

# NATIONAL Assessment Centre Services

[wef: Jan 2015]

MAA418040041

|                           |  |                       |                  |
|---------------------------|--|-----------------------|------------------|
| Date In: 12/07/2018 16:04 | Job description                          | Date & Time Completed | Done by          |
| Ref No: N8A72000012716/Y  | SAS e-filing                             |                       |                  |
| Veh No: SFQ 7091E         | E-mail (within 8hrs, AIC 2hrs)           |                       |                  |
| D.O.A: 15/06/2018 12:30   | i-Motor Claim Form                       | MT10999200-002        | 12/07/2018 16:36 |
| 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: SLL8302X   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |          |
|---------------------------------|---|-------------|----------|
| MA1804486                       | Invoice Preparation Checklist                   | Amt (\$)    | Amt (\$) |
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               | 1st Bill    | Add Bill |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |          |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                     |             |          |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |             |          |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |          |
| Auditors' Comments:-            | For claiming against INC Only (wef 10 Jan 2005) |             |          |
| Cat. 1:                         | 6) TR: Re-inspection \$75                       |             |          |
| Cat. 2/3:                       | 7) N1: Idac DA + SMRT Survey \$160              |             |          |
|                                 | 8) NTUC Additional Services:-                   |             |          |
|                                 | ON*   |             |          |
|                                 | *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 (N/n INC) against INC \$70         |             |          |
|                                 | 9) N12: Idac Mobile 30                          |             |          |
|                                 | Invoice dated                                   | Fee Charged |          |
|                                 | Invoice dated                                   | 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             | 12/07/2018 16:04                           |
| Date Of Accident           | 15/06/2018 12:30                           |
| Exact Location Of Accident | LORONG 2 TOA PAYOH SLIP ROAD TO PIE CHANGI |
| Country/State of Loss      | SINGAPORE                                  |

### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SFQ7091E                    |
| <b>Insured/Policyholder</b> |                             |
| Name Of Registered Owner    | ANNABELLE LIANG YANTING     |
| NRIC No                     | S9149165F                   |
| Email Address               | ANNABELLE.LIANGYT@GMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-96635038        |
| Alternative Phone No        | OTHERS-96635038             |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | HONDA          |
| Model  | CIVIC-1.7 (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                                       | REPORTING ONLY |
| Vehicle Category   | PRIVATE CAR    |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5058849708-03                          |
| Cover Note Number         |  |

### Driver

|                      |                             |
|----------------------|-----------------------------|
| Name of Driver       | ANNABELLE LIANG YANTING     |
| NRIC No              | S9149165F                   |
| Date Of Birth        | 16/07/1991                  |
| Occupation           | INDOOR                      |
| Date Of Driving Pass | 28/10/2014                  |
| Driving Experience   | 3 YEARS AND 7 MONTHS        |
| Gender               | FEMALE                      |
| Mobile Number        | (LOCAL) +65-96635038        |
| Fax Number           |                             |
| Contact Number       | OTHERS-96635038             |
| Email Address        | ANNABELLE.LIANGYT@GMAIL.COM |



|   |                                     |
|---|-------------------------------------|
| Address   | BLK 58 STRATHMORE AVENUE<br>#24-109 |
| Postcode  | 142058                              |
| 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   | NO COLLISION |
| Weather Conditions | CLEAR        |
| Road Surface       | DRY          |

#### Other Information

|   |   |
|---|---|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles involved in the accident   | 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)   | 2   |
| Passenger 1   | NAME: : PRISCILLA KHAM (FRIEND)<br>GENDER: : FEMALE |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY                   |
| Police Station Address                    | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 65470000 - FAX NO:                                    |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180628/7016

#### 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 | SLL8302X    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              |             |
| NRIC/Passport Number        |             |
| Contact Number              |             |
| Address                     |             |

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time: 12/7/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

File Towards court report.

