

NATIONAL Assessment Centre Services. Inst 1 2005 NA 2000 816

Date In: 21/1/05 - 14:39	Job description	Date & Time Completed	Done by
Ref No: NA/HC 2000/25/124	SAS e-filing		
Veh No: 5MP5243P	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 20/1/20 - 08:10	i-Motor Claim Form	21/1/05 14:09:00	21/1/05 14:56
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: 565277E 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

Claimant's Particulars :-	Invoice Preparation Checklist	Am (\$)	Am (\$)
		Inc Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100), INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Est. 1:	6) TR: Re-inspection \$75		
Est. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	QJ*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non-INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	21/01/2020 14:39
Date Of Accident	20/01/2020 08:10
Exact Location Of Accident	JUNC THOMSON RD & MARYMOUNT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP5343P
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Insured/Policyholder

Name Of Registered Owner	MAHAMOD BIN HUSSIN
NRIC No	SXXXX600I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90613004
Alternative Phone No	OFFICE-90613004

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
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	5113550518
Cover Note Number	

Driver

Name of Driver	MAHAMOD BIN HUSSIN
NRIC No	SXXXX600I
Date Of Birth	15/12/1952
Occupation	OUTDOOR
Date Of Driving Pass	13/10/1979
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90613004
Fax Number	
Contact Number	OFFICE-90613004
Email Address	NOEMAIL

Address	BLK 7 MARSILING DRIVE #07-48
Postcode	730007
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 - 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)	3
Passenger 1	NAME: : NORHANA BINTE AHMAD GENDER: : FEMALE
Passenger 2	NAME: : ILHAN HAZIQ GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200120/2176.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS7277E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver YEO HUO JI,CECILIA
NRIC/Passport Number
Contact Number 98899782
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 4

DETAILS OF INJURED PERSON 1

Name MAHAMOD BIN HUSSIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMP5343P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NORHANA BINTE AHMAD
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMP5343P
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name ILHAN HAZIQ
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMP5343P
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:

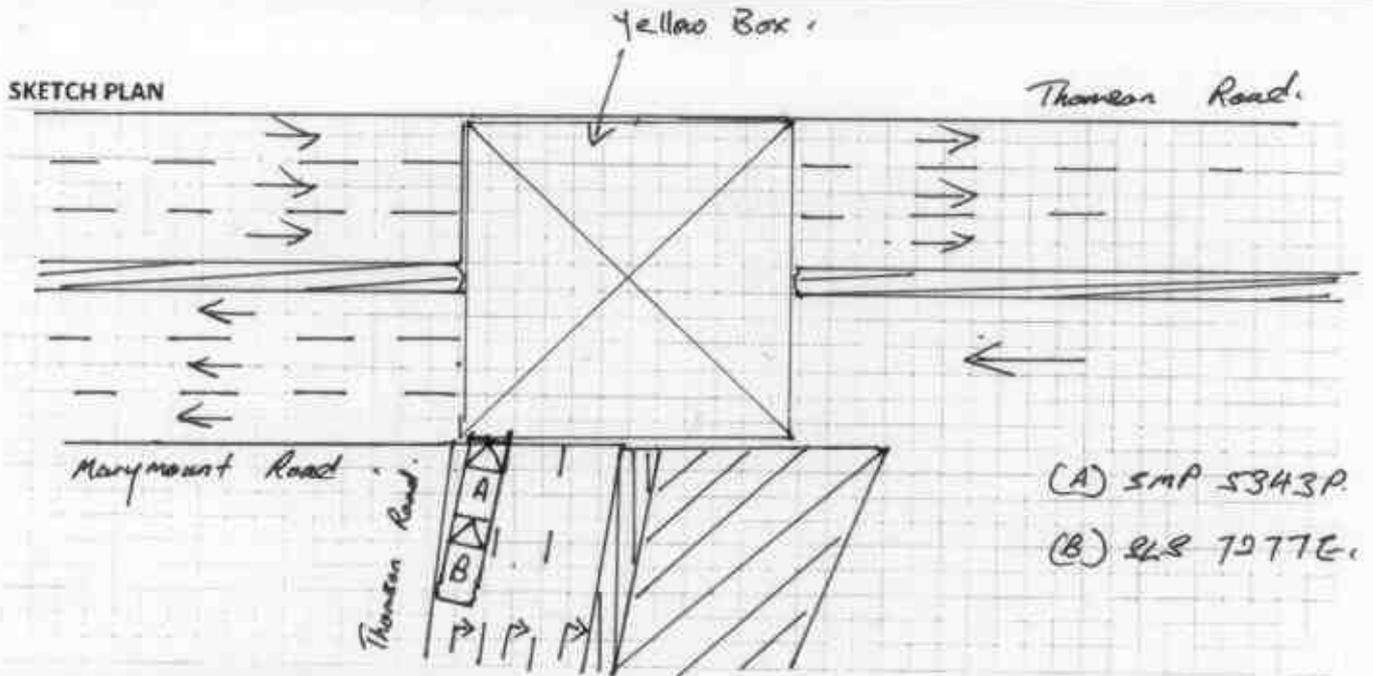
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Pls refer to Police Report No :
T/20200120/2176.

