

NATIONAL Assessment Centre Services

[Ref: 201003]

Date In: 28/10/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC200/4537/1.2	SAS e-filing		
Veh No: SJN62914	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/10/20 1930	i-Motor Claim Form	28/12 MT/111539-001	
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SHF6072

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%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks: (INC hotline: 6788 6616) Date & Time Completed: Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time Actions

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Pat. 1:

Pat. 2 / 3:

Invoice Preparation Checklist

	Am't (\$)	Am't (\$)
	Inc Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idno DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OD*		
*N5: Courtesy Car / Tp. Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (Non INC) against INC \$20		
9) N12: Idno 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 Submission	28/12/2020 15:06 (SGT)
Date of Accident	24/12/2020 19:30 (SGT)
Exact Location of Accident	1-7 Simei Street 3, Singapore 529893
Additional Location Information	EAST POINT GREEN CONNDO DRIVEWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN6291U
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	QUEK CHIN HUAT
NRIC No	SXXXX824A
Email Address	nataliepakiam@yahoo.com.sg
Mobile Phone No	(Phone) +65-98480468
Alternative Phone No	+65-98480468

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5116228413
Cover Note Number	-

DRIVER

Name of Driver	NATALIE JOSEPHINE PAKIAM
NRIC No	SXXXX015G
Date Of Birth	01/04/1985
Occupation	Indoor



Date Of Driving Pass	17/12/2007
Driving experience	13 YEARS
Gender	Female
Mobile Number	(Phone) +65-85223592
Alt. Phone Number	-
Email Address	nataliepakiam@yahoo.com.sg
Address	3 SIMEI STREET 3
Address complement	#02-21
Postcode	529891
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head on collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PONNUSAMY SHANTAKUMARI
Gender	Female

PASSENGER 2

Name	PONNUSAMY ELAVANI
Gender	Female

PASSENGER 3

Name	PAKIAM NICHOLAS
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:G/20201227/7025

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF607Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	PANG TOH SUAN
NRIC No	SXXXX312H
Contact Number	(Phone) +65-91850888
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NATALIE JOSEPHINE PAKIAM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJN6291U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PONNUSAMY SHANTAKUMARI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJN6291U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	PONNUSAMY ELAVANI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in 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

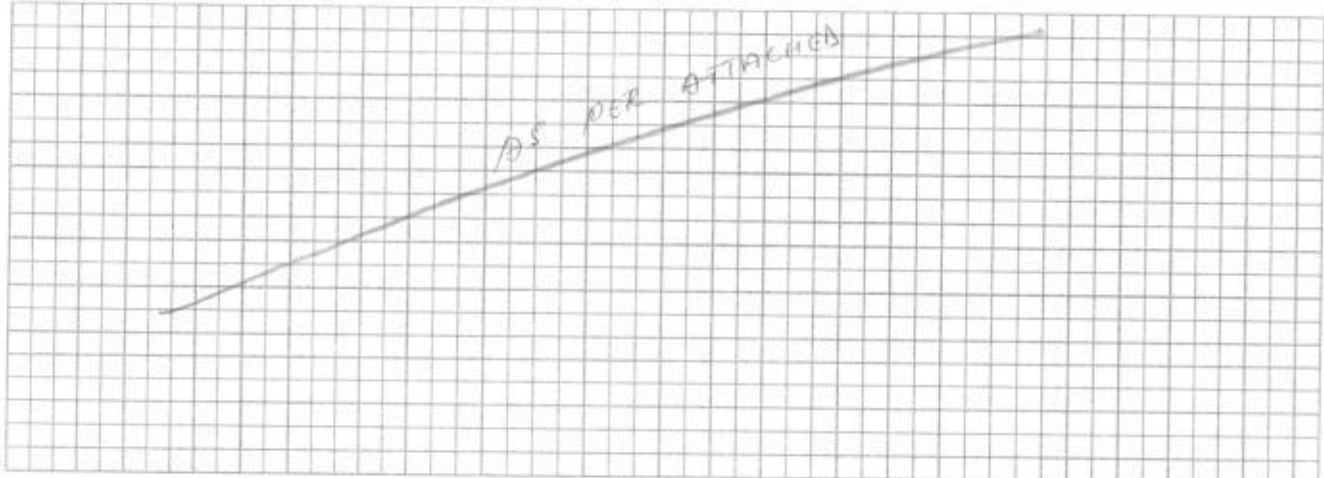
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

