

# NATIONAL Assessment Centre Services. Part 1 Jan 09 MMA 1200 61443

Date In: 21/7/20 13:24	Job description	Date & Time Completed	Done by
Ref No: NAL INC 2000 7508 / h4	SAS e-filing		
Veh No: SLK 7897 H	E-mail (within 3hrs, AIC 2hrs)		
TPA: 1917/20 13:55	I-Motor Claim Form	MT/1097465 <sup>001</sup>	21/7/20 13:44
OT: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SLB 5148 Y	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 repolrer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:	INC ( ) / Non-INC ( )	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

NA 200 3782		Invoice/Registration Checklist	Amount (\$)	Balance (\$)
Channel Particulars:		1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100)		
Contact No:		3) TP: Towing Fee	\$40/\$45	
Damaged Portion:		4) FT: Follow-Through Survey	\$120	
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey)	\$30	
Auditors Comments:		For claiming against INC Only (wef 10 Jan 2009)		
		6) TR: Re-Inspection	\$75	
		7) NI: Idao DA + SMRT Survey	\$160	
		8) NTUC Additional Services:		
		OT:		
		*N5: Courtesy Car / Tpt Allowance	\$5	
		*N6: Repair Co-ordination	\$10	
		*N7: Post Repair Inspection	\$25	
		*N8: DV / Collect Excess Coordination	\$5	
		TP (Nil): TP (Non INC) against INC	\$20	
		9) NI2: Idao 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	21/07/2020 13:24
Date Of Accident	19/07/2020 13:55
Exact Location Of Accident	CTE SLIP RD INTO AMK AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLK7897H
Insured/Policyholder	
Name Of Registered Owner	SKKY PTE LTD
Co Reg No	2XXXXX962C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98167775
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105453179-01
Cover Note Number	
Driver	
Name of Driver	ABDUL RAHMAN BIN SAMIAN
NRIC No	SXXXX191F
Date Of Birth	24/07/1968
Occupation	INDOOR
Date Of Driving Pass	13/10/2001
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93871419
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 206B COMPASSVALE LANE #02-95
Postcode	542206
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	5
Passenger 1	NAME: : SRI SURIYANTI BINTE BAHARI GENDER: : FEMALE
Passenger 2	NAME: : DINAH SAFWANAH BINTE ABDUL RAHMAN GENDER: : FEMALE
Passenger 3	NAME: : MUHAMMAD DARWIIS ROIIF BIN ABD RAHMAN GENDER: : MALE
Passenger 4	NAME: : MUHAMMAD ASRIEF BIN MUHAMMAD ARIS GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200720/2074

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLB5148Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name ABDUL RAHMAN BIN SAMIAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLK7897H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name SRI SURIYANTI BINTE BAHARI  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLK7897H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 3**

Name DINAH SAFWANAH BINTE ABDUL RAHMAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLK7897H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 4**

Name MUHAMMAD DARWIIS ROIIF BIN ABD RAHMAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLK7897H  
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.:

AMX Ave S

CTE Slip Rd

A = SLK 7897H  
B = SLB 5148Y

Refer to Police Report T/20200720/2074.

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

going particulars

SKINNY BATH LTD  
Reg No.  
201800952C

  
\_\_\_\_\_  
Elektronische Signatur







**SINGAPORE  
POLICE FORCE**



T/20200720/2074

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

1 of 5

Report No. T/20200720/2074

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/07/2020 18:15	Vide Report No.:	Station Diary No.: 106
--	------------------	---------------------------

**Informant's Particulars**

Name of Informant: ABDUL RAHMAN BIN SAMIAN			Address: APT BLK 206B COMPASSVALE LANE #02-95 SINGAPORE 542206		
ID Type / ID No.: NRIC NO / S6827191F			Contact No.: Home/Office: Mobile: 93871419		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 24/07/1968	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: ASSISTANT ENGINEER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/07/2020 13:55	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY ANG MO KIO AVENUE 5 Slip road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SLB5148Y	Car	FORD	FOCUS HB TITANIUM 1.6 TI-VCT A/T 5DR	Grey	Slightly Damaged	0
SLK7897H	Car	HONDA	STREAM 1.8 RSZ A	Red	Seriously Damaged	4





