Date In: 4 / 12-10: 36	Jeb description		Date & Time Complete	d E	Done b	y.
Ref No: Ug INCONDET TO Dry	SAS e-filing			-	3 - 7 / -	
Veh No: JICA7 OUS C	E-mail (within 8	ihrs, AIC 2hrs)				
D.O.A: 28/4/2-15:37	i-Motor Clair	n Form	m (1597126-02)	U/1/20	10.7	1
6	i-Motor W/O	(Within: OD 2hrs,	TP 4hrs)			
OD : TP : Reporting Only	i-Photo Uplo:	aded	1		-contrata-co	
	Assessment/Su	rvey Report				
TP Insurer:	Ass't Report b	y <u>Fax / Hand</u> to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No:	V/ (12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	. INC()/Non-INC()	5 6		
Owner / Driver: (Tel:)	
Policy No: () F	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (V	VO): N: 0-20	%; P: 21-79%. P: 8	0-100%]		
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1	,000 ()/\$2,000		Committee and the second	C PARS SIL		
General Remarks:-						-0.
() Walk-In Customer: Customer's in		nfidential & Str	ictly NO rafer of repair	er.		
() Total Loss Case : to e-mail Insu			· · · · · · · · · · · · · · · · · · ·		*	
Drive-In ()/ Towed-In (); Invoi	ce: YES () / N	IO (); To	owing Co: (
Remarks: (INC hotline: 6788 6616)			Date&Time Complete	1	Done b	ý ·
1) Apply for Transport Allowance ()/	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > 5	(())	1			
Injury:					- (T	
				NO LANG	dans.	The Park of the
Date/Time Actions				439-358 WILLIAMS CONT.	1	
	ANNUAL DESCRIPTION OF THE PROPERTY OF THE PROP					
			- 1 - 1 - 1		S-sconute	
	1					
1	4	Invoice Pre	paration Checklist	Service Control of the Park	r (S)	Amt(3)
NEW03008	1	Invoice Pre	paration Checklist	Tie	it (5) Bill	Amt(3)
NAMOSONE	1	1) AR : Accident 2) DA : Damage	Reporting (\$30); Assessment (\$100); IN	Service Control of the Park	Section 5	
laimant's Particulars :-	1	1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T	Reporting (\$30); Assessment (\$100); INcee	(\$80) \$40/\$45 \$120	Section 5	
Laimant's Particulars :- river/Owner:	1	1) AR : Accident 2) DA : Damege 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Fullow-Ti	Reporting (\$30); Assessment (\$100); INces arough Survey arough Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30	Section 5	
Laimant's Particulars :- river/Owner: ontact No:		1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	Reporting (\$30); Assessment (\$100); INcome arough Survey Arough Survey (Resurvey) Rejust INC Only (wef 10 Januarion	C (\$80) \$40/\$45 \$120 \$30 2005) \$75	Section 5	
Laimant's Particulars :- river/Owner: ontact No:		1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a	Reporting (\$30); Assessment (\$100); INcee arough Survey Arough Survey (Resurvey) Rejust INC Only (wef 10 Jan tion SMRT Survey	C (\$80) \$40/\$45 \$120 \$30 2005)	Section 5	
laimant's Particulars:- river/Owner: ontact No: amaged Portion:	1	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idac DA 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INcee arough Survey Arough Survey (Resurvey) Resinst INC Only (wef 10 Jan Arough Survey	C (\$80) \$40/\$45 \$120 \$30 2005) \$75	Section 5	
Laimant's Particulars':- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C	Reporting (\$30); Assessment (\$100); INdee arough Survey Arough Survey (Resurvey) Resinst INC Only (wef 10 Jan Arough Survey Arou	(\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160	Section 5	
Harmant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INdee arough Survey (Resurvey) rough Survey (Resurvey) reinst INC Only (wef 10 Jan ethon SMRT Survey and Services: Car / Tpt Allowance co-ordination air Inspection lect Excess Coordination	\$150 \$40/\$45 \$120 \$30 \$2005) \$75 \$160 \$25 \$35	Section 5	
laimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col TP (N11): TP	Reporting (\$30); Assessment (\$100); INdee arough Survey Arough Survey (Resurvey) Resinst INC Only (wef 10 Jan etion SMRT Survey and Services: Car / Tpt Allowance a-ordination air Inspection lect Excess Coordination (Non INC) against INC	\$150 \$40/\$45 \$120 \$30 \$2005) \$75 \$160 \$5 \$10 \$25	But	AddBill
Elimant's Particulars :- river/Owner: ontact No: amaged Portion:	3	1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INdee arough Survey Arough Survey (Resurvey) Resinst INC Only (wef 10 Jan etion SMRT Survey and Services: Car / Tpt Allowance a-ordination air Inspection lect Excess Coordination (Non INC) against INC	\$150 \$40/\$45 \$120 \$330 \$2005) \$75 \$160 \$25 \$35 \$30 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	But	

