NATIONAL Assessment Centre Services (wef 1 Jan06) NA418023792

Date In: 19/02/2018 14:43	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/18003135/V	SAS e-filing		
Veh No: SJF 9064G	E-mail (within 3hrs, AIC 3hrs)		
D.O.A : 15/02/2018 16:30	I-Motor Claim Form	MI/098268O	19/02/2018 16:08
OD (TP) Reporting Only	I-Motor W/O (within 00 3hrs, TP 1hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: NCW 8010. 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 call line: 6788 0016	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	Action

NA180/037

Documents Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Invoice Preparation Checklist	Bill	Add'l Bill
1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100); INC ($30)		
3) TF : Towing Fee $40/$45		
4) FT : Follow-Through Survey $130		
5) FT : Follow-Through Survey (Resurvey) $30		
For claims against INC Only (wef 10 Jan 2010)		
6) TR : Reinspection $35		
7) NI : New DA + SMRT Survey $160		
8) NTUC Additional Services:		
OI!		
NI: Courtesy Car / Tpt Allowance $5		
NI: Repair Coordination $10		
NI: Post Repair Inspection $35		
NI: DY / Collect Excess Coordination $5		
TP (NI) : TP (Non INC) against INC $30		
9) NI: Idex Mobile 10		
Invoice dated *Fee Charged*		
Invoice Fee *Fee Charged*		

2/1:

MNA418023792 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 19/02/2018 14:43
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 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	19/02/2018 14:43
Date Of Accident	15/02/2018 16:30
Exact Location Of Accident	PORT DICKSON NEGERI SEMBILAN
Country/State of Loss	MALAYSIA/NEGERI SEMBILAN DARUL KHUSUS
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJF9064G
Insured/Policyholder	
Name Of Registered Owner	SIM TIAN YEW
NRIC No	S8170648D
Email Address	CONG_ZAI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97979868
Alternative Phone No	OTHERS-97979868
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PREVIA
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091812373
Cover Note Number	
Driver	
Name of Driver	SIM TIAN YEW
NRIC No	S8170648D
Date Of Birth	06/01/1981
Occupation	INDOOR
Date Of Driving Pass	22/04/2003
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97979868
Fax Number	
Contact Number	OTHERS-97979868
EMail Address	CONG_ZAI@YAHOO.COM.SG

Address	BLK 156 YUNG LOH ROAD #09-10
Postcode	610156
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?	YES
Foreign Vehicle Registration Number	NCW3010 (PRIVATE CAR)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK PORT DICKSON NEGERI SEMBILAN
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO TRAFIK PORT DICKSON/000561/18(ON 15/02/2018 AT ABOUT 16:30HRS I WAS DRIVING MY CAR SJF9064 FROM PORT DICKSON AND WANTED TO GO TO CHUAH,UPON REACHING TRAFFIC KLIGHT AT TAMAN PANTAI EMAS,THE TRAFFIC START TO FROM AMBER TO RED LIGHT SO I STOP AND FOR A FEW SECOND A CAR NCW 3010 FROM THE REAR AND HIT MY CAR THE DAMAGE OF MY CAR IS THE BUMPER AND BONNET DAMAGE AND NO INJURIES THAT ALL.

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	NCW3010
Vehicle Make/Model/Colour	PROTON PERSONA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Vehicle Registration Number	NCW3010
Vehicle Make/Model/Colour	PROTON PERSONA
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)	1

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.

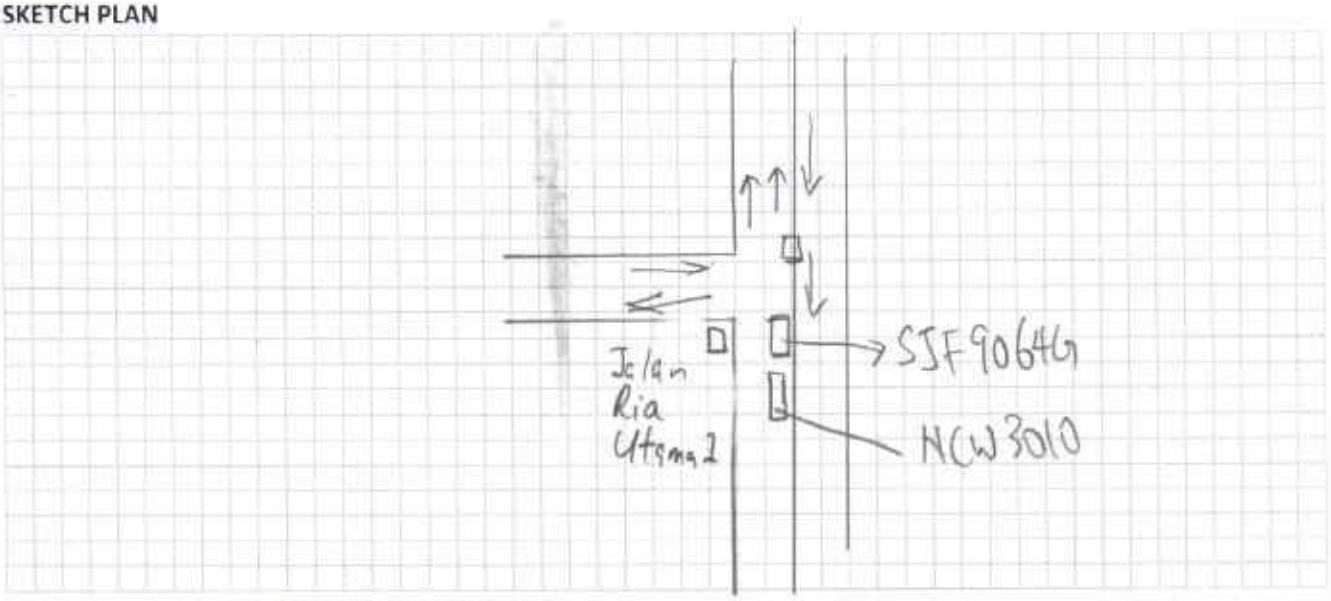
   (e) the information so collected under (d) above may be shared / disclosed:

