

Date In: 03/03/2018 16:14	Job description	Date & Time Completed	Done by
Ref No: NA/18030411/Y	SAS e-illing		
Veh No: SB7 1803H	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 03/03/2018 15:00	I-Motor Claim Form	MT/08 4554	03/03/2018 16:51
OD / (TP) Reporting Only	I-Motor W/O (Within 3hrs, TP 3hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Yeh No: GBA 71042	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% (Note: BSL 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:
() 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: 5788 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:
Actions:

NA/1801382	Invoice Preparation Checklist:	Bill	Adj. Bill
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$30)		
3) TP: Towing Fee	\$10/\$45		
4) FT: Follow-Through Survey	\$120		
5) RT: Follow-Through Survey (Resurvey)	\$30		
For claimant's use only (ver 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) NI: (incl DA + SMRT Survey)	\$160		
8) NTUC Additional Services			
9) Q1:			
*N1: Courtesy Car / Tpl Allowance	\$5		
*N6: Repair Coordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DY / Collect Excess Coordination	\$5		
TE (N1) / TP (Non-INC) against INC	\$20		
2) N12: Idle Mobile	10		
Invoice dated	Fee Charged		
Invoice valid	Fee Charged		
C. Checked by (Ungr-In-Charge):			
Comments:			
L1:			
L2/3:			

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 03/03/2018 16:14
 Date Of Accident 03/03/2018 12:00
 Exact Location Of Accident PIE TOWARDS CHANGI AIRPORT BEFORE CTE EXIT
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBZ1803H
Insured/Policyholder
 Name Of Registered Owner YKP TRANSPORT
 Co Reg No 53351571L
 Email Address DESMOND_YANG60@YAHOO.COM.SG
 Mobile Phone No (LOCAL) +65-97291306
 Alternative Phone No OFFICE-97291306

Vehicle Particulars

Manufacturer TOYOTA
 Model WISH 1.8
 Exact Purpose for which vehicle was being used at time of accident DRIVING UBER
 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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5086809891-01
 Cover Note Number

Driver

Name of Driver YANG KEE POO
 NRIC No S1455987F
 Date Of Birth 16/01/1960
 Occupation OUTDOOR
 Date Of Driving Pass 10/09/1984
 Driving Experience 33 YEARS AND 5 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97291306
 Fax Number
 Contact Number OTHERS-97291306
 EMail Address DESMOND_YANG60@YAHOO.COM.SG

Address	NO.2 BEDOK RESERVOIR VIEW #12-03 THE CLEAR WATER
Postcode	479232
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	GBA7104J
Vehicle Make/Model/Colour	SUZUKI
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEW KOK BENG
NRIC/Passport Number	
Contact Number	90486726
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGP1628R
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)	

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.

YIP TRANSPORT
Co Reg No: 83381871L

Policyholder's Signature

Date & Time: 03/03/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

03/03/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

03/03/2018
[Signature]
[Signature]

SKETCH PLAN

PIE TOWARDS CHANGI AIRPORT BLF CTE EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 03/03/2018 at about 12pm, I was driving along PIE toward Changi Airport before CTE exit. At traffic moderate, vehicle SGP1628R slow so I follow to slow down suddenly a van GBA7104J bang into the rear of my car SBZ1803H cause my car move forward & hit the rear of the car SGP1628R THAT ALL.

DECLARATION

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

YKP TRANSPORT
Co Reg No: 83381871L

Policyholder's Signature
Date & Time: 03/03/2018

Driver's Signature
(If driver is not the policyholder)
Date & Time: 03/03/2018

Reporting Centre Personnel's Signature
Name: Resdi 11111111
NRIC/FIN No.: 1

Claim Handling

Accident MT/0984554

Policy No.	5086809891-01	Vehicle No.	SBZ1803H	GST Registration No.	
Policyholder Name	YKP TRANSPORT			Policyholder NRIC	5331
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97291306	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes
▼ Accident Details					
Report Date	03/03/2018 16:35	Accident Report Within 24 hrs	Yes	Accident Type	Chai
Date of Accident	03/03/2018	Time of Accident hh:mm	12:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	P/E TOWARDS CHANGI AIRPORT BEFORE CTE EXIT				
▼ Benefits					
▼ Excess					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		No	
Modification History					

▼ Policyholder Mailing Address					
Address 1	2 BEDOK RESERVOIR VIEW	Address 2	#12-03 THE CLEARWATER	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	479500
Unit No.	12-03	Related Policy Number	5086809891-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YANG KEE POO	Driver NRIC	S1455987F	Driver DOB	16/01/1984
Register Date of Driver License	10/09/1984	Driver Age	58	Driving Experience	33
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	2 BEDOK RESERVOIR VIEW	Address 2	#12-03 THE CLEARWATER	Address 3	SINGAPORE
Address 4		Address Type	Foreign address	Post Code	479500
Unit No.	12-03				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SBZ1803H	Driver Insurer Company	NTU
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	YKP TRANSPORT	Insured NRIC	5331
Contact No.(Mobile)	97291306	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SBZ1803H	TP Vehicle Number	GBA
Claim Description	SBZ1803H / GBA7104J ON 3 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	03/03/2018 16:47	Claim Close Date		Date Received	03/03
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No. MT/0984554

Claim No. 001

Last Doc. Received

Yes

No

Upload Date 03/03/2018 16:51

Path *

Choose File

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Message Read

Category *

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Urgency *

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descrip
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Mar 2018 16:51	Photos	Normal	Photos 20
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Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 03/03/2018 (DD/MM/YYYY), TIME: 1200 (HH:MM)

LOCATION: PIE toward Changi Airport before CTE exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 5BZ 180.3H
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5088543387
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Wish
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: uber
 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: YKP Transport (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: YKP CONTACT: Transport
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER Yang Kee Poo (MALE / FEMALE)
 a) NAME: Yang Kee Poo
 b) NRIC/FIN/PASSPORT: S145598TF CONTACT: 97291306
 c) ADDRESS: 2 # 12-03 The Clearwater
Bedok Reservoir View C 471232

* d) DATE OF BIRTH: 16/01/1960 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 10/9/1984

f) DATE OF DRIVING PASS (YES / NO)

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

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: GBA 7104J MODEL: Suzuki
 b) DRIVER'S NAME: Chew Kok Beng
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 90486726

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SGP 1628R MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = desmond-yang60@yahoo.com.sg

fax = _____

✓ 10/02/20

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1455987F



Yang Kee Poo
楊啟富
CHINESE
Date of Birth 16-01-1960 Sex M
Country of Birth SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1455987F

Name YANG KEE POO

Birth Date 16 Jan 1960
Issue Date 30 Jul 2012




002090740E

0559507



S1455987F


2 BEDOK RESERVOIR VIEW 212-0
SINGAPORE 470232
MINE NO. S1455987F
Date 16/12/2008
10-10-1992
* TBLK 4
#01-789
SINGAPORE 1438

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE 10 Sep 1984

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg

Licence No: S1455987F



NP 428A

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)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5086809891-01

Cover : Comprehensive

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SBZ1803H |
| Chassis Number | : JTDGJ20W205002945 |
| 2. Name of Policyholder | : YKP TRANSPORT |
| 3. Effective Date of Insurance | : 28 Jan 2018 |
| 4. Expiry Date of Insurance | : 27 Jan 2019 |
| 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 or Hirer's business. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)	: S\$2,000
EXCESS (SECTION 2)	: S\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : AON SINGAPORE PTE LTD (00000691150)
Date of Issue : 15 Jan 2018 16:08 hrs
Reprint : 15 Jan 2018 16:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive