NATIONAL Assessment Centre Services [AP - Jarod]

Date In: 22/04/2019 13:06	Job description	Date & Time Completed	Done by
Ref No. NA/INC1900705 7/K4	SAS e-filing		
Veh No: SME 6332Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/04/2019 16:45	i-Motor Claim Form	MT/104/2019-001	22/4/19 17:30
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: PHP8055 . 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
25/4/19 @ 10:46am	Email to NTUC Mr. daniel. Koh which was Amended revert from OD to TP claims.

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 ($30)		
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:-			
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*		
Invoice dated	*Fee Charged*		

MNA119051655 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 22/04/2019 13:06
SUBMITTED BY: Krishnasamy s/o Gorindasamy

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	22/04/2019 13:06
Date Of Accident	21/04/2019 16:45
Exact Location Of Accident	LEBUHRAYA PLUS / NORTHBOUND /
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SME6332Y
Insured/Policyholder	
Name Of Registered Owner	NORIDAHWATI BINTE ABDUL RAZAK
NRIC No	S8203597D
Email Address	IDA.RAZAK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96743338
Alternative Phone No	OTHERS-91777897
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
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?	YES
If No, Please state action to be taken	
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	5106052283
Cover Note Number	
Driver	
Name of Driver	NORIDAHWATI BINTE ABDUL RAZAK
NRIC No	S8203597D
Date Of Birth	01/01/1982
Occupation	INDOOR
Date Of Driving Pass	10/08/2004
Driving Experience	14 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96743338
Fax Number	
Contact Number	OTHERS-91777897
EMail Address	IDA.RAZAK@GMAIL.COM

Address	77 FLORA DRIVE #03-21
Postcode	506884
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	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : ABDUL SAMAD BIN ARSHAD GENDER: : MALE

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 : R117942

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	PHP8055
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ENG AH GUAN
NRIC/Passport Number	
Contact Number	93824137
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JSU1388
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	+60167729915
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NORIDAHWATI BINTE ABDUL RAZAK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SME6332Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ABDUL SAMAD BIN ARSHAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SME6332Y
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:

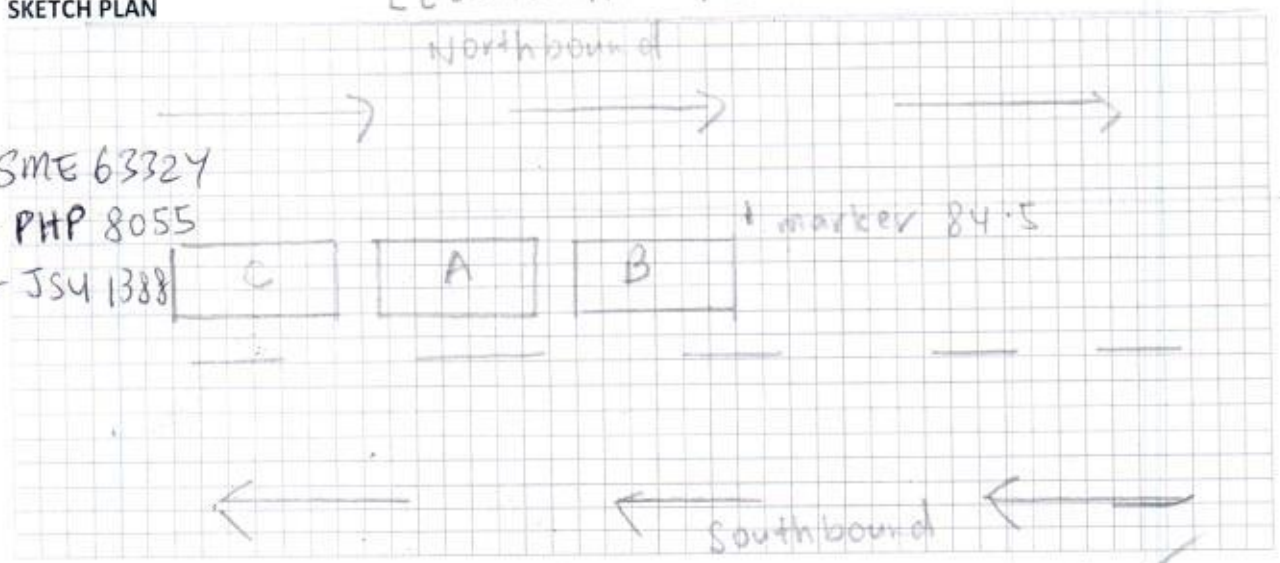
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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.:

