	12-13-07-27 27 10	Date &Time Completed	Done by
Date In: 18512-15:29	Jeb description		
Ref No: HA 14(22005784) 724	SAS e-filing		and annually Mar
Veh No: SURSKY	E-mail (within Shrs, AIC 2hrs)		WEL TIN
D.O.A: 9/3/20-13'-W	i-Motor Claim Form	m7 109285-301	1N1 12 12:42
-	i-Motor W/O (Within: OD 2	ers, TP 4hrs)	
OD / TP: / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report	Annual Control of the	
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (161.	Fax:)
TP Particulars: Veh No: 5716	inc	()/Non-INC().	
Owner / Driver: (D. T.	Tcl:	
Policy No: () Perio	od: (Cover Type: (
Confirmed by : (Date:	Time:	160841
	ote-Est. Status (WO): N: 0	- 200	-10076]
I cal of recemendary	arranty: YES ()/NO (
Excess: (\$) Loading: \$1,000	The second secon	254 258 25 25 25 25 25 25 25 25 25 25 25 25 25	
General Remarks:-		District ALO sofor of repaire	5 8 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
() Walk-In Customer: Customer's inform		Strictly NO rater of repaire	
() Total Loss Case : to e-mail Insurer			:)
Drive-In ()/ Towed-In (); Invoice:	YES()/NO()	Towing Co: (Done by
1) Apply for Transport Allowance ()/ Co.	urtesy Car ()		+
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	()	Circlein	Ant((5)) Amt(5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	() 00] () Invoice	Preparation Checklist.	Ant (5) Amt (5) The Bill Add Bill
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	() 00] () Invoice	dent Reporting (530);	fit Bill Add Bil
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Injury: Injury:	() 00] () Invoice 1) AR: Acc 2) DA: Dar 3) TF: Tow	ident Reporting (\$30); nege Assessment (\$100); INC	Tit Bill Add Bil
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Inimant's Particulars:- river/Owner:	() () () () () () () ()	ident Reporting (\$30); usge Assessment (\$100); INC ing Fee ow-Through Survey Through Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Inimant's Particulars:- river/Owner:	() () () () () () () ()	ident Reporting (\$30); page Assessment (\$100); INC page Fee pw-Through Survey pw-Through Survey (Resurvey) ping against INC Only (wef 10 Jan 1	[\$EBill Add Bill (\$80) \$40/\$45 \$120 \$30 \$2005) \$75
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Inimant's Particulars:- river/Owner: ontact No:	Invoice	ident Reporting (\$30); usge Assessment (\$100); INC ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan 1 uspection DA + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 2005)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Inimant's Particulars:- river/Owner: ontact No:	Invoice 1) AR: Acc 2) DA: Dar 3) TF: Tow 4) FT: Foll 5) FT: Foll 6) TR: Re- 7) NI: Idae 8) NTUC A	ident Reporting (\$30); usge Assessment (\$100); INC ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan uspection DA + SMRT Survey dditional Services:-	[\$tBill Add Bil (\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Lumant's Particulars: river/Owner: ontact No: amaged Portion:	() () () () () () () ()	ident Reporting (\$30); usge Assessment (\$100); INC ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan 2 uspection DA + SMRT Survey dditional Services:- urtesy Car / Tpt Allowance	[\$EBill Add Bill (\$80) \$40/\$45 \$120 \$30 \$2005) \$75
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Lumant's Particulars: river/Owner: ontact No: amaged Portion:	Invoice 1) AR: Acc 2) DA: Day 3) TF: Tow 4) FT: Folk 5) FT: Folk 6) TR: Re- 7) NI: Idae 8) NTUC A OD* *N5: Co *N6: Re *N7: Folk 7) N7: Folk 100	ident Reporting (\$30); usge Assessment (\$100); INC ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan) uspection DA + SMRT Survey dditional Services:- urtesy Car / Tpt Allowance usit Co-ordination It Repair Inspection	(\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$5 \$10 \$25
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions Lumant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	() () () () () () () ()	ident Reporting (\$30); usge Assessment (\$100); INC ing Fee ing-Through Survey ing against INC Only (wef 10 Jan) uspection DA + SMRT Survey dditional Services:- intesy Car / Tpt Allowance usit Co-ordination I Repair Inspection / Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions	() () () () () () () ()	ident Reporting (\$30); usge Assessment (\$100); INC ing Fee ow-Through Survey ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan 2) uspection DA + SMRT Survey dditional Services: urtesy Car / Tpt Allowance owir Co-ordination It Repair Inspection / Collect Excess Coordination): TP (Non INC) against INC	(\$80) \$40/\$45 \$120 \$30 2005) \$75 \$160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5

i part to

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.
- 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.

