NATIONAL Assessment Centre	Services wet 1 James			
Date In: 14/13/17	Job description	Date &Time Completed	Done by	ν'
Re[No: NA/INC17023750/13	SAS e-filing	1		
Vch No: S4x343B	E-mail (within Shrs, AIC 2hrs)			4
D.O.A: 13/12/17 1400	i-Motor Claim Form	MT/0973743		
	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)		
OD (TP)' Reporting Only	i-Photo Uploaded			
TD Invitation	Assessment/Survey Report	0		
TP Insurer:	Ass't Report by Fax / Hand	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (N-51	Tel: Fax)
TP Particulars: Veh No:	GR7385R INC	()/Non-INC().		
Owner / Driver: (Tel:		
Policy No: () Peri	od: () Cover Type: (
Confirmed by : (Date:	Time:)	
		-20%; P: 21-79%. P: 80-100	0%]	
	'arranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,00	0()/\$2,000()			
General Remarks:-			00 71.25	100.65
() Walk-In Customer: Customer's inform	nation strictly Confidential &	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.		37	
Drive-In ()/ Towed-In (); Invoice:		Towing Co: (ŧ)
		6	Done b	7
Remarks:- (INC horline: 6788 6616)	2 /)	Date&Time Completed	S. C. SDORO	1
	ourtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()			
Injury:			SWINDS IN THE SECOND	
Date/Time Actions		and the second		- Market
4101000				
		3		
	•			
•				CHUT IN
NA 1707722	Invoice P	reparation Checklist	Ant (S)	Amt (\$) Add Bill
laimant's Particulars :-		lent Reporting (\$30);		
	2) DA : Dame 3) TF : Towin	age Assessment (\$100); INC (\$80) ag Foc \$40/\$		
river/Owner:	4) FT : Follow	w-Through Survey \$1	30	
ontact No:	5) FT : Follov	e-Through Survey (Resurvey) 5 ng against INC Only (wef 10 Jan 2005)	130	
amaged Portion:	6) TR : Re-in	spection 3	160	
		OA + SMRT Survey Si ditional Services:-		
C Checked by (Engr-In-Charge):	OD.		\$5	
Control of (Dugi-in-Guarge)	*N5: Court *N6: Repo	ir Co-ordination	510	
uditors' Comments :-	*N7: Fost	Repair Inspection Collect Excess Coordination	\$25 \$5	-
t_]:	THE DV /	Collect Excess Coordination	4-7	
St. At		TP (Non INC) against INC	\$20	
	<u>TP</u> (N11): 9) N12: Idac	TP (N'in INC) against INC Mobile	30	
1. 2/3;	TP (N11)	TP (Non INC) against INC Mobile Fee Charged	30	at in J.

1 - per 41 - 1.70

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 ability.
- 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 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, yo aforesaid.	u hereby consent to the archiving of this report at the certife and to copies of the topol coding made a content of
Secure of the Se	ACCIDENT STATEMENT
Date Of Report	14/12/2017 15:00
Date Of Accident	13/12/2017 14:00
Exact Location Of Accident	TPE SLIP RD INTO LOYANG AVE
Country/State of Loss	SINGAPORE
CONTRACTOR OF THE SECTION OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX343B
Insured/Policyholder	
Name Of Registered Owner	CHEN HAN YEN
NRIC No	S1746701H
	NOTANI

NOEMAIL Email Address

(LOCAL) +65-96557939 Mobile Phone No Alternative Phone No OTHERS-96557939

Vehicle Particulars

TOYOTA Manufacturer YARIS Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

NO Fleet Policy

5092465154 Policy Number

Cover Note Number

Driver

CHEN HAN YEN Name of Driver S1746701H NRIC No 10/04/1966 Date Of Birth OUTDOOR Occupation

09/10/1986 Date Of Driving Pass

31 YEARS AND 2 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96557939 Mobile Number

Fax Number

OTHERS-96557939 Contact Number

NOEMAIL EMail Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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
- 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.

Pelicyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

4		e	A-	EGX 343B	
+		<u> </u>	В-	GR 7385 R	
	(A)				
	100				1
	VCES OF THE ACCIDI	ENT			

On the above d	ate and time, I was directly money in a significant
into Loyang as	me on the left lane of a 2 lanes road. Before entering
into Loyany ave	, I stopped my vehicle completely as to sive way to
uncowny traffic	. Out sudden vehicle B (GR 7385R) came from the vent
and collided d	irectly anto the rew portion of my vehicle.
A-5GX 343	В
B-91 7385 R	

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:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

ehicle No.	SGX 343 B Model / Make Toyota Yaris
ate of Accident	13/12/17
ime of Accident	14.00 HRS
ocation of Accident	TPE Slip Road Into Loyoung AVR
xact purpose use during accid	lent Private Use
Name of Owner	Chen Hun Yen
elephone No.	H/P: 9655 7939 Home: Office:
NRIC	\$1746701H
Address	BIK 211 Pasir Ris St 21 #04-248 S(510211)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTUC
Type of Coverage	Comprehensive Third Party / Fire /Theft
Policy No.	5092465154
Name of Driver	As Above If No,
NRIC	Any Passengers : Ni
Date of birth	10/4/1966
Occupation	Outdoor / Indoor
Driving License Pass Date	9 Oct 1986
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Ounce
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	GR 7385 R Any Passengers : Ni
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact:
Accident Portion	Rear Portion
Camera Recorder	Yes/No Not Working
Email Address	
PARTICULAR WORKSHOP	N-51 Automotive Ptc Ltd
CONTACT NO.	6842 0051 / 6744 0510
TOTAL OF DEDCOM	Anus
CONTACT PERSON FAX NO	6741 0510

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1746701H





Name

CHEN HAN YEN







CHINESE

Date of birth



81746701-

10-04-1966

SINGAPORE

CHEN HAN YEN

Sum Date: 10 Apr 1966
Essue Date: 19 Sep 2015

REPUBLIC OF SINGAPORE DRIVING LICENCE

5442691



UBIC No. C17/16701H

Date of Issue 18-09-2015

Address

ADDITION AND ADDITION ADDITION AND ADDITION ADDITION AND ADDITION AND ADDITION ADDITION AND ADDITION ADDITION ADDITION ADDITION ADDITION AND ADDITION ADDITION ADDITION ADDITI

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 09 Oct 1986 of the driver; and other motor vehicles =< 2500kg

NP 428A





Certific	ate of Insurance
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA OAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (M	TION) RULES, 1960
ertificate Number: 5092465154	Cover : Third Party, Fire & Theft
. Index mark and Registration Number of Vehicle	: SGX343B
	: MR054HY9104021086
Chassis Number Name of Policyholder	: CHEN HAN YEN
. Effective Date of Insurance	: 06 Jul 2017
Expiry Date of Insurance	: 05 Jul 2018
Persons or Classes of Persons entitled to drive#	
(-) The Policyholder	
us a server who is driving on the Policyho	older's order or with his/her permission.
	n accordance with the licensing or other laws of regulations to drive d is not disqualified by order of a Court of Law or by reason of any
Programme and the second secon	
 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.	
(1) Use for earling page making reliability trial or	speed-testing.
(c) Use for the carriage of goods (other than samp	les) in connection with any trade or business.
(4) Use for any purpose in connection with the Mo	otor Trade.
# Limitations rendered inoperative by Section 8 of Act (Chapter 189) and Section 95 of the Road T headings.	of the Motor Vehicle (Third Party Risks and Compensation) ransport Act, 1987 (Malaysia), are not to be included under these
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	: YES
NCD PROTECTION	; NO
PRIMARY DRIVER	: CHEN HAN YEN
NAMED DRIVER (1)	: CHEN HAN HUA
NAMED DRIVER (2)	: ENG CHU YANG
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF COSS
HIRE PURCHASE COMPANY SUM INSURED	: N/A : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS ificate relates is issued in accordance with the provisions of the hapter 189) and Part IV of the Road Transport Act, 1987 (Malays
Total	FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMIT
Countersigned By: Authorised Of	fficer Chief Executive

Text size +

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

0856G

Vehicle Details

Vehicle No.:

SGX343B

Vehicle to be Exported: Yes

Intended De-registration 20 Jun 2017

Date:

Vehicle Make:

TOYOTA

Vehicle Model:

YARIS G AUTO

Primary Colour.

Silver

Manufacturing Year.