A) SFQ 7091E

B) SLL 8802X

for 2 70A Payoff

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to Police report  
1/2018/628/7016

DECLARATION

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



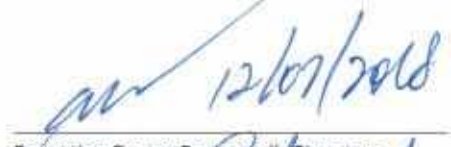
Policyholder's Signature

Date & Time: 12/7/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

 12/07/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







# SINGAPORE POLICE FORCE



T/20180628/7016

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180628/7016

**REPORT OF A TRAFFIC ACCIDENT**

|   |            |                              |   |                    |                            |
|---|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>28/06/2018 19:46    |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>                |            |                              |   |                    |                            |
| Name of Informant:<br>ANNABELLE LIANG YANTING |            |                              | Address:<br>APT BLK 58 STRATHMORE AVENUE #24-109 SINGAPORE 142058 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S9149165F      |            |                              | Contact No.:<br>Home/Office: Mobile: 96635038                     |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN             |            |                              | Email:<br>annabelle.liangyt@gmail.com                             |                    |                            |
| Sex:<br>Female                                | Age:<br>26 | Date of Birth:<br>16/07/1991 | Type of Informant:<br>Driver                                      |                    |                            |
| Race:<br>Chinese                              |            |                              | Language:<br>English  |                    | Institution / School Name: |
| Occupation:<br>Journalist                     |            |                              | Driving Licence Information:<br>Class: 3A Date of Expiry:         |                    |                            |

**General Information of the Accident**

|   |                           |                                    |  |                                     |
|---|---------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:   | Non-Injury<br>Hit and Run | Drink Drive:<br>No                 | Date/Time of Accident:<br>15/06/2018 12:30 | Type of Location:<br>Bend           |
| Location:<br><br>LORONG 2 TOA PAYOH<br><br>Slip road to PIE Changi at Toa Payoh |                           |                                    |  |                                     |
| Weather:<br>Clear   |                           | Road Surface:<br>Dry               |  | Road Speed Limit:<br>50 Km/h        |
| Traffic Flow:<br>One Way  |                           | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Heavy            |
| Type of Collision:  |                           |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make  | Model       | Color  | Condition | No of Passenger |
|-------------|------|-------|-------------|--------|-----------|-----------------|
| SFQ7091E    | Car  | HONDA | CIVIC 1.7 A | Silver | No Damage | 2               |
| SLL8302X    |      |       |             |        |           | 0               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
|-------------|--|---------------|------------|-------------|
| SFQ7091E    | NTUC Income Insurance Co-Operative Limited | 5068849708-03 | 07/01/2018 | 06/01/2019  |



**SINGAPORE  
POLICE FORCE**



T/20180628/7016

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20180628/7016

**CONTINUATION OF REPORT**

|                                   |                         |  |                                   |
|-----------------------------------|-------------------------|--|-----------------------------------|
| <b>Details of Person Involved</b> |                         |  |                                   |
| Any Pedestrian Involved: No       |                         |  |                                   |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA         |                                   |
| <b>Driver</b>                     |                         |  |                                   |
| Name                              | ANNABELLE LIANG YANTING | ID No.                                 | S9149165F                         |
| Related Vehicle                   | SFQ7091E (Car)          | Contact No.                            | 96635038                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: 3A<br>Date of Expiry: NIL  |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                               |
| <b>Passenger</b>                  |                         |  |                                   |
| Name                              | Priscilla Kham          | ID No.                                 | NIL                               |
| Related Vehicle                   | NIL                     | Contact No.                            | 98593845                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                               |

**Brief Details.**

I just received a letter from the Singapore Police Force stating that I was involved in a traffic accident on this date and time (TP/IP/35991/2018). I was driving closely to the car in front of me, waiting to enter the slip road at the Toa Payoh entrance towards PIE Changi Airport. He tried to merge onto the expressway multiple times and jam braked after each one. On one occasion, I hit my brakes as I was getting very close after his multiple attempts. The driver got out of the car to check his bumper. He didn't find any dents but looked at me angrily. I raised my hand in apology because I didn't want to anger him further. We did not speak. After that, I proceeded on with my journey to Clarke Quay to have lunch. I checked my car once I parked at Clarke Quay (I had a passenger with me). There were no new scratches or dents on my car. As a result, I did not report the incident to the police or my insurance company. Please let me know how to proceed from here. Hit-and-run is a serious offence and this is bothering me very much. I just checked my letter box today and I realised that he has also made a claim with my insurance company. Thank you.