The state of the s	ACCIDENT STATEMENT
Date Of Report	18/05/2020 15:29
Date Of Accident	17/05/2020 13:05
Exact Location Of Accident	CHOA CHU KANG AVE 1 TWDS CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE
Description of the second of the second	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR387Y
Insured/Policyholder	
Name Of Registered Owner	ROHAYA BT SATLI
NRIC No	SXXXX238D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91793874
Alternative Phone No	OFFICE-91793874
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	SIENTA 1.5G
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

Are you claiming under your own insurance policy YES

for repair to your vehicle?

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5109589992 Policy Number

Cover Note Number

Driver

NUR AQILAH BINTE HALID Name of Driver

SXXXX860E NRIC No. Date Of Birth 25/04/1997 INDOOR Occupation Date Of Driving Pass 04/08/2016

3 YEARS AND 9 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-89382504 Mobile Number

Fax Number

OFFICE-89382504 Contact Number

NOEMAIL EMail Address

Address BLK 143 PETIR ROAD

#08-230

Postcode 670143

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - CROSS JUNCTION

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?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

. .

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

CHOA CHU KANG NPC

Police Station Address

ROAD: 20 CHOA CHU KANG ST 52 #01-02, POSTCODE: 689286,

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/20200517/2020.

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

SJR1643A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MUHAMMAD SHAHRUL ASYRAF BIN SHIFUL BAHARI

NRIC/Passport Number

SXXXX782G

Contact Number

91069157

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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:
 - 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:
 - 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 Personneks Signature

Name:

NRIC/FIN No.:

SKETCH PLAN A: SUR 3874 B: SDR 16 43A DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 7 20 20517 2W. 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 Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCI	DENT DATE: 13/5/7	(DD/MM/YYYY)	, TIME:(13 : 0)(HH:MM)	13
LOCA	TION: Chag chy	lang Ave	1 twds	Chou dry	lang
1.	C) TETROLE HOMOLIC.	UR3874.	a.		3
	b)INSURANCE COMPANY:_ c)POLICY NUMBER:5100	t 89992			
	d)POLICY TYPE: (COMPREH		Y / THIRD PARTY	FIRE &THEFT)	W.
	e)MAKE & MODEL: f)TYPE:(SALOON / COUPE /	MPV /V AN / LORRY	/ MOTORCYCLE	/ OTHERS)	
	g) VEHICLE CATEGORY: (PRIN	/ATE / COMMERCIA			
	h) PURPOSE OF USING AT AC				
	IF NO, PLEASE STATE (THIRD				
2.	ANAME: 10 164 9	31 Me 59+1:	(MALE /	FEMALE)	
	b) NRIC/FIN/PASSPORT: 3		_CONTACT:	0 91793	1844
¥ ¥ ×	c) ADDRESS:				÷.
*Ho of passenga	* CONTINUE TO 3.d IF DRIVER DRIVER		DER		
(Including driver)	alname: Ner Agilah	3178 H910	(MALE)	FEMALE)	
(1)	b)NRIC/FIN/PASSPORT:	7.20-2	_CONTACT:_0		W 18
1 penale	*d)DATE OF BIRTH: (25)	1993(DD/N	IM/YYYYI		
12	e)OCCUPATION: (INDOOR /	OUTDOOR)		() () ()	ā
4.	f)YEARS OF DRIVING XPRER WAS DRIVER AN EMPLOYE	Section of the sectio	D'S COMPANY? ((YES / NO)	5
5	IF NO, RELATIONSHIP OF a)WEATHER CONDITION: (C)			ilder	
	b)ROAD SURFACE: ORY / W	ET / OTHERS	THEKS		
	WAS ANYBODY INJURED (YES				
	IF YES, PLEASE STATE WHICH	H POLICE STATION:_			
- We of masses	al VEHICLE MINABER:	1R1643A	MODEL:		Bahari
(Including driver)	b) DRIVER'S NAME: Myh c) NRIC/FIN/PASSPORT:	divini and and	CONTACT: 9	1069157	18 .181
(<u>1</u>) 9.	THIRD PARTY VEHICLE	10		1.	
* No of passenger	d) VEHICLE NUMBER: e) DRIVER'S NAME:		_MODEL:		
(Including driver)	f) NRIC/FIN/PASSPORT:		_CONTACT:		
()				09	
Preferred	workshop	<u>:x</u>		1.	
Mta. Auto	Sulminos Pte Hd	= iscream	nchocolate@	icloud.om	
8265835	2 fax =				
	VINE 0 -	E WHY TP.			