   (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

PLEASE REFER TO POLICE REPORT 1000561/18

DECLARATION

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

19/02/2018

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.:

POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai	: TRAFIK PORT DICKSON	**Pegawai Penyiasat**	: R123802
Daerah	: PORT DICKSON		
Kontinjen	: NEGERI SEMBILAN		
No Repot	: TRAFIK PORT DICKSON/000561/18		
Tarikh	: 15/02/2018		
Waktu	: 1709 PM		
Bahasa Diterima	: B. Malaysia		

Butir-butir Penerima Repot

Nama : RUHAIZAL FITRI BIN RUSLI **No Personel :** R191508 **Pangkat :** KONST

Butir-butir Jurubahasa (Jika Ada)

Nama : --- **No K/P (Baru) :** --- **No Polis/Tentera:** ---

No Paspot: --- **Bahasa Asal :** ---

Alamat: ---

Butir-butir Pengadu

Nama : SIM TIAN YEW

No K/P (Baru) : --- **No Polis/Tentera :** --- **No Paspot :** S8170648D

No Sijil Beranak : ---

Jantina : Lelaki **Tarikh Lahir :** 06/01/1981 **Umur :** 37 tahun 1 bulan

Keturunan : Melayu **Warganegara :** Malaysia

Pekerjaan : MANAGER SIM MARINE PTE LT

Alamat Tempat Tinggal : NO 50 TAMAN NURI FASA 1 CHUAH , PORT DICKSON, 71960, NEGERI SEMBILAN

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : --- **No Tel (Pejabat) :** --- **No Tel (HP) :** 065-9797986

Emel : ---

Pengadu Menyatakan:-

PADA 15/02/2018 JAM LEBIH KURANG 1630 HRS, SAYA MEMANDU MOTOKAR NOMBOR SJF9064G DARI PORT DICKSON MAHU KE CHUAH , APABILA SAYA SAMPAI DI LAMPU ISYARAT TAMAN PANTAI MAS, LAMPU ISYARAT WARNA KUNING BERTUKAR MENJADI MERAH , LALU SAYA BREK UNTUK BERHENTIKAN M/KAR SAYA, TIBA-TIBA SEBUAH M/KAR NO NCW 3010 DARI ARAH BELAKANG TELAH TERLANGGAR BAHAGIAN BELAKANG M/KAR SAYA, DALAM KEJADIAN ITU SAYA TIDAK MENGALAMI KECEDERAAN, MANAKALA KEROSAKAN M/KAR SAYA IALAH BUMPER DAN BONET BELAKANG KEMEK, LAIN-LAIN KEROSKAN BELUM PASTI, SEKIAN LAPORAN SAYA.

Tandatangan Pengadu: Tandatangan Jurubahasa(Jika ada) : Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R191508 | 15/02/2018 05:18:57 PM

CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH
POLIS DIRAJA MALAYSIA

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : SIM TIAN YEW

No Kad Pengenalan / Paspot : S8170648D

No Repot Polis : TRAFIK PORT DICKSON/001561/18

Tarikh @ Masa Repot Polis : 15/02/2018 @ 17:09

Pengesahan Penerimaan Repot :

15 FEB 2018

.....

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R123802) SJN HAZAMEE BIN HUSSEN

Tempat Tugas : NEGERI SEMBILAN , PORT DICKSON

No Telefon Pejabat : **No Telefon Bimbit** : 010-6472222

Tarikh @ masa Perjumpaan : .....

Pengesahan Penerimaan Repot :

.....

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : ..... **No Badan** : ..... **Pangkat** : .....

Tarikh @ Masa Gambar Diambil : .....

Pengesahan Gambar Diambil :

.....

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen : .....

Waktu Pejabat :
Isnin - Khamis :
08:00 Pagi - 01:00 Tengah Hari
02:00 Petang - 03:30 Petang
Jumaat :
08:00 Pagi - 12:30 Tengah Hari
Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis ☐
2. Gambar Kenderaan ☐
3. Rajah Kasar Kemalangan ☐
4. Keputusan Siasatan ☐
5. Lain-lain Dokumen ☐

Tarikh @ Masa Dokumen Diserah : .....

