

**NATIONAL Assessment Centre Services** (Ref: JAN02) **MNA 41811066**

Date In: 27/08/2018 18:33	Job description	Date & Time Completed	Done by
Ref No: NBA/2100156004	SAS e-filing		
Veh No: FBD 8122E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/08/2018 17:30	I-Motor Claim Form	M/1009000-001	27/08/2018
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:56
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

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

TP Particulars: Veh No: **SLQ 81302** 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%; P: 80-100%]

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

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

**General Remarks:**

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

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

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

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

Injury: \_\_\_\_\_

Date/Time	Actions

**NBA 605424**

Claimant's Particulars	Invoice Preparation Checklist	Unit (\$)	Unit (\$)
Driver/Owner:		1st Bill	Add Bill
Contact No:	1) AR: Accident Reporting (\$30);		
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$30)		
QC Checked by (Engr-In-Charge):	3) TP: Towing Fee \$40/\$45		
Auditors' Comments:	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) NI: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OT*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idan 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 judgement 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	27/08/2018 18:33
Date Of Accident	25/08/2018 17:30
Exact Location Of Accident	ALONG TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD8427E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG JAY
NRIC No	S9544248Z
Email Address	EEQINYUN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91513931
Alternative Phone No	OTHERS-90075116

### Vehicle Particulars

Manufacturer	YAMAHA
Model	R15
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5094371833
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) +65-90075116
Fax Number	
Contact Number	OTHERS-91513931
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	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?	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	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180827/2003

#### 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 Witness 1

Name	MOON
Phone Number	97600856
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ8130Z
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW CHZE HAW
NRIC/Passport Number	S6936033E
Contact Number	81139669

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

#### DETAILS OF INJURED PERSON 1

Name	EE QIN YUN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBD8427E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

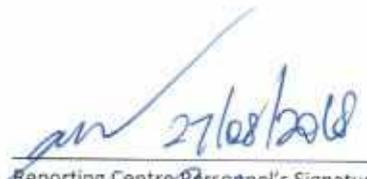
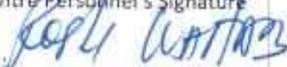
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

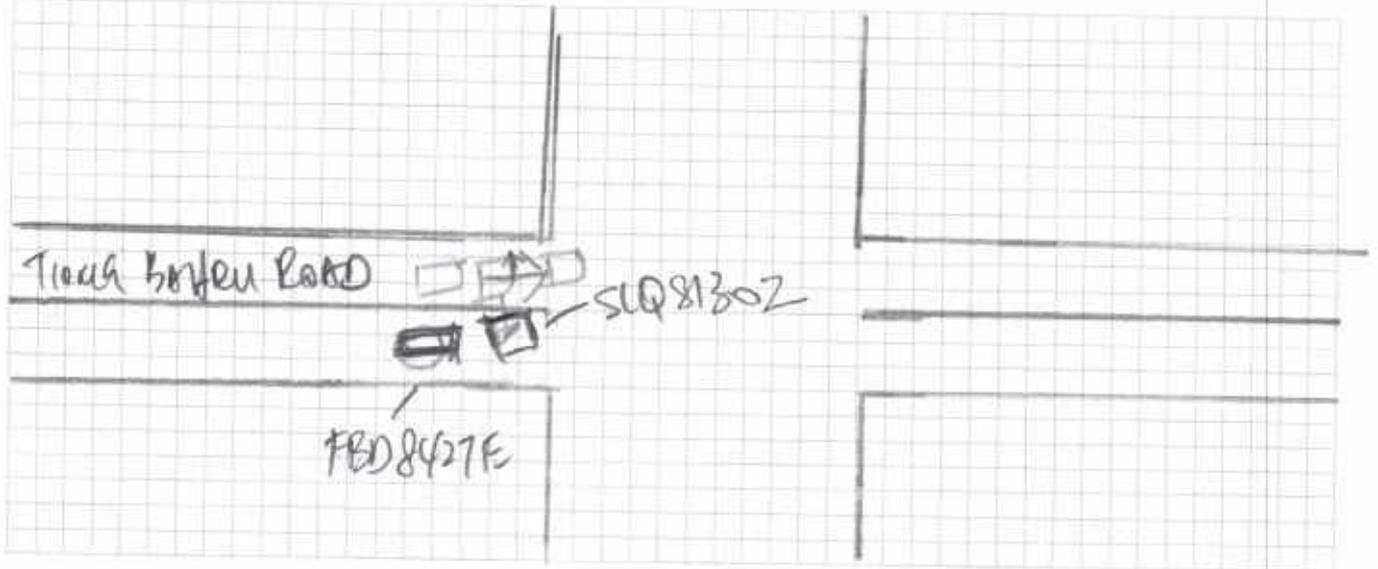
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 27/08/2018 3:50PM

