NATIONAL Assessment Centre Services (ref: Jan'05) MNA9807381Z

Date In: 07/06/2018 10:18	Job description	Date & Time Completed	Done by
Ref No: NBA/INC180703521Y	SAS e-filing		
Veh No: SFG 881 R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/01/2018 10:00	i-Motor Claim Form	M1099644502	07/06/2018 11:11
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs; TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: WKA 209 INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

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:- (INC hotline: 6788 6616)	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

NA1803604

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

Invoice Preparation Checklist		Amt ($) 1st Bill	Amt ($) Add Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : 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:-			
OT:*			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idac Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 07/06/2018 19:25

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	07/06/2018 10:18
Date Of Accident	13/01/2018 10:00
Exact Location Of Accident	CROSS JUNCTION OF JLN MOHD SALLEH/JLN FATIMAH (JB)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFG881R
Insured/Policyholder	
Name Of Registered Owner	EE AH BAH @YEE FOOK HWA
NRIC No	S1848913I
Email Address	CALIFORNIACOLE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96835991
Alternative Phone No	OTHERS-96835991
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA
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	5073404337-02
Cover Note Number	
Driver	
Name of Driver	EE AH BAH @YEE FOOK HWA
NRIC No	S1848913I
Date Of Birth	29/05/1947
Occupation	INDOOR
Date Of Driving Pass	22/01/1972
Driving Experience	45 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96835991
Fax Number	
Contact Number	OTHERS-96835991
EMail Address	CALIFORNIACOLE@SINGNET.COM.SG

Address	1F PINE GROVE #09-31
Postcode	595001
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 - CROSS JUNCTION
Weather Conditions	AFTER RAIN
Road Surface	SLIGHTLY WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WKA209 (PRIVATE CAR)
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?	YES
If Yes,Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK BATU PAHAT
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND TRAFIK BATU PAHAT/000604/18

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	WKA209
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)	1

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:

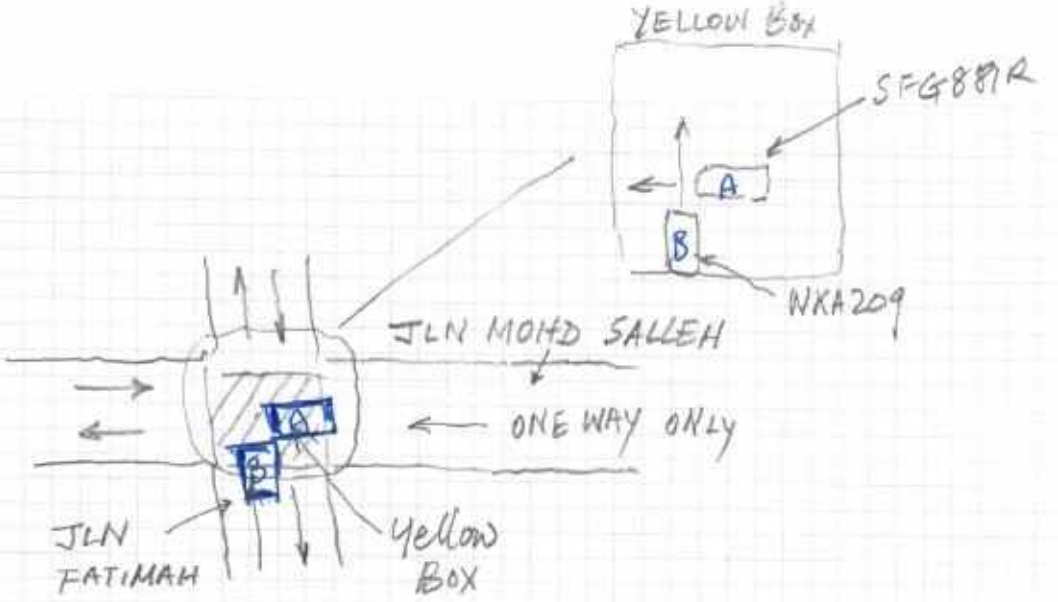
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

June 6, 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.:
		07/06/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the morning of JAN 13, 2018, I was travelling along JLN MOHD SALLEH at a slow speed because it was a busy street. I paused ~~at the~~ before the junction between JLN MOHD SALLEH and JLN FATIMAH. The junction is actually a Yellow Box junction. Upon seeing clear traffic, I entered the Yellow Box and aimed to continue straight ~~to the~~ across the junction. Upon crossing more than half-way, a speeding car came from my left (along JLN FATIMAH) and hit the front of my car.

