

NATIONAL Assessment Centre Services.

(wef 1 Jan 05) **MNA19169524**

Date In: 26/12/19-11:13	Job description	Date & Time Completed	Done by
Ref No: 44/14C190264424	SAS e-filing		
Veh No: 5JX38656	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 23/12/19-13:30	i-Motor Claim Form	27/12/19 11:36	26/12/19 11:36
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: **5JF94701**

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

NA2000056

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

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

2) DA: Damage Assessment (\$100); INC (\$50)

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:-

QD:

*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

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	26/12/2019 11:13
Date Of Accident	23/12/2019 13:30
Exact Location Of Accident	JALAN TECK WHYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX3865G
Insured/Policyholder	
Name Of Registered Owner	JUFRI BIN JAMARI
NRIC No	SXXXX846D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98335774
Alternative Phone No	OFFICE-98335774

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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	5106260801
Cover Note Number	

Driver

Name of Driver	JUFRI BIN JAMARI
NRIC No	SXXXX846D
Date Of Birth	24/09/1983
Occupation	INDOOR
Date Of Driving Pass	07/08/2003
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98335774
Fax Number	
Contact Number	OFFICE-98335774
Email Address	NOEMAIL

Address	BLK 547B SEGAR ROAD #02-01
Postcode	672547
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191223/2176.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF9470T
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

XE4621X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

JUFRI BIN JAMARI

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJX3865G

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:

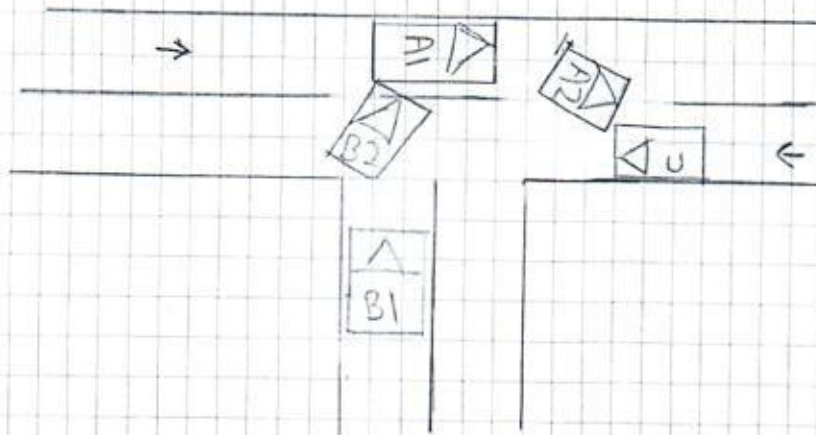
Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

SKETCH PLAN

Jalan Teck whye



A SJX3865G

B SLF9470T

C XE4621X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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

[Signature]

Policy holder's signature
Date & time:

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

[Signature]

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	23 / 12 / 19	(DD/MM/YY)
Time of accident	1330	(HH:MM)
Exact location of accident	Along Road 1 Jalan Tekong Whye	

DETAILS OF VEHICLE

Vehicle registration number	SIX 3865 G		
Vehicle make and model	VOLKSWAGON Scirocco		
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 checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
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	Jufri Bin Jamari	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	38329846D		
Contact	98335774		
Address	Blk 547B Segar Road #02-01 S(672547)		

DRIVER

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

Name			Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number				
Contact				
Address				
Email address				
Date of birth	24/09/1983			
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>			
Driving date pass	07/08/2003			

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Owner</u>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input 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	<u>1</u> (Inclusive of driver)

PASSENGER 1	
Name	<u>Jufri Bin Jamari</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	<u>Bukit Panjang NPC</u>

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SLF 9470T
Vehicle make model	
Name	B
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	XE 4621 X
Vehicle make model	
Name	C
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	JUFRI BIN JAMARI
Injuries sustained	neck and back
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	
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 3	
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 4	
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 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



T/20191223/2176

1 of 4

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20191223/2176

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2019 21:57	Vide Report No.:	Station Diary No.: 131
--	------------------	---------------------------

Informant's Particulars

Name of Informant: JUFRI BIN JAMARI			Address: APT BLK 547B SEGAR ROAD #02-01 SINGAPORE 672547	
ID Type / ID No.: NRIC NO / S8329846D			Contact No.:	
			Home/Office:	Mobile: 98335774
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 36	Date of Birth: 24/09/1983	Type of Informant: Driver	
Race: Javanese			Language:	Institution / School Name:
Occupation: BIOTECHNICIAN			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/12/2019 13:30	Type of Location:
Location: Along Road 1 JALAN TECK WHYE main road infront of Blk 154 Jalan Teck Whye Road towards Ten Mile Junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX3865G	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372Q5	Blue	Seriously Damaged	0
SLF9470T	Car				Slightly Damaged	0
XE4621X	Tipper truck				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



SINGAPORE POLICE FORCE



T/20191223/2176

2 of 4

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20191223/2176

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX3865G	NTUC Income Insurance Co-Operative Limited	5106260801	13/12/2018	09/06/2020

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	JUFRI BIN JAMARI	ID No.	S8329846D
Related Vehicle	SJX3865G (Car)	Contact No.	98335774
Hospital/Clinic	ONECARE CLINIC BUKIT PANJANG	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/12/2019	Date Discharge	23/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	AW JIN WEI	ID No.	S9613065A
Related Vehicle	SLF9470T (Car)	Contact No.	81020363
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown	ID No.	NIL
Related Vehicle	XE4621X (Tipper truck)	Contact No.	92375150
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20191223/2176

3 of 4

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20191223/2176

CONTINUATION OF REPORT

Brief Details.

