NATIONAL Assessment Centre Services [illegible] NAIA4180663O8

Date In: 21/05/2018 20:55	Job description	Date & Time Completed	Done by
Ref No: NBA/FMCR0092487Y	SAS e-filing		
Veh No: SLX 8873A	E-mail (within 3hrs, AIC 3hrs)		
D.O.A : 31/03/2018 07:30	I-Motor Claim Form	MT10989443002 21/05/2018 21:06	
OD / TP / Reporting Only	I-Motor W/O (within 00 days, TP 1hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

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

TP Particulars: Veh No: SHA 9066Y INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : (Date: Time:)

Insured/Driver Liability: (%) (Note: Bil. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading : $1,000 ( ) / $2,000 ( )

General Remarks

( ) Walk-in Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks (INC Hotline: 6788 0016)	Date/Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > $3000) ( )		

Injury :

Date/Time | Action

NA1803216

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Surveyor Comments

Invoice Preparation Checklist		
1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100)	INC ($40)	
3) TP : Towing Fee		
4) FT : Follow-Through Survey		
5) FT : Follow-Through Survey (Resurvey)		
For claims under INC Only (w.e.f. [illegible])		
6) TR : Notification		
7) NI : New DA + SMART Survey		
8) NTUC Additional Services:		
OIII		
INI: Courtesy Car / Tpt Allowance		
INI: Repair Coordination		
INI: Post Repair Inspection		
INI: OY / Collect/Deliver Coordination		
TP (NI) : TP (Non-INC) Tracking INC		
9) NI: Nat Mobile		
Invoice Raised	Net Charged	

1 / 2

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 21/05/2018 21:02

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	21/05/2018 20:55
Date Of Accident	31/03/2018 01:30
Exact Location Of Accident	ALONG TANJONG PAGAR ROAD TOWARDS MAXWELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8813A

Insured/Policyholder

Name Of Registered Owner	YAP XIN DE
NRIC No	S9570641Z
Email Address	XINDEYAP@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97104907
Alternative Phone No	OTHERS-84845298

Vehicle Particulars

Manufacturer	BMW
Model	316I
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	REPORTING ONLY
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	5097692008
Cover Note Number	

Driver

Name of Driver	YAP HUAN HUI
NRIC No	S9770103B
Date Of Birth	13/06/1997
Occupation	INDOOR
Date Of Driving Pass	15/08/2017
Driving Experience	0 YEAR AND 7 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97104907
Fax Number	
Contact Number	OTHERS-84845298
EMail Address	XINDEYAP@GMAIL.COM

Address	BLK 889 TAMPINES STREET 81 #10-1052
Postcode	520889
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	4
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE
Passenger 3	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	SHA2066Y
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)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

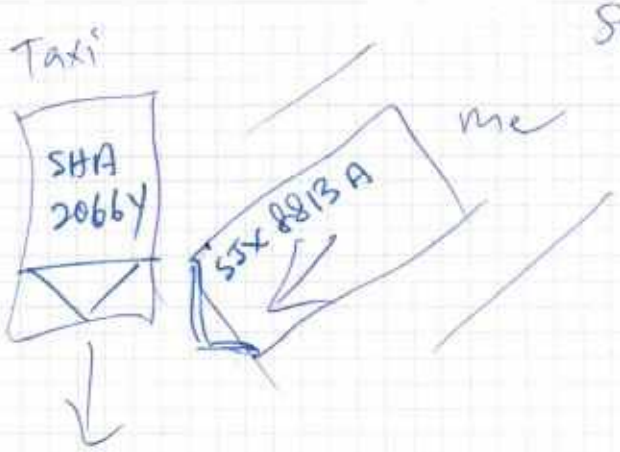
   (e) the information so collected under (d) above may be shared / disclosed:

   (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.

21/05/18	21/5/2018	21/05/2018
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No:

SKETCH PLAN



ALONG TANJONG PAGAR ROAD TOWARDS MAXWELL ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

while exiting a small lane, I signaled right and made sure the road was clear before proceding to exit into the main road then out of nowhere a taxi appeared without any warning to notify me his presence and we collided with minimal damage as I jammed the break. There was a small dent on the left side of his front door and scratches on my car. We exchange some particulars and he said he will contact me again but never did.