DECLARATION

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


 Policyholder's Signature
 Date & Time:


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


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

Vehicle No.	2MP 5343 P. Model/Make Nissan Sylphy	
Date of Accident	20/01/2020.	
Time of Accident	0810 HRS	
Location of Accident	Thomson Road junction Marymount Road.	
Exact purpose use during accident	Private Use.	
Name of Owner	Mahamad Ben Hussein.	
Telephone No.	H/P: 90613004 Home:	Office:
NRIC	S 0033600 I.	
Address	BLK 7, Marsiling Drive #07-48 (E) 730007.	
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY	
Insurance Company	NTUC.	
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft	
Policy No.	5113550516.	
Name of Driver	<u>As Above</u> if No.	
NRIC	Any Passengers: 02 (IM) (IF)	
Date of birth	15/12/1952.	
Occupation	<u>Outdoor</u> / Indoor	
Driving License Pass Date	13/10/1979.	
Gender	<u>Male</u> Female	
Contact No.	H/P:	Home: Office:
Address		
Driver have any own vehicle	No, If yes, Reg No.	
Relationship	Employee, If no, state <u>owner</u> .	
Weather condition	<u>Clear</u> Raining Other	
Road Surface	<u>Dry</u> Wet Other	
Any Injuries	No, <u>If Yes, Who?</u>	
Name And Contact No.	① Mahamad Ben Hussein (H/P: 90613004) ② Ilhan Haziq	
Name And Contact No.	③ Norhana binte Ahmad (H/P: 82005538) (H/P: 8111585)	
Police Report	No, <u>If Yes, Where?</u> Woodlands West N.P.C.	
Vehicle B No.	SL9 7D77E.	Any Passengers: 03
Name of Driver	Teo Hoo Ji, Cecilia	Contact No.: 9889 9782.
Vehicle C No.	Any Passengers:	
Vehicle D No.	Any Passengers:	
Vehicle E no.	Any Passengers:	
Vehicle F No.	Any Passengers:	
Vehicle G No.	Any Passengers:	
Witness Name	N.A.	Witness Contact: N.A.
Accident Portion	Rear Portion.	
Camera Recorder	<u>Yes</u> /No With traffic police.	
Email Address	-	
PARTICULAR WORKSHOP	Twinair.	
CONTACT NO.	6842 0051 / 6744 0510	
CONTACT PERSON	Zi Teng.	
FAX NO	6741 0510	
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg	



**SINGAPORE
POLICE FORCE**



T/20200120/2176

1 of 4

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No: T/20200120/2176

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2020 20:58		Vide Report No.: E/20200120/0051		Station Diary No.: 776	
Informant's Particulars					
Name of Informant: MAHAMOD BIN HUSSIN			Address: APT BLK 7 MARSILING DRIVE #07-48 SINGAPORE 730007		
ID Type / ID No.: NRIC NO / S00336001			Contact No.: Home/Office: Mobile: 90613004		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 15/12/1952	Type of Informant: Driver		
Race: Javanese			Language: Malay		Institution / School Name:
Occupation: SP POWER EMPLOYEE			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/01/2020 08:10	Type of Location: Y-Junction
Location: Along Road 1 THOMSON ROAD				
Y-junction between Thomson Road and Marymount Road, turning right into Thomson Road.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SLS7277E	Car	COOPER		Blue		3
SMP5343P	Car	NISSAN	SYLPHY 1.8 CVT ABS D/AIRBAG 2WD 4DR	Red	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20200120/2176

2 of 4

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20200120/2176

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP5343P	NTUC Income Insurance Co-Operative Limited	5113550516	22/10/2019	21/10/2020

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	YEO HAO JI, CECILIA (YANG HAOJI)	ID No.	S8228678J
Related Vehicle	SLS7277E (Car)	Contact No.	98899782
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	MAHAMOD BIN HUSSIN	ID No.	S0033600I
Related Vehicle	SMP5343P (Car)	Contact No.	90613004
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

Passenger

Name	NORHANA BINTE AHMAD	ID No.	S7830559B
Related Vehicle	SMP5343P (Car)	Contact No.	82005538
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/01/2020	Date Discharge	20/01/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight



Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No: T/20200120/2176

CONTINUATION OF REPORT

Brief Details.