Figure 1 to 1

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
(Republic of the Control of the Control	ACCIDENT STATEMENT
Date Of Report	04/05/2020 10:36
Date Of Accident	28/04/2020 15:30
Exact Location Of Accident	AMK AVE 1
Country/State of Loss	SINGAPORE
The second of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA7023C
Insured/Policyholder	
Name Of Registered Owner	JABARALI S/O N SARWAR
NRIC No	SXXXX566A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93868616
Alternative Phone No	OFFICE-93868616
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PASSO SETTE 1.5X A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
	No.

Fleet Policy NO

Policy Number 5049561985-09

Cover Note Number

Driver

Name of Driver JABARALI S/O N SARWAR

 NRIC No
 SXXXX566A

 Date Of Birth
 03/07/1974

 Occupation
 INDOOR

 Date Of Driving Pass
 18/06/1997

Driving Experience 22 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93868616

Fax Number

Contact Number OFFICE-93868616

EMail Address NOEMAIL

BLK 985A BUANGKOK CRESCENT Address

#05-08

Postcode 531985

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 COLLIDED INTO PROPERTY

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE

NO

1

YES

NO

1

YES

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: Police Station Address

545025, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200429/2009.

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

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the cialms process.
- 2. This form must be completed by the Policyholder and/or the Authorised Oriver.
- 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.
- 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.
- 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.
- 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 end/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:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the datms;
 - (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:
 - 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.:

VENTULE A:

SKM7023(

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date

on the stated tim	ne and date,
I was driving on mi	y ventele at ang mo kno Ave I
as I was travelling,	I lost control al my vehicle.
The venture swerved 1.	eft and went up the kerb and
it the trees eventuall	y -
so third party vehicles	involved.
	2 .

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:

Reporting Centre Personna's Signature

Name:

NRIC/FIN No.:

Date of Accident	28 04 2020 Accident Time: 153 OHVS (24-HR-Format)
Accident Place	. Ang mo to Ave 1
Vehicle Reg. No. (Car Plate No.)	SKA 7023C
Vehicle Make/Model	: Toyota Passol Sette 1-5
Insurance Company	Policy No.
Owner or Company Name /IC No.	Jabarali Son Sarwar S7421566A
Owner or Company Contact No.	93868616 Owner's HpCompany Tel
DRIVER'S Name / IC No.	
DRIVER'S Date Of Birth	: 03-07-1974 DRIVER'S License Pass Date 18-06-1997
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: bune
DRIVER'S Address	: BIK 985A Buangtot Cres # 05-08
DRIVER'S Contact No./ Alt No.	:1) 93868616 2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin @ mycar-sg
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dr	iver): 0 \
Was there any video Captured by car Exact purpose for which vehicle was	camera: VES \ NO being used at the time of accident: Private use \ Work purpose
Other Pa	arty Driver's Particular (if any)
Vehicle Reg. No:	Vehicle Reg. No:
Vehicle Make\Model:	A superior and the superior appropriate the
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:





1 of 3

Report No. T/20200429/2009

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

	e/Time Report Made: 04/2020 11:23		Vide Report No.: F/20200428/0132	Station Diary No.: 12	
Informa	nt's Partic	ulars			
4	f Informant: ALI S/O N S		Address: APT BLK 985A BUAN 531985	GKOK CRESCENT #05-08 SINGAPORE	
	/ ID No.: O / S74215	66A	Contact No.: Home/Office:	Mobile: 93868616	
National	ity: PORE CITIZ	EN	Email:		
Sex: Male			Type of Informant: Driver		
Race: Indian		Language:	Institution / School Name:		
Occupation: IT EXECUTIVE		Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury Government Prop	Drink	Date/Time of Accident: 28/04/2020 15	:40	Type of Location Straight Road	
Location: Along Road 1 ANG MO KIO UPPER THOM				-		
Weather: Clear		Road Surface: Dry		Roa	d Speed Limit:	
Traffic Flow:		Traffic Control Not Controlled		Traf Ligh	fic Volume:	
One Way		The state of the s		Ami	one conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKA7023C	Car	тоуота	PASSO SETTE 1.5X	White	Seriously Damaged	

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SKA7023C	NTUC Income Insurance Co-Operative Limited	5049561985-09	25/03/2020	24/03/2021		





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

CONTINUATION OF REPORT

2 of 3 Report No. T/20200429/2009

Details of Perso	on Involved				THE REAL PROPERTY.	C - I - Company - Company
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Driver			000 011 0	GCSIIIGI	101033	arry. NA
Name	JABARALI S/O N SARWAR			ID No		S7421566A
Related Vehicle	NIL			Contact No.		93868616
Hospital/Clinic	NIL			Class Drivin Licena Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			

Brief Details.

On 28/4/2020 at about 1550 hrs, I was driving along Ang Mo Kio Ave 1 towards Upper Thomson Road, on the center of 3 lanes. When I was near lamp post 96, I suddenly felt giddy and lost control of the vehicle. I swerved to the left and went up the curb and hit onto a tree, causing the tree to be up-rooted. This is the first time I felt giddiness. I am suffering from high cholesterol and I am fasting at the moment. I was feeling fine when I started driving from Toa Payoh Hub. The giddiness only hit me when I was driving near Junction 8. The giddiness got worse soon after and I lost control of my vehicle.

After the accident, my car toppled sideways, which resulted in me bleeding on my right wrist. Traffic Police attended to my accident and I was attended by ambulance. However, I did not want to convey because I felt that I can walk and I thought I was fine.

There were no mechanical fault. In-car camera was installed and it was functioning when the accident happened.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

3 of 3 Report No. T/20200429/2009

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: F / Staff Sgt LIM WEI PING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/04/2020 11:23
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	45

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601			Committee of the Commit		and the second	• Change	Language	· Chan	ge Password	· Log Out
My Desktop	Policy Q	uery									
Notice of Loss	Policy No.					Date o	f Accident	2	8/04/2020 1	5:30	
	Vehicle No.(I	For Motor)	SKA702	30		Certific	cate Number				
					0	Search					
	Select Po	licy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5049	9561985- 09		JABARALI S/O N SARWAR	S7421566A	GPC	drivo CLASSIC	SKA7023C	SKA7023C	25/03/2020	24/03/2021
					C	Continue					

▽ Endors	ements						
Insure	d Object: SKA7023C						
Jnit No.		Relate Numbe	d Policy er	5049561985-09			
Address 4		Addres	ss Type	Singapore addres	s	Post Code	531985
Address 1	BLK 985A #05-08	Addres	ss 2	BUANGKOK CRES	SCENT	Address 3	SINGAPORE 531985
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Flag	(MA)						
Co- nsurance	No						
Agent	INCOME-CUSTOMER DEPT	Agent Tel.	NIL		GST Flag	Υ	
Singapore OD Excess	600	Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Excess Outside	500	Premium Outside	0				
Additional		Excess OS	898 21		Excess		
Third Party Excess	0	Own damage	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	20/03/2020	Effective Date	25/03/20	20 00:00	Expiry Date	24/03/2021 2	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 985A #05-08 BUANGKOK	CRESCENT SIN	GAPORE 5	31985			
Certificate No.		N. Sept. State			100000		
Policy No.	5049561985-09	Policyholder Name	JABARAL	I S/O N SARWAR	Policyholder NRIC	S7421566A	

