

NATIONAL Assessment Centre Services

[Ref: NA-100]

Date In: 09/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/6A518002652/13	SAS e-filing		
Veh No: FBL5699D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/12/17 0800	i-Motor Claim Form		
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: SKP6916A	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

NA1800880	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt 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: Idac Mobile 30		
	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 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.
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	09/02/2018 11:28
Date Of Accident	20/12/2017 08:00
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5699P
Insured/Policyholder	
Name Of Registered Owner	YU LINGFENG
NRIC No	S8879096J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85883406
Alternative Phone No	OFFICE-97803406

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2016TR00551

Driver

Name of Driver	YU LINGFENG
NRIC No	S8879096J
Date Of Birth	12/10/1988
Occupation	INDOOR
Date Of Driving Pass	18/11/2016
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85883406
Fax Number	
Contact Number	OFFICE-97803406
Email Address	NOEMAIL

Address	BLK 350 ANG MO KIO ST 32 #29-109
Postcode	560350
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: F/20171220/2112

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	SKP6916D
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	YU LINGFENG
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBL5699P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

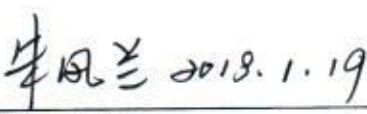
IMPORTANT NOTICE

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:

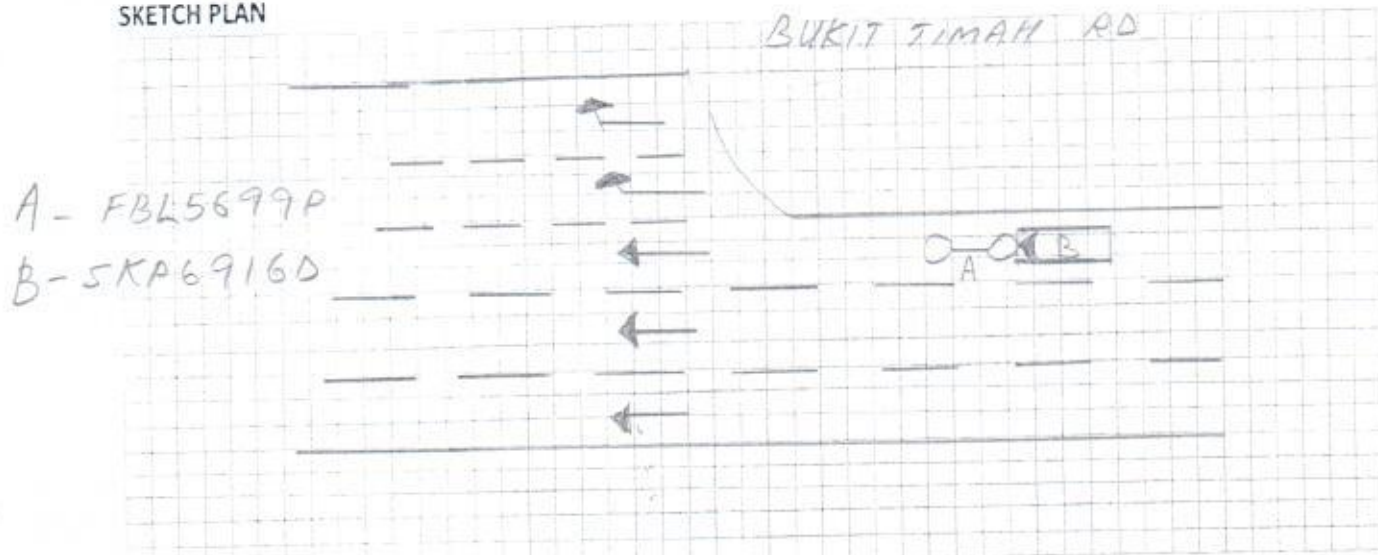


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: F/2017/220/2112

DECLARATION

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

于凌风

Policyholder's Signature

Date & Time: 8 Feb 2018

12:10 pm.

于凌风

Driver's Signature

(If driver is not the policyholder)

Date & Time:

09/02/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



F/20171220/2112

1 of 2

POLICE REPORT (NP299)

Report No. F/20171220/2112

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made 20/12/2017 16:17	Vide Report No. E/20171125/0196	Station Diary No. 62
Name Of Informant Zhu Feng Lan	Address APT BLK 350 Ang Mo Kio Street 32 #29-109 SINGAPORE 560350	
ID Type / ID No. PASSPORT / G30549745	Contact No. Home/Office Mobile 97803406	
Nationality CHINESE	Email Address	
Occupation CIVIL SERVANT	Sex Female	Age 52
Institution/School Name	Date of Birth 01/11/1965	Race Chinese
Date/Time Of Incident 20/12/2017 08:00	Location Of Incident 17 ANG MO KIO AVENUE 9 ANG MO KIO-THYE HUA KWAN HOSP* SINGAPORE 569766 Bed 3221, ward 3, level 4	

Brief details.

