

**NATIONAL Assessment Centre Services** (wef 1 Jan 05)

Date In: <b>03/09/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC 18015981/18</b>	SAS e-filing		
Veh No: <b>SJN5543U</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>02/09/18 1445</b>	i-Motor Claim Form	<b>MT/009900 - 001</b>	
OD: <b>(TP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( **N-51** ) Tel: Fax: )

TP Particulars:	Veh No: <b>5CM7898U</b>	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

NA1805576	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
<b>Driver/Owner:</b>	3) TF : Towing Fee \$40/\$45			
	4) FT : Follow-Through Survey \$120			
<b>Contact No:</b>	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
<b>Damaged Portion:</b>	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
<b>QC Checked by (Engr-In-Charge):</b>	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
<b>Auditors' Comments :-</b>	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
<b>Cat. 1:</b>	TP (N11) : TP (Non INC) against INC \$20			
<b>Cat. 2 / 3:</b>	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	03/09/2018 11:29
Date Of Accident	02/09/2018 14:45
Exact Location Of Accident	UPP SERANGOONRD TWDS SENGKANG EAST DR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2543U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	REBECCA ASHLEY WONG YASHI (REBECCA ASHLEY HUANG YA
NRIC No	S8132181G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96821171
Alternative Phone No	OTHERS-96821171

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081067795-02
Cover Note Number	

### Driver

Name of Driver	REBECCA ASHLEY WONG YASHI (REBECCA ASHLEY HUANG YA
NRIC No	S8132181G
Date Of Birth	15/10/1981
Occupation	INDOOR
Date Of Driving Pass	02/04/2001
Driving Experience	17 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96821171
Fax Number	
Contact Number	OTHERS-96821171
EMail Address	NOEMAIL

Address	12 ROBEY CRESCENT #02-05
Postcode	546290
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SLM7898U
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:

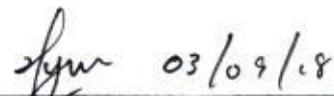
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



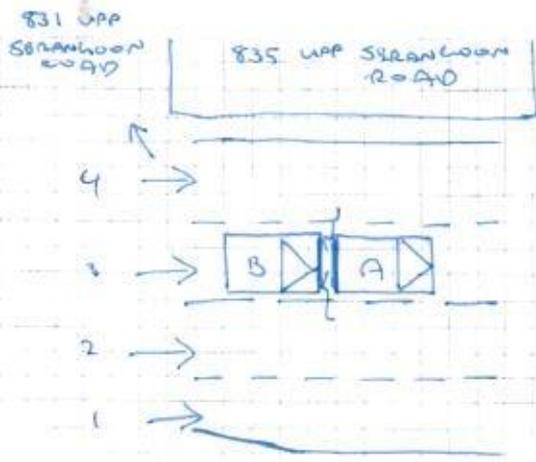
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

**SKETCH PLAN**

VEHICLE A - SJN 2543U  
 VEHICLE B - SLM 7898U



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

MY VEHICLE WAS STATIONARY STOPPED, DUE TO THE RED SIGNAL TRAFFIC LIGHT. I WAS ON THE THIRD LANE.

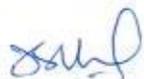
WHILE WAITING, AND WHICH SUDDENLY I FELT A IMPACT FROM THE REAR OF MY VEHICLE, AND SO I ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH CAR PLATE NUMBER (SLM 7898U) HAD COLLIDED TO THE REAR OF MY VEHICLE.

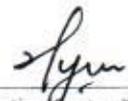
VEHICLE A - SJN 2543U  
 VEHICLE B - SLM 7898U

**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:

 03/09/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

<b>Vehicle No.</b>	SJN 2543U		<b>Model / Make</b>	HONDA FIT
<b>Date of Accident</b>	02/09/2018			
<b>Time of Accident</b>	1445 HRS			
<b>Location of Accident</b>	UPPER SERANGOON ROAD TOWARDS SENKANG E DR			
<b>Exact purpose use during accident</b>	PRIVATE USE			
<b>Name of Owner</b>	REBECCA ASHLEY WONG YASHI			
<b>Telephone No.</b>	H/P: 9672 1171	Home:	Office:	
<b>NRIC</b>	S 8132181 G			
<b>Address</b>	12 ROBBY CRESCENT #02-05 D'ZINE S(546290)			
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY	
<b>Insurance Company</b>	NTMC			
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	5081067795 - 02			
<b>Name of Driver</b>	As Above If No,			
<b>NRIC</b>	Any Passengers: NIL			
<b>Date of birth</b>	15 OCT 1981			
<b>Occupation</b>	Outdoor / Indoor			
<b>Driving License Pass Date</b>	02/04/2001			
<b>Gender</b>	Male / Female			
<b>Contact No.</b>	H/P:	Home:	Office:	
<b>Address</b>				
<b>Driver have any own vehicle</b>	No	If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state	OWNER	
<b>Weather condition</b>	Clear	Raining	Other	
<b>Road Surface</b>	Dry	Wet	Other	
<b>Any Injuries</b>	No	If Yes, Who?		
<b>Name And Contact No.</b>				
<b>Name And Contact No.</b>				
<b>Police Report</b>	No	If Yes, Where?		
<b>Vehicle B No.</b>	SLM 7898U	Any Passengers:		
<b>Name of Driver</b>	Contact No.:			
<b>Vehicle C No.</b>	Any Passengers:			
<b>Vehicle D No.</b>	Any Passengers:			
<b>Vehicle E no.</b>	Any Passengers:			
<b>Vehicle F No.</b>	Any Passengers:			
<b>Vehicle G No.</b>	Any Passengers:			
<b>Witness Name</b>	Witness Contact:			
<b>Accident Portion</b>	REAR			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>				
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?				
				Yes / No
<b>PARTICULAR WORKSHOP</b>	N-SI AUTOMOTIVE PTE LTD			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>				
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n5i.com.sg			

