

NATIONAL Assessment Centre Services. (ver 1 Jan 200)

NA18086536

Date In: 17/03/2018 12:46	Job description	Date & Time Completed	Done by
Ref No: NA/INC8005058/Y	SAS e-billing		
Veh No: SAS 1993U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/02/2018 19:30	Motor Claim Form	MT1086427	17/03/2018 15:06
OD: TP / Reporting Only	Motor W/O (within 3hrs, TP 1hr)		
	Photo Uploaded		
TP Insure:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars: Yeh No: SLG 6117D	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 repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: INC Hotline: 6788 6016	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

NA1801705

Human's Particulars	Invoice Preparation Checklist	AMOUNT (\$)	AMOUNT (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
	4) FT: Follow-Through Survey	\$130	
	5) RT: Follow-Through Survey (Resurvey)	\$70	
	For claimant against INC Only (ver 10 Jan 200)		
	6) TR: Re-inspection	\$75	
	7) NI: Idas DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: Idas Mobile	\$10	
C. Checked by (Ungr-In-Charge):	Q11:		
	*N1: Courtesy Car / Tpl Allowance	\$5	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$15	
	*N8: DV / Collision Excess Coordination	\$5	
	TE (N1) / TP (Non-INC) against INC	\$70	
	Invoice dated	Fee Charged	
	Invoice Paid	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	17/03/2018 12:46
Date Of Accident	16/03/2018 19:30
Exact Location Of Accident	OUTSIDE BLK 125A KIM TIAN ROAD MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS1993U
Insured/Policyholder	
Name Of Registered Owner	LYFFE PTE LTD
Co Reg No	201428195H
Email Address	LYFFE.JWJ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83211389
Alternative Phone No	OFFICE-83211389

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.5 AT-1.5 (A)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5083035791-01
Cover Note Number	

Driver

Name of Driver	TEO KOON SENG (ZHANG KUNCHENG)
NRIC No	S8022599G
Date Of Birth	03/08/1980
Occupation	OUTDOOR
Date Of Driving Pass	13/09/2007
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83211389
Fax Number	
Contact Number	OTHERS-83211389
Email Address	LYFFE.JWJ@GMAIL.COM

Address	BLK 6 FARRER ROAD #05-70
Postcode	260006
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	SIDE SWIPE
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?	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)	1

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?	YES
Remarks/ Reasons:	FRONT ONLY WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG6117D
Vehicle Make/Model/Colour	NISSAN QASHQAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEE YU CAI
NRIC/Passport Number	S8522183C
Contact Number	98717908
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.

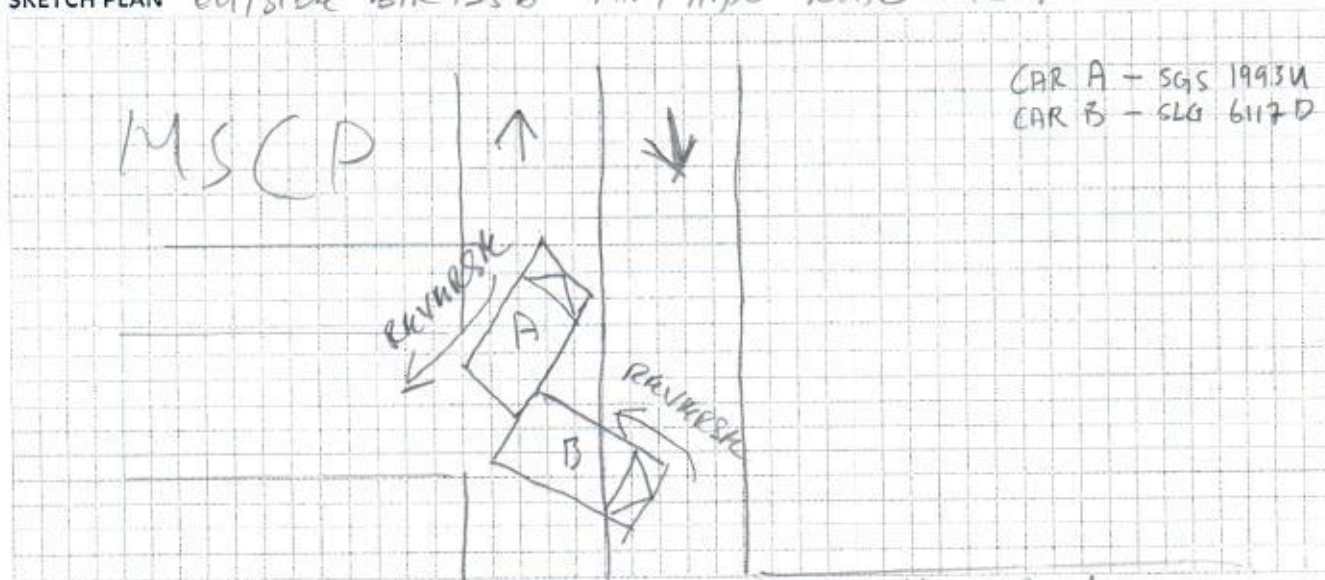
LYFFE PTE LTD

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN OUTSIDE BIK 125A KIM TIAN ROAD MSCP



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

→ Kim Tian Road →

16/03/2018 I was on the road beside ~~BIK~~ BIK 125A Kim Tian Road reversing my car. I check the rear Mirror and side Mirror but saw no movements. Halfway when I reverse my car I saw Lights on my mirror, I brake immediately and horn out loudly. But the other party car still reverse and hit my car.

