

# NATIONAL Assessment Centre Services

(Unit 1/2000)

19/02/2018 17:48

Date In: 19/02/2018 17:48

Ref No: NGA/INC/180031471

Veh No: SLK 6677 H

D.O.A: 18/02/2018 05:40

OD: TP Reporting Only

TP Insured:

Job description

Date & Time Completed

Done by

SAS e-illing

E-mail (within 24hrs, A/C 24hrs)

I-Motor Claim Form

I-Motor W/O (within 24hrs, 24hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/Hand to Owner/Wksp

19/02/2018

20/02/2018

09:50

Preferred Wksp / INC Assign Wksp / OW:

Tel:

Fax:

TP Particulars:

Yell No: SGN 6319K

INC ( ) / Non-INC ( )

Owner / Driver:

Tel:

Policy No:

Period:

Cover Type:

Confirmed by:

Date:

Time:

Insured/Driver Liability:

%

(Note: B/L 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

( ) Work-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

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

2) QC Check / Post Repair Inspection ( )

3) Upload ReSurvey Photo (Repair Cost > \$3000) ( )

## Injury

## Date/Time

## Action

NA/861035

Customer Particulars

Driver/Owner:

Contact No:

Insured Portion:

C. Checked by (Bug-In-Charge):

Comments

2/3

## Invoice Breakdown/Charges

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$405.13
4) PT: Follow Through Survey	\$130
5) XT: Follow Through Survey (ReSurvey)	\$10
Excluding GST/INC Only (over 10 Jan 2000)	
6) TR: Re-inspection	\$13
7) NT: DA + SMART Survey	\$160
8) NTUC Additional Survey	
GST	
9) NT: Courtesy Car / Tpl Allowance	\$1
10) NT: Repair Coordination	\$10
11) NT: Post Repair Inspection	\$13
12) NT: DY / Collect Excess Coordination	\$1
13) TP (NT) / TP (NT) INC	\$20
14) NT: Inc Mobiles	\$10

Invoice total

Net Charged

GST Charged

NA/861035



## 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	19/02/2018 17:48
Date Of Accident	18/02/2018 05:40
Exact Location Of Accident	WOODLANDS AVE 12 TOWARDS WOODLANDS AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK6677H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAP SHIA HUI
NRIC No	S8326411Z
Email Address	CARISLEE888@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84888113
Alternative Phone No	OTHERS-81888113

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	5087540275-01
Cover Note Number	

### Driver

Name of Driver	LEE CHING YEE (LI JINGYI)
NRIC No	S8121373I
Date Of Birth	21/07/1981
Occupation	INDOOR
Date Of Driving Pass	01/03/2002
Driving Experience	15 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81888113
Fax Number	
Contact Number	OTHERS-84888113
Email Address	CARISLEE888@GMAIL.COM

Address	BLK 950 JURONG WEST STREET 91 #03-639
Postcode	640950
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - GIRL FRIEND
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	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180218/2034

#### 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	SGN6319K
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHUM JIAN ZHI
NRIC/Passport Number	S9714735C
Contact Number	93271900
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	LEE CHING YEE (LI JINGYI)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLK6677H
Were seat belts worn?	YES
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: 19/02/2018  
11:55am

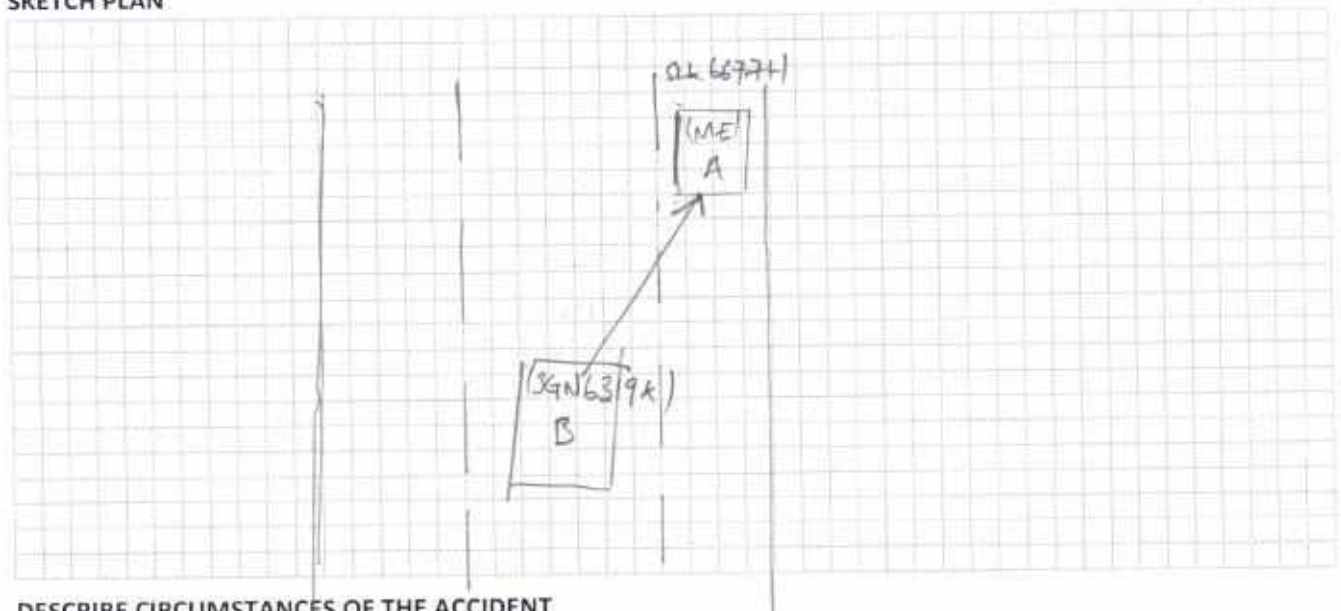
Driver's Signature Lee Ching Yee  
(If driver is not the policyholder)  
Date & Time: 19/02/2018