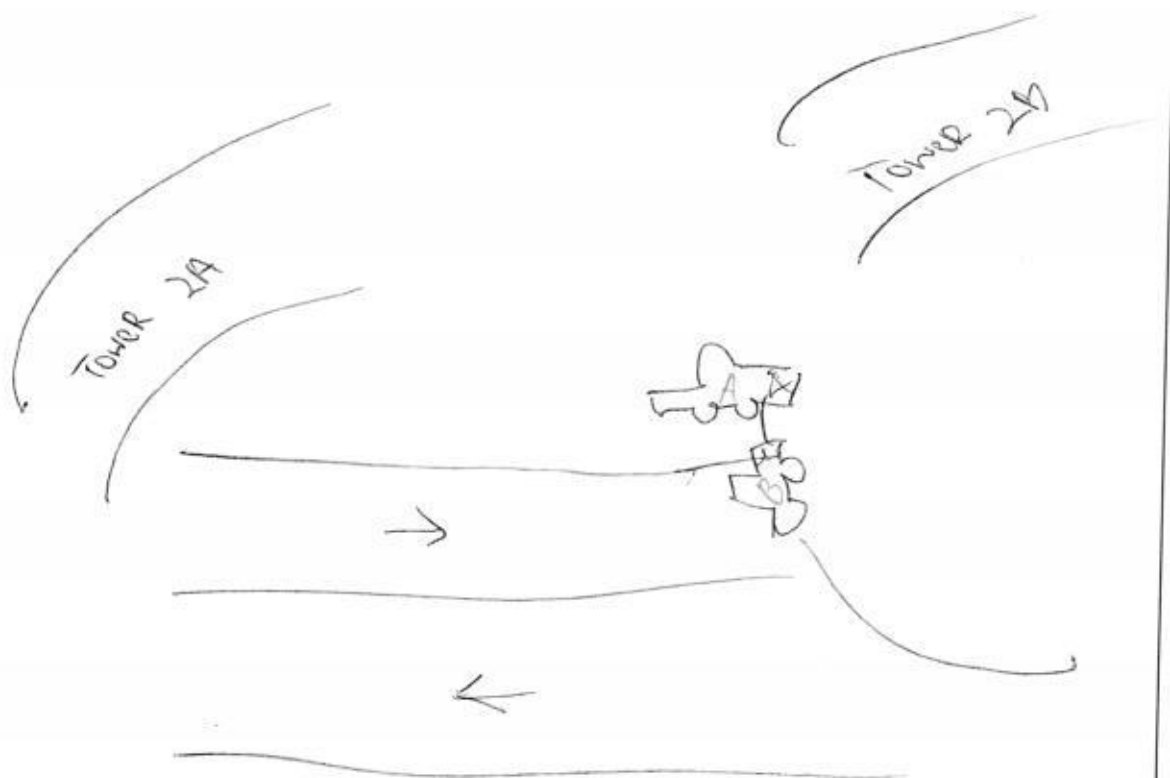
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



EAST POINT GREEN CONDO



A - SJN62914

B - SHF6072

P/S refer to the police report: G/2020/1227/7025

We declare the foregoing particulars are true in every respect.

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE

POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000



G/20201227/7025

1 of 3

Report No. G/20201227/7025

Date/Time Report Made 27/12/2020 12:51	Vide Report No.		Station Diary No.	
Name Of Informant NATALIE JOSEPHINE PAKIAM	Address 3 SIMEI STREET 3 #02-21 SINGAPORE 529891			
ID Type / ID No. NRIC NO / S8510015G	Contact No. Home/Office:		Mobile: 85223592	
Nationality SINGAPORE CITIZEN	Email Address nataliepakiam@yahoo.com.sg			
Occupation Registered nurse	Sex Female	Age 35	Date of Birth 01/04/1985	Race Indian
Institution/School Name	Language English			
Date/Time Of Incident 24/12/2020 19:20 - 24/12/2020 19:20	Location Of Incident #02-21			

Brief details.

I was driving out from my condominium driveway and going straight when i was hit by a taxi on my right side. The taxi driver brought the passenger who was in his car back to her unit and we subsequently exchanged numbers. The witness includes my mother, aunty and father who were all present in the car. He informed us that he made a sudden right turn as the passenger had told him last minute that that was her driveway thus causing the accident.

