

NATIONAL Assessment Centre Services

Date In: 24/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19009199/13	SAS e-filing		
Veh No: SLF556P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/05/19 1800	i-Motor Claim Form	MT/1045969-001	
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: SLF5810E	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

NAI 903882	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
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		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac 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: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat 1:			
Cat 2 / 3:			

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	24/05/2019 16:45
Date Of Accident	23/05/2019 18:00
Exact Location Of Accident	UPP CHANGI RD HEADING TWDS PIE(TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF556P
Insured/Policyholder	
Name Of Registered Owner	NEO AUTO LEASING PTE LTD
Co Reg No	201814915N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 2
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5103424803
Cover Note Number	

Driver

Name of Driver	ZAKARIAH B MOHD YUSOFF
NRIC No	S1674645B
Date Of Birth	10/06/1964
Occupation	OUTDOOR
Date Of Driving Pass	01/09/1984
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85091410
Fax Number	
Contact Number	
Email Address	MYZAKARIAH@GMAIL.COM

Address	BLK 480 PASIR RIS DRIVE 4 #02-455
Postcode	510480
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	2
Passenger 1	NAME: : AIDIL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190523/2159

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	SKU5810E
Vehicle Make/Model/Colour	HYUNDAI ACCENT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PANG JENG HONG
NRIC/Passport Number	S7777110G
Contact Number	91078860

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ZAKARIAH B MOHD YUSOFF

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLF556P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name AIDIL(PASSENGER)

Approximate Age

Injuries Sustain SLIGHT URGE TO VOMIT

Injured person in which vehicle? SLF556P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

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.

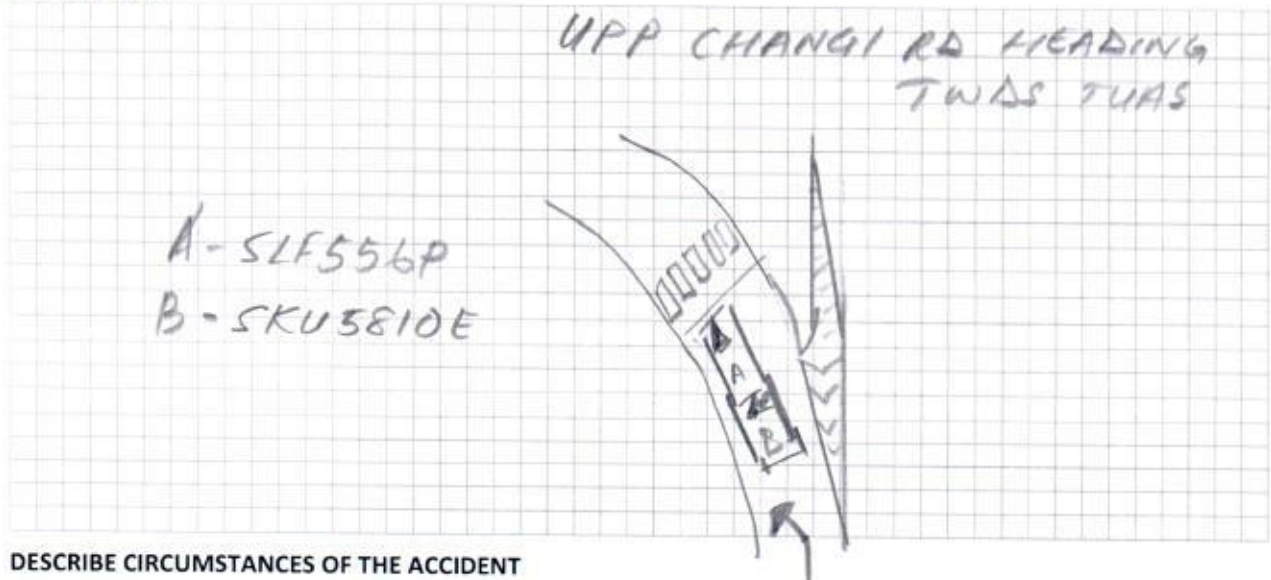


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 7/20190523/2159

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:

[Signature] 24/5/19.