1 of 4

Report No. T/20200517/2020

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286

Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

17/05/2020 15:51			Vide Report No.: J/20200517/0110	Station Diary No.:		
Informar	nt's Partic	ulars		100		
Name of NUR AQ	Informant: ILAH BINT		Address: APT BLK 143 PETIR ROAD:	#08-230 SINGAPORE 670143		
ID Type / NRIC NO	ID No.: / S97138	60E	Contact No.: Home/Office:	Mobile: 89382504		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Female	Age: 23	Date of Birth: 25/04/1997	Type of Informant:			
Race: Boyanese			Language: English	Institution / School Name:		
Occupation: ASSISTANT PROCUREMENT		UREMENT	Driving Licence Information: Class: 3	Date of Evolution		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/05/2020 13:0	Type of Location X-Junction	
	ANG AVENUE 1	Road Surface:		Road Speed Limit:	
Traffic Flow: Two Way	V V	Dry Traffic Control: Traffic Light - Wor	kina	Traffic Volume: Heavy	
	on:	de		Anyone conveyed by	

Details of V	ehicle Invo	lved	FARE BURGAS		The last territories of	
Vehicle No.	71	Make	Model	Color	Condition	No of Passenger
SJR1643A	Car				Seriously Damaged	0
SLR387Y	Car				Seriously Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	THE RESIDENCE OF THE PARTY OF T
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	The state of the s





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

2 of 4 Report No. T/20200517/2020

CONTINUATION OF REPORT

Driver			E RABBLES LA	N. Salaha	ALGER AND
Name	MUHAMMAD SHAHRUL ASYI SHIFUL BAHARI	RAF BIN	ID No. '		S9339782G
Related Vehicle	SJR1643A (Car)		Conta	ct No.	91069157
Hospital/Clinic	NIL	E	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	-	NiL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	
Driver				DESCRIPTION OF THE PERSON OF T	
Name	NUR AQILAH BINTE HALID	Marie States	ID No.		S9713860E
Related Vehicle	SLR387Y (Car)			ct No.	89382504
Hospital/Clinic	NIL			of g e & Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	harge	NIL	
No. of Days grant	ed Medical Leave NIL	Degree of		NIL	

Brief Details.

On the above mentioned date and time at the given location. When I was about to make a right turn from Choa Chu Kang Avenue 1 to Choa Chu Kang Way, a vehicle (SJR1643A) approached from the on coming traffic and hit onto my vehicle (SLR387Y). Afterwhich the other vehicle skidded and hit onto a pillar or the LRT track.

Both of us came out of our vehicle to make a check on each other. Traffic police attended shortly after, ref: J/2020517/0110. SCDF attended and make a check on us. Traffic police seized my Micro SD card and handed me a acknowledgement slip. Both of us are not injured and we exchanged particulars.

I wish to state that my vehicle had huge crack on the front right bonnet and a dent on the front right bumper. The other vehicle had a huge dent on both side of his door and a huge dent on the front bonnet and bumper.

I wish to state that when the other vehicle skidded, it hit onto the road stone barricade at the pedestrian crossing and it broke. After which the vehicle continue skidding and hit onto a LRT track pillar before it came to a stop. The LRT pillar was not damage.

I am lodging this report as instructed by the traffic police officer.