Subjects Involved

Suspect

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
27/12/2020 12:51

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20201227/7025

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201227/7025

Person Name	pang toh suan		
ID Type	NRIC NO	ID No	S1518312H
Gender	Male	Age	40-45
Race	Chinese	Language	English
Occupation	Taxi driver	Mobile No	91850888
Relation To Informant	a stranger		
Victim			
Person Name	ponnusamy shantakumari		
ID Type	NRIC NO	ID No	S1226596D
Gender	Female	Age	63
Race	Indian	Language	English
Address	3 SIMEI STREET 3 #02-21 EASTPOINT GREEN SINGAPORE 529891		Mobile No 91890057
Relation To Informant	mother		
Person Name			
Person Name	ponnusamy elavani		
ID Type	NRIC NO	ID No	S0141771A
Gender	Female	Age	66
Race	Indian	Language	English
Address	751 PASIR RIS STREET 71 #02-68 SINGAPORE 510751		Mobile No 93667754

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
27/12/2020 12:51

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20201227/7025

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201227/7025

Relation To Informant	relative		
Person Name	NATALIE JOSEPHINE PAKIAM		
ID Type	NRIC NO	ID No	S8510015G
Gender	Female	Age	35
Race	Indian	Language	English
Occupation	Registered nurse	Address	3 SIMEI STREET 3 #02-21 SINGAPORE 529891
Mobile No	85223592	Is Informant A Victim?	Yes
Person Name	NATALIE JOSEPHINE PAKIAM (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

27/12/2020 12:51

Classification Of Case:

MEDICAL CERTIFICATE

Date : 25 Dec 2020

No. : 1-654523

Name: Natalie Josephine Pakiam

NRIC: S8510015G

This is to certify that the above has been granted :

Outpatient Sick Leave

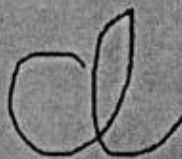
4 day(s)

From Friday, 25 Dec 2020

To Monday, 28 Dec 2020

Notes:

* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.



Dr Chin YC

60880G

*this document has been electronically signed

This certificate is not valid unless the clinic stamp is properly affixed in the space above

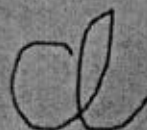
25 December 2020

To: Whom This May Concern

Re: **Natalie Josephine Pakiam S8510015G**

Dear Sir / Madam,

The above named patient was seen for likely upper back sprain that she says started after a road traffic accident on the 24 Decemeber 2020.



HeartlandHealth 
59 UPPER CHANGI ROAD #01-1268 SINGAPORE 461059 ☎ 6445-3100

Dr Chin YC MCR 60880G
Resident Physician
MBBS (S'pore), MRCS (Edin)
HeartlandHealth @ New Upper Changi
Road

This letter is not valid unless the clinic stamp is properly affixed in the space above

*this document has been electronically signed

HeartlandHealth



☎ 6445-3100 59 New Upper Changi Road #01-1268 Singapore 461059

MEDICAL CERTIFICATE

Date : 25 Dec 2020

No. : 1-654522

Name: Ponnusamy Elavani

NRIC: S0141771A

This is to certify that the above has been granted :

Outpatient Sick Leave

4 day(s)

From Friday, 25 Dec 2020

To

Monday, 28 Dec 2020

Notes:

* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Dr Chin YC

60880G

*this document has been electronically signed

HeartlandHealth

59 NEW UPPER CHANGI ROAD #01-1268 SINGAPORE 461059 ☎ 6445-3100

This certificate is not valid unless the clinic stamp is properly affixed in the space above

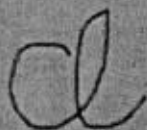
25 December 2020

To: Whom This May Concern

Re: Ponnusamy Elavani S0141771A

Dear Sir / Madam,

The aboveo named patient was seen for right proximal dorsal forearm abrasion and likely upper back sprain that she says started after a road traffic accident on 24 Decemeber 2020



Dr Chin YC MCR 60880G
Resident Physician
MBBS (S'pore), MRCS (Edin)
HeartlandHealth @ New Upper Changi
Road

*this document has been electronically signed

HeartlandHealth 
59 NEW UPPER CHANGI ROAD #01-1268 SINGAPORE 461059

This letter is not valid unless the clinic stamp is properly affixed in the space above

MEDICAL CERTIFICATE

Date : 25 Dec 2020

No. : 1-654521

Name: Ponnusamy Shantakumari

NRIC: S1226596D

This is to certify that the above has been granted :

Outpatient Sick Leave

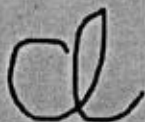
4 day(s)

From Friday, 25 Dec 2020

To Monday, 28 Dec 2020

Notes:

* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.



Dr Chin YC

60880G

*this document has been electronically signed

HeartlandHealth 
9 SENEKILL (Clinic Stamp Here) ☎ 6445-3100

This certificate is not valid unless the clinic stamp is properly affixed in the space above

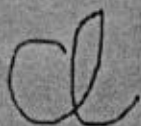
25 December 2020

To: Whom This May Concern

Re: **Ponnusamy Shantakumari S1226596D**

Dear Sir / Madam,

The above named patient was seen for left clavicle pain and likely right forerarm sprain that she says started after a road traffic accident on 24 Decemeber 2020.