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

[Signature] 24/05/19



SINGAPORE POLICE FORCE



T/20190523/2159

1 of 3

Report No. T/20190523/2159

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2019 20:47		Vide Report No.:		Station Diary No.: 38
Informant's Particulars				
Name of Informant: ZAKARIAH B MOHD YUSOFF		Address: APT BLK 480 PASIR RIS DRIVE 4 #02-455 SINGAPORE 510480		
ID Type / ID No.: NRIC NO / S1674645B		Contact No.: Home/Office: Mobile: 85091410		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 54	Date of Birth: 10/06/1964	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/05/2019 18:00	Type of Location: Bend
Location: Junction of Road 1 and Road 2 UPPER CHANGI ROAD PAN-ISLAND EXPRESSWAY JUNCTION OF UPPER CHANGI ROAD (FROM PASIR RIS DIRECTION) AND PAN-ISLAND EXPRESSWAY (TUAS DIRECTION)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKU5810E	Car	HYUNDAI	ACCENT (RB) 1.4 CVT ABS D/AIRBAG 2WD	Silver	Slightly Damaged	0
SLF556P	Car	MAZDA	MAZDA2 SEDAN 1.5L SP.6EAT	Green	Seriously Damaged	1



Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZAKARIAH B MOHD YUSOFF	ID No.	S1674645B
Related Vehicle	SLF556P (Car)	Contact No.	85091410
Hospital/Clinic	UR DOCTORS PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/05/2019	Date Discharge	23/05/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the 23rd of May 2019 at about 1800hrs, I was driving my vehicle bearing registration plate number SLF556P along Upper Changi Road, heading towards Pan-Island Expressway (Tuas direction). I had picked up a passenger from Pasir Ris area and the passenger wanted to go to Joo Chiat Complex. As I approached the pedestrian crossing at the bend of Pan-Island Expressway, I had slowed my vehicle down and stopped at the stop line as a pedestrian was crossing the road. Immediately after the pedestrian crossed the road, all of a sudden, I felt an impact from the rear portion of my vehicle. The impact then caused my vehicle to surge forward past the pedestrian crossing. It was then I realized that another vehicle bearing registration plate number SKU5810E had collided onto the rear portion of my vehicle. I couldn't get out of my vehicle at that particular moment, after the impact, as I felt some pain at my neck area.

The damages were as follows:

- 1) SLF556P - rear portion badly dented
- 2) SKU5810E - front portion (number plate) slightly misaligned

I then proceeded to take some photos of the scene, after shifting my vehicle to the left side of the lane. I then exchanged particulars with the other driver and we both proceeded with our own ways. During the journey to Joo Chiat Complex, my passenger, mentioned that he had the urge to vomit and didn't really feel well. I then informed him to go to the doctors. On the same day, I went to see the doctor at UR Doctors Pte Ltd, located at 184 East Coast Road, where I sought treatment, as I felt some pain on my head and neck area. I was granted 4 days of medical leave, from 23rd of May 2019 till 26th of May 2019, inclusive. I wish to state that there was no in-car camera installed in my vehicle. I also wish to state that my vehicle is a rented vehicle from one of Grab's car-leasing partners.



**SINGAPORE
POLICE FORCE**



T/20190523/2159

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Report No. T/20190523/2159

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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 3 MUHAMMAD ARIF BIN HAIRUDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172
Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:
23/05/2019 20:47

Classification Of Case:

SIGNATURE

23/05/2019

InSync Medical

UR Doctors Pte. Ltd.
Co Reg No: 201823342N
184 East Coast Rd S(428890)
Tel: 6635 2551 Fax: 6635 2582



Patient: ZAKARIAH B MOHD YUSOF
NRIC: S1674645B
ID: 00765

Date : 23 May 2019
MC: #319

Medical Certificate

This is to certify that the patient is Unfit for work from 23 May 2019 to 26 May 2019 for 4 days.

A handwritten signature in black ink, appearing to be "Dr. Jessherin Kaur Sidhu".

DR JESSHERIN KAUR SIDHU
17451C


Note: This medical certificate is not valid for absence from court.

DR JESSHERIN SIDHU
MBBS (AUS)
M17451C

InSync Medical
184 East Coast Rd S(428890)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1674645B





ZAKARIAH B MOHD YUSOFF

NAME
MALAY

Date of Birth
10-06-1964

Sex
M

Country of Birth
SINGAPORE

71504701



NAME S1674645B




Blood Group
O+

Date of Birth
10-06-1964

Address
107, BELMONT ROAD, DRIVE 4 #02-455
SINGAPORE 110771

DATE
27-11-1991

Land Transport Authority




VOCATIONAL LICENCE
Licence No : S1674645B
Name : ZAKARIAH B MOHD YUSOF


Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	03/07/2018



PDVL/TDVL
33 888 8888
282998



CLASS 3 : 01/09/1984



**SINGAPORE
POLICE FORCE**



G/20180801/2142

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POLICE REPORT (NP322)

Report No. G/20180801/2142

Police Station Of Origin
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Date/Time Report Made 01/08/2018 19:23		Vide Report No.		Station Diary No. 108	
Name Of Informant ZAKARIAH B MOHD YUSOFF		Address APT BLK 480 PASIR RIS DRIVE 4 #02-455 SINGAPORE 510480			
ID Type / ID No. NRIC NO / S1674645B		Contact No. Home/Office Mobile 85091410			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation GRAB DRIVER		Sex Male	Age 54	Date of Birth 10/06/1964	Race Malay
Institution/School Name		Language			
Date/Time Of Incident 01/08/2018 06:00		Location Of Incident GOLDHILL PLAZA SINGAPORE			

Brief details.

On the above mentioned date, time and location, I discovered the below mentioned items missing. I made a search but to no avail. I am lodging this report for recording purposes.

Property Information

Signature Of Officer Recording The Report:

G / Sgt 2 JEREMY CHUNG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp DICKSON TAN LIP SHIN
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:
01/08/2018 19:23

Classification Of Case:

FUPO hotline number: 68429645





**SINGAPORE
POLICE FORCE**



G/20180801/2142

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POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20180801/2142

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	General property	Lost				1		One black wallet.
2	Identity Card	Lost	SINGAP ORE NRIC			1		One NRIC belonging to ZAKARIAH B MOHD YUSOFF.
3	Licence	Lost	PVDL			1		One PVDL belonging to ZAKARIAH B MOHD YUSOFF.
4	Ezlink Card	Lost				1		One adult ezlink card.
5	CashCard	Lost				1		One cashcard.

Signature Of Officer Recording The Report:

G / Sgt 2 JEREMY CHUNG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp DICKSON TAN LIP SHIN
Contact No.: 62447200

Signature Of Informant:

Date/Time:
01/08/2018 19:23

Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645

SINGAPORE
POLICE FORCE

Signature



**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP322)

CONTINUATION OF REPORT



G/20180801/2142

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Report No. G/20180801/2142

6	Credit Card / Debit Card/ ATM Card	Lost	POSB		1	One POSB ATM card belonging to ZAKARIAH B MOHD YUSOFF.
7	Shell petrol card	Lost			1	One shell petrol card belonging to ZAKARIAH B MOHD YUSOFF.
8	Cash	Lost			1	Cash amounting to S\$400.00 only. One driving licence belonging to ZAKARIAH B MOHD YUSOFF.
9	Licence	Lost	Qualified Driving Licence		1	

Signature Of Officer Recording The Report:

G / Sgt 2 JEREMY CHUNG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp DICKSON TAN LIP SHIN
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:
01/08/2018 19:23

Classification Of Case:

FUPO hotline number: 68429645

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: 5103424803

Cover : Third Party, Fire & Theft

- | | |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : SLF556P |
| Chassis Number | : MM6DL2SAAGW213352 |
| 2. Name of Policyholder | : NEO AUTO LEASING PTE LTD |
| 3. Effective Date of Insurance | : 25 Sep 2018 |
| 4. Expiry Date of Insurance | : 24 Sep 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 or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING PTE LTD
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 : ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)

Date of Issue : 30 Aug 2018 07:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1045969

Policy No.	5103424803	Vehicle No.	SLF556P	GST Registration No.
Certificate No.				
Policyholder Name	NEO AUTO LEASING PTE LTD	Cover Type	Third Party, Fire & Theft	Policyholder NRIC
Product Code	FLEET INSURANCE	Contact No.(Office)	91449265	Loading
Contact No.(Mobile)	91449265	Special Remark		Contact No.(Home)
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason
NCD Protection	No			Private Hire
▼ Accident Details				
Report Date	24/05/2019 17:20	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/05/2019	Time of Accident hh:mm	18:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	UPP CHANGI RD HEADING TWDS PIE(TUAS)			
▼ Excess				
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	0.00	
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	BLK 31 #17-204	Address 2	EUNOS CRESCENT	Address 3
Address 4	SINGAPORE 400031	Address Type	Singapore address	Post Code
Unit No.	17-204	Related Policy Number	S104798553	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	ZAKARIAH B MOHD YUSOFF	Driver NRIC	S1674645B	Driving Experience
Register Date of Driver License	01/09/1984	Driver Age	54	Contact No.(Home)
Contact No.(Mobile)	85091410	Contact No.(Office)	0	Address 3
Address 1	BLK 480	Address 2	PASIR RIS DRIVE 4	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#02-455	Driver Vehicle No.		Driver Insurer Com
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	NEO AL
Contact No.(Mobile)	81332853	Contact No. (Home)	
Email Address		DI Vehicle Number	SLF556
Claim Description	SLF556P / SKU5810E ON 23 May 2019		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/05/2019 17:26	Claim Close Date	
Report Taken By	ROSLINDA	Workshop Repairer	

Print AK letter

Save Submit

Attachment

Accident No. MT/1045969 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 24/05/2019 00:00

Choose File No file chosen

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Message Read

Path *

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Confidential

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NO

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:26	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:26	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:26	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:26	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:26	NRIC/ Driving License	Normal	NRIC/ Driving I
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:26	SAS	Normal	SAS 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 May 2019 17:24	Photos	Normal	Photos



Video List

Uploaded By/Date

Folder Date

File Name



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