

# NATIONAL Assessment Centre Services

(Ref: JAY05)

MAY 18099605

Date In: 01/08/2008 19:02	Job description	Date & Time Completed	Done by
Ref No: N/A/18099605	SAS e-filing		
Veh No: FX 7016M	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 31/07/2008 19:20	i-Motor Claim Form	M7/1005608-001	01/08/2008 19:27
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:

SBA 3883U

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

18099605

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

At 1:

At 2 / 3:

## Invoice Preparation Checklist

Am't (\$)  
Est. Bill

Am't (\$)  
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:-

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 \$20

9) N12: Idac Mobile \$0

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	01/08/2018 19:02
Date Of Accident	31/07/2018 19:20
Exact Location Of Accident	TOMLINSON ROAD TOWARDS TANGLIN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX7076M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DYLAN LOU ZHI JIE
NRIC No	S9536785B
Email Address	EEQINYUN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90075116
Alternative Phone No	OTHERS-98422702

### Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM 200M-197CC (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	5102041239
Cover Note Number	

### Driver

Name of Driver	EE QIN YUN
NRIC No	S9621568A
Date Of Birth	17/06/1996
Occupation	INDOOR
Date Of Driving Pass	29/06/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98422702
Fax Number	
Contact Number	OTHERS-90075116
Email Address	EEQINYUN@GMAIL.COM

Address	BLK 260 YISHUN STREET 22 #07-105
Postcode	760260
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 ON 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?	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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180801/2069 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	SBA3883U
Vehicle Make/Model/Colour	VOLVO V40 CROSS COUNTRY D2
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	STULEMEIJER ROELAND ANTOINE PAUL
NRIC/Passport Number	S6983430B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	EE QIN YUN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FX7076M
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: 01/08/2018  
+3:15:35

Reporting Centre Personnel's Signature  
Name: *Resli*  
NRIC/FIN No: *W11003*

# SKETCH PLAN

○ = FX7076M  
X = SBA3883U



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 7:20pm around 7:20pm on 31st July 2018, I was riding a motorcycle Honda JA200, plate number FX7076M along Tomlinson Road heading towards Tanglin Road. There was a green light ahead, there were cars in the opposite direction who has the intention to turn right and some cars in turned even though I was approaching the junction. Even after slowing down, and turning on my high beam to warn the driver who wanted to turn right, he to come to a full stop, however, when I was halfway through the traffic light junction, the Volvo car, plate number SBA3883U suddenly did an abrupt turning after coming to a full stop even though I signalled with high beam, I tried to avoid but I could not as he was going at around 20-30km/hour and his car, SBA3883U collided with my motorbike FX7076M.

He came out of the car and apologised to me as he said that he did not notice me coming. He also ~~stated that~~ asked me to make it quick as he was rushing to a birthday party with his daughters.

When I asked him if ~~can~~ he can send me a video footage of the accident, as there was a camera in his car, he refused and drove away I believe he deleted the footage.

POLICE REPORT T/20180801/2069

## 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: 01/08/2018

15:35

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:





**SINGAPORE  
POLICE FORCE**



T/20180801/2069

1 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20180801/2069

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/08/2018 14:14	Vide Report No.:	Station Diary No.: 76
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**Informant's Particulars**

Name of Informant: EE QIN YUN			Address: APT BLK 260 YISHUN STREET 22 #07-105 SINGAPORE 760260	
ID Type / ID No.: NRIC NO / S9621568A			Contact No.: Home/Office:	Mobile: 90075116
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 22	Date of Birth: 17/06/1996	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name: Singapore Insitute of Management
Occupation: Student			Driving Licence Information: Class: 2B,3A Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/07/2018 19:20	Type of Location: X-Junction
Location: Along Road 1 TOMLINSON ROAD				
Along Tomlinson Road towards St. Martin's Drive				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX7076M	Motorcycle	HONDA	Phantom 200 M	Grey	Seriously Damaged	0
SBA3883U	Car	VOLVO	V40 CROSS COUNTRY D2	Blue	No Damage	4