11:55 am

Reporting Centre Personnel's Signature

Name: Rosli WAAAB  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18 February 2018 around 5:35 am, I was exiting Woodlands Ave 12 from CTE to go onto Woodlands Ave 12 itself.

I was driving on the right lane of the exit, and naturally went to the extreme right lane after I exit the highway.

Very shortly after I exit the highway, and is travelling along Woodlands Ave 12 still, a vehicle hit me from the rear suddenly, around 5:39 am. (SGN 6319K)

I was still on the extreme right lane travelling around 60-70 km/h when the vehicle (SGN 6319K) first hit me. The impact pushed my car (SLK 6677H) to the second lane.

Recovering from the initial shock, I immediately put hazard light checked for other vehicles, and moved my car to the extreme left lane and stopped the car.

SGN 6319K also stopped the car by the roadside after that.

(refer to my video recording clips of the accident).

## DECLARATION

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

Policyholder's Signature

Date & Time: 19/02/2018  
11:55am

Global SketchPlan v3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19/02/2018  
11:55am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

19/02/2018  
[Signature]





# SINGAPORE POLICE FORCE



T/20180218/2034

1 of 3

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20180218/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/02/2018 13:01	Vide Report No.: J/20180218/0068	Station Diary No.: 87
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**Informant's Particulars**

Name of Informant: LEE CHING YEE			Address: APT BLK 950 JURONG WEST STREET 91 #03-639 SINGAPORE 640950	
ID Type / ID No.: NRIC NO / S8121373I			Contact No.: Home/Office: Mobile: 81888113	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 36	Date of Birth: 21/07/1981	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Real estate agent			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/02/2018 05:40	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 12  ALONG WOODLANDS AVENUE 12 TOWARDS WOODLANDS AVENUE 1	Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
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
SGN6319K	Car				Seriously Damaged	0
SLK6677H	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180218/2034

2 of 3

Report No: T/20180218/2034

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LEE CHING YEE	ID No.	S8121373I
Related Vehicle	SLK6677H (Car)	Contact No.	81888113
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/02/2018	Date Discharge	18/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	SHUM JIAN ZHI	ID No.	S9714735C
Related Vehicle	NIL	Contact No.	93271900
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

**Brief Details.**

On the above mentioned date, time and location, I was driving my vehicle, ~~S8121373I~~ <sup>SLK 6677H</sup> along Woodlands Ave 12 towards Woodlands Ave 1 after SLE Exit on the first lane when suddenly a vehicle SGN6319K, hit my vehicle from the rear.  
My vehicle suffered damages at the rear of the vehicle, while the other vehicle had damages on the front bonnet.

I managed to exchange particulars with the driver and I was conveyed to the Khoo Teck Puat Hospital by the ambulance as I suffered ~~back pains~~ <sup>multiple pains</sup>.  
I was given 3 days MC by the doctor. <sup>Seaman</sup>

Traffic Police was at scene ref to J/20180218/0068. Ambulance was at scene. No government property involved.

I am lodging this report for insurance and reporting purposes.