Pengesahan Kaunter Pembekalan Dokumen :

.....

Tandatangan Pegawai Kaunter Pembekalan Dokumen

Claim Handling

Accident MT/0982680

Policy No.	5091812373	Vehicle No.	SJF9064G	GST Registration No.	
Policyholder Name	SIM TIAN YEW			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Leading	
Contact No.(Mobile)	97979968	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	◉ No ○ Yes	TCA	◉ No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	19/02/2018 16:03	Accident Report Within 24 hrs	Yes	Accident Type	Collison - Head
Date of Accident	15/02/2018	Time of Accident hh:mm	16:30	Country of Accident	Outside Singapo
Reporting Centre		Orange Force		ICM No.	
Accident Location	PORT DICKSON NEGERI SEMBILAN				

Benefits

Coverage	Sum Insured
Excess Waiver	9999999999.99

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 156 #09-10	Address 2	YUNG LOH ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5091812373		

OI Driver Info

Driver Name	SIM TIAN YEW	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8170648D	Driver DOB	
Register Date of Driver License	10/10/2006	Driver Age	37	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 156 #09-10	Address 2	YUNG LOH ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	○ Yes ◉ No	Driver Vehicle No.	SJF9064G	Driver Insurer Company	

Declaration

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

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	SIM TIAN YEW	Insured NRIC	
Contact No.(Mobile)	81070770	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJF9064G	TP Vehicle Number	
Claim Description	SJF9064G / NCW3010 ON 15 Feb 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	19/02/2018 16:07	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0982680	Claim No.	001
Last Doc. Received	◉ Yes ○ No	Upload Date	19/02/2018 16:08

Path *			Category *	Confidential	Urgency
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal
	Browse...	Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Feb 2018 16:08	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Feb 2018 16:08	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Feb 2018 16:08	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Feb 2018 16:08	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Feb 2018 16:08	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Feb 2018 16:08	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Feb 2018 16:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Feb 2018 16:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Feb 2018 16:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Feb 2018 16:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Feb 2018 16:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Feb 2018 16:07	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Feb 2018 16:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Feb 2018 16:06	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Feb 2018 16:05	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name	Sour

Display In New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 02 / 2018) (DD/MM/YYYY), TIME: (16 : 30) (HH:MM)

LOCATION: Port Dickson Negeri Sembilan

1) Tan Yih Lin (F)
2) ~~Sim~~ Sim En Zhi Nitya (F)
3) Sim En Hui Atheng (F)
4) Sim En Ning Alethea. (F)

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJF 9064G.
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 509181237 3
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Toyota Previa
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: _____
   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: SIM TIAN YEW (MALE / ~~FEMALE~~)
   b) NRIC/~~FIN/PASSPORT~~: S8170648D CONTACT: 97979868
   c) ADDRESS: BLK 156 Yung Loh Rd #09-10 S610156

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\# No of passenger (Including driver) (5)

DRIVER
   a) NAME: DS BRAVE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____
   *d) DATE OF BIRTH: (___/___/_____) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) ~~DATE~~ OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Daughter
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: Trafik Port Dickson
8. THIRD PARTY VEHICLE
   a) VEHICLE NUMBER: NCW 3010 MODEL: Persona
   b) DRIVER'S NAME: _____
   c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

\# No of passenger (Including driver) (1)

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: _____ MODEL: _____
   e) DRIVER'S NAME: _____
   f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

\# No of passenger (Including driver) (__)

email = cong_zai@yahoo.com.sg

fax =

VIDEO


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8170648D

SIM TIAN YEW

沈 天 佑

CHINESE

Date of Birth 06-01-1981

Sex M

MALAYSIA


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8170648D

SIM TIAN YEW

Birth Date 06 Jan 1981

Issue Date 22 Apr 2003


A0113824

NRIC No S8170648D

Blood Group A+

Date of Issue 15-03-2002

APT BLK 156 YUNG LOH ROAD #09-10
SINGAPORE 610156

NRIC No: S8170648D Date: 05/04/2010 No: 6410651


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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms

DATE

22 Apr 2003

Licence No: S8170648D


eBaoTech
GeneralClaim
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Change Language
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Notice of Loss
Policy Query
Policy No.
Vehicle No.(For Motor)
SJF9064G
Date of Accident
15/02/2018 10:48
Search
Select
Policy No.
Policyholder Name
Policyholder NRIC
Product
Cover Type
Vehicle No.
Insured Object
Commence Date
Expiry Date
5091812373
SIM TIAN YEW
S8170648D
GPC
drivo CLASSIC
SJF9064G
SJF9064G
13/06/2017
12/06/2018
Continue

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 366500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNDSY1802379Z Vehicle Registration No: SJF 9064C

Name(as shown in NRIC) : SIM TIAN YAW NRIC/FIN/Passport No : S8170648D

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 15/01/2018 Time of Accident : 16.30

Place of Accident : PORT DICKSON NEGERI SEMBILAN

Insurance Company : MTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① THERE IS 1 FOREIGN VEHICLE

② ONLY 2 VEHICLE INVOLVE IN THE ACCIDENT

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: ROSLI WAHYUDI
Date: 20/01/2018