Claim Handling					
ccident MT/1092126	\$4550 AS \$5,50, (60)	0050000000	18WAXA	TARREST BANGAN MONTANTA	
oncy No.	5049561985-09	Vehicle No.	SKA7023C	GST Registration No.	
ertificate No.					
Policyholder Name	JABARALI S/O N SARWAR			Policyholder NRIC	57421566A
reduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loaning	0.
Comact No. (Mobile)	93868616	Contact No.(Office)	O .	Contact No.(Home)	0
mail Address		Special Remark		eCode	NC Y
(FK	® No ⊜ Yes	TCA	® No ○Yes	eCode Reason	
4CD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Report Date:	04/05/2020 10:48	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	28/04/2020	Time of Accident hh:mm	15:30	Country of Accident	Singapore
eporting Centre	230000000	Orange Force		ICM No.	115050000
Market and State of the State o	AND THE S	1/4		100111001	
Accident Location	AMK AVE 1				
▼ Total Excess Applicable		Talking to Maken	70002		
Excess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
TED OD Excess	0.90	YIED TP Excess	0.00	Driver is Covered?	Covered
	500	TIED IP excess	0.00	Driver is Covered.	Coverag
Additional Excess		Total Till Business Associated	0.00		
otal OD Excess Applicable	1100,00	Total TP Excess Applicable	0.00		
♥ Benefits					
♥ GST Registered Informa	DATE OF THE PARTY		GST Registration Date		
IST Registered IST Registration No.	No		GST Registration Date GST Status Venfied	Yes	
Sodification History				2552	
▽ Policyholder Mailing Ad	idress				
	6LK 985A #05-08	Address 2	BUANGKOK CRESCENT	Address 3	SINGAPORE 531985
Address I	BLK 965A #05-08				
Address 4		Address Type	Singapore address	Post Code	531985
init No		Related Policy Number	5049561985-09		
OI Driver Info					
Driver Name	JABARALI S/O N SARWAR	Driver Type	Main Driver		
innamed driver Name		Driver NRIC	\$7421566A	Driver DOB	03/07/1974
tegister Date of Driver License	18/06/1997	Driver Age	45	Driving Experience	22
Contact No.(Mobile)	93868616	Centact No.(Office)	0	Contact No. (Florrie)	0
Address 1	BLK 985A	Address 2	BUANGKOK CRESCENT	Address 3	SINGAPORE 531985
Address 4		Address Type	Singapore address	Post Code	531985
Unit No.	05-08				
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Oriver Insurer Company	
Registered car?	00				
Declaration					
Breathalyser or Blood Test	Omg	Any injury?	○ Yes ® No		
Reading?		THE PERSON NAMED IN	0.000		
nodification History					
David Barrier					
Claim 001 New					
Daim Type *	CD-MD	Insured Name	JABARALI SVO N SARWAR	Insured NRIC	S7421566A
Contact No. (Mobile)	93868616	Contact No.(Home)	53842384	Contact No.(Office)	
Email Address	jns L Ondb.gov.sg	DI Vanide Number	SKA7023C	TP Vehicle Number	
Daimant Type Claimant Type •		Type of Benefit *	Please Select		
Daimani Nome +	≥≥ ≥≥	Claimant NRIC +			
Darmant Address	i se	NOTES AND DESCRIPTION OF THE PARTY OF THE PA			
Daim Description	SKA7023C ON 28 Apr 2020			Name of Preferred Workshop	MY CAR CONSULTANT PTE LTD
Preferred Workshop Contact		TWOMPSONELLINES	F	The state of the s	
No.	98868885	Insured Dability *	Fully at Fault		
Require Finalisation	Yes 🔍	Preferered Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	04/05/2020 10:51	Claim Close Date		Date Received	04/05/2020 00:00
Report Taken By	Jackson				
Print AK letter	100000000000000000000000000000000000000			OD Excess Collected by Workshop	
The state of the s				и и полир	
			Save Submit		
Attachment					
♥					
Academ No.	MT/1092126	Claim No.	00L		
Last Doc. Received	● Yes ○ No	Upload Oate	04/05/2020 10:53		
	Pach *		Category *	Confidential Urger	ncy * Description
	g-mil **	Browse	COURT AND ADDRESS OF THE PARTY	▼ Normal	<u> </u>
		Browse			
		Browse	Dear Please Select	₩ Normal	×
		Browse	Oear Please Select	V Normal	V
	TOTAL PROPERTY AND ADDRESS.	Browse	Clear Please Select	V No V Normal	V
		Browse	The second second	V Normal	•
		Browse	Total Liverse seem	- Learning	