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180801/2069

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

2 of 3

Report No. T/20180801/2069

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	EE QIN YUN	ID No.	S9621568A
Related Vehicle	FX7076M (Motorcycle)	Contact No.	90075116
Hospital/Clinic	UNIVERSAL MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	01/08/2018	Date Discharge	01/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	STULEMEIJER ROELAND ANTOINE PAUL	ID No.	S6983430B
Related Vehicle	SBA3883U (Car)	Contact No.	NIL
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 31st July 2018 at about 1920hrs, I was riding my motorcycle bearing plate number FX7076M (Grey Phantom TA 200) without pillion traveling along Tomlinson Road towards St. Martin's Drive. I was on the most right lanes of two lanes road and the traffic light junction was on my favour to proceed ahead. However, a car (SBA3883U - Blue Volvo D2) from the opposite of the road suddenly turn to the right abruptly without stopping and the next moment, I was hit by the car and fell on to the ground. I sustained minor bruises and only seek medical treatment on 1st Aug 2018.

*[Handwritten signature]*





**SINGAPORE  
POLICE FORCE**



T/20180801/2069

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 3

Report No: T/20180801/2069

**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:

F /

Sgt 2 OH HONG LI

Sgt Michael Parlow

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

01/08/2018 14:14

Classification Of Case:

Authentication Stamp

NP168

## Claim Handling

Accident MT/1005608

Policy No.	5102041239	Vehicle No.	FX7076M	GST Registration No.	
Certificate No.					
Policyholder Name	DYLAN LOU ZHI JIE			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	90075110	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	
<b>Accident Details</b>					
Report Date	01/08/2018 19:24	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	31/07/2018	Time of Accident hh:mm	19:20	Others	
Reporting Centre		Orange Force		Country of Accident	
Accident Location	TOMLINSON ROAD TOWARDS TANGLIN ROAD			Singapore	
<b>Benefita</b>				ICM No.	
<b>Excess</b>					
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			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 26 #07-83	Address 2	TELOK BLANGAH CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	07-83	Related Policy Number	5102041239		
<b>01 Driver Info</b>					
Driver Name	EE QIN YUN	Driver Type	Named Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S9621568A	Driving Experience	
Register Date of Driver License	01/01/2018	Driver Age	22	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.		Driver Vehicle No.	FX7076M	Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History:

Claim 001

New

Claim Type *	OD-MX	Insured Name	DYLAN LOU ZHI JIE	Insured NRIC
Contact No.(Mobile)	98422702	Contact No.(Home)		Contact No.(Office)
Email Address	CHEESEPOTATO@OUTLOOK.CO	OT Vehicle Number	FX7076M	TP Vehicle Number
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	
Claimant Name *		Claimant NRIC *		
Claim Description	FX7076M / SBA3883U DN 31 Jul 2018			Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	01/08/2018 19:25	Claim Close Date		Date Received
Report Taken By	RCSLI WAHAB			
<input checked="" type="checkbox"/> Print AK letter				

Save Submit

Attachment



Accident No.

Claim No.



MT/1005608 001


















Last Doc. Received ☒ Yes ☐ No Upload Date 01/08/2018 19:27

Path \*

Browse	Clear	Category *	Confidential	Urgency
Browse	Clear	Please Select	NO	Normal
Browse	Clear	Please Select	NO	Normal
Browse	Clear	Please Select	NO	Normal
Browse	Clear	Please Select	NO	Normal
Browse	Clear	Please Select	NO	Normal
Browse	Clear	Please Select	NO	Normal

1005608001

#### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Aug 2018 19:27	Photos	Normal	Photos 2018-8-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Aug 2018 19:27	Photos	Normal	Photos 2018-8-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Aug 2018 19:27	Photos	Normal	Photos 2018-8-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Aug 2018 19:27	Photos	Normal	Photos 2018-8-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Aug 2018 19:27	Photos	Normal	Photos 2018-8-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Aug 2018 19:26	Photos	Normal	Photos 2018-8-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Aug 2018 19:26	Photos	Normal	Photos 2018-8-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Aug 2018 19:26	Photos	Normal	Photos 2018-8-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Aug 2018 19:26	Photos	Normal	Photos 2018-8-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Aug 2018 19:26	Photos	Normal	Photos 2018-8-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Aug 2018 19:26	Photos	Normal	Photos 2018-8-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Aug 2018 19:26	Photos	Normal	Photos 2018-8-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Aug 2018 19:26	Photos	Normal	Photos 2018-8-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Aug 2018 19:26	Photos	Normal	Photos 2018-8-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Aug 2018 19:26	Photos	Normal	Photos 2018-8-1
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Aug 2018 19:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Aug 2018 19:26	SAS	Normal	SAS 2018-8-1