[Signature]

DECLARATION

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

LYFFE PTE LTD

Policyholder's Signature
Date & Time: LYFFE PTE LTD

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

[Signature] 17/03/2018
Reporting Centre Personnel's Signature
Name: Roshni K. Nataraj
NRIC/FIN No.:

Claim Handling

Accident MT/0986427

Policy No.	5083035791-01	Vehicle No.	SGS1993U	GST Registration No.	
Policyholder Name	LYFFE PTE LTD			Policyholder NRIC	201428195H
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	83211389	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

▼ Accident Details

Report Date	17/03/2018 14:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	16/03/2018	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	OUTSIDE BLK 125A KIM TJAN ROAD MSCP				

Benefits

▼ Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 285C #08-82	Address 2	TOH GUAN ROAD	Address 3	SINGAPORE 603285
Address 4		Address Type	Singapore address	Post Code	603285
Unit No.	08-82	Related Policy Number	5083035791-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	03/08/1980
Unnamed driver Name	TEO KOON SENG (ZHANG KUNC	Driver NRIC	S8022599G	Driving Experience	10
Register Date of Driver License	13/09/2007	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	FARRER GARDENS
Address 1	BLK 6 #05-70	Address 2	FARRER ROAD	Post Code	260006
Address 4	SINGAPORE 260006	Address Type	Foreign address		
Unit No.	05-70				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SGS1993U	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LYFFE PTE LTD	Insured NRIC	201428195H
Contact No.(Mobile)	90053522	Contact No.(Home)		Contact No.(Office)	+
Email Address		OI Vehicle Number	SGS1993U	TP Vehicle Number	SLG6117D
Claim Description	SGS1993U / SLG6117D ON 16 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	Received
Date Registered	17/03/2018 15:05	Claim Close Date		Date Received	17/03/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AX letter

Save Submit

Attachment

Accident No.	MT/0986427	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/03/2018 15:06
Path *			

Choose File	No file chosen	Category *	Confidential	Urgency *	Descr
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	

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Message Read

Clear	Please Select ▼	NO ▼	Normal ▼	
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Clear	Please Select ▼	NO ▼	Normal ▼	

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 15:06	Photos	Normal	Photos 2018-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 15:06	Photos	Normal	Photos 2018-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 15:06	Photos	Normal	Photos 2018-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 15:06	Photos	Normal	Photos 2018-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 15:06	Photos	Normal	Photos 2018-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 15:05	Photos	Normal	Photos 2018-3-17
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 15:05	Photos	Normal	Photos 2018-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 15:05	Photos	Normal	Photos 2018-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 15:05	SAS	Normal	SAS 2018-3-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 17 Mar 2018 15:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-17

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 03 / 2018 (DD/MM/YYYY), TIME: 19:30 (HH:MM)

LOCATION: OUTSIDE BKE 125A KIM TIAN ROAD MSCP

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGS199BU
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Suzuki Swift
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
 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: LYFFE PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

- DRIVER
 a) NAME: TEO KAN SENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S802599G CONTACT: 83211589
 c) ADDRESS: 6 PARKER RD #05-70 S260006

* d) DATE OF BIRTH: 03 / 08 / 1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 13 SEP 2007

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

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

No of passengers
(including driver)
(1)

- a) VEHICLE NUMBER: SLG 6117D MODEL: NISSAN
 b) DRIVER'S NAME: YEE WA LAM
 c) NRIC/FIN/PASSPORT: S9522183C CONTACT: 9871 7408

9. THIRD PARTY VEHICLE

No of passengers
(including driver)
()

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

Email = sota lyffe.jw@gmail.com

fax =

V1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8022599G



TEO KOON SENG
(ZHANG KUNCHENG)

张坤成

Race
CHINESE

Date of birth

03-08-1980

Country/Place of birth

SINGAPORE

Sex
M



5878025



NRIC No. S8022599G



Date of issue
05-02-2018

Address

APT BLK 6 FARRER ROAD
#05-70
SINGAPORE 260006

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8022599G

Name

TEO KOON SENG
(ZHANG KUNCHENG)

Birth Date 03 Aug 1980

Issue Date 24 Apr 2012



002062652G

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 13 Sep 2007



Licence No: S8022599G

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: 5083035791-01

Cover : Third Party

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SGS1993U |
| Chassis Number | : JSAEZC21S00169432 |
| 2. Name of Policyholder | : LYFFE PTE LTD |
| 3. Effective Date of Insurance | : 13 Apr 2017 |
| 4. Expiry Date of Insurance | : 12 Apr 2018 |
| 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. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : MAH YEE WEI (00000585767)

Date of Issue : 17 Apr 2017 09:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 8195H

Vehicle Details

Vehicle No.: SGS1993U

Vehicle to be Exported: Yes

Intended De-registration Date: 04 Mar 2022

Vehicle Make: SUZUKI

Vehicle Model: SWIFT 1.5 AT

Primary Colour: White

Manufacturing Year: 2006

Engine No.: M15A1203686

Chassis No.: JSAEZC21S00169432

Maximum Power Output: 74.0 kW (99 bhp)

Open Market Value: \$10,917.00

Original Registration Date: 07 Mar 2007

First Registration Date: 07 Mar 2007

Transfer Count: 3

Actual ARF Paid: \$11,438.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited

PARF Eligibility Expiry Date: -