2006

Engine No.:

1NZX506870

Chassis No.:

MR054HY9104021086

Maximum Power Output: 80.0 kW (107 bhp)

Open Market Value:

\$15,787.00

Original Registration

08 Aug 2007

Date:

First Registration Date: 08 Aug 2007

Transfer Count:

Actual ARF Paid:

\$17,366.00

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry

07 Aug 2017

Date:

PARF Rebate Amount: \$8,683.00

Intended COE Rebate Details

COE Expiry Date:

07 Aug 2017

COE Category:

A - Car (1600cc & below)

COE Period(Years):

10

QP Paid:

\$16,000.00

COE Rebate Amount:

\$210.00

Total Rebate Amount: \$8,893.00

The information contained herein is correct as at 19 Jun 2017

OK

Land Transport Authority

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m Handling dent MT/0973743				0.000		GST Registration No.
y No.	5092465154		Vehicle No.	5GX3438		Policyholder NRIC
yholder Name	CHEN HAN YEN					Loading
Juct Code	PRIVATE CAR INSURANCE		Cover Type	Third Party, Fire & Theft		Contact No.(Home)
act No.(Mobile)	96557939		Contact No.(Office)	0		eCode
il Address			Special Remark			eCode Reason
	⊕ No € Yes		TCA	No ○ Yes		Crone years.
	No		NCD Entitlement(%)	0		
) Protection	No					
Accident Details			Accident Report Within 24 hrs	Yes		Accident Type
ort Date	14/12/2017 18:20		Time of Accident hh:mm	14:00		Country of Accident
e of Accident	13/12/2017			ADVISOR .		ICM No.
orting Centre			Orange Force			
ident Location	TPE SLIP RD INTO LOYAN	IG AVE				
Benefits						
Excess		10.1000	No de anticology Property		0.00	Windscreen Excess
n damage Excess		0.00	Additional Excess		0.00	
named Driver Excess		0.00	Outside Singapore OD Excess		0.00	
rd Party Excess		0.00	Outside Singaporé TP Excess		23000	
GST Registered Inform	nation			GST Registration I	Date	
T Registered	No			GST Status Verific		Yes
T Registration No.				(3) 518103 10-11		
dification History						
Policyholder Mailing A				PASIR RIS STREET 21		Address 3
ddress 1	BLK 211 #04-248		Address 2	Singapore address		Post Code
ddress 4			Address Type	5092465154		
nit No.	04-248		Related Policy Number	3092403134		
V OI Driver Info			150/8/2-90	Main Driver		
river Name	CHEN HAN YEN		Driver Type	S1746701H		Driver DOB
nnamed driver Name			Driver NRIC			Driving Experience
egister Date of Driver Licen	se 10/10/2003		Driver Age	51		Contact No.(Home)
Contact No. (Mobile)	96557939		Contact No.(Office)	0		Address 3
ddress 1	BLK 211		Address 2	PASIR RIS STREET 21		
uddress 4			Address Type	Singapore address		Post Code
Jnit No.	#04-248					
Does he own a Singapore	Yes @ No		Driver Vehicle No.			Driver Insurer Company
Registered car?						
Declaration Breathalyser or Blood Test	- Control		Any injury?	€ Yes □ No		
Reading?	0 mg		100 to			
Addition History						
Claim 001 OD-MX	New					
PASSAGE STATE	E 101	-	Insured Name	CHEN HAN YEN		Insured NRIC
Claim Type *	OD-MX		Contact No.(Home)			Contact No.(Office)
Contact No.(Mobile)	+		Of Vehicle Number	SGX343B		TP Vehicle Number
Email Address		N. V. J. A.	Of Asture amuner	Carried State of the Control of the		Name of Preferred Worksho
Claim Description	SGX343B / GR7385R (ON 13 Dec 2017		Net of Fault		
Preferred Workshop Contac No.	t		Insured Liability *	Not at Fault		▼ GIA report
Require Finalisation	Yes	•	Preferered Repair Option	Preferred Workshop (reier below)	Date Received
Date Registered	14/12/2017 18:23		Claim Close Date	77		
	ROSLINDA		Workshop Repairer			Total Loss but Repaired
Report Taken By						
THE REAL PROPERTY.				Save Submit		
Print AK letter				-		
Print AK letter						
Attachment	MT/0973743		Claim No.	001		
Attachment	MT/0973743		Claim No.		2/2017 00:00	Confidential