3 of 4

Report No. T/20200517/2020

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

4 of 4 Report No. T/20200517/2020

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 / Sgt 2 DARRYL LIM JUN DE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/05/2020 15:51
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:
Authentication Stamp	

eBao Tech	Gen						Gener	eralClaim			
Hello, NAC_PAYA_UBI_80	0601		and the same of	The second second second	an management of the latest termination of t	No. of Concession, Name of Street, or other Desires, Name of Street, Name of S	• Change	e Languag	c · Cha	nge Password	· Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	io.				Date o	of Accident		7/05/2020	13:05	
	Vehicle	No. (For Motor)	SLR387	Y		Certifi	cate Number	[
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109589992		ROHAYA BT SATLI	S6845238D	GPC	drivo CLASSIC	SLR3B7Y	SLR387Y	24/05/2019	27/07/2020
					C	ontinue					

Policy No.	5109589992	Policyholder Name	ROHAYA B	T SATLI	Policyholder NRIC	S6845238D	
Certificate No.					110000		
Address	BLK 143 #08-230 PETIR ROAD	SINGAPORE 67	70143				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	23/05/2019	Effective Date	24/05/201	9 00:00	Expiry Date	27/07/2020 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	ASOKA INVESTMENT PTE LTD	Agent Tel.	65525555		GST Flag	Y	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 143 #08-230	Addres	s 2	PETIR ROAD		Address 3	SINGAPORE 670143
Address 4		Addres	s Type	Singapore address		Post Code	670143
Unit No.	08-230	Relate Numbe	d Policy er	5109589992			
D Insured	i Object: SLR387Y						
D KINDON CO							
▽ Endorse	ements						

Continue Cancel

Claim Handling					
ccident HT/1092835					
Hcy No.	5109589992	Vehicle No.	SLR367Y	GST Registration No.	
rtificate No.					
Acyholder Name	ROHAVA BT SATLI			Policyholder NRIC	566452380
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
react No. (Mobile)	91793874	Cornect No. (Office)	0	Contact No.(Home)	0
nali Address		Special Remark		eCode	N. V.
K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	1.475.234
D Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details				Totale Mile	40
port Date	18/05/2020 15:40	Accident Report Within 24 hrs	Yes	THE STATE OF	
				Accident Type	Collision - Cross Junction
ne of Accident	17/05/2020	Time of Accident his:mm	13:05	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
Odent Location	CHOA CHU KANG AVE 1 TWDS CHOA CH	J KANG WAY			
Total Excess Applicable					
ess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
D OD Excess	2,500.00	YIED TP Excess		Driver is Covered?	
ditional Excess	0.00				
at OD Excess Applicable	3,100.00	Total TP Excess Applicable			
Benefits					
GST Registered Inform	ation				
Registered	No.		GST Registration Date	m. a	
Registration No.			GST Status Venfied	Yes	
dification History					
n 2 (20) U					
Policyholder Mailing Ad					
rress 1	BLK 143 #08-230	Address 2	PETIR ROAD	Address 3	SINGAPORE 670143
Iress 4		Address Type	Singapore address	Post Code	670143
t No.	08-230	Related Policy Number	5109589992		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	NUR AQSLAH BINTE HALID	Driver NRIC	SXXXX860E	Driver DOB	25/04/1997
pater Date of Driver License	04/08/2016	Driver Age	23	Driving Experience	3
rfact No.(Mobile)	89382504	Contact No. (Office)	0		
Iresa I	BLK 143		8	Contact No.(Home)	0
	BLK 143	Address 2	PETIR ROAD	Address 3	SINGAPORE 670143
Iresa 4		Address Type	Singapore address	Post Code	670143
it No.	08-230				
es he own a Singapore pittered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
laration					
athalyser or Blood Test iding?	0 mg	Any injury?	○ Yes ® No		
dification History					
leim 001 OD MD Nem	4				
a Water W	00.40	915000900000			processor and the same of the
m Type *	00-MD	Insured Name	ROHAYA BT SATLI	Insured NRIC	S684S238D
tact No.(Mobile)		Contact No.(Home)	NOL	Contact No.(Office)	
el Address		OI Vehicle Number	SLR387Y	TP Vehicle Number	53R1643A
	Please Select	Type of Benefit *	Please Select 💟		
mant Name *	22	Clamant NRIC *			
mant Address					
m Description	SLR387Y / SJR1643A ON 17 May 2020			Name of Preferred Workshop	MTA AUTO SOLUTIONS PTE LTO
erred Workshop Contact	82658352	Insured Liability *	Fully at Fault		The state of the s
dra Chashaman					
vire Finalisation	Yes 🔻	Preferered Repair Option	Preferred Workshop (refer below)	GIA report	Received
r Registered	18/05/2020 15:43	Claim Close Date		Date Received	18/05/2020 15:44
ort Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	
Print AK letter				OD Excess Collected by Workshop	
			end teams	100 mm	
the share and		1	Seve Submit		
ttachment					
dent No.	MT/1092835	Claim No.	201		
	223 S23		001		
Doc. Received	● Yes ○ No	Upload Date	18/05/2020 15:46		
	Path •		Category *	Confidential Urgen	ncy * Description
		Browse	Oear Please Select	▼ Normal	V
		Browse	Gear Please Select	V Normal	
		Browse	Clear Please Select		
		1000000		The second second	<u> </u>
		Browse	Clear Please Select	Y Normal	<u> </u>
Providence of the last		Browse	Clear Please Select	V Normal	V
		Browse	Clear Disease Select	Sel for at Ference	