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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was travelling along Tiong Bahru Road on 25 August 2018 at around 5:30pm, there I was going straight and there was 2 lanes, I was on the right lane which was clear, the left lane was congested with vehicles who wanted to turn left. ~~and~~ As it was a green light for the traffic light, I was going at around 50km/hr, AS I was approaching the junction, a Honda Vezel, vehicle number SCQ81302 swerved out of the left lane to my lane as the lane was congested and he wanted to go straight. ~~It was~~ I braked immediately to avoid a collision with him and therefore skidded on the ground. After the accident the driver admitted that it was his fault with a help of a witness, who was behind driving a car behind his car during the incident.

Witness information: Name: Moon. Number 97600856.

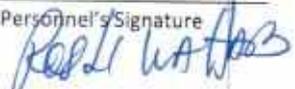
Police Report 1/20180827/2003

**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: 27 August 2018  
3:50pm

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



**SINGAPORE  
POLICE FORCE**



T/20180827/2003

1 of 4

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

Report No. T/20180827/2003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/08/2018 01:18	Vide Report No.:	Station Diary No.: 13
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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:
Occupation: Student		Driving Licence Information: Class: 2B,3A	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/08/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 TIONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Self-Skid			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD8427E	Motorcycle	YAMAHA	R15	Blue	Slightly Damaged	0
SLQ8130Z	Car	HONDA	VezeL	Black	No Damage	1

**Details of Person Involved**

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



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

Report No. T/20180827/2003

**CONTINUATION OF REPORT**

Rider			
Name	EE QIN YUN	ID No.	S9621568A
Related Vehicle	FBD8427E (Motorcycle)	Contact No.	90075116
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	26/08/2018	Date Discharge	26/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Low Chze Haw	ID No.	S6936033E
Related Vehicle	SLQ8130Z (Car)	Contact No.	81139669
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 the 25/08/2018 at about 1730hrs, I was riding my motorcycle bearing registration number FBD8427E, along Tiong Bahru Road, lane 1. At that point of time, another vehicle bearing registration number SLQ8130Z, had suddenly swerved out from lane 2 onto my lane. I would like to state that the driver immediately turned to my lane after signaling for that second, thus I was not able to stop in time. Due to that abrupt turn, I had self-skidded to prevent a collision with the vehicle.

The other vehicle had then stopped and we exchanged particulars. He then informed that it was his fault and he did not see me. Also, he had also asked for a private settlement in which I did not agree. There's an eye witness to my accident known as Moon of HP: 97600856, who was the driver behind my vehicle. I do not have his vehicle number.

Due to the accident, my motorcycle signal light is damaged and there's scratches sustained on the right side of the vehicle. I also went to Singapore General Hospital on the 26/08/2018 and was given 3 days MC. I'm still awaiting the medical report to verify if I had sustained a ligament tear on my right feet. I have also sustained scratches on my right palm.

Traffic police and ambulance also came down to scene, however I was not conveyed to the hospital by them.



**SINGAPORE  
POLICE FORCE**

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



T/20180827/2003

3 of 4

Report No. T/20180827/2003

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20180827/2003

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

4 of 4

Report No. T/20180827/2003

**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 / Staff Sgt TAN MING WEI, KELWIN	Signature Of Informant:  
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2018 01:18
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:
Authentication Stamp NP168	

**Claim Handling**

Accident NT/1009000

Policy No.	5094371833	Vehicle No.	F008427E	GST Registration No.	
Certificate No.					
Policyholder Name	WONG JAY	Cover Type	Third Party	Policyholder NRIC	S9544248Z
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91513931	Social Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
ATK	+ No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

**Accident Details**

Report Date	27/08/2018 18:53	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	25/08/2018	Time of Accident (H:Min)	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG TIONG BAHRU ROAD				

**Excess**

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

**Benefits**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

**Policyholder Mailing Address**

Address 1	BLK 587 #02-3001	Address 2	ANG MO KIO AVENUE 3	Address 3	SINGAPORE 662887
Address 4		Address Type	Singapore address	Post Code	560887
Unit No.		Related Policy Number	S100756755		

**DI Driver Info**

Driver Name	EE QIN YUN	Driver Type	Named Driver	Driver DOB	17/06/1996
Unnamed driver Name		Driver NRIC	S9621568A	Driving Experience	0
Register Date of Driver License	01/01/2018	Driver Age	22	Contact No.(Home)	
Contact No.(Mobile)	90075116	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	F008427E	Driver Insurer Company	NTLC