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8132181G



Name  
REBECCA ASHLEY WONG  
YASHI  
(REBECCA ASHLEY HUANG  
YASHI)

Race  
CHINESE  
Date of birth  
15-10-1981  
Country of birth  
SINGAPORE

Sex  
F  
S8132181G

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8132181G  
Name  
REBECCA ASHLEY WONG  
YASHI  
(REBECCA ASHLEY HUANG  
YASHI)

Birth Date: 15 Oct 1981  
Issue Date: 09 Jun 2003



4806744

NRIC No: S8132181G



黄雅诗

Date of issue  
29-12-2011

12 ROBEEY CRESCENT #02-05  
SINGAPORE 548290

NRIC No: S8132181G

Date: 07/08/2015

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

02 Apr 2001

NP 428A



Licence No: S8132181G

## 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)

<b>Certificate Number:</b> 5081067795-02	<b>Cover :</b> drivo CLASSIC
1. Index mark and Registration Number of Vehicle	: <b>SJN2543U</b>
Chassis Number	: GE61085574
2. Name of Policyholder	: REBECCA ASHLEY WONG YASHI (REBECCA ASHLEY HUANG YASHI)
3. Effective Date of Insurance	: 10 Aug 2018
4. Expiry Date of Insurance	: 09 Aug 2019
5. Persons or Classes of Persons entitled to drive#	
(a) The Policyholder.	
(b) Any other person who is driving on the Policyholder's order or with his/her permission.	
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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: REBECCA ASHLEY WONG YASHI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

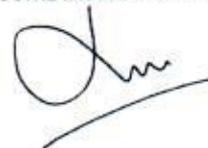
Agency : Sally Ong Lay Hong (00000583933)  
 Date of Issue : 22 Jul 2018 22:54 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Countersigned By:

\_\_\_\_\_  
 Authorised Officer



\_\_\_\_\_  
 Chief Executive

**Claim Handling**

**Accident MT/1009900**

Policy No.	5081067795-02	Vehicle No.	SJN2543U	GST Registrat
Certificate No.				
Policyholder Name	REBECCA ASHLEY WONG YASHI (REBECCA ASHLEY HUANG YASHI)			Policyholder I
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96821171	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

**Accident Details**

Report Date	03/09/2018 16:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/09/2018	Time of Accident hh:mm	14:45	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	UPP SERANGOONRD TWDS SENGKANG EAST DR			

**Excess**

Own damage Excess	600.00	Additional Excess	0	Windscreen E
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

**Benefits**

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	12 ROBESY CRESCENT	Address 2	#02-05 D'ZIRE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	02-05	Related Policy Number	5081067795-02	

**OI Driver Info**

Driver Name	REBECCA ASHLEY WONG YASHI	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S8132181G	Driving Exper
Register Date of Driver License	02/04/2001	Driver Age	36	Contact No.(I
Contact No.(Mobile)	96821171	Contact No.(Office)	0	Address 3
Address 1	12 ROBESY CRESCENT	Address 2	D'ZIRE	Post Code
Address 4		Address Type	Singapore address	
Unit No.	#02-05			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insure

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Modification History

**Claim 001 OD-MX**

**New**

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	96821171	Contact No. (Home)	
Email Address	BEC1510@GMAIL.COM	OI Vehicle Number	
Claim Description	SJN2543U / SLM7898U ON 2 Sept 2018		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered		Preferred Repair Option	Preferred Workshop (refer below)
Report Taken By		GIA report	Received
		Claim Close Date	03/09/2018 16:53
		Workshop Repairer	ROSLINDA

Print AK letter

Save Submit

**Attachment**

Accident No. MT/1009900 Claim No. 001  
 Last Doc. Received  Yes  No Upload Date 03/09/2018 00:00

Path \*

Choose File	No file chosen	Clear	Category *	Confid
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Choose File	No file chosen	Clear	Please Select	NO
Message Read				

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2018 16:53		NRIC/ Driving License	Normal	NRIC/ D
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2018 16:53		SAS	Normal	
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2018 16:53		Photos	Normal	
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2018 16:53		Photos	Normal	
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2018 16:53		Photos	Normal	
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2018 16:53		Photos	Normal	
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2018 16:53		Photos	Normal	
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 03 Sep 2018 16:53		Photos	Normal	

**Video List**

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