**SINGAPORE  
POLICE FORCE**



T/20180628/7016

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20180628/7016

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPiB /  
ESTHER CHONG  
Contact No.: 65476368

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
28/06/2018 19:46

Classification Of Case:

Our Ref: MT/CA/TP/001/0999200-001/EHH/VU

19 Jun 2018

ANNABELLE LIANG YANTING  
BLK 58 #24-109  
STRATHMORE AVENUE  
SINGAPORE 142058

Dear Policyholder

**CLAIM NUMBER: MT/0999200-001**  
**ACCIDENT INVOLVING SFQ7091E / SLL8302X on 15 Jun 2018**

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely



Goh Peng Hong  
Manager  
Motor Insurance



**SINGAPORE  
POLICE FORCE**

Traffic Police  
Singapore Police Force  
10, Ubi Avenue 3  
Singapore 408865  
Tel : 6547 0000  
Fax : 6547 6259

Date : 20 Jun 2018

Your Ref :  
Our Ref : TP/IP/35991/2018

ANNABELLE LIANG YANTING  
APT BLK 58 STRATHMORE AVENUE  
#24-109  
SINGAPORE 142058

000036



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT ALONG LORONG 2 TOA PAYOH ON 15 JUN 2018 @ 12.37 PM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer ESTHER CHONG at his / her office number: 65476368 or the supervisor CHEW SOOK YENG at 65476425 if you have any further queries.

5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (DSP)  
CHIEF INVESTIGATION OFFICER  
INVESTIGATION BRANCH  
TRAFFIC POLICE

This is computer generated and does not require a signature.



## Claim Handling

Accident MY/0999200

|                     |                         |                     |                           |                      |               |
|---------------------|-------------------------|---------------------|---------------------------|----------------------|---------------|
| Policy No.          | 5068849708-03           | Vehicle No.         | SFQ7091E                  | GST Registration No. |               |
| Policyholder Name   | ANNABELLE LIANG YANTING | Cover Type          | Third Party, Fire & Theft | Policyholder NRIC    | S9149165F     |
| Product Code        | PRIVATE CAR INSURANCE   | Contact No.(Office) |                           | Leading              | 5             |
| Contact No.(Mobile) | NA                      | Special Remark      |                           | Contact No.(Home)    |               |
| Email Address       |                         | TCA                 | = No Yes                  | eCode                | No            |
| KFK                 | = No Yes                | NCD Entitlement(%)  | 30                        | eCode Reason         |               |
| NCD Protection      | No                      |                     |                           | Private Hire         | Not available |

## Accident Details

|                   |   |                               |       |                     |                          |
|-------------------|---|-------------------------------|-------|---------------------|--------------------------|
| Report Date       | 19/06/2018 14:26                          | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Head to Rear |
| Date of Accident  | 15/06/2018                                | Time of Accident (mm:ss)      | 12:40 | Country of Accident | Singapore                |
| Reporting Centre  |   | Orange Force                  |       | ICM No.             |                          |
| Accident Location | ALONG LORONG 2 TGA PAYOH SLIP RD TOWNSHIP |                               |       |                     |                          |

## Benefit

## Excess

|                         |      |                             |      |                   |      |
|-------------------------|------|-----------------------------|------|-------------------|------|
| Own damage Excess       | 0.00 | Additional Excess           |      | Windscreen Excess | 0.00 |
| Uninsured Driver Excess | 0.00 | Outside Singapore OD Excess | 0.00 |                   |      |
| 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 SR #24-109 | Address 2             | STRAITHMORE AVENUE | Address 3 | SINGAPORE 142058 |
| Address 4 |                | Address Type          | Singapore address  | Post Code | 142058           |
| Unit No.  | 24-109         | Related Policy Number | 5068849708-03      |           |                  |

