

NATIONAL Assessment Centre Services

(wef 1 Jan 05)

MMA 118066246

| | | | |
|--|--|-----------------------|---------------|
| Date In: 21/5/18 17:57 | Job description | Date & Time Completed | Done by |
| Ref No: MA/INC 18009194/64 | SAS e-filing | | |
| Veh No: F2 8735C | E-mail (within Shrs, A/C 2hrs) | | |
| D.O.A: 18/5/18 19:20 | i-Motor Claim Form | MT10995271-001 | 21/5/18 18:20 |
| OD: <input checked="" type="checkbox"/> Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No:

SHC4647Y.

INC () / Non-INC ()

Tel:

Owner / Driver: (

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:- | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616) | | |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|--------------------------|---|-----------------------|-----------------------|
| Claimant's Particulars:- | Invoice Preparation Checklist | Am't (\$) Est Bill | Am't (\$) Add Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | |
| | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | Q1: | | |
| | *N5: Courtesy Car / Tpl Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (N-n INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |
| Auditors' Comments:- | | | |
| Dat 1: | | | |
| Dat 2 / 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 | 21/05/2018 17:57 |
| Date Of Accident | 18/05/2018 19:20 |
| Exact Location Of Accident | NEW UPP CHANGI RD JUNC OF BEDOK SOUTH RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FZ8735C |
| Insured/Policyholder | |
| Name Of Registered Owner | YEOH JUN WEI |
| NRIC No | S9317581F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98716133 |
| Alternative Phone No | OFFICE-98716133 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | HONDA |
| Model | PHANTOM200 M |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5080448018-01 |
| Cover Note Number | - |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | YEOH JUN WEI |
| NRIC No | S9317581F |
| Date Of Birth | 16/05/1993 |
| Occupation | INDOOR |
| Date Of Driving Pass | 15/09/2015 |
| Driving Experience | 2 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98716133 |
| Fax Number | |
| Contact Number | OFFICE-98716133 |
| EEmail Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 32 TELOK BLANGAH RISE #03-265 |
| Postcode | 090032 |
| 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 | RAINING |
| Road Surface | WET |

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? | 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 | MOULMEIN NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 101 JALAN RAJAH , POSTCODE: 320101 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2508999 - FAX NO: 63554312 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

| | |
|---|-------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHC4647Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| 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 YEOH JUN WEI

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? FZ8735C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

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:

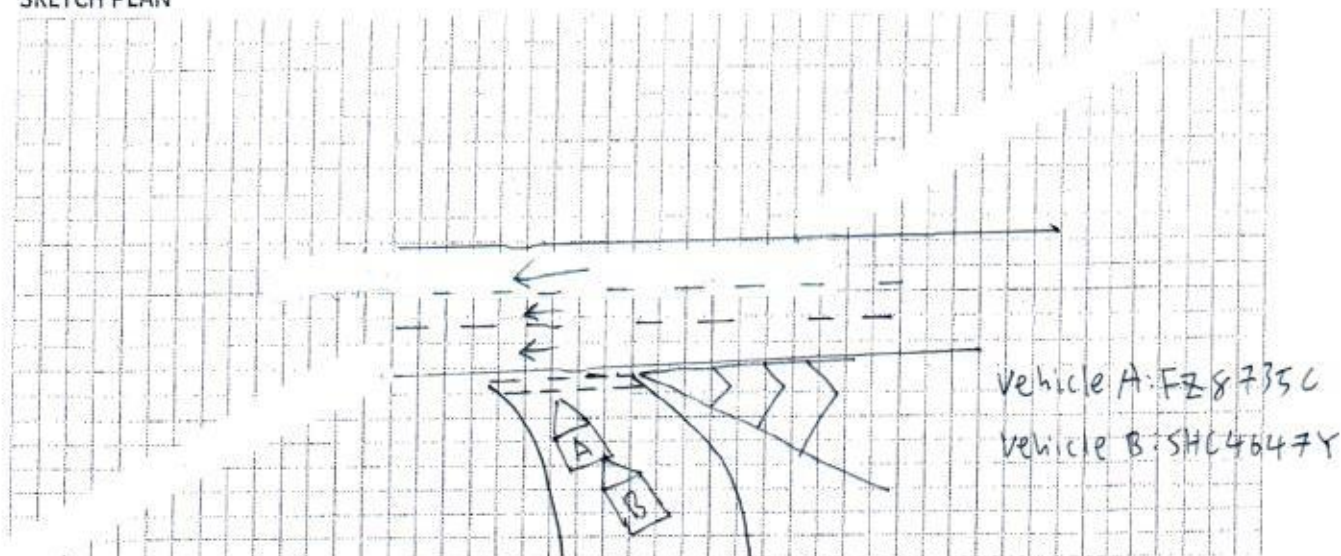
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Refer to police report