DECLARATION

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

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:
21/5/2018	21/5/2018	21/05/2018

Claim Handling

- Exit

Accident MT/0988443

Policy No.	5097692006	Vehicle No.	SLX8813A	GST Registration No.	
Policyholder Name	YAP XIN DE			Policyholder NRIC	S95706412
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	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	Not available

Accident Details

Report Date	09/04/2018 09:29	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	31/03/2018	Time of Accident hh:mm	01:30	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	TANJONG PAGAR RD TWDS MAXWELL RD				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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 889 #10-1052	Address 2	TAMPINES STREET 81	Address 3	SINGAPORE 520889
Address 4		Address Type	Singapore address	Post Code	520889
Unit No.	10-1052	Related Policy Number	5097692006		

OI Driver Info

Driver Name		Driver Type			
Unnamed driver Name		Driver NRIC		Driver DOB	
Register Date of Driver License		Driver Age		Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	YAP XIN DE	Insured NRIC	S95706412
Contact No.(Mobile)	97543841	Contact No.(Home)	67098694	Contact No.(Office)	
Email Address		OI Vehicle Number	SLX8813A	TP Vehicle Number	SHA2066Y
Claim Description	SLX8813A / SHA2066Y ON 31 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	21/05/2018 21:05	Claim Close Date		Date Received	21/05/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0989443	Claim No.	002
Last Doc. Received	Yes No	Upload Date	21/05/2018 21:06

Path *		Category *	Confidential	Urgency *	Description *
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	
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	

Message Read

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 May 2018 21:06	Photos	Normal	Photos 2018-5-21		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 May 2018 21:06	Photos	Normal	Photos 2018-5-21		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 May 2018 21:06	Photos	Normal	Photos 2018-5-21		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 21 May 2018 21:06	Photos	Normal	Photos 2018-5-21		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B	Photos	Normal	Photos 2018-5-21		Edit

	UKIT MERAH)) on 21 May 2018 21:06				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 21:05	Photos	Normal	Photos 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 21:05	Photos	Normal	Photos 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 21:05	Photos	Normal	Photos 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 21:05	Photos	Normal	Photos 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 21:05	SAS	Normal	SAS 2018-5-21	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 21 May 2018 21:05	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-21	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

income
made different

Our Ref: MT/CA/TP/020/0989443-001/SS/PJT

18 Apr 2018

CERTIFICATE OF POSTING
REMINDER

YAP XIN DE
BLK 889 #10-1052
TAMPINES STREET 81
SINGAPORE 520889

Dear Policyholder

CLAIM NUMBER: MT/0989443-001
ACCIDENT INVOLVING SLX8813A / SHA2066Y on 31 Mar 2018

We refer to our letter of 09 Apr 2018.

We have yet to receive your report on the accident. We would like to inform you that under your motor insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact Steven Saw at 6430 7910 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe
Deputy Vice President
Motor Insurance

ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 03 / 2018) (DD/MM/YYYY), TIME: (1 : 30) (HH:MM)

LOCATION: Along Tanjong Pagar Road towards Maxwell Road

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SLX 8813 A
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5097692008
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: BMW 316i
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Private use
   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: YAP XIN DE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S9576417Z CONTACT: 97104909
   c) ADDRESS: BLK 889 TAMPINES ST 81 #10-1052

   * CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

3. **DRIVER**
   a) NAME: YAP HUAN HUI (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S9770103B CONTACT: 84845298
   c) ADDRESS: BLK 889 TAMPINES ST 81 #10-1052
   (S)520889
   *d) DATE OF BIRTH: (13 / 06 / 1997) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS :: 15/08/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Sister
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: SHA2066Y MODEL: _____
   b) DRIVER'S NAME: _____
   c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

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

2 F
2 M
(4)
NUMBER OF PASSANGER INCLUDING DRIVER

(1)
NUMBER OF PASSANGER INCLUDING DRIVER
( )
NUMBER OF PASSANGER INCLUDING DRIVER

1) EMAIL xindeyap@gmail.com
2) VIDEO !

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9770103B

Name

YAP HUAN HUI

叶 欢 慧

Race

CHINESE

Date of birth

13-06-1997

Sex

F

Country of birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

S9770103B

YAP HUAN HUI

13 Jun 1997

15 Aug 2017

002714000E

5046818

NRIC No. S9770103B

Date of issue

07-06-2012

APT BLK 889 TAMPINES STREET 81 #10-1052
SINGAPORE 520889

NRIC No: S9770103B Date: 27/11/2014

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	15 Aug 2017

NP 428A

Licence No:S9770103B

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SLX8813A
Date of Accident 31/03/2018 16:01

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5097692008	YAP XIN DE	S9570641Z	GPC	drive CLASSIC	SLX8813A	SLX8813A	01/02/2018	31/01/2019

Continue