Dr Chin YC MCR 60880G
Resident Physician
MBBS (S'pore), MRCS (Edin)
HeartlandHealth @ New Upper Changi
Road

*this document has been electronically signed

HeartlandHealth 
59 NEW UPPER CHANGI ROAD #01-1268 SINGAPORE 461059

This letter is not valid unless the clinic stamp is properly affixed in the space above

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 12 / 2011) (DD/MM/YYYY), TIME: (19 : 30) (HH:MM)

LOCATION: EAST POINT GREEN CONDO

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S1N62914
 b) INSURANCE COMPANY: NINE
 c) POLICY NUMBER: S116228413
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA FIT (AT) 1.3
 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: QUEK CHIN HUAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 98480468
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NATALIE JOSEPHINE PAKIAM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S85100156 CONTACT: 85223592
 c) ADDRESS: 3 SIMEL ST 3
 #02-21 (S29891)

- *d) DATE OF BIRTH: (01 / 04 / 1985) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 17/12/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIENDS

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: SHF6072 MODEL:
 b) DRIVER'S NAME: PANIG TOH SUAN
 c) NRIC/FIN/PASSPORT: S15183124 CONTACT: 91850888

9. THIRD PARTY VEHICLE

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

*No of passengers
 (Including driver)
 (4)

DRIVER?
 Natalie injury
 mother
 father

pakiam
 nicholas

*No of passenger
 (Including driver)
 ()

*No of passenger
 (Including driver)
 ()

26/12/20

waiting for
 police report

&
 video
 footage

Email =

fax =

video =

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="26/12/2020 12:54"/>
Vehicle No.(For Motor)	<input type="text" value="SJN6291U"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116228413		QUEK CHIN HUAT	S7825824A	GPC	Third Party	SJN6291U	SJN6291U	24/02/2020	23/02/2021

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5116228413

Cover : Third Party

- | | |
|---|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJN6291U |
| Chassis Number | : GE61106392 |
| 2. Name of Policyholder | : QUEK CHIN HUAT |
| 3. Effective Date of Insurance | : 24 Feb 2020 |
| 4. Expiry Date of Insurance | : 23 Feb 2021 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

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

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

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: QUEK CHIN HUAT
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)
 Date of Issue : 18 Feb 2020 11:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1115319

Policy No.	5116228413	Vehicle No.	SJN6291U	GST Registration No.	
Certificate No.					
Policyholder Name	QUEK CHIN HUAT			Policyholder NRIC	S7825824A
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98480468	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

▼ Accident Details

Report Date	28/12/2020 19:46	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on
Date of Accident	24/12/2020	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	EAST POINT GREEN CONDO DRIVEWAY				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

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

▼ Policyholder Mailing Address

Address 1	57A LORONG ONG LYE	Address 2	SINGAPORE 536435	Address 3	
Address 4		Address Type	Singapore address	Post Code	536435
Unit No.		Related Policy Number	5116228413		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/04/1985
Unnamed driver Name	NATALIE JOSEPHINE PAKIAM	Driver NRIC	S8510015G	Driving Experience	13
Register Date of Driver License	17/12/2007	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	85223592	Contact No.(Office)	0	Address 3	SINGAPORE 52981
Address 1	3 SIMEL STREET 3	Address 2	EASTPOINT GREEN	Post Code	529891
Address 4		Address Type	Singapore address		
Unit No.	#02-21				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	QUEK CHIN HUAT	Insured NRIC	
Contact No.(Mobile)	98480468	Contact No.(Home)	98480468	Contact No.(Office)	
Email Address		Vehicle Number	SJN6291U	TP Vehicle Number	
Claim Description	SJN6291U / SHF607Z ON 24 Dec 2020				
Preferred Workshop		Insured Liability	Not at Fault		
Preferred Workshop Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	28/12/2020 19:53	Claim Close Date		Date Received	
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☐ Print AK letter

Attachment



Accident No.	MT/1115319	Claim No.	001
--------------	------------	-----------	-----

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

28/12/2020 00:00

Path *

Category *

Confidential

Urgency *

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:53	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:52	SAS		Normal	SAS 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:52	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:52	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:52	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:52	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:52	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:51	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:51	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:51	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:51	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:51	Photos		Normal	Photos 2020-12-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Dec 2020 19:51	Photos		Normal	Photos 2020-12-28

Uploaded By/Date	Folder Date	File Name		Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		