**SINGAPORE  
POLICE FORCE**



T/20200720/2074

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

2 of 5

Report No: T/20200720/2074

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	EVELYNN THAM	ID No.	S7905846G
Related Vehicle	SLB5148Y (Car)	Contact No.	NIL
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
<b>Driver</b>			
Name	ABDUL RAHMAN BIN SAMIAN	ID No.	S6827191F
Related Vehicle	SLK7897H (Car)	Contact No.	93871419
Hospital/Clinic	MUTUAL HEALTHCARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	20/07/2020	Date Discharge	20/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	SRI SURIYANTI BINTE BAHARI	ID No.	S7307961F
Related Vehicle	SLK7897H (Car)	Contact No.	NIL
Hospital/Clinic	MUTUAL HEALTHCARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/07/2020	Date Discharge	20/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight



**SINGAPORE  
POLICE FORCE**



T/20200720/2074

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

3 of 5

Report No. T/20200720/2074

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	MUHAMMAD DARWIIS ROIIF BIN ABDUL RAHMAN	ID No.	T0503428G
Related Vehicle	SLK7897H (Car)	Contact No.	NIL
Hospital/Clinic	MUTUAL HEALTHCARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/07/2020	Date Discharge	20/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	MUHAMMAD ASRIEF BIN MUHAMMAD ARIS	ID No.	NIL
Related Vehicle	SLK7897H (Car)	Contact No.	NIL
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
<b>Passenger</b>			
Name	DINAH SAFWANAH BINTE ABDUL RAHMAN	ID No.	S9642156G
Related Vehicle	SLK7897H (Car)	Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/07/2020	Date Discharge	19/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

**Brief Details.**

On the 19/07/2020 at about 1.55pm, I was driving motorcar no. SLK 7897H with 4 other passengers namely my wife, Mdm Suriyanti Binte Bahari (NRIC No. S7307961/F), my daughter, Dinah Sahwanah Binte Abdul Rahman (NRIC No. S9642156/G), my son, Muhammad Darwiis Roiif Bin Abdul Rahman (NRIC No. T0503428/G) and my daughter's friend, Muhammad Asrief Bin Muhammad Aris, along the slip road of Central Expressway (CTE) towards the direction of Ang Mo Kio Avenue 5.

I stopped at the junction of CTE slip road and Ang Mo Kio Avenue 5 to give way to an oncoming motorcars along Ang Mo Kio Avenue 5 when I suddenly felt a violent impact from behind causing my car to move forward. I came out of my car and found that the motorcar no. SLB 5148 Y driven by Ms Evelynn Tham Poh Yin (NRIC No. S7905846/G) had violently collided onto my rear causing serious damages, the said driver, Ms Evelynn Tham, admitted that it was her mistake and said sorry for causing the accident.





**SINGAPORE  
POLICE FORCE**



T/20200720/2074

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

4 of 5

Report No. T/20200720/2074

**CONTINUATION OF REPORT**

I and my passengers were injured as a result of the accident. I together with my wife, Sri Suriyanti, my son, Muhammad Darwis Roiif, were given 3 days of MC each by M/s Mutual Healthcare Medical Clinic and my daughter, Dinah Safwanah, was given 5 days of MC from Sengkang General Hospital.



SINGAPORE  
POLICE FORCE



T/20200720/2074

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

5 of 5

Report No. T/20200720/2074

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 /

Sgt 1 NUR SYAHIRAH BINTE MD LAZIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID

Contact No.: 65476172

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:

20/07/2020 18:15

Classification Of Case:

SN 085



Signature:

Singapore Police Force



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)  
[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

21/07/2020 11:18

Vehicle No. (For Motor)

SLK7897H

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S105453179-01		SKKY PTE LTD	201800962C	GPC	drive CLASSIC	SLK7897H	SLK7897H	13/02/2020	12/02/2021

Continue

## ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 7 / 20) (DD/MM/YYYY), TIME: (13 : 55) (HH:MM)

LOCATION: Slip Rd CTG twds AMK Ave 5.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK 7897 H  
b) INSURANCE COMPANY: INC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Honda Stream  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: SKKY Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9816 7775  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Abdul Rahman Bin Samian (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9387 1419  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer.