## Q1 Driver Info

|   |          |                     |                 |                        |  |
|---|----------|---------------------|-----------------|------------------------|--|
| Driver Name                             |          | Driver Type         |                 | Driver DOB             |  |
| Unnamed driver Name                     |          | Driver NRIC         |                 | Driving Experience     |  |
| Register Date of Driver License         |          | Driver Age          |                 | Contact No.(Home)      |  |
| Contact No.(Mobile)                     |          | Contact No.(Office) |                 | Address 3              |  |
| Address 1                               |          | Address 2           |                 | Post Code              |  |
| Address 4                               |          | Address Type        | Foreign address |                        |  |
| 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            | ANNABELLE LIANG YANTING          | Insured NRIC               | S9149165F        |
| Contact No.(Mobile)            | 96635038                           | Contact No.(Home)       | 94734991                         | Contact No.(Office)        |                  |
| Email Address                  | ANNABELLE.LIANGYT@GMAIL.COM        | Q1 Vehicle Number       | SFQ7091E                         | TP Vehicle Number          | 5117091E         |
| Claim Description              | SFQ7091E / 5117091E ON 15 Jun 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 Reported                  | 13/07/2018 18:26                   | Claim Close Date        |                                  | Date Received              | 12/07/2018 00:00 |
| Report Taken By                | BOSLI WANAS                        |                         |                                  |                            |                  |

Print AK letter

Save Submit

## Attachment

|                    |                |               |                  |
|--------------------|----------------|---------------|------------------|
| Accident No.       | MY/0999200     | Claim No.     | 002              |
| Last Doc. Received | Yes No         | Upload Date   | 12/07/2018 16:26 |
| Path *             |                | Category *    |                  |
| Choose File        | No file chosen | Confidential  | Normal           |
| Choose File        | No file chosen | Urgency *     | Normal           |
| Choose File        | No file chosen | Description * |                  |
| Choose File        | No file chosen |               |                  |
| Choose File        | No file chosen |               |                  |
| Choose File        | No file chosen |               |                  |
| Choose File        | No file chosen |               |                  |
| Choose File        | No file chosen |               |                  |
| Message Read       |                |               |                  |

## Attachment List

| Attachment | Uploaded By/Date   | Category | Urgency | Description      | Msg Sent (CO) | Action |
|------------|--|----------|---------|------------------|---------------|--------|
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 12 Jul 2018 16:26 | Photos   | Normal  | Photos 2018-7-12 |               | Edit   |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 12 Jul 2018 16:26 | Photos   | Normal  | Photos 2018-7-12 |               | Edit   |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 12 Jul 2018 16:26 | Photos   | Normal  | Photos 2018-7-12 |               | Edit   |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 12 Jul 2018 16:26 | Photos   | Normal  | Photos 2018-7-12 |               | Edit   |
|            | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 12 Jul 2018 16:26 | Photos   | Normal  | Photos 2018-7-12 |               | Edit   |

UKIT\_MERAH)) on 12 Jul 2018 16:26

|  |  |                       |        |                                 |                      |
|--|--|-----------------------|--------|---------------------------------|----------------------|
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT_MERAH)) on 12 Jul 2018 16:26 | Photos                | Normal | Photos 2018-7-12                | <a href="#">Edit</a> |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT_MERAH)) on 12 Jul 2018 16:26 | Photos                | Normal | Photos 2018-7-12                | <a href="#">Edit</a> |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT_MERAH)) on 12 Jul 2018 16:26 | Photos                | Normal | Photos 2018-7-12                | <a href="#">Edit</a> |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT_MERAH)) on 12 Jul 2018 16:26 | Photos                | Normal | Photos 2018-7-12                | <a href="#">Edit</a> |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT_MERAH)) on 12 Jul 2018 16:26 | Photos                | Normal | Photos 2018-7-12                | <a href="#">Edit</a> |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT_MERAH)) on 12 Jul 2018 16:26 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-7-12 | <a href="#">Edit</a> |
|  | NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT_MERAH)) on 12 Jul 2018 16:26 | SAS                   | Normal | SAS 2018-7-12                   | <a href="#">Edit</a> |