**SINGAPORE  
POLICE FORCE**



T/20180218/2034

3 of 3

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20180218/2034

**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:

J /

Sgt 2 TENGKU MUHAMMAD HAZWAN BIN  
TENGKU AZMI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN SUDIN

Contact No: 65476367

Authentication Stamp

NP168

Signature :

**Singapore Police Force**

Signature Of Informant:

Date/Time:

18/02/2018 13:01

Classification Of Case:

## Claim Handling

Accident MT/0982781

Policy No.	5087540275-01	Vehicle No.	SLK6677H	GST Registration No.	
Policyholder Name	YAP SHIA HUI			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	84888113	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	NO

**Accident Details**

Report Date	20/02/2018 09:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	18/02/2018	Time of Accident hh:mm	05:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS AVE 12 TOWARDS WOODLANDS AVE 1				

**Benefits**

**Excess**

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
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 636 #09-81	Address 2	WOODLANDS RING ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5087540275-01		

**O1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	LEE CHING YEE (LI JINGYI)	Driver NRIC	S81213731	Driving Experience	
Register Date of Driver License	01/02/2002	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	81888113	Contact No.(Office)		Address 3	
Address 1	BLK 950 #03-639	Address 2	JURONG WEST STREET 91	Post Code	
Address 4	SINGAPORE 640950	Address Type	Foreign address		
Unit No.	03-639	Driver Vehicle No.	SLK6677H	Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

**Declaration**

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

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	YAP SHIA HUI	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	68933289	Contact No.(Office)	
Email Address		O1 Vehicle Number	SLK6677H	TP Vehicle Number	
Claim Description	SLK6677H / SGN6219K ON 18 Feb 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	20/02/2018 09:49	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLI WAHAB	Workshop Repairer			

☐ Print AK letter

**Save** **Submit**

## Attachment

Accident No.	MT/0982781	Claim No.	001
Left Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/02/2018 09:50
Path *		Category *	Confidential
		Urgency	Normal

**Browse...** **Clear** Please Select **NO**



<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 09:50	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 09:50	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 09:50	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 09:50	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 09:49	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 09:49	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 09:49	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 09:49	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 09:48	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 09:48	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 09:48	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 09:48	NRIC/ Driving License	Normal	NRIC/ Driving

## Video List

Uploaded By/Date	Folder Date	File Name	Seur
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# ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 02 / 2018 (DD/MM/YYYY), TIME: 05.39 (HH:MM)

LOCATION: Woodlands Ave 12

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK 6677 H  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5087540275  
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Toyota Hamier  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- A) NAME: YAP SHIA HUI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8326411Z CONTACT: 84888113  
 c) ADDRESS: Blk 636 Woodlands Ring Road #09-81  
S (730636)

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

No of passenger  
(Including driver)  
(1)

- DRIVER  
 a) NAME: Lee Ching Yee (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8121373I CONTACT: 81888113  
 c) ADDRESS: Blk 950 Jurong West St 91 #03-639 S (640950)

\* d) DATE OF BIRTH: 21 / 07 / 1981 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 1 March 2002

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

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

6. WAS ANYBODY INJURED (YES/NO)

7. c) REPORTED TO POLICE (YES/NO) YES  
 IF YES, PLEASE STATE WHICH POLICE STATION: Woodlands East N.P.C

## 8. THIRD PARTY VEHICLE

No of passenger  
(Including driver)  
(1)

- a) VEHICLE NUMBER: SGN 6319 K MODEL: Toyota Altis  
 b) DRIVER'S NAME: Shum Jian Zhi  
 c) NRIC/FIN/PASSPORT: S9714735C CONTACT: 93271900

## 9. THIRD PARTY VEHICLE

No of passenger  
(Including driver)  
( )

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

email = carislee 888 @ gmail . com

fax =

V1060



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8121373I



Name

LEE CHING YEE  
(LI JINGYI)

李 静 仪

Race

CHINESE

Date of Birth

21-07-1981

Sex

F

Country of Birth

SINGAPORE





A0157459



NRIC No. **S8121373I**

Blood Group

**O+**

Date of issue

**02-07-2002**

Address

**APT BLK 950 JURONG WEST STREET 91  
#03-639  
SINGAPORE 640950**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S81213731**

Name  
**LEE CHING YEE**  
(LI JINGYI)

Birth Date **21 Jul 1981**  
Issue Date **15 Apr 2003**

10003671228

DRIVER

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Mar 2002

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8326411Z**

NP 428A

Name  
**YAP SHIA HUI**  
(YE JIAHUI)  
叶家辉

Race  
**CHINESE**

Date of birth **27-06-1983** Sex **M**

Country of birth  
**SINGAPORE**

OWNER

4789405

8326411Z

8326411Z

Date of issue  
**02-11-2011**

Address  
**APT BLK 636 WOODLANDS RING ROAD**  
**#09-81**  
**SINGAPORE 730636**

eBaoTech

GeneralClaim

Hello, NAC\_BUKIT\_MERAH\_800676

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## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="18/02/2018 17:43"/>						
Vehicle No. (For Motor)	<input type="text" value="SLK6677H"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	S087540275-01	YAP SHIA HUI	S8326411Z	GPC	drive CLASSIC	SLK6677H	SLK6677H	23/01/2018	22/01/2019
<input type="button" value="Continue"/>									