

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MNA119082VI**

Date In: 27/1/19-12:10	Job description	Date & Time Completed	Done by
Ref No: NALINC 190172624	SAS e-filing		
Veh No: 5485120	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/1/19-17:30	i-Motor Claim Form	27/1/19 16:49-001	27/1/19 19:40
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: **FB 6245**

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

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Est Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

Q1:

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	02/07/2019 17:10
Date Of Accident	30/06/2019 17:30
Exact Location Of Accident	ALONG JALAN STOREY
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY8515D
Insured/Policyholder	
Name Of Registered Owner	PARAMASIVAM S/O THRUNAVAKARASU
NRIC No	S8734881D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92308081
Alternative Phone No	OFFICE-92308081

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS IS250 AUTO STD
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	5094822880-01
Cover Note Number	

Driver

Name of Driver	AZLINDA BINTE AHMAD
NRIC No	S7636077D
Date Of Birth	18/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	27/02/2009
Driving Experience	10 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96677099
Fax Number	
Contact Number	OFFICE-96677099
Email Address	NOEMAIL

Address	BLK 493E TAMPINES STREET 43 #02-338
Postcode	524493
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	YES
Foreign Vehicle Registration Number	FB6245 (PRIVATE CAR)
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)	4
Passenger 1	NAME: : ADLYNA RYQAH BINTE ROMINOF GENDER: : FEMALE
Passenger 2	NAME: : ADYLAH RYANN BINTE ROMINOF GENDER: : FEMALE
Passenger 3	NAME: : ROSHAN ADAM ROMINOF GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5872999 - FAX NO: 65872900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT G/20190701/2087.

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	FB6245
-----------------------------	--------

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
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number VBM7105
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
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name AZLINDA BINTE AHMAD
Approximate Age
Injuries Sustain NECK, BACK & LEG
Injured person in which vehicle? SJY8515D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ADLYNA RYQAH BINTE ROMINOF
Approximate Age
Injuries Sustain NECK & CHEST
Injured person in which vehicle? SJY8515D
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name ADYLAH RYANN BINTE ROMINOF
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SJY8515D
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name ROSHAN ADAM ROMINOF

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJY8515D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature

Date / time:

Driver's signature
(If driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

SKETCH PLAN

A - SJY851SD
B - FB624S
C - VBM710S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ 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 traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	30/06/2019	(DD/MM/YY)
Time of accident	5:30 pm	(HH:MM)
Exact location of accident	Along Jalan Stovey	

DETAILS OF VEHICLE

Vehicle registration number	SJ48515D		
Vehicle make and model	Lexus IS250		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	Personal		
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Paramasivam SIO Thrunavakarasu	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S8734881D		
Contact	9230 8081		
Address	Blk 64 Commonwealth Drive #07-289 S(140064)		

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Azlinza Binte Ahmad	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	S7636077D		
Contact	96677 099		
Address	Blk 493E Tampines Street 43 #02-338 Singapore (524493)		
Email address			
Date of birth	18/10/1976		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	27/02/2009		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	4 (Inclusive of driver)

PASSENGER 1	
Name	Azlinnda Binte Ahmad
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 2	
Name	Adlyna Ryqah Binte Rominol
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 3	
Name	Adylah Ryann Binte Rominol
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 4	
Name	Roshan Adam Rominol
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	PB 6245
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	VBM 7105
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	Az'linda Binte Ahmad
Injuries sustained	Neck and Back and Leg
Which vehicle person in?	Driver
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	Adlyna Ryqah Binte Rominol
Injuries sustained	Neck & chest
Which vehicle person in?	Passenger
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 3	
Name	Adylan Ryann Binte Rominol
Injuries sustained	Neck & Back
Which vehicle person in?	Passenger
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 4	
Name	Roshan Adam Rominol
Injuries sustained	Neck & Back
Which vehicle person in?	Passenger
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



**SINGAPORE
POLICE FORCE**



G/20190701/2087

1 of 2

POLICE REPORT (NP299)

Report No. G/20190701/2087

Police Station Of Origin
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Date/Time Report Made 01/07/2019 15:31	Vide Report No.	Station Diary No. 31
Name Of Informant AZLINDA BINTE AHMAD	Address APT BLK 493E TAMPINES STREET 43 #02-338 SINGAPORE 524493	
ID Type / ID No. NRIC NO / S7636077D	Contact No. Home/Office Mobile 96677099	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation ANALYST	Sex Female	Age 42
Institution/School Name	Date of Birth 18/10/1976	Race Javanese
Date/Time Of Incident 30/06/2019 17:30	Location Of Incident Johor Bharu MALAYSIA	

Brief details.