Video List

| Uploaded By/Date | Folder Date | File Name                             | ?                                  | Source | Action |
|------------------|-------------|---------------------------------------|------------------------------------|--------|--------|
|                  |             | <a href="#">Display in New Window</a> | <a href="#">Scan and uploading</a> |        |        |

rsbm

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**From:** Theresa Vimala <thrsvim.bala@income.com.sg>  
**Sent:** Friday, 27 July, 2018 8:42 AM  
**To:** 'rsbm'  
**Subject:** RE: MT/0999200-002 SFQ7091E

Hi Rosli

Amended in the File.

Thank you.

With Regards

**Theresa Vimala**  
Snr Administrator  
Motor Insurance  
T +65 6430 7898  
[www.income.com.sg](http://www.income.com.sg)



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**From:** rsbm [<mailto:rsbm@lkkauto.com>]  
**Sent:** Thursday, July 26, 2018 6:12 PM  
**To:** Theresa Vimala <thrsvim.bala@income.com.sg>  
**Subject:** MT/0999200-002 SFQ7091E

Hi Theresa the above mention claim the t/p vehicle number type wrong in the ebao should be SLL8302X thanks.

Thanks & Best Regards,  
**ROSLI WAHAB**  
NACS Bukit Merah  
Tel: 6898 0055  
Fax: 6271 8802  
Email: [rsbm@lkkauto.com](mailto:rsbm@lkkauto.com)



This email has been checked for viruses by AVG antivirus software.  
[www.avg.com](http://www.avg.com)

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Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the



recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

## ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 06 / 2018) (DD/MM/YYYY), TIME: (12 : 30) (HH:MM)

LOCATION: Lorong 2 Toa Payoh, Slip road to PIE Changi

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFQ7091E  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: 5068849708-03  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA CIVIC 1.7A  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (YES)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Annabelle Liang Yanting (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 59149165F CONTACT: 96635038  
c) ADDRESS: BLK 58 Stratmore Ave, #24-109, Singapore 142058

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

#### DRIVER

- a) NAME: As above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (16 / 07 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28/10/2014

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO) (NO)

7. a) REPORTED TO POLICE (YES / NO) (YES)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic police

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLL8302X 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: \_\_\_\_\_

Email = annabelle.liang.yt@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9149165F



ANNABELLE LIANG YANTING

梁 艳 婷

Race  
CHINESE

Date of birth  
16-07-1991

Country/Place of birth  
MALAYSIA

Sex  
F

5355768



NRIC No. S9149165F



Date of issue  
05-09-2014

Address  
APT BLK 5B STRATHMORE AVENUE  
#24-109  
SINGAPORE 142058

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9149165F

Name  
ANNABELLE LIANG YANTING

Birth Date 16 Jul 1991

Issue Date 28 Oct 2014



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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg 28 Oct 2014  
with <= 7 passengers, exclusive of the driver; and  
other motor vehicles without clutch pedals <= 2500kg

NP 428A





Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

|   |                                       |                                       |   |         |                           |             |                |               |             |
|---|---------------------------------------|---------------------------------------|---|---------|---------------------------|-------------|----------------|---------------|-------------|
| Policy No.                              | <input type="text"/>                  | Date of Accident                      | <input type="text" value="16/06/2018 18:02"/> |         |                           |             |                |               |             |
| Vehicle No.(For Motor)                  | <input type="text" value="SFQ7091E"/> | <input type="button" value="Search"/> |   |         |                           |             |                |               |             |
| Select                                  | Policy No.                            | Policyholder Name                     | Policyholder NRIC                             | Product | Cover Type                | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input type="radio"/>                   | 5068849708-03                         | ANNABELLE LIANG YANTING               | S9149165F                                     | GPC     | Third Party, Fire & Theft | SFQ7091E    | SFQ7091E       | 07/01/2018    | 06/01/2019  |
| <input type="button" value="Continue"/> |                                       |                                       |   |         |                           |             |                |               |             |