ASS. REC. BY:

REF:

Assessor:

Mobile:

YES / NO

ASSIGNMENT (IDAC)

By CSO- Nature of Accident	<u>.</u>			By Assessor- 1) Vehicle Information	
1) Vehicle hit Vehicle: 2) Vehicle hit ??				Veh No: 81K 387 Yr Regn: 2017 / July	
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: (13 yota Sienda c.c 1496	
3) Vehicle hit Road Side Objects:				Colour Black Transmission Type: Auto / Manual	
a) Govrn.Property ()	b) Road Work Object	()	Eng/No: 2 NR8773669 Sp.Reading: 79775	
(Eg: signboard, barrier, tree etc)	c) Private Property	()	C/No: HSP1707103)21	
4) Vehicle drop into drain		()	Gen. Cond Good / Fair / Poor / Burnt or	
5) Damage due to Act of God:				Steering: Inorder / Jammed / Leaked / Burnt or	
a) Fallen Object ()	b) Flood	()	Brake: (norder / Jammed / Leaked / Burnt or	
c) Other,				Modi: Nil S/Rim / STD A/Rim or	
6) Parked & Found Damaged:				Tyre Size: F: 185 60 7.15	
a) Vandalism ()	b) Hit by Moving Object	()	R:(
7) Theft Case				BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
a) Stolen ()	b) Damage found)	TOYO/YOKO or Goodyon	
	when recovered.			Front Rear	
8) Fire				R/Bal.	
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	
				Repair Type: (S) I.B.I Towing Required: (Yes / No	
Remarks for internal information				No of Repair Days: Vehicle in Idac: Yes No	
				D.O.I. 19 05 2020 Time: (100 hs.	
				By Assessor- 2) Comments	
				Damages not due to recent accident.	
				2) Damages do not seem hit onto:	
Remarks to appear in Works Order & Assessment report				a.Vehicle() b.Motorcycle() c.Bicycle() d.Pedestrian()	
1) Potential Total Loss ()				e.Animal () f.Govrn Object () g.Road Work Object ()	
2) SRS Light on ()			h.Private Property () i.Drain () j.Road Kerb/Grass Verge ()		
3) ABS Light on ()				3) Vehicle does not seem damaged as a result of:	
ASA OUT TO THE YORK V				a.Fallen Object() b.Flood() c.Vandalism() d.Fire()	
				e.Moving Object () f.Stolen () g.Stolen & Recovered ()	
				Time Started: Time completed:	
The second secon		011		1) CSO	
				2) ASS	
				1 N. CTAN	

3) Entire Operation Completed Time:

SLR 3874

Pege (1)

1.) Front Bannet X 1 Deval 2.) - 11- hinge x 2 15+ 3) Front RH Jender X 1 Buc 11 inner shield X I diffined SX Front RH wheel rim X 1 6.) Front right hand door X 1 7) Front RH headlamp X 1 scratered 8.5 Print bumps X 1 torn 9.7 _ 11- et letern RH X 1 devinues 10.) _ 11 - sponge x 1 torn ___ 11- Veinforcement XI Bt lower grille X 1 CANC 135 _ 11 - lower garnish XI cut _ 11 - Vadistar grille X 1 chreck almer 15) 11- 10go X 1 cut 167 - 11 - to hack INN X distudged