**Declaration**

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

**Claim 001** **2388**

**Claim Type \***

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Estimated No. Finalisation

Date Registered

Report Taken By

Print AX letter

DO-HX	Insured Name	WONG JAY	Insured NRIC	S9544
91513931	Contact No. (Home)	94529445	Contact No. (Office)	
WONG_JAY95@HOTMAIL.COM	OT Vehicle Number	F008427E	TP Vehicle Number	SLQ81
F008427E / SLQ81302 ON 25 Aug 2018				
Name of Preferred Workshop				
	Injured Liability	Not at Fault		
Yes	Ordering Repair Option	Preferred Workshop, Name unknown	GIA report	Received
	Claim Close Date	27/08/2018 18:55	Date Received	27/08/
	Report Taken By	KOSLI WANAB		

Save Submit

**Attachment**

Accident No.	NT/1009000	Claim No.	001
Last Doc. Received	Yes No	Upload Date	27/08/2018 18:56

Path \*

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		Clear	Please Select	NO	Normal	

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_80067M NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)	on 27 Aug 2018 18:56	Photos	Normal	Photos 2018-8-27



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 27 Aug 2018 18:56	Photos	Normal	Photos 2018-8-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 27 Aug 2018 18:56	Photos	Normal	Photos 2018-8-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 9 (BUKIT MERAH)) on 27 Aug 2018 18:56	Photos	Normal	Photos 2018-8-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 27 Aug 2018 18:56	Photos	Normal	Photos 2018-8-27
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 27 Aug 2018 18:55	Photos	Normal	Photos 2018-8-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 27 Aug 2018 18:55	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-27
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 27 Aug 2018 18:55	SAS	Normal	SAS 2018-8-27

Video List

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



ORIGINAL

MEDICAL CERTIFICATE

EMD2018322920

Name EE QIN YUN		NRIC No. S9621568A
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>26-Aug-2018</u> to <u>28-Aug-2018</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments :		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Singapore General Hospital	Ward No. Emergency Department Date 26-Aug-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  KULARATHNE SEMBUKUTTIGE YUDARA, 16093H

# ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 08 / 2018) (DD/MM/YYYY), TIME: (17:30) (HH:MM)

LOCATION: Tiong Bahru Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD8427E  
b) INSURANCE COMPANY: NTUC Income  
c) POLICY NUMBER: 5094371833  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Yamaha R15  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Private  
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: Wong Jon (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S95442482 CONTACT: 91513931  
c) ADDRESS: 587 Ang Mo Kio Ave 3 #02-3001 Singapore 560587

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

## DRIVER

- a) NAME: EE QIRI YUN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9621566A CONTACT: 90075116  
c) ADDRESS: Block 260 Yishun St 22 #07-105 S760760

\*d) DATE OF BIRTH: (01 / 12 / 1995) (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: SLQ8130Z MODEL: Honda Vezel  
b) DRIVER'S NAME: LOW Chee How  
c) NRIC/FIN/PASSPORT: S6936033E CONTACT: 81139669

## 9. THIRD PARTY VEHICLE

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

email = eeqiriyun@gmail.com

fax = \_\_\_\_\_

No. of passengers  
(including driver)  
(1)

No. of passengers  
(including driver)  
(2)

No. of passengers  
(including driver)

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9621568A



Name

EE QIN YUN

9007 3116 H/P

余沁芸

Race

CHINESE

Date of birth

17-06-1996

Country/Place of birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S9621568A

EE QIN YUN

Birth Date: 17 Jun 1996

Issue Date: 29 Jun 2017

002698724E

5404263



MRC 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 1B Motorcycles  $\leq 200$  C.C.  
Class 2A Motor cars without clutch pedals  $\leq 2000$  kg, with  $\leq 1$  passenger, exclusive of the driver; and motor tractors/tractors  $\leq 2000$  kg, with  $\leq 1$  passenger.

29 Jun 2017  
09 Jul 2017

S / No. 9000271309

S9621568A

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="25/08/2018 15:46"/>							
Vehicle No.(For Motor)	<input type="text" value="FB08427E"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094371833		WONG JAY	S9544248Z	GMC	Third Party	FB08427E	Virtual Insured	18/09/2017	11/10/2018
<input type="button" value="Continue"/>										



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048590  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S66550020G / 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 : \_\_\_\_\_ Vehicle Registration No: FBD 8427E  
Name (as shown in NRIC) : \_\_\_\_\_ NRIC/FIN/Passport No : \_\_\_\_\_  
(\* Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : \_\_\_\_\_ Time of Accident : \_\_\_\_\_  
Place of Accident : \_\_\_\_\_  
Insurance Company : \_\_\_\_\_

**(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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Q  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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