I am lodging this report on behalf of my Son namely Yu Ling Feng, bearing S8879096J. He was involved in an accident on the 25/11/2017 and subsequently, he was conveyed away by Ambulance to Tan Tock Seng hospital. My son was shifted to Thye Hua Kwan on 18/12/2017.

I was told that my son was involved in an accident with another drink driving driver. My son had told me

Signature Of Officer Recording The Report: F / Sgt 2 TAN JIA HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/12/2017 16:17
Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch / ASP NG LIANG JIE Contact No.:	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



F/20171220/2112

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20171220/2112

that he was abiding by the road traffic rules and regulations. The other driver had collided onto the rear of my son's vehicle as he was speeding and changing lanes recklessly. Currently, he is unable to leave the bed as he is under-going recovery. There are doctor documents to support the claims. I am lodging this report for insurance claim purpose.

Signature Of Officer Recording The Report:

F / Sgt 2 TAN JIA HAO

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio Police Divisional Investigation Branch /
ASP NG LIANG JIE
Contact No.:

Signature Of Informant:

Date/Time:
20/12/2017 16:17

Classification Of Case:

Authentication Stamp



ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 12 / 17) (DD/MM/YYYY), TIME: (08 : 00) (HH:MM)

LOCATION: BUKIT TIMAH RD TURNING RIGHT INTO CTE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL5699A
b) INSURANCE COMPANY: GREAT AMERICAN
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MOMVM000000601
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: YU LINGFENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S88790965 CONTACT: 85883406 / 97803406
c) ADDRESS: BLK 350 AMK AVE ST 3
A29-109 (580350)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (12 / 10 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 02 / 05 / 2014

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

5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS _____
b) ROAD SURFACE: (DRY) WET / OTHERS _____

6. WAS ANYBODY INJURED (YES) NO) CONVEY TO HOSPITAL

7. a) REPORTED TO POLICE (YES) NO) AMK NORTH NPC

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STP69160 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: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email =

fax =

19/01/18
waiting for veh
1 CIV

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8879096J



Name
YU LINGFENG
于 凌 风

Race
CHINESE

Date of birth
12-10-1988

Country/Place of birth
CHINA

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8879096J**

Name
YU LINGFENG

Birth Date **12 Oct 1988**

Issue Date **02 May 2014**




9298972



NRIC No **S8879096J**



Nationality
CHINESE

Date of issue
07-06-2013

APT BLK 350 ANG MO KIO STREET 32 #29-109
SINGAPORE 560350
S8879096J 04/03/2014

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	02 Mar 2014
Class 2A	Motorcycles between 201 CC and 400 CC	18 Nov 2016
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 1500 kg	09 Jan 2015

S8879096J S / No. 9000253880

Licence No: S8879096J



NP 428A

The Ministry of Foreign Affairs of the People's Republic of China requests all civil and military authorities of foreign countries to allow the bearer of this passport to pass freely and afford assistance in case of need.

PASSPORT

Figure 1. *Figure 1*

[illegible]

中图分类号: F406.72 文献标识码: A

G30549745



Surname

朱/ZHU

Q1 Given names

凤兰 / FENGLAN

性別 / Sex

女 / F

出生日期 Date of birth

01 NOV 1965

签发日期 / Date of issue

31 JUL 2008

签发机关 / Authority

公安部出入境管理局

出生地点 Place of birth

黑龙江/HEILONGJIANG

测试地点	Place of testing
------	------------------

黑龙江/HEILONGJIANG

有效期至 / Date of expiry

30 JUL 2018

Exit & Entry Administration
Ministry of Public Security

27524026

G305497453CHN6511016F180730919202310<<<<<20

mother



GREAT AMERICAN INSURANCE COMPANY

UEN: 11670028E DBT REG NO: MR0370081T

31 BRASSEX AVENUE #15-01 CENTENNIAL TOWER

SINGAPORE 030190

TEL: +65 6854 6000

FAX: +65 6238 2616

MOTOR COVER NOTE: MT2016TR00551

The Insured mentioned in this Covernote, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the Insurer by notice in writing in which case the Insurance will thereupon cease and a proportionate part of the annual premium payable for such Insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: YU JINGFENG
Insured NRIC/Passport No/ Roc	: S8879096J
Policy Coverage	: COMPREHENSIVE
Make And Description Of Vehicle	: HONDA CB400X ABS
Vehicle Registration No.	: FBI 5699P
Year Of Manufacture	: 2016
Engine No.	: NC47F1101024
Chassis No.	: NC471100988
Engine Capacity	: 399
Hire Purchase	: N/A
Value (S\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 29/12/2016 TO: 28/12/2017
Excess (S\$)	: Section I 300
Authorised Workshop	: DE XING MOTOR PTE LTD

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company
Authorised Signatory

Date of Issue : 29/12/2016

Intermediary : TENA RISK SOLUTIONS PTE LTD

MTR/COVERNOTE/V01/15