#### Video List

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 31 / 07 / 2018 (DD/MM/YYYY), TIME: 19:20 (HH:MM)

LOCATION: Tanjong Road towards Tanglin Road.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: A7076M  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 510204239  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda TA200  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: EE Qin Yun (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9621568A CONTACT: 900 75116  
 c) ADDRESS: Block 260 Yishun St 22 #07-105 Singapore 760260

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

## DRIVER

- a) NAME: Ahlan Lau Zhi Jie (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S94367858 CONTACT: 98422702  
 c) ADDRESS: Block 26 Teik Binniah Crescent #07-83 Singapore 760260

\*d) DATE OF BIRTH: 17 / 06 / 1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29/06/2017

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

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: Yishun North Police Station

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SBA3883U MODEL: Volvo  
 b) DRIVER'S NAME: Stuleney A. Roperud  
 c) NRIC/FIN/PASSPORT: S6983430B CONTACT: -

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
(1)

Email = eeqinyun@gmail.com

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9621568A



Name

EE QIN YUN

余沁芸

Race

CHINESE

Date of birth

17-06-1996

Country/Place of birth

SINGAPORE

Sex

F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Address: S9621568A

EE QIN YUN

Birth Date: 17 Jun 1996  
Issue Date: 29 Jun 2017

002698724E

5404263



NRIC No. S9621568A



Date of issue

09-12-2014

Address

APT BLK 260 YISHUN STREET 22  
#07-105  
SINGAPORE 760260

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

EFFECTIVE DATE

C

Class 2B  
Class 3A

Motors/cars <= 2000 cc  
Motor cars without clutch pedals <= 3000 kg with <= 7  
passengers, exclusive of the driver; and motor tractors/cycles  
without clutch pedals <= 2500 kg

29 Jun 2017  
04 Jul 2017

S / No. 9000271309

S9621568A

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** : 5102041239

**Cover** : Third Party

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>FX7076M</b>    |
| Chassis Number  | : TA200022183       |
| 2. Name of Policyholder   | : DYLAN LOU ZHI JIE |
| 3. Effective Date of Insurance  | : 05 Jul 2018       |
| 4. Expiry Date of Insurance   | : 04 Apr 2019       |
| 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)	: DYLAN LOU ZHI JIE
NAMED DRIVER (2)	: EE QIN YUN
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 : VICOM LTD (00000612210)  
 Date of Issue : 05 Jul 2018 11:57 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



MT/AE/OLE/164

09 Jul 2018

DYLAN LOU ZHI JIE  
BLK 26 #07-83  
TELOK BLANGAH CRESCENT  
SINGAPORE 090026

Dear Policyholder

**ENDORSEMENT FOR POLICY NUMBER: 5102041239**  
**VEHICLE NUMBER: FX7076M**

Thank you for giving us the opportunity to serve you.

We confirm that from 09 Jul 2018, the following amendment(s) is/are made to this policy:

NAMED DRIVER 1: EE QIN YUN

The terms and conditions of this policy remain unchanged.

Please attach this letter to your motor policy document as it serves as an Endorsement to your policy.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at [csquery@income.com.sg](mailto:csquery@income.com.sg). Alternatively, you may contact your agent VICOM LTD at 66975221 or email [insurance.sm@vicom.com.sg](mailto:insurance.sm@vicom.com.sg). We would be most happy to assist you.

Yours sincerely



Eddie Loke  
Senior Underwriting Manager  
Motor Insurance

cc: VICOM LTD (00000612210)