17.5 Front RH Jug lamp XI money aracle 185 ____ 11 — garwish X 1 Cmt 195 Rout support panel X 1 Deuter 20.) Root RH top penul X 1 215 front Brownet lock X 1 Kt 27/ Front bumps lower rubber X 1 deformed 235 Front burger top inner & 1 deformer. 24.) Ar (on condense X 1 255 Reduto X 1? 26.) Prost number plate X 1 B+ (cnt 231 ____ (Lising XI broken

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	238D	
Vehicle No.:	SLR387Y	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	19 May 2020	
Vehicle Make:	TOYOTA	
Vehicle Model:	SIENTA 1.5G	
Primary Colour:	Black	
Manufacturing Year:	2017	
Engine No.:	2NR8773659	
Chassis No.:	NSP1707103221	
Maximum Power Output:	80.0 kW (107 bhp)	
Open Market Value:	\$21,627.00	
Original Registration Date:	28 Jul 2017	
First Registration Date:	28 Jul 2017	
Transfer Count:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$12,278.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	27 Jul 2027	
PARF Rebate Amount: Intended COE Rebate Details	\$9,208.00	
COE Expiry Date:	27 Jul 2027	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	10	
QP Paid:	\$44,002.00	
COE Rebate Amount:	\$31,629.00	
Total Rebate Amount:	\$40,837.00	

The information contained herein is correct as at 19 May 2020

Policy No.

Product Code

Email Address

NCD Protection

Report Date

Excess Type

VIED OD Excess

P Benefits

GST Registered

Address 1

Address 4

Driver Name

Address 1

Address 4

Declaration

Claim Type

Email Address

Claimant Type

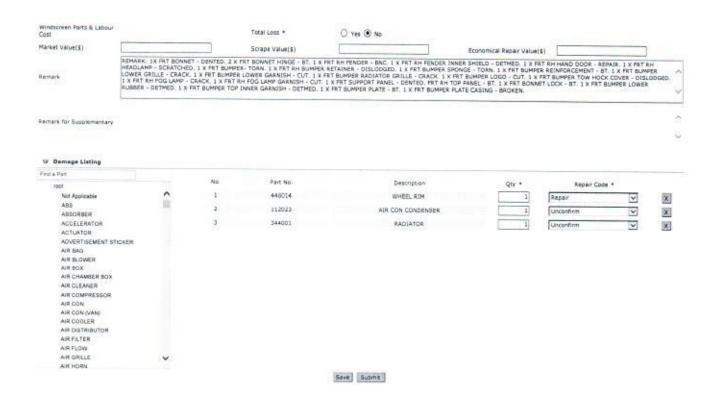
Claimant Name

Claim Description

Report Taken By

Linit No.

Date of Accident



LKK Paya Ubi

From:

Ng Hak Joo <hakjoo.ng@income.com.sg>

Sent:

Wednesday, 20 May 2020 3:53 pm

To:

Hock Wah Motor Pte Ltd

Cc:

Teng Ken Leong; Clarence Richard Anthony; LKK Paya Ubi

Subject:

RE: SLR387Y UNDER OD CLAIM: MT/102835

Importance:

High

Dear HWM

Please tow this vehicle from Idac and contact owner Ms ROHAYA at 91793874 or her daughter Ms NUR AQILAH at 89382504 when the repair is done as we have informed both of them the excess of \$3100/-.

Our Ref: MT/CA/OD/051/1092835-001/NHJ

20 May 2020

HOCK WAH MOTOR WORKSHOP PTE LTD

BLK 3011 BEDOK NORTH AVE 4 #01-2008/10/12

BEDOK INDUSTRIAL PARK E

SINGAPORE 489977

Dear Sir

CLAIM NUMBER: MT/1092835-001

REPAIR OF VEHICLE NUMBER: SLR387Y

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as

follows:

Award Date: 20 May 2020

Make: TOYOTA Model: SIENTA

Estimated Repair Days: 7

Location: NATIONAL ASSESSMENT CENTRE SERVICES

Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Benefits Applicable: N/A Excess Applicable: 3100.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Ng Hak Joo at 7890 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