On 20/01/2020 at 0810hrs at the Y-Junction between Thomson Road and Marymount Road, I was driving my car with 2 passengers (daughter in law and grandson) and stopped at the said traffic junction before the yellow box even though the traffic light was green for my side, as there were 3 other vehicles in the yellow box turning right as well due to heavy traffic at the said junction.

Suddenly, I and my passengers felt the back of my car was hit causing my car to move forward into the yellow box. I alighted from my car and saw that a blue mini cooper hit onto the back of my car. The said car was driven by a female Chinese driver and she alighted from her car. I asked her why she did not stopped and she replied that she could not brake in time. We exchanged particulars.

Ambulance came and conveyed my daughter in law to Tan Tock Seng Hospital where she was given 4 days outpatient sick leave. Traffic Police attended to us. My car has a in-car camera and the memory card has been given to the police for their investigation. My car sustained serious dents/damages to the rear boot, rear bumper, rear left signal light and scratches as well.



**SINGAPORE
POLICE FORCE**



T/20200120/2176

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

4 of 4

Report No. T/20200120/2176

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: L / Sgt 2 MUHAMMAD SHAI FUDIN SHAH BIN EFFENDI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/01/2020 20:58
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:

Authentication Stamp
NP168



L/20200120/2126

1 of 1

Case Summary Form (CSF)

Report No. L/20200120/2126

Manual Form Serial No T/20200120/2176
 Report Number L/20200120/2126
 Vide Report Number T/20200120/2176
 Date/Time of Report Made 20/01/2020 21:11
 Place Report Lodged Woodlands West N.P.C.
 Name of Informant Mahamod Bin Hussin
 ID Type / ID No. NRIC NO / S00336001
 Home/Office 90613004
 Mobile 90613004
 Email
 Date/Time of Incident From 20/01/2020 08:10
 Date/Time of Incident To
 Incident Location THOMSON ROAD SINGAPORE
 Y-junction between Thomson Road and Marymount Road

Brief Facts

I wish to add facts to the report: T/20200120/2176 that after the accident, I went to Tan Tock Seng Hospital and I was given 4 days outpatient sick leave.

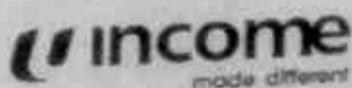
Case Sensitivity No
 Officer-in-Charge of Case Traffic Police Department /
 Mohamed Sufian Bin Mohamed Junid
 Contact No. 65470000
 Classification of Case 1) NO OFFENCE DISCLOSED



WOODLANDS WEST NPC
 NO. 1 WOODLANDS STREET 12
 SINGAPORE 738822
 TEL: 1800-363 9999

MS

S. 0033600 I



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: S11350516 Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SMP5343P
 Chassis Number : MNT88AB1720023672
 2. Name of Policyholder : MAHAMUD BIN HUSSIN
 3. Effective Date of Insurance : 22 Oct 2019
 4. Expiry Date of Insurance : 21 Oct 2020

5. Persons or Classes of Persons entitled to drive
 (a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

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

This Policy does not cover

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

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

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH CDE	: YES
NCI PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: MAHAMUD BIN HUSSIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(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 : S & M ALLIANCE PTE LTD (00000614373)
 Date of Issue : 22 Oct 2019 14:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorized Officer

Chief Executive

Hello, NAC_PAYA_UB1_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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NOIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113550916		MAHAMOD BIN MUSSIN	500336001	GPC	Drive CLASSIC	SMP5343P	SMP5343P	22/10/2019	21/10/2020

Policy Information

Policy No.	5113550516	Policyholder Name	MAHAMOD BIN HUSSIN	Policyholder NRIC	S00336001
Certificate No.					
Address	BLK 7 #07-48 MARSILING DRIVE MARSILING GARDENS SINGAPORE 730007				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	22/10/2019	Effective Date	22/10/2019 00:00	Expiry Date	21/10/2020 23:59
Excess Type	Per Accident	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	S & M ALLIANCE PTE LTD	Agent Tel.	96354268	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 7 #07-48	Address 2	MARSILING DRIVE	Address 3	MARSILING GARDENS
Address 4	SINGAPORE 730007	Address Type	Singapore address	Post Code	730007
Unit No.	07-48	Related Policy Number	5113550516		