On 30/06/2019 at about 1730hrs, I was driving my vehicle (SJY8515D) at Malaysia, Johor Bharu. I was driving along Jalan Storey and heading back towards Malaysia customs near Woodlands.

I was driving slowly as there was a congestion. Suddenly, there was an impact from the rear. I then got off my vehicle to make a check. I then saw that a vehicle (VBM7105) had collided with the vehicle (FB6245) that collided with my vehicle, thus causing a chain collision. I took photo of the accident and

Signature Of Officer Recording The Report: G / Sr Staff Sgt YANG JUNJIE, SAMUEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/07/2019 15:31
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt CHUA ZHI WEN Contact No.: 62447200	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



G/20190701/2087

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190701/2087

exchanged particulars with the other parties. I then drove to their police station to make a police report.

My vehicle suffered damages on my rear bumper where it was almost dislodged. The center bumper had caved in. I have in-car camera, but it is only directed at the front.

After I came back to Singapore, I drove to KKH as my children were feeling uncomfortable. My eldest son Roshan Adam Rominof (T0024238H) received MC of 6 days, from 30/06/2019 to 05/07/2019. My eldest daughter, Adylah Ryann Binte Rominof (T0422733B) received MC of 4 days from 30/06/2019 to 03/07/2019. My youngest daughter, Adlyna Ryqah Binte Rominof (T0606953Z) received MC of 3 days from 30/06/2019 to 02/07/2019.

On 01/07/2019, I felt uncomfortable and so I went to CGH to consult a doctor. I received MC from 01/07/2019 to 04/07/2019. I am suffering from back ache and neck strain. I am lodging this report for insurance claim.

Signature Of Officer Recording The Report:

G / Sr Staff Sgt YANG JUNJIE, SAMUEL

Signature Of Informant:

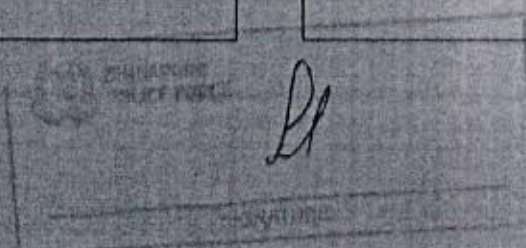
Signature Of Interpreter:
Not applicable

Date/Time:
01/07/2019 15:31

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Sr Staff Sgt CHUA ZHI WEN
Contact No.: 82447200

Classification Of Case:

Authentication Stamp



Licence Number **S7636077D**
Name
AZLINDA BINTE AHMAD
Birth Date: **18 Oct 1976**
Issue Date: **07 Dec 2017**

002751122G

For LKK/NAC Use Only

IDENTITY CARD NO. **S7636077D**

Name
AZLINDA BINTE AHMAD

Race
JAVANESE

Date of birth
18-10-1976

Country/Place of birth
SINGAPORE

Sex
F

S7636077D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$	27 Feb 2009

NP 428A

Licence No: **S7636077D**

For LKK/NAC Use Only

6139828

S7636077D

NRIC No. **S7636077D**

Date of issue
18-02-2019

Address
**APT BLK 493E TAMPINES STREET 43
#02-338
SINGAPORE 524493**

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: 5094822880-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJY8515D**
Chassis Number : **JTHBK262202051347**
2. Name of Policyholder : **PARAMASIVAM S/O THRUNAVAKARASU**
3. Effective Date of Insurance : **17 Oct 2018**
4. Expiry Date of Insurance : **23 Aug 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: PARAMASIVAM S/O THRUNAVAKARASU
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT 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 : AUTOSHIELD PTE. LTD. (00000573469)

Date of Issue : 06 Aug 2018 16:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

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="30/06/2019 17:30"/>
Vehicle No. (For Motor)	<input type="text" value="SJY8515D"/>	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 type="radio"/>	5094822880-01		PARAMASIVAM S/O THRUNAVAKARASU	S8734881D	GPC	drivo CLASSIC	SJY8515D	SJY8515D	17/10/2018	23/08/2019

Policy Information

Policy No.	5094822880-01	Policyholder Name	PARAMASIVAM S/O THRUNAVA*		Policyholder NRIC	S8734881D
Certificate No.						
Address	BLK 64 #07-289 COMMONWEALTH DRIVE SINGAPORE 140064					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N
Policy issue Date	06/08/2018	Effective Date	17/10/2018 00:00	Expiry Date	23/08/2019 23:59	
Excess Type		All Claims Excess				
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	Young/Inexperience Driver Excess		
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y	
Co-insurance Flag	No					
Open Policy Info						
Certificate Info						