Thank You

Ng Hak Joo

Executive

Operations, Motor and Personal Lines

T+65 64307890

www.income.com.sg











From: Hock Wah Motor Pte Ltd [mailto:motor@hockwah.com.sg]

Sent: Wednesday, 20 May 2020 1:32 PM To: Ng Hak Joo < hakjoo.ng@income.com.sg>

Cc: Teng Ken Leong <kenleong.teng@income.com.sg> Subject: RE: SLR387Y UNDER OD CLAIM: MT/102835

[CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you can confirm the sender and know the content is safe.]

Dear Hak Joo

We confirmed our tender amount is including remark items.

Thank you.

Best Regards

Jia Yi

Customer Service Executive

Hock Wah Motor Workshop Pte Ltd

Blk 3011 Bedok North Avenue 4 | #01-2008/2010/2012/2014 | Singapore 489977

Tel: 6441 5655 | Fax: 6243 8121 | Website: www.hockwah.com.sg

From: Ng Hak Joo < hakjoo.ng@income.com.sg >

Sent: Wednesday, 20 May, 2020 11:03 AM

To: Hock Wah Motor Pte Ltd < motor@hockwah.com.sg > Cc: Teng Ken Leong < kenleong.teng@income.com.sg > Subject: FW: SLR387Y UNDER OD CLAIM: MT/102835

Importance: High

Dear HWM

You have tendered under part by part at only \$3600/- for below vehicle, therefore, please check and revert, especially those below parts under the Remark column as strictly NO Supplementary after awarding.:

2017 TOYOTA SIENTA 1.5G Engine No. 2NR8773659 Chassis No. NSP1707103221

REMARK: 1X FRT BONNET - DENTED. 2 X FRT BONNET HINGE - BT. 1 X FRT RH FENDER - BNC. 1 X FRT RH FENDER INNER SHIELD - DETMED. 1 X FRT RH HAND DOOR - REPAIR. 1 X FRT RH HEADLAMP - SCRATCHED. 1 X FRT BUMPER- TORN. 1 X FRT RH BUMPER RETAINER - DISLODGED. 1 X FRT BUMPER SPONGE - TORN. 1 X FRT BUMPER REINFORCEMENT - BT. 1 X FRT BUMPER LOWER GRILLE - CRACK. 1 X FRT BUMPER LOWER GARNISH - CUT. 1 X FRT BUMPER RADIATOR GRILLE - CRACK. 1 X FRT BUMPER TOW HOCK COVER - DISLODGED. 1 X FRT RH FOG LAMP - CRACK. 1 X FRT RH FOG LAMP GARNISH - CUT. 1 X FRT SUPPORT PANEL - DENTED. FRT RH TOP PANEL - BT. 1 X FRT BONNET

LOCK - BT. 1 X FRT BUMPER LOWER RUBBER - DETMED. 1 X FRT BUMPER TOP INNER GARNISH - DETMED. 1 X FRT BUMPER PLATE - BT. 1 X FRT BUMPER PLATE CASING - BROKEN.

Thank You

Ng Hak Joo Executive Operations, Motor and Personal Lines T+65 64307890 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.

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.



Vehicle Check-In

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,

		The state of the s	
Vehicle No: 5th 3879	Date In:	cirno: Time In: with	Keys: Yes/N
		For Office use	
	8	877() 20e895 - 170, 8768()	
		Attended by:	
Workshop Collection of Vehicle			
Workshop: HOW WANT	Morok		
Collection Date: 5/05/20	Time:	with Keys: Yes / No	C5.
Tow Truck No: YH 1388C	_ Tow Man: Ou	4 Freq Dang NRIC: 37	048447A
Signature:			
For office use			
Attended by: Jaduson		Approved by:	
Workshop Return of Vehicle			
Workshop:			
		10.44 (c)	
Returned Date:	Time:	with Key: Yes / No	
* Tow In / Drive In Tow Man / Workshop Representative: _		NRIC:	
Signature:		For office use	32
		Attended by:	
wner Collection of Vehicle	3		
ollection Date:	Time:	with Key: Yes / No	
wner:			
gnature:			
or office use			
tended by:		Approved by:	