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

| | |
|----------------------------|--|
| Date and time of accident | Date: 18/5/2018 (DD/MM/YY) Time: 19.20 (HH:MM) |
| Exact location of accident | New upper changi road junction of Bedok South Road |

Details of vehicle

| | |
|--|--|
| Vehicle registration number | FZ 8735 C |
| Vehicle make and model | PHANTOM 200M |
| Type of vehicle | Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Others: _____ |
| Vehicle category | Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> |
| Purpose of using at said time | On the way home |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> No <input type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

Insurance information

| | |
|-------------------|---|
| Insurance company | NTUC |
| Policy number | |
| Type of policy | Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

Insured / Policy holder

| | | |
|------------------------------|---|--|
| Name | Yeeh Jun wei | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | 59317581F | |
| Contact | 9871 6133 | |
| Address | APT 31K 32 Telok blangah rise # 03-265 S(040032) | |

Driver

Same as insured above ☒ (skip to D.O.B)

| | | |
|------------------------------|--|---|
| Name | | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | | |
| Contact | | |
| Address | | |
| Email address | | |
| Date of birth | | |
| Occupation | Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> | |
| Driving date pass | | |

General information of the accident

| | |
|--|--|
| Was driver an employee of the insured's company? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If no, relationship of the driver and insured: _____ | |
| Accident captured by camera? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Weather condition | Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____ |
| Road surface | Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/> |
| No of passenger | 1 (Inclusive of driver) |

Passenger 1

| | |
|--------|--|
| Name | Yeoh Jun Wei |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

Passenger 2

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 3

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 4

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 5

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 6

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Other information

| | |
|----------------------------|--|
| Was anybody injured? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Details of police action

| | |
|---------------------|---|
| Reported to police? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station. |
| Police station name | |

Third party vehicle 1

| | |
|------------------------------|----------|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | SHC4647Y |
| Vehicle make model | |

Third party vehicle 2

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 3

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 4

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 5

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 6

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Witness 1

| | |
|------|--|
| Name | |
|------|--|

Witness 2

| | |
|------|--|
| Name | |
|------|--|

Injured person 1

| | |
|--|---|
| Name | Yeoh Jui Wei |
| Injuries sustained | Neck & back |
| Which vehicle person in? | FZS 7356 |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Injured person 2

| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Injured person 3

| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Injured person 4

| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |



**SINGAPORE
POLICE FORCE**



T/20180521/2141

1 of 3

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

Report No. T/20180521/2141

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 21/05/2018 16:32 | Vide Report No.: | Station Diary No.: 16 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant: YEOH JUN WEI | | | Address: APT BLK 32 TELOK BLANGAH RISE #03-265 SINGAPORE 090032 | | |
| ID Type / ID No.: NRIC NO / S9317581F | | | Contact No.: Home/Office: Mobile: 98716133 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 25 | Date of Birth: 16/05/1993 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: ROAMING IT ENGINEER | | | Driving Licence Information: Class: 2B,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|-------------------------------------|--------------------|--|-------------------|
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 18/05/2018 19:20 | Type of Location: |
| Location: NEW UPPER CHANGI ROAD junction of Bedok South Road. | | | | |
| Weather: Heavy rain | Road Surface: Wet | | Road Speed Limit: | |
| Traffic Flow: | Traffic Control: | | Traffic Volume: | |
| 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 |
|-------------|------------|-------|--------------|-------|-----------|-----------------|
| FZ8735C | Motorcycle | HONDA | PHANTOM 200M | Black | | 0 |
| SHC4647Y | Taxi | | | | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|---------------|------------|-------------|
| FZ8735C | NTUC Income Insurance Co-Operative Limited | 5080448018-01 | 22/05/2017 | 21/05/2018 |



**SINGAPORE
POLICE FORCE**



T/20180521/2141

2 of 3

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

Report No. T/20180521/2141

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | YEOH JUN WEI | ID No. | S9317581F |
| Related Vehicle | FZ8735C (Motorcycle) | Contact No. | 98716133 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 21/05/2018 | Date Discharge | 21/05/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | NIL |
| Driver | | | |
| Name | Johari | ID No. | NIL |
| Related Vehicle | SHC4647Y (Taxi) | Contact No. | 86460997 |
| 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 18/05/2018 at about 1920hrs, I was riding my m/cycle along New Upper Changi Road. I was heading towards to ECP. As I turning left into Bedok South Road, I stopped my m/cycle at the stop line to ensure the oncoming traffic was clear. As I was waiting, a m/taxi came from behind and collided onto my m/cycle. After the accident, both the driver of the taxi and myself exchanged particulars. Thereafter, we left the accident scene.

After the accident, I felt pain on my neck and my back area however, I did not seek treatment immediately as I had to attend to some family matters in Johor Bahru, Malaysia. On 21/05/2018, I went to Mount Alvernia Hospital located along Thomson Road to seek treatment. I was given an outpatient treatment and was issued with 3 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20180521/2141

3 of 3

Police Station Of Origin:

Moulmein NPP

101 Jalan Rajah #01-01 SINGAPORE

321101

Tel No: 1800-25089999

Report No. T/20180521/2141

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:

E /

Staff Sgt AMERULZAID BIN AZIZ

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/05/2018 16:32

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:



SINGAPORE
POLICE FORCE


SN 080

Authentication Stamp

NP168

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9317581F



Name
YEOH JUN WEI

姚 俊 威

Race
CHINESE

Date of birth
16-05-1993

Country of birth
SINGAPORE

SEX
M

S9317581F


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9317581F

Name
YEOH JUN WEI

Birth Date 16 May 1993

Issue Date 08 Jan 2013



002139040B

4220009



NRIC No. S9317581F



Date of issue
16-05-2008

Address
APT BLK 32 TELOK BLANGAH RISE
#03-265
SINGAPORE 090032

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

| Class | Class 2B | Class 3 | EFFECTIVE DATE |
|-------|----------------------------------|--|----------------------------|
| | MOTORCYCLES NOT EXCEEDING 250 CC | MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS | 15 Sep 2015 08 Jan 2013 |

S9317581F

S / No. 9000228213

Licence No: S9317581F

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 : 5080448018-01

Cover : Third Party

- | | |
|---|------------------|
| 1. Index mark and Registration Number of Vehicle | : FZ8735C |
| Chassis Number | : TA2000031200 |
| 2. Name of Policyholder | : YEOH JUN WEI |
| 3. Effective Date of Insurance | : 22 May 2017 |
| 4. Expiry Date of Insurance | : 21 May 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) Named Driver(s) Only. | |
| 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 business or profession. | |
- This Policy does not cover
- | |
|--|
| (a) Use for hire or reward. |
| (b) Use for racing, pace-making, reliability trial or speed-testing. |
| (c) Use for the carriage of goods (other than samples) in connection with any trade or business. |
| (d) 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) | : N/A |
| INSURE WITH COE | : N/A |
| NAMED DRIVER (1) | : YEOH JUN WEI |
| 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 : ENSURE SERVICE & AGENCY (00000610555)
Date of Issue : 15 May 2017 12:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0995271