Policyholder Mailing Address

Address 1	BLK 64 #07-289	Address 2	COMMONWEALTH DRIVE	Address 3	SINGAPORE 140064
Address 4		Address Type	Singapore address	Post Code	140064
Unit No.		Related Policy Number	5094822880-01		

Insured Object: SJY8515D

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	01/02/2019 00:00	Basic Information Endorsement	Entry Rejected	<p>Thank you for giving us the opportunity to serve you. We confirm that from 01 Feb 2019, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$473.86 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash, credit card or NETS.</p>
2	11/02/2019 00:00	Basic Information Endorsement	Entry Rejected	<p>Thank you for giving us the opportunity to serve you. We confirm that from 11 Feb 2019, the following amendment(s) is/are made to this policy: In view of this amendment, an additional premium of \$450.63 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter.</p>

Claim Handling

Accident MT/1051609

Exit

Policy No.	S094822880-01		Vehicle No.	SJY851SD		GST Registration No.	
Certificate No.							
Policyholder Name	PARAMASIVAM S/O THIRUNAVAKARASU					Policyholder NRIC	S8734881D
Product Code	PRIVATE CAR INSURANCE		Cover Type	drive CLASSIC		Loading	0
Contact No.(Mobile)	92308051		Contact No.(Office)	0		Contact No.(Home)	0
Email Address			Special Remark			eCode	
KFY	<input checked="" type="radio"/> No <input type="radio"/> Yes		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes		eCode Reason	
NCD Protection	No		NCD Entitlement(%)	10		Private Hire	No
Accident Details							
Report Date	02/07/2019 19:38		Accident Report Within 24 hrs	Yes		Accident Type	Chain Collision
Date of Accident	30/06/2019		Time of Accident hh:mm	17:30		Country of Accident	Outside Singapore
Reporting Centre			Orange Force			ICM No.	
Accident Location	ALONG JALAN STOREY						
Excess							
Own damage Excess	2,000.00		Additional Excess	0		Windscreen Excess	100.00
Unnamed Driver Excess	500.00		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 Status Verified	Yes
GST Registration No.							
Modification History							
Policyholder Mailing Address							
Address 1	BLK 64 #07-289		Address 2	COMMONWEALTH DRIVE		Address 3	SINGAPORE 140064
Address 4			Address Type	Singapore address		Post Code	140064
Unit No.			Related Policy Number	S094822880-01			
OT Driver Info							
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver		Driver DOB	18/10/1976
Unnamed driver Name	AZLINDA BINTE AHMAD		Driver NRIC	S7636077D		Driving Experience	10
Register Date of Driver License	27/02/2009		Driver Age	42		Contact No.(Home)	0
Contact No.(Mobile)	96677099		Contact No.(Office)	0		Address 3	SINGAPORE 524493
Address 1	BLK 493E		Address 2	TAMPINES STREET 43		Post Code	524493
Address 4			Address Type	Singapore address			
Unit No.	02-338		Driver Vehicle No.			Driver Insurer Company	
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 New

Claim Type *	DD-Mix	Insured Name	PARAMASIVAM S/O THIRUNAVAKARASU	Insured NRIC	S8734881D
Contact No.(Mobile)	91838107	Contact No.(Home)		Contact No.(Office)	
Email Address	RAM87_RJ23@HOTMAIL.COM	OT Vehicle Number	SJY851SD	TP Vehicle Number	FB6245
Claimant Type	Claimant Type *	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SJY851SD / FB6245 ON 30 Jun 2019				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	02/07/2019 19:40	Claim Close Date		Date Received	02/07/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1051609	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/07/2019 19:41
Path *		Category *	
	Browse...	Confidential	Urgency *
	Clear	Please Select	Normal
	Browse...	Please Select	Normal
	Clear	Please Select	Normal
	Browse...	Please Select	Normal
	Clear	Please Select	Normal

Browse...

Browse...

Browse...

Clear

Clear

Clear

Please Select

Please Select

Please Select

NO

NO

NO

Normal

Normal

Normal

☐ Send Message

Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-7-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:41	SAS	Normal	SAS 2019-7-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:41	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:41	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:41	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:41	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:40	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:40	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:40	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:40	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:40	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:40	Photos	Normal	Photos 2019-7-2		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV) CES) on 02 Jul 2019 19:40	Photos	Normal	Photos 2019-7-2		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid #ccc; padding: 2px 10px;">Display in New Window</div> <div style="border: 1px solid #ccc; padding: 2px 10px;">Scan and uploading</div> </div>				