Insured Object: SMP5343P

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MY/2381208

Policy No.	EL13552518	Vehicle No.	SPW543P	GST Registration No.	
Certificate No.					
Policyholder Name	WUWANG BIN HUSSEN	Policyholder NRIC		000360G	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Leading	0
Contact No. (Mobile)	90633004	Contact No. (Office)	0	Contact No. (Home)	0
Street Address		Special Remark		eCook	
MP	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	NCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eClaim Reason	
ECG Protection	Yes	ECG Subsequent No.	00	Private Hire	No
Accident Details					
Report Date	21/01/2020 14:54	Accident Happen Within 24 Hrs	Yes	Accident Type	Collision - Invol to Road
Date of Accident	20/01/2020	Total of Accident Involms	00:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG THRONSON RD & HARTHOUST RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	400.00	TP Standard Excess	0.00
YCR OD Excess	0.00	YCR TP Excess	0.00
Additional Excess	0	Driver is Covered?	Covered
Total OD Excess Applicable	400.00	Total TP Excess Applicable	0.00

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 7 #01-48	Address 2	HARLING DRIVE	Address 3	HARLING GARDENS
Address 4	SINGAPORE 730007	Address Type	Singapore address	Post Code	730007
Unit No.	07-48	Related Policy Number	EL13552518		

Of Driver Info

Driver Name	WUWANG BIN HUSSEN	Driver Type	Main Driver	Driver DOB	15/11/1963
Unnamed Driver Name		Driver NRIC	000360G	Driving Experience	40
Register Date of Driver License	13/10/1979	Driver Age	47	Contact No. (Home)	0
Contact No. (Mobile)	90633004	Contact No. (Office)	0	Address 1	BLK 7
Address 1	BLK 7	Address 2	HARLING DRIVE	Address 3	HARLING GARDENS
Address 4	SINGAPORE 730007	Address Type	Singapore address	Post Code	730007
Unit No.	07-48				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Swiftpayer or Road Test Reading?	0 mg	Any injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Modification History

Claim 001

Claim Type *	OD-MS	Insured Name	WUWANG BIN HUSSEN	Insured NRIC	000360G
Contact No. (Mobile)	90633004	Contact No. (Home)	0	Contact No. (Office)	92009215
Email Address		Of Vehicle Number	SPW543P	TP Vehicle Number	0537775
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SPW543P / 0537775 On 20 Jan 2020				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Requires Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Super approval	GIA report	Received
Date Reported	21/01/2020 14:54	Claim Close Date		Date Received	21/01/2020 00:00
Report Taken By	000000				

New AX letter

Save **Submit**

Attachment

Accident No.	MY10061209	Claim No.	001
Last Doc. Retrieved	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	21/01/2020 14:57

Category *	Confidential	Urgency *	Description *
Browser	<input type="checkbox"/>	Normal	
Browser	<input type="checkbox"/>	Normal	
Browser	<input type="checkbox"/>	Normal	
Browser	<input type="checkbox"/>	Normal	
Browser	<input type="checkbox"/>	Normal	
Browser	<input type="checkbox"/>	Normal	

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Attachment List

Attachment	Uploaded By/Date	Category	Priority	Original	Description	File Size (KB)
	NAC_PAVA_UR1_800001 NATIONAL ASSESSMENT CENTRE SERV (25) on 21 Jan 2020 14:57	NAC/ Driving License	Y	Normal	NAC/ Driving License 2020 1-21	
	NAC_PAVA_UR1_800001 NATIONAL ASSESSMENT CENTRE SERV (25) on 21 Jan 2020 14:58	SA3		Normal	SA3 2020-1-21	
	NAC_PAVA_UR1_800001 NATIONAL ASSESSMENT CENTRE SERV (25) on 21 Jan 2020 14:58	Photo		Normal	Photo 2020-1-21	
	NAC_PAVA_UR1_800001 NATIONAL ASSESSMENT CENTRE SERV (25) on 21 Jan 2020 14:58	Photo		Normal	Photo 2020-1-21	
	NAC_PAVA_UR1_800001 NATIONAL ASSESSMENT CENTRE SERV (25) on 21 Jan 2020 14:58	Photo		Normal	Photo 2020-1-21	
	NAC_PAVA_UR1_800001 NATIONAL ASSESSMENT CENTRE SERV (25) on 21 Jan 2020 14:58	Photo		Normal	Photo 2020-1-21	
	NAC_PAVA_UR1_800001 NATIONAL ASSESSMENT CENTRE SERV (25) on 21 Jan 2020 14:58	Photo		Normal	Photo 2020-1-21	
	NAC_PAVA_UR1_800001 NATIONAL ASSESSMENT CENTRE SERV (25) on 21 Jan 2020 14:58	Photo		Normal	Photo 2020-1-21	
	NAC_PAVA_UR1_800001 NATIONAL ASSESSMENT CENTRE SERV (25) on 21 Jan 2020 14:58	Photo		Normal	Photo 2020-1-21	

Video List

Uploaded By/Date	Folder/Date	File Name	Source	Size
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