 Jnit No.	BLK 888 #03-1090	Addre Relate	ss Type d Policy	Singapore address		d south a few and the contractions	Assessment
Certificate Info Policyl Address 1 Address 4 Unit No.	BLK 888 #03-1090 03-1090 od Object: SKG4707B	Addre Relate	ss Type d Policy	Singapore address		d south a few and the contractions	Aspertation

laim Handling					
ccident MT/1040673					
alicy No.	5069705492-04	Vehicle No.	SKG47078	GST Registration No.	
ertificate No.					
Ricyholder Name	KARTINA BINTI HASHIM			Policyholder NRIC	\$81737270
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	a
stact No. (Mobile)	92479197	Contact No.(Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	N. V
C	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	Yes	NCD Entitlement(%)	50		
Accident Details			-	Private Hire	No
ort Date	17/04/2019 19:56	Accident Report Within 24 hrs	Ves	Academ Type	V2022121 (2012) (01157)
of Academ	16/04/2019				Collision - Head to Rear
orting Centre	20/ 0-7/ 20/20	Time of Accident hh:mm	17:20	Country of Accident	Singapore
gent Location	PIE (TUAS) AFTER STEVEN RD EXIT	Orange Force		ICM No.	
Excess	THE STORY OF THE STEVEN ALL CALL				
damage Excess	90020	1991W 10	9		
med Driver Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
	0.00	Outside Singapore OD Excess	600,00		
Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No. Scation History			GST Status Ventiled	Yes	
TOTAL STREET					
Policyholder Mailing Ad	dress				
ess I	BLK 888 #03-1090	Address 2	TAMPINES STREET 81	Taken at 1	
100 4	and the state of t	Address Type		Address 3	SINGAPORE 520888
No.	03-1090		Singapore address	Post Code	520688
OI Driver Info	113-1090	Related Policy Number	5069705492-04		
y Name	MOHAMED FAROK BIN DMAR	Para Maria			
med driver Name	PROPERTY PARCE BOY CHAR	Driver Type	Named Driver	C = 0.000 (Sept.)	
	200000	Driver NRIC	S6943070H	Driver DOB	17/12/1969
ter Date of Driver License		Driver Age	49	Driving Experience	15
act No.(Mobile)	94670063	Contact No. (Office)	0	Contact No.(Home)	0
ess 1	BUC 888	Address 2	TAMPONES STREET 81	Address 3	51NGAPORE 520688
ess 4		Address Type	Singepore address	Post Code	520888
No.	63-1090				
the own a Singapore stered car?	☐ Yes  ® No	Driver Vehicle No.		Driver Insurer Company	
eration					
thalyser or Slood Test ling?	D mg	Any injury?	® Yes ○ No		
fication History					
1000 000					
aim 001 New					
Type *	OD-MX V	Insured Name	KARTINA BINTI HASHIM	120101202000	(22/2/2/2/
act No.(Mobile)			SARTING BIRTL HASHIM	Insured NRIC	58173727D
Address		Contact No (Home)		Contact No. (Office)	
	Please Select	Of Vehicle Number	SKG47078	TP Vehicle Number	S1X5872Y
ant Name *		Type of Benefit *	Please Select		
ant Address	25	Claimant NR3C *			
Description					
med Workshop Contact	SKG4707B / SJX5872Y ON 16 Apr 2019			Name of Preferred Workshop	
		Insured Liability •	Not at Fault		
re Finalisation	Yes 🔍	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	17/04/2019 19:57	Claim Close Date		Date Received	17/04/2019 00:00
t Taken By	Jackson				
rint AK letter					
			Colored Actions		
except At 1		1	Save Submit		
achment					
lent No.	MT/1040673	Claim No.	001		
Doc. Received	® Yes ○ No	Upload Date	17/04/2019 19:58		
	Path +		Category *	Confidential Urgeno	y * Description *
		Browse	Clear Please Select	V Normal	V Descripcion •
		Browse.	Clear Please Select		- 35
					V
		Browse	Cear Please Select	V Normal	