22/4/2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report FIR 7942

On 21 April 2019 at 4.45pm, I was driving my vehicle SME6332Y from Kuala Lumpur back to Singapore through Lebuhraya Plus with my husband, Abdul Samad Bin Arshad, S7706553I. At the point marker 84.5, the vehicle in front of me JSU1388 jam-braked out of a sudden. I managed to brake in time however the vehicle behind me, PHP8055 could not brake in time and banged my vehicle from the back causing my vehicle to move forward and banged the vehicle in front of me. I suffered ~~four~~ from chest and body pain due to the accident. My husband also suffered from chest and neck pain. The car's bumper and bonnet are damaged. Front and rear lights as well as the radiator, ~~and~~ aircon are damaged. The mudguards are dented. Other damages are unknown as of yet.

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:

22/4/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : Jabatan KDN/KA
Daerah : Jabatan KDN/KA
Kontinjen : BUKIT AMAN
No Repot : TRAFIK BATU PAHAT/005379/19
Tarikh : 21/04/2019
Waktu : 1751 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R117942

Butir-butir Penerima Repot
Nama : HUSSIN BIN SAFAR **No Personel :** R117942 **Pangkat :** SJN

Butir-butir Jurubahasa (Jika Ada)
Nama : --- **No K/P (Baru) :** --- **No Polis/Tentera:** ---
No Paspot: --- **Bahasa Asal :** ---
Alamat: ---

Butir-butir Pengadu
Nama : NORIDAHWATI BINTI ABDUL RAZAK
No K/P (Baru) : --- **No Polis/Tentera :** --- **No Paspot :** S8203597D
No Sijil Beranak : ---
Jantina : Perempuan **Tarikh Lahir :** 01/01/1982 **Umur :** 37 tahun 3 bulan
Keturunan : Melayu **Warganegara :** Singapore
Pekerjaan : SUMBER MANUSIA
Alamat Tempat Tinggal : 77 FLORA DRIVER #03-21 SINGAPORE , 506884
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : --- **No Tel (Pejabat) :** --- **No Tel (HP) :** 6596743338
Emel : ---

Pengadu Menyatakan:-

PADA 21/04/2019 JAM LEBIH KURANG 1645 HRS , SAYA MEMANDU MPV NOMBOR SME6332Y DARI KUALA LUMPUR HENDAK BALIK SINGAPORE MELALUI LEBUHRAYA PLUS BERSAMA SUAMI NAMA : ABDUL SAMAD I/C S7706553I . PADA KETIKA ITU, APABILA SAYA SAMPAI DI KM 84.5 LEBUHRAYA ARAH (S), TIBA TIBA SEBUH M/KAR NO JSU 1388 YANG BERADA DI HADAPAN SAYA BREK DAN BERHENTI SECARA MENGEJUT. SAYA YANG BERADA DI BELAKANG SEMPAT MEMBERHENTIKAN KENDERAAN SAYA. TIBA TIBA SEBUHA M/KAR NO PHP 8055 YANG BERADA DI BELAKANG TERUS MELANGGAR BELAKANG M/KAR SAYA DAN MEMYEBABKAN KENDERAAN SAYA NENGELUSUR KE DEPAN DAN MELANGGAR BELAKANG KENDERAAN DI HADAPAN SAYA. SAYA MENGALAMI SAKIT DI DADA. PENUMPANG ABDUL SAMAD SAKIT DI DADA DAN LEHER. KEROSAKAN M/KAR SAYA BONET/BUMPER DEPAN BELAKANG KEMEK, LAMPU BESAR DEPAN/BELAKANG PECAH, TANGKI AIR ROSAK, TANGKI AIRCON ROSAK. M/GUARD DEPAN KIRI/KANAN KEMEK, LAIN LAIN KEROSAKAN BELUM TAHU LAGI.