| | | | | | |
|---|---|-------------------------------|---|------------------------|--------------------------|
| Policy No. | 5080448018-01 | Vehicle No. | FZ8735C | GST Registration No. | |
| Policyholder Name | YEOH JUN WEI | Cover Type | Third Party | Policyholder NRIC | S9317581F |
| Product Code | MOTORCYCLE INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | 98716133 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | eCode | No |
| KFK | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | NCD Entitlement(%) | 10 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |
| Accident Details | | | | | |
| Report Date | 21/05/2018 18:16 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 18/05/2018 | Time of Accident hh:mm | 19:20 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | NEW UPP CHANGI RD JUNC OF BEDOK SOUTH RD | | | | |
| Benefits | | | | | |
| Excess | | | | | |
| Own damage Excess | 0.00 | Additional Excess | | Windscreen Excess | |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | | | |
| GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | GST Status Verified | Yes |
| GST Registration No. | | | | | |
| Modification History | | | | | |
| Policyholder Mailing Address | | | | | |
| Address 1 | BLK 32 #03-265 | Address 2 | TELOK BLANGAH RISE | Address 3 | SINGAPORE 090032 |
| Address 4 | | Address Type | Singapore address | Post Code | 090032 |
| Unit No. | 03-265 | Related Policy Number | 5080448018-02 | | |
| OI Driver Info | | | | | |
| Driver Name | YEOH JUN WEI | Driver Type | Main Driver | Driver DOB | 16/05/1993 |
| Unnamed driver Name | | Driver NRIC | S9317581F | Driving Experience | 2 |
| Register Date of Driver License | 15/09/2015 | Driver Age | 25 | Contact No.(Home) | |
| Contact No.(Mobile) | 98716133 | Contact No.(Office) | | Address 3 | SINGAPORE 090032 |
| Address 1 | BLK 32 #03-265 | Address 2 | TELOK BLANGAH RISE | Post Code | 090032 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | 03-265 | | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Driver Vehicle No. | | | |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

Modification History

Claim 001 New

| | | | | | |
|--------------------------------|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX | Insured Name | YEOH JUN WEI | Insured NRIC | S9317581F |
| Contact No.(Mobile) | 98716133 | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | m.yeohjunwei@gmail.com | OI Vehicle Number | FZ8735C | TP Vehicle Number | SHC4647Y |
| Claim Description | FZ8735C / SHC4647Y ON 18 May 2018 | | | Name of Preferred Workshop | 0 |
| Preferred Workshop Contact No. | 0 | Insured Liability * | Not at Fault | GIA report | Received |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | 21/05/2018 00:00 |
| Date Registered | 21/05/2018 18:16 | Claim Close Date | | | |
| Report Taken By | LIEW SHAN HUI | | | | |

Print AX letter

Save Submit

Attachment

| | | | | | |
|--------------------|---|-------------|------------------|-----------|--------|
| Accident No. | MT/0995271 | Claim No. | 001 | | |
| Last Doc. Received | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Upload Date | 21/05/2018 18:20 | | |
| Path * | | 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












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Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|--|--|-----------------------|---------|---------------------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:20 | SAS | Normal | SAS 2018-5-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:20 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-5-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:20 | Photos | Normal | Photos 2018-5-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:20 | Photos | Normal | Photos 2018-5-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:20 | Photos | Normal | Photos 2018-5-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:18 | Photos | Normal | Photos 2018-5-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:18 | Photos | Normal | Photos 2018-5-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:18 | Photos | Normal | Photos 2018-5-21 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:18 | Photos | Normal | Photos 2018-5-21 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 May 2018 18:18 | Photos | Normal | Photos 2018-5-21 |

Video List

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