### 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

### 6. WAS ANYBODY INJURED (YES / NO)

### 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLB 5148Y MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

- Sri Suryanti Binte Bahari
- Dinah Satiwanah Binte Abdul Rahman
- Muhammael Darwis Rois Bin Abdul Rahman
- Muhammael Asrief Bin Muhammad Aris

lin chae song

\* Police Report



Claim Handling

Accident MY/1097465

Policy No.	5109493179-01	Vehicle No.	SLK7897H	GST Registration No.	
Certificate No.					
Policyholder Name	SKKY PTE LTD			Policyholder NRIC	2018009520
Product Code	PRIVATE CAR INSURANCE	Cover Type	Onus CLASSIC	Loading	0
Contact No.(Mobile)	98167775	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes

Report Date		21/07/2020 13:40	Accident Report Within 24 hrs		Yes	Accident Type		Collision - No
Date of Accident		19/07/2020	Time of Accident hh:mm		13:55	Country of Accident		Singapore
Reporting Centre			Orange Force			ICM No.		
Accident Location		LTE BLVD INTO ANK AVE S						

Total Excess Applicable								
Excess Type	Per Accident	Windscreen Excess	100.00					
OD Standard Excess	12,000.00	TP Standard Excess	1,500.00					
YIED OD Excess	0.00	YIED TP Excess	0.00			Driver is Covered?	Covered	
Additional Excess	0							
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00					

Benefits								
GST Registered Information								
GST Registered	No	GST Registration Date						
GST Registration No.		GST Status Verified	Yes					
Modification History	21/07/2020 13:42:11, System changed GST Status Verified from No to Yes							

Policyholder Mailing Address								
Address 1	BLK 119A #05-310	Address 2	RIVERVALE DRIVE	Address 3	RIVERVALE			
Address 4	SINGAPORE 541119	Address Type	Singapore address	Post Code	541119			
Unit No.	05-310	Related Policy Number	5105221140-02					

D1 Driver Info								
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver					
Unnamed driver Name	ABDUL RAHMAN BIN SAHLAN	Driver NRIC	S6627191F	Driver DOB	24/07/1968			
Register Date of Driver License	13/10/2001	Driver Age	51	Driving Experience	18			
Contact No.(Mobile)	93871419	Contact No.(Office)		Contact No.(Home)				
Address 1	BLK 206B #02-95	Address 2	COMPASSVALE LANE	Address 3	SINGAPORE			
Address 4		Address Type	Singapore address	Post Code	542206			
Unit No.	02-95							
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company				

Declaration								
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No					

Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	SKKY PTE LTD	Insu NRIC	
Contact No.(Mobile)		Contact No. (Home)		Cont No. (Off)	
Email Address		OT		TP	
Claim Description		Vehicle Number	SLK7897H	Vehi Num	
Preferred Workshop		SLK7897H / SLB5148Y ON 19 Jul 2020		Nam Pref Worl	
Insured Liability	Not at Fault				
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered	21/07/2020 13:43	Claim Close Date		Date Rece	
Report Taken By	SHAN HUI				

Print AK letter

Attachment

Accident No.	MY/1097465	Claim No.	001
Last Doc. Received	Yes No	Upload Date	21/07/2020 13:44
Path *		Category *	
Choose File No file chosen		Confidential	Normal
Choose File No file chosen		Urgency *	
Choose File No file chosen			

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 13:44	SAS		Normal	SAS 2020-7-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 13:44	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-7-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 13:44	Photos		Normal	Photos 2020-7-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 13:44	Photos		Normal	Photos 2020-7-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 13:44	Photos		Normal	Photos 2020-7-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 13:43	Photos		Normal	Photos 2020-7-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 13:43	Photos		Normal	Photos 2020-7-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 13:43	Photos		Normal	Photos 2020-7-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 13:43	Photos		Normal	Photos 2020-7-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 13:43	Photos		Normal	Photos 2020-7-21
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Jul 2020 13:43	Photos		Normal	Photos 2020-7-21

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	