Attachment									
	uploa	ded Sy/Date	Category	?	Urgency		Description	Mag Sent? (CO)	
AND SEC.	NAC_PAYA_UB1_800501(NAT CES) on 04	TONAL ASSESSMENT CENTRE SERVI May 2020 10:53	NRIC/ Driving License	¥	Normal	NRIC/ Dr	riving License 2020-5-4		
19		JONAL ASSESSMENT CENTRE SERVI May 2020 10:52	SAS		Normal	(3	SAS 2020-5-4		
CALL	NAC_PAYA_UB1_800601(NAT CRS) on Or	TONAL ASSESSMENT CENTRE SERVI May 2020 10:52	Photos		Normal	Þ	hotos 2020-5-4		
4	NAC_PAYA_UBI_600601(NAT CES) on 04	TOWAL ASSESSMENT CENTRE SERVE May 2020 10:51	Photos		Normal	Pf	hotos 2020-5-4		
2		TONAL ASSESSMENT CENTRE SERVE May 2020 10:51	Photos		Normal	Pf	hotos 2020-5-4		
		IONAL ASSESSMENT CENTRE SERVI May 2020 10:51	Photos		Normal	p	hotos 2020-5-4		
NA.		IONAL ASSESSMENT CENTRE SERVI May 2020 10:S1	Photos		Normal	pr	hotos 2020-5-4		
できるという	NAC_PAYA_UB3_800601(NAT CES) on 04	104AL ASSESSMENT CENTRE SERVI May 2020 10:51	Photos		Normal	pe.	hotos 2020-5-4		
0		IONAL ASSESSMENT CENTRE SERVI May 2020 10:51	Photos		Normal	Per	hotos 2020-5-4		
A	NAC_PAYA_UBI_800601(NAT CES) on 04	IONAL ASSESSMENT CENTRE SERVI May 2020 10:51	Photos		Normal	Pt	hotos 2020-5-4		
		IONAL ASSESSMENT CENTRE SERVI May 2020 10:51	Photos		Normal	Pr	notos 2020-5-4		
26	NAC_PAYA_UB1_800601(NAT CES) on 04	IONAL ASSESSMENT CENTRE SERVI May 2020 10:51	Photos		Normal	Pr	notos 2020-5-4		
1		ONAL ASSESSMENT CENTRE SERVI May 2020 10:51	Photos		Normal	Pin	notos 2020-5-4		
OF ARE		IONAL ASSESSMENT CENTRE SERVI May 2020 10:51	Photos		Normal	Ph	notos 2020-5-4		
		ONAL ASSESSMENT CENTRE SERVI May 2020 10:51	Photos		Normal	Ph	notes 2020-5-4		
Video List	Uploaded By/Date	Folder Date				9			_

ASS, REC. BY:

Calculation.