Tandatangan Pengadu: ----------

Tandatangan Jurubahasa(Jika ada) : ----------

Tandatangan Penerima Repot: ----------

ID Pencetak | Tarikh @ Masa Cetak : R117942 | 21/04/2019 06:26:02 PM

SALINAN DIAKUI SAH

.....

KETUA POLIS BALAI

CENTRAL 24HR CLINIC (PASIR RIS)
BLK 446 PASIR RIS DRIVE 6 #01-122 S'PORE 510446
TEL: 6582 2640 FAX: 6582 5045

Medical Certificate

Date : **22 Apr 2019**
MC No. : **0000203352**

This is to certify that :

Name : NORIDAHWATI BTE ABD RAZAK

NRIC : S8203597D

is Unfit for Duty for 2 days

from 22/04/2019 to 23/04/2019 inclusive.

LOCUM

*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

For Health News and Updates : http://news.centralclinic.com.sg

24-Hour Clinics

HOUGANG	Blk 681 Hougang Ave 8 #01-831 Singapore 530681	Tel: 6387 6965
		Tel: 6387 6122
PASIR RIS	Blk 446 Pasir Ris Drive 6 #01-122 Singapore 510446	Tel: 6582 2640
CLEMENTI	Blk 450 Clementi Ave 3 #01-291 Singapore 120450	Tel: 6773 2925
YISHUN	Blk 701A Yishun Ave 5 #01-04 Singapore 761701	Tel: 6759 7985
JURONG WEST	Blk 492 Jurong West Street 41 #01-54 Singapore 640492	Tel: 6565 7484
PIONEER NORTH	Blk 959 Jurong West Street 92 #01-160 Singapore 640959	Tel: 6251 2775
WOODLANDS	Blk 768 Woodlands Ave 6 #02-06A Woodlands Mart Singapore 730768	Tel: 6365 4895
MARSILING	Blk 303 Woodlands Street 31 #01-185 Singapore 730303	Tel: 6365 2908

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details

Vehicle No. :	SME6332Y
Vehicle Type :	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	TOYOTA
Vehicle Model :	WISH 1.8 AUTO
Chassis No. :	JTDER12W603000828
Propellant :	Petrol
Engine No. :	1ZZ3144501
Engine Capacity :	1794 cc
Maximum Power Output :	97.0 kW (130 bhp)
Maximum Laden Weight :	1885 kg
Unladen Weight :	1310 kg
Year Of Manufacture :	2008
Original Registration Date :	20 Oct 2008
Lifespan Expiry Date :	-
COE Category :	B - Car (1601cc & above)
PQP Paid :	$16,140.00
COE Expiry Date :	19 Oct 2023
Road Tax Expiry Date :	19 Oct 2019
Inspection Due Date :	19 Oct 2019
Intended Transfer Date :	22 Apr 2019
CO2 Emission :	-
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S$)	GST Amount (S$)	Amount After GST (S$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			**25.00**

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

You may print this page for reference.

OK Print

Reported on 22/4/2019 @ 1306 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (21/4/2019) (DD/MM/YYYY), TIME: (16.45) (HH:MM)

LOCATION: LEBUHRAYA PLUS / NORTHBOUND /

Accident happen in Malaysia

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SME6332Y
   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)

Later coming to decide by driver. yes. at 1635 PM.

2. **INSURED / POLICY HOLDER**
   A) NAME: (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:

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

No of passenger (Including driver) (2) 1 - Male

3. **DRIVER**
   a) NAME: (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT: 96743338
   c) ADDRESS:
   *d) DATE OF BIRTH: (___/___/____) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) YEARS OF DRIVING EXPRERIENCE:

Involved

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**
   No of passenger (Including driver) (__)
   a) VEHICLE NUMBER: PHP8055 MODEL: ← B
   b) DRIVER'S NAME: ENG AH GUAN
   c) NRIC/FIN/PASSPORT: CONTACT: 93824137