(Note: After the accident, both parties decided to claim from each other's own insurance. Upon returning ~~to~~ to Singapore, I made a report at this very assessment centre on Monday (Jan 15, 2018). However, at that time, I still have no Police Report from Malaysia, and I needed my car to go back to Malaysia the next week, so I decide to make repair on my car without claiming insurance.)

(Further note: It appeared that the other party has decided to claim from my insurance (amount S$5,337.63). This amount is ridiculous!) / BATU PAHAT TRAFIK/000605/18

DECLARATION

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

6/6/18

Policyholder's Signature
Date & Time:

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

07/06/2018

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

POL.316

POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH BATU PAHAT,
83000, BATU PAHAT

07-4327704

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : EE AH BAH @ YEE FOOK HWA

No Kad Pengenalan / Paspot : S18489131

No Repot Polis : TRAFIK BATU PAHAT/000605/18

Tarikh @ Masa Repot Polis : 13/01/2018 @ 10:34

Pengesahan Penerimaan Repot :

.....

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R86923) SJN ASNOR B HAMID

Tempat Tugas : JOHOR , BATU PAHAT

No Telefon Pejabat :

No Telefon Bimbit : 017-7464995

Tarikh @ masa Perjumpaan : 13/1/18 1100HRS

Pengesahan Penerimaan Repot :

ASNOR BIN HAMID SJN. 86923
Pegawai Penyiasat (Trafik)
IPD Batu Pahat

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : ..... **No Badan** : ..... **Pangkat** : .....

Tarikh @ Masa Gambar Diambil : .....

Pengesahan Gambar Diambil :

.....

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen : .....

Waktu Pejabat :
Isnin - Khamis :
08:00 Pagi - 01:00 Tengah Hari
02:00 Petang - 04:30 Petang
Jumaat :
08:00 Pagi - 12:30 Tengah Hari
02:45 Petang - 04:30 Petang
Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis ☐
2. Gambar Kenderaan ☐
3. Rajah Kasar Kemalangan ☐
4. Keputusan Siasatan ☐
5. Lain-lain Dokumen ☐

Tarikh @ Masa Dokumen Diserah : .....

Pengesahan Kaunter Pembekalan Dokumen :

.....

Tandatangan Pegawai Kaunter Pembekalan Dokumen

POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai	: TRAFIK BATU PAHAT	Pegawai Penyiasat	: R86923
Daerah	: BATU PAHAT	No Repot Bersangkut	: TRAFIK BATU PAHAT/000604/18
Kontinjen	: JOHOR		
No Repot	: TRAFIK BATU PAHAT/000605/18		
Tarikh	: 13/01/2018		
Waktu	: 1034 AM		
Bahasa Diterima	: B. Malaysia		

Butir-butir Penerima Repot
Nama : AZMI BIN AT **No Personel :** R110665 **Pangkat :** KPL
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Paspot: ---
Alamat: ---
No K/P (Baru) : --- **No Polis/Tentera:** ---
Bahasa Asal : ---

Butir-butir Pengadu
Nama : EE AH BAH @ YEE FOOK HWA
No K/P (Baru) : --- **No Polis/Tentera :** --- **No Paspot :** S18489131
No Sijil Beranak : ---
Jantina : Lelaki **Tarikh Lahir :** 29/05/1947 **Umur :** 70 tahun 7 bulan
Keturunan : Cina **Warganegara :** Singapore
Pekerjaan : SENDIRI
Alamat Tempat Tinggal : IF PINE GROVE #09-31 SINGAPORE, 595001
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : --- **No Tel (Pejabat) :** --- **No Tel (HP) :** 065-9683599

Pengadu Menyatakan:-

PADA 13/01/2018 JAM LEBIH KURANG 1000 PAGI, SAYA MEMANDU MOTOKAR NOMBOR SFG881R DARI KEDAI HENDAK PERGI KE PERSATUAN HAINAN. APABILA SAYA SAMPAI DI JLN MOHD SALLEH SIMPANG JALAN FATIMAH SAYA BERHENTI. SEMASA SAYA KELUAR DARI SIMPANG TIBA TIBA SEBUAH MOTOKAR NOMBOR WKA209 YANG DATANG DARI ARAH KIRI SAYA TELAH MELANGGAR MOTOKAR SAYA. SAYA TIDAK CEDERA. KEROSAKAN MOTOKAR SAYA BUMPER DAN BONET DEPAN KEMEK, LAMPU DEPAN KIRI PECAH, MUDGARD DEPAN KIRI KEMEK, LAIN LAIN KEROSAKAN BELUM TAHU LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu: Tandatangan Jurubahasa(Jika ada) : Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