96893735

Assessor:

Mobile:

YES / NO

	Abc	,1(31111	Ear
By CSO- Nature of Accident	11			By Assessor- 1) Vehicle Information
1) Vehicle hit Vehicle:	2) Vehicle hit ??			Veh No: SKA7023C Yr Regn: 2011 / March
a) Motorcar ()	a) Pedestrian	()	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV
b) M/cycle ()	b) Animal	()	/ Truck / Trailer or
c) Bicycle ()				Make & Model: Toyota Passo Sette c.c 1495
3) Vehicle hit Road Side Objects:				Colour White Transmission Type: Auto / Manual
a) Govrn.Property ()	b) Road Work Object	()	Eng/No: 3822304324 Sp.Reading: N.A.
(Eg: signboard, barrier, tree etc)	c) Private Property	()	C/No: M502E0002463
4) Vehicle drop into drain		()	Gen. Cond: Good / Fair / Poor / Burnt or
5) Damage due to Act of God:				Steering: Incoder / Jammed / Leaked / Burnt or
a) Fallen Object ()	b) Flood	()	Brake: Inorder / Jammed / Leaked / Burnt or
c) Other,				Modi: Nil /S/Bim / STD A/Rim or
6) Parked & Found Damaged:				Tyre Size: F: 195 55 7 15
a) Vandalism ()	b) Hit by Moving Object	()	R: — 11 — 8W
7) Theft Case				BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
a) Stolen ()	b) Damage found	()	TOYO/YOKO OF CONTINETAL
	when recovered.			<u>Front</u> <u>Rear</u>
8) Fire				R/Bal. \$\mathbf{S}\$ mm R/Bal. \$\mathbf{S}\$ mm
a) Whilst driving ()	b) Parked	()	L/Bal. S mm L/Bal. S mm
9) Accident date more than 24hrs		()	Parallel Import Yes / No Towed-In: (Yes) / No
		1	18	Repair Type: (LS)/ I.B.I Towing Required: (Yes)/ No
Remarks for internal information			-	No of Repair Days: 14 Vehicle in Idac: (Yes) / No
Veliue belence 11 m	onthe . Other			D.O.I. 30 04 2020 Time: 1200 hrs
Broing on ONV C		S		
				By Assessor- 2) Comments
Apply straight line	depluter.			Damages not due to recent accident.
ex Repr unit		h	L	2) Damages do not seem hit onto:
Remarks to appear in Works Orde				
SERVICE OF THE PROPERTY OF THE	a Assessment report		20	e.Animal () f.Govrn Object () g.Road Work Object ()
1) Potential Total Loss (h.Private Property () i.Drain () j.Road Kerb/Grass Verge ()
2) SRS Light on ()				3) Vehicle does not seem damaged as a result of:
3) ABS Light on ()	-11 >-/- 0	1		
Vehicle under dis	able know so	he	me	
No LIA rebode				e.Moving Object () f.Stolen () g.Stolen & Recovered ()
No expiry of by	espan	-		Time Started: Time completed:
				1) CSO
V. (1.3	2) ASS
alculation.	ine depreci	27	hw	3) Entire Operation Completed Time:

Login Sign up

New Cars

Used Cars

Rental Cars

Sell My Car

Directory

Products

Insurance

Articles

Forum

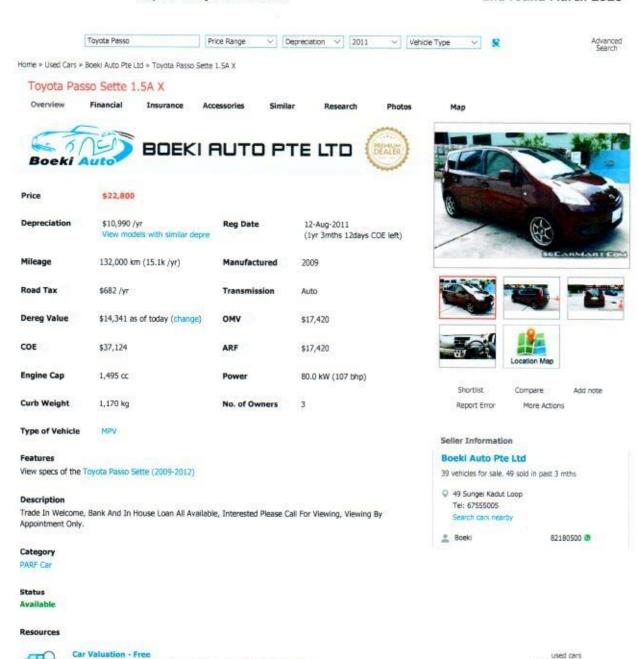
Resources

Why is Ayer Rajah Expressway AYE inste...