9. THIRD PARTY VEHICLE
   No of passenger (Including driver) (__)
   d) VEHICLE NUMBER: JS41388 MODEL: ← C
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT: +60167729915

Vehicle at idac Tow In on 21/4/2019

Belongs of driver ← taken done OK

email =

fax =

VIDEO =

Vehicle key with the driver? → Key Given to idac. OK

[redacted]

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8203597D

Name

NORIDAHWATI BINTE ABDUL RAZAK

نوريدهواتي بنت عبدالرزاق

Race

MALAY

Date of birth

01-01-1982

Sex

F

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8203597D

Name

NORIDAHWATI BINTE ABDUL RAZAK

Birth Date 01 Jan 1982

Issue Date 10 Aug 2004

001271749A

4815573

NRIC No. S8203597D

Date of issue

21-01-2012

77 FLORA DRIVE #03-21
SINGAPORE 506884

NRIC No: S8203597D Date: 09/03/2015

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

		PASS DATE
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	10 Aug 2004

Licence No: S8203597D

NP 428A

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601

Policy Query

Policy No.

Vehicle No.(For Motor) SME6332Y

Date of Accident 21/04/2019 16:45

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5106052283		NORIDAHWATI BINTE ABDUL RAZAK	S8203597D	GPC	drivo CLASSIC	SME6332Y	SME6332Y	10/12/2018	09/12/2019

Continue

Policy Information

Policy No.	5106052283	Policyholder Name	NORIDAHWATI BINTE ABDUL RA	Policyholder NRIC	S8203597D
Certificate No.					
Address	77 FLORA DRIVE #03-21 HEDGES PARK CONDOMINIUM SINGAPORE 506884				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	10/12/2018	Effective Date	10/12/2018 00:00	Expiry Date	09/12/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020 null	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	77 FLORA DRIVE	Address 2	#03-21 HEDGES PARK CONDOM	Address 3	SINGAPORE 506884
Address 4		Address Type	Singapore address	Post Code	506884
Unit No.	03-21	Related Policy Number	5106052283		

Insured Object: SME6332Y

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1041200

Policy No.	5106052283	Vehicle No.	SME6332Y	GST Registration Nc
Certificate No.				
Policyholder Name	NORIDAHWATI BINTE ABDUL RAZAK			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	96743338	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(%)	30	Private Hire

Accident Details

Report Date	22/04/2019 17:24	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/04/2019	Time of Accident hh:mm	16:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	LEBUHRAYA PLUS / NORTHBOUND /			

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00	
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00	

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	77 FLORA DRIVE	Address 2	#03-21 HEDGES PARK CONDOM	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	03-21	Related Policy Number	5106052283	

OI Driver Info

Driver Name	NORIDAHWATI BINTE ABDUL RAZAK	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S8203597D	Driver DOB
Register Date of Driver License	10/08/2004	Driver Age	37	Driving Experience
Contact No.(Mobile)	96743338	Contact No.(Office)	0	Contact No.(Home)
Address 1	77 FLORA DRIVE	Address 2		Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#03-21			
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-MD **New**

Claim Type *				OD-MD		Insured Name	NORID/
Contact No.(Mobile)				NIL		Contact No. (Home)	677713
Email Address						OI Vehicle Number	SME63
Claim Description				SME6332Y / PHP8055 ON 21 Apr 2019			
Preferred Workshop		Insured Liability	Partially at Fault				
Renewal No.		Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Finalisation	Yes						
Date Registered				22/04/2019 17:35		Claim Close Date	
Report Taken By						Workshop Repairer	

Print AK letter

LKK Paya Ubi

From: LKK Paya Ubi <rspu@lkkauto.com>
Sent: Thursday, 25 April 2019 10:46 AM
To: 'daniel.koh@income.com.sg'
Subject: AMENDED GIA REPORT : SME6332Y / CLAIM NO: MT/1041200-001 / TP CLAIM /
Attachments: SME6332Y_21042019-NEW-2.PDF

Hi

May I know the expected outcome of vehicle no: SME6332Y / Amended revert from OD claim to TP claims On 24/04/2019.

Thank You,

Krishnasamy (Admin)

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