On 23 December 2019 at 1330hrs, I was driving along Jalan Teck Whye Road going towards Ten Mile Junction. Upon reaching the T-junction near Blk 154 Jalan Teck Whye Road, one car bearing registration number SLF9470T, came out abruptly and turned right without checking for the traffic where I was coming.

As such, our vehicles collided and the impact caused me to hit onto another tipper truck bearing registration number XE4621X which happened to be on the opposite of the road. Shortly after, the driver and myself came down to make a check and I called for police assistance. Both myself and the driver affirmed no injuries and we exchanged particulars before the traffic police arrived and left after the traffic police officer told us so. Due to the impact, my rear right tyre was dented and my left front bonnet was dented. For the other vehicle, the left bumper front was dented and scratched while the tipper truck front bumper is slightly dented.

I managed to get the footage of the accident from the tipper truck as it has a dash cam installed in it. On the later part of the day, I felt pain and aches on my neck as such I went to the clinic to seek medical treatment where I was given three days of MC.

[Signature]
Bukit Panjang NPC
1 Segar Road #01-05
Singapore 677738
Tel : 6892 9999



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20191223/2176

4 of 4

Report No. T/20191223/2176

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:

J/
Sr Staff Sgt CHAN KANG YUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /
Sgt 2 PHUA TIAK YEE
Contact No. 65472077

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
23/12/2019 21:57

Classification Of Case:

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106260801		JUFRI BIN JAMAR	S8329846D	GPC	drivo CLASSIC	SJX3865G	SJX3865G	13/12/2018	09/06/2020

Continue

Policy Information

Policy No.	5106260801	Policyholder Name	JUFRI BIN JAMARI	Policyholder NRIC	S8329846D
Certificate No.					
Address	BLK 547B #02-01 SEGAR ROAD SINGAPORE 672547				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	13/12/2018	Effective Date	13/12/2018 00:00	Expiry Date	09/06/2020 23:59
Excess Type		All Claims Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		Young/Inexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 547B #02-01	Address 2	SEGAR ROAD	Address 3	SINGAPORE 672547
Address 4		Address Type	Singapore address	Post Code	672547
Unit No.		Related Policy Number	5106260801		

Insured Object: SJX3865G

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	13/12/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that from 13 Dec 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: MAYBANK SINGAPORE LIMITED CHASSIS NUMBER: WVWZZZ13ZAV439757 ENGINE NUMBER: CAV182656 VEHICLE REGISTRATION NUMBER: SJX3865G ORIGINAL REGISTRATION DATE: 09 Jun 2010</p>
2	03/06/2019 00:00	POI Extension/Shorten	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 13 Dec 2018 TO 09 Jun 2020 In view of this amendment, an additional premium of \$377.88 (Inclusive of GST) is payable under your policy.</p>

Continue

Cancel

Claim Handling

Accident MT/1077189

Policy No.	5106260801	Vehicle No.	SIX3865G	GST Registration No.	
Certificate No.					
Policyholder Name	JUFRI BIN JAMARI	Cover Type	drive CLASSIC	Policyholder NRIC	58329846D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	98335774	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	26/12/2019 11:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	23/12/2019	Time of Accident h:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JALAN TEK WHYE				

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

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 547B #02-01	Address 2	SEGAR ROAD	Address 3	SINGAPORE 672547
Address 4		Address Type	Singapore address	Post Code	672547
Unit No.		Related Policy Number	5106260801		

01 Driver Info

Driver Name	JUFRI BIN JAMARI	Driver Type	Main Driver	Driver DOB	24/09/1963
Unnamed driver Name		Driver NRIC	58329846D	Driving Experience	16
Register Date of Driver License	07/09/2003	Driver Age	36	Contact No.(Home)	0
Contact No.(Mobile)	98335774	Contact No.(Office)	0	Address 3	SINGAPORE 672547
Address 1	BLK 547B	Address 2	SEGAR ROAD	Post Code	672547
Address 4		Address Type	Singapore address		
Unit No.	02-01				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
-------------------------------------	------	-------------	---	--	--

Modification History

Claim 001

New

Claim Type *	OD-Mix	Insured Name	JUFRI BIN JAMARI	Insured NRIC	58329846D
Contact No.(Mobile)	98335774	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	SUBWAROD6@HOTMAIL.COM	O1 Vehicle Number	SIX3865G	TP Vehicle Number	SLP9470T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SIX3865G / SLP9470T ON 23 Dec 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	26/12/2019 11:36	Claim Close Date		Date Received	26/12/2019 00:00
Report Taken By	Jackson				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/1077189	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/12/2019 11:37

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	

☐ Send Message

Attachment List

Msg Sent?

26/12/2019