Mazda CX-8

COE bidding - 1st and 2nd round March 2020

company profile



Posted on: 21-Mar-2020 | Last Updated on: 28-Apr-2020

Vehicle Evaluation

Upfront Payment » more Financial info Transfer Fee \$25 **Down Payment** \$6,840 (change) Maximum 70% Loan 1st Instalment \$1,104 Based on 2.98% interest rate Insurance \$634 onwards (Get a quote) Extra 15% Off for MINDEF, MHA & POGIS policyholders AVIVA Quote assumes a standard profile. "Get a quote" for exact figure: **Total Upfront Payment** \$8,603 Check with seller for exact figure Compare

Afraid of lemons? Request to have this car evaluated professionally. Find out more

Find out the market value of your existing car for free. Get started

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	566A
Vehicle No.:	SKA7023C
Vehicle to be Exported:	Yes
Intended Deregistration Date:	30 Apr 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PASSO SETTE 1.5X A
Primary Colour:	White
Manufacturing Year:	2009
Engine No.:	35Z2304324
Chassis No.:	M502E0002463
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$17,688.00
Original Registration Date:	25 Mar 2011
First Registration Date:	25 Mar 2011
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$0.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Mar 2021
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Rebate Amount:	\$0.00
Total Rebate Amount: Message	\$0.00
Transfer of ownership or deregistration is not allowed for this vehicle.	

OK

The information contained herein is correct as at 30 Apr 2020

Disable vehicle
no rebete
unable to de-registr.

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No. SKA7023C	
Make / Model TOYOTA / PASSO SETTE 1.5X A	
Vehicle Type :	
P11 - Passenger Station Wagon/Jeep/Land Rover	
Vehicle Attachment 1:	
Disabled	
Véhicle Scheme :	
Disabled Person	
Chassis No.:	
M502E0002463	
Propellant:	
Petrol	
Engine No.:	
3SZ2304324	
Motor No.:	
The state of the s	
Engine Capacity :	
1495 cc	
Power Rating :	
*	
Maximum Power Output :	
90.0 Law (10.7 bbs)	

Maximum Laden Weight:
1555 kg
Unladen Weight:
1170 kg
Year Of Manufacture :
2009
Original Registration Date :
25 Mar 2011
Lifespan Expiry Date :
COE Category :
Road Tax Expiry Date :
24 Sep 2020
PARF Eligibility Expiry Date :
24 Mar 2021
Inspection Due Date :
24 Mar 2022
Intended Transfer Date :
30 Apr 2020
CO2 Emission :
CEV/VES Rebate Utilised Amount :
-
CO Emission :
HC Emission:
NOx Emission :
PM Emission :