SALINAN YANG DIKUASAH
TIDAK BOLEH DIGUNAKAN
DI MAHKAMAH
TARIKH : 14/1
KRKA/KTD/SJN/PEGAWAI
B/P KETUA POLIS DAERAH BT. PAHAT

Exit

Claim Handling

Accident MT/0996445

Policy No.	5073404337-02	Vehicle No.	SFG8818	GST Registration No.	
Policyholder Name	EE AH BAH @YEE FOOK HWA			Policyholder NRIC	S1848913I
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
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Not available

Accident Details

Report Date	30/05/2018 14:00	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	13/01/2018	Time of Accident hh:mm	10:00	Country of Accident	Outside Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN FATIMAH SPG JLN IDRUS BATU PAHAT				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	500.00		
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	1F PINE GROVE	Address 2	#09-31 PINE GROVE	Address 3	SINGAPORE 595001
Address 4		Address Type	Singapore address	Post Code	595001
Unit No.	09-31	Related Policy Number	5073404337-02		

OI Driver Info

Driver Name	EE AH BAH @YEE FOOK HWA	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1848913I	Driver DOB	29/05/1947
Register Date of Driver License	01/01/1985	Driver Age	70	Driving Experience	33
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	1F PINE GROVE	Address 2	#09-31 PINE GROVE	Address 3	SINGAPORE 595001
Address 4		Address Type	Singapore address	Post Code	595001
Unit No.	09-31				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	EE AH BAH @YEE FOOK HWA	Insured NRIC	S1848913I
Contact No.(Mobile)	96835991	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SFG8818	TP Vehicle Number	WKA209
Claim Description	SFG8818 / WKA209 ON 13 Jan 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/06/2018 11:09	Claim Close Date		Date Received	07/06/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0996445	Claim No.	002
Last Doc. Received	Yes No	Upload Date	07/06/2018 11:11

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	Flag Send? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:11	Photos	Normal	Photos 2018-6-7		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:10	Photos	Normal	Photos 2018-6-7		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:10	Photos	Normal	Photos 2018-6-7		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:10	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:10	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:10	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:10	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:09	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:09	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:09	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:09	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:09	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:09	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:09	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:09	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:09	Photos	Normal	Photos 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-7	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 07 Jun 2018 11:09	SAS	Normal	SAS 2018-6-7	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (13/01/2018) (DD/MM/YYYY). TIME: (10:00) (HH:MM)

LOCATION: Batu Pahat, Johor, Malaysia

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SFG 881R
   b) INSURANCE COMPANY: INCOME (NTUC)
   c) POLICY NUMBER: _____
   d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY / THIRD PARTY FIRE & THEFT~~)
   e) MAKE & MODEL: NISSAN TEANA
   f) TYPE: (SALOON / ~~COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS~~)
   g) VEHICLE CATEGORY: (PRIVATE / ~~COMMERCIAL / MOTORCYCLE~~)
   h) PURPOSE OF USING AT ACCIDENT TIME: TRAVELLING
   I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / (NO))
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

(1) NUMBER OF PASSANGER INCLUDING DRIVER

2. **INSURED / POLICY HOLDER**
   A) NAME: EE AH BAH @ YEE FOOK HWA (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S1848913I CONTACT: 96835991
   c) ADDRESS: PINE GROVE, #09-31, S(595001)

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

3. **DRIVER**
   a) NAME: AS ABOVE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____

   *d) DATE OF BIRTH: (29/05/1947) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / ~~OUTDOOR~~)
   f) DATE OF DRIVING PASS : 22/01/1972

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (~~YES~~ / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ~~SAME PERSON~~ OWNER
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS AFTER RAINING)
   b) ROAD SURFACE: (DRY / WET / OTHERS SLIGHTLY WET)
6. WAS ANYBODY INJURED (~~YES~~ / NO)
7. a) REPORTED TO POLICE (YES / ~~NO~~)
   IF YES, PLEASE STATE WHICH POLICE STATION: TRAFFIC POLICE STATION IN B.P.
8. **THIRD PARTY VEHICLE**
   a) VEHICLE NUMBER: WKA 209 MODEL: _____
   b) DRIVER'S NAME: _____
   c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