Fees To Be Paid For Transfer

Transfer Fees \$25.00

Message

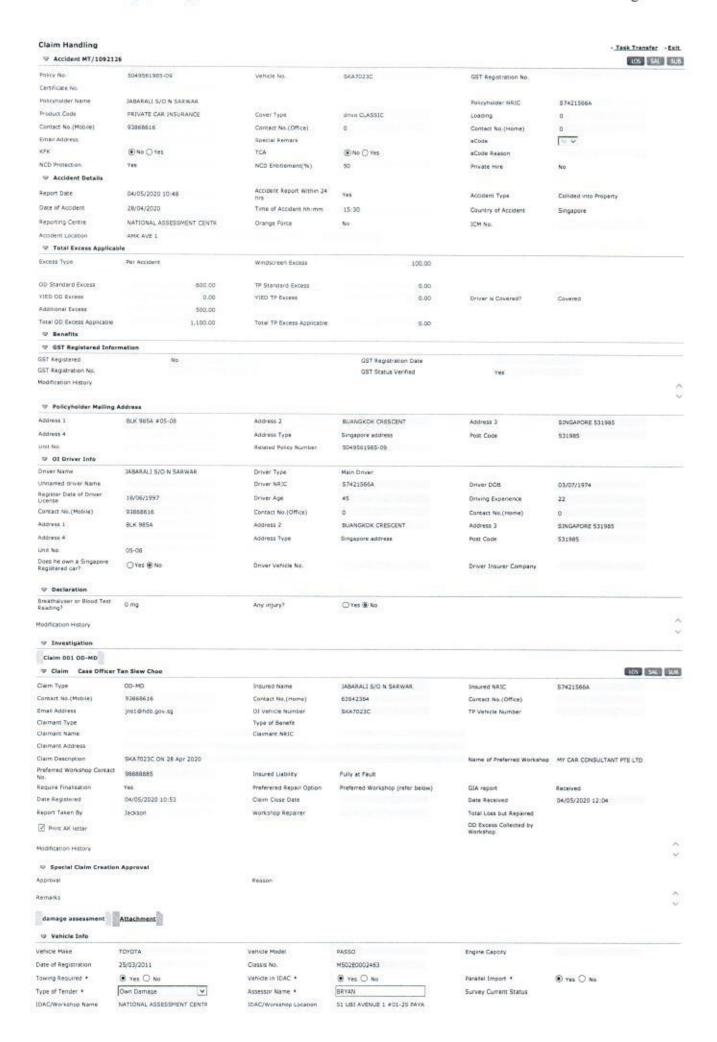
Transfer of ownership is not allowed for this vehicle.

Print

Save as PDF

Copy as Text

OK →





LKK Paya Ubi

From:

Tan Siew Choo <siewchoo.tan@income.com.sg>

Sent:

Wednesday, 27 May 2020 8:47 AM

To:

Hock Wah Motor Pte Ltd; NAC

Cc:

Clarence Richard Anthony; Teng Ken Leong

Subject:

RE: SKA7023C, OD claim no: MT/1092126

Importance:

High

Dear IDAC - Pls release veh to Hock Wah.

Regards.

Tan Siew Choo

Senior Executive
Operations, Motor & Personal Lines
T+65 6430 7882
www.income.com.sg





From: Tan Siew Choo

Sent: Wednesday, 27 May 2020 8:46 AM

To: 'Hock Wah Motor Pte Ltd' <motor@hockwah.com.sg>

Cc: Clarence Richard Anthony <clarence.anthony@income.com.sg>; Teng Ken Leong <kenleong.teng@income.com.sg>

Subject: FW: SKA7023C, OD claim no: MT/1092126

Importance: High

Dear Hock Wah,

Pls tow the car to your workshop and to call the OI before you commence repairs.

Income will pay \$\$9,500/- to your workshop upon repairs completion after owner has informed us to do so.

Owner will pay \$2,000/- (subject to GST) directly to Hock Wah Motor for the repairs.

Regards.

Tan Siew Choo

Senior Executive
Operations, Motor & Personal Lines
T+65 6430 7882
www.income.com.sg



Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.



NATIONAL ASSESSMENT CENTRE SERVICES (LKK GROUP)



51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park, Singapore 408933, TEL: 6841 0055 FAX: 6841 6315

Vehicle Movement Form

Vehicle Check-In						
Vehicle No: SKA 7023C	Date In:	Time In:	with Keys: Yes / No			
	For Office use					
		Attended l	y:			
Workshop Collection of Vehicle						
Workshop: HOCK Wah		- 20020				
Collection Date: 27/05/2020	Time: 095	with Keys: Yes / 1	No			
Tow Truck No: 13884	Tow Man: Oug	Ful Biong NR	IIC: 5704888714			
Signature:						
For office use						
Attended by: Roslins		Approved	1 by:			
Workshop:Returned Date:		with Key: Yes / N	Чo			
* Tow In / Drive In Tow Man / Workshop Representative:						
Signature:		For offic	e use			
Signature:		Attended	by:			
Owner Collection of Vehicle						
Collection Date:	Time:	with Key: Yes /	No			
Owner:	NRI	C:	-			
Signature:						
For office use						
Attended by:		Appro	wed by:			