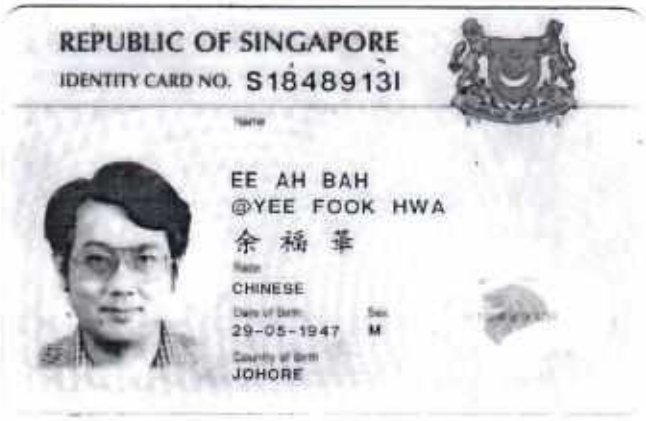
(1) NUMBER OF PASSANGER INCLUDING DRIVER

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

(1) NUMBER OF PASSANGER INCLUDING DRIVER

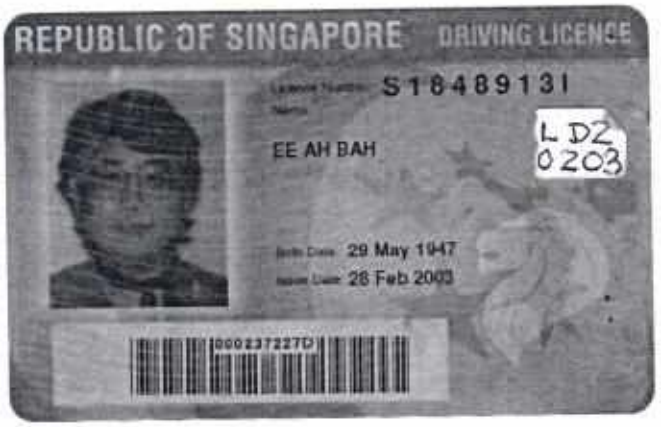
1) EMAIL : californiacole@singnet.com.sg

2) VIDEO :



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1848913I

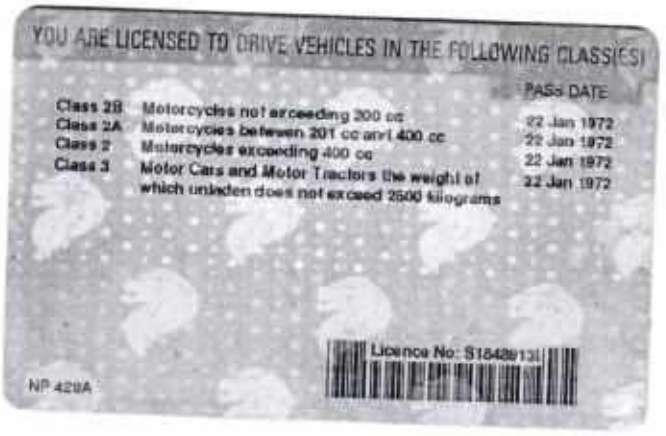
Name
EE AH BAH
@YEE FOOK HWA
余福華
Race
CHINESE
Date of Birth
29-05-1947
Sex
M
Country of Birth
JOHORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

S1848913I
EE AH BAH
LDZ
0203
Birth Date 29 May 1947
Issue Date 28 Feb 2003
000237227D

1855405
NRIC No S1848913I
Blood Group B+
Date of issue 03-04-1994
1F PINE GROVE #09-31
SINGAPORE 595001
NRIC No: S1848913I Date: 15/06/2015



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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	22 Jan 1972
Class 2A	Motorcycles between 201 cc and 400 cc	22 Jan 1972
Class 2	Motorcycles exceeding 400 cc	22 Jan 1972
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Jan 1972

Licence No: S1848913I
NP 428A

eBaoTech GeneralClaim

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My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SFG881R
Date of Accident 13/01/2018 15:47

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5073464337-02	EE AH BAH @YEE FOOK HWA	S1848913I	GPC	drivo CLASSIC	SFG881R	SFG881R	12/09/2017	11/09/2018

Continue

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA46073812 Vehicle Registration No: SFG881R

Name(as shown in NRIC) : EE AH BAH @ YEE FOCK HWA NRIC/FIN/Passport No : S1878913I

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 96835991

Email Address :

Date of Accident : 13/01/2018 Time of Accident : 10:00

Place of Accident : CROSS JUNCTION OF JLN MOTTO SALEH / JLN FATIMAH (JB)

Insurance Company : MUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

& Country / State of Loss should be Malaysia Johor Bahru

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 07/06/2018