

NATIONAL Assessment Centre Services (wef 1 Jan 2005) <b>MAA 18134124</b>			
Date In: <b>15/10/2008 20:36</b>	Job description	Date & Time Completed	Done by
Ref No: <b>18134124/8910/4</b>	SAS e-filing		
Veh No: <b>SLG 4910T</b>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <b>14/10/2008 07:00</b>	i-Motor Claim Form	<b>17/10/2008-001</b>	<b>16/10/2008 09:58</b>
OD: TP- <u>Reporting Only</u>	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: <b>FBJ 1862 E</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

<b>MAA 18134124</b>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
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			
	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*			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20			
Dat. 1:	9) N12: Idac Mobile \$0			
Dat. 2 / 3:	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 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. 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	15/10/2018 20:36
Date Of Accident	14/10/2018 07:00
Exact Location Of Accident	STADIUM WALK SLIP ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4910T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OR YUECHANG, STEPHANIE
NRIC No	S8633180B
Email Address	STEF.OR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96719682
Alternative Phone No	OTHERS-96719682

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093504703-01
Cover Note Number	

### Driver

Name of Driver	OR YUECHANG, STEPHANIE
NRIC No	S8633180B
Date Of Birth	15/11/1986
Occupation	INDOOR
Date Of Driving Pass	20/04/2009
Driving Experience	9 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96719682
Fax Number	
Contact Number	OTHERS-96719682
EMail Address	STEF.OR@GMAIL.COM



Address	BLK 341 UBI AVENUE 1 #02-899
Postcode	400341
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	RAINING
Road Surface	WET

#### 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)	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

PLEASE REFER TO SKETCH PLAN

#### 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	FBJ1868E
Vehicle Make/Model/Colour	HONDA CB400X
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LIM JIE FENG
NRIC/Passport Number	S9421387H
Contact Number	96971355
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:

15/10/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

15/10/18

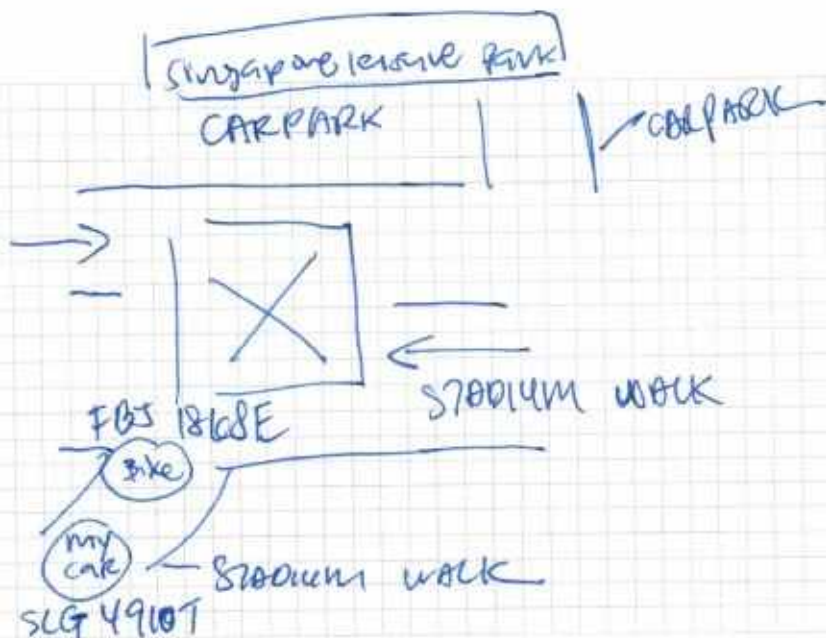
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was raining. I was turning left to enter the carpark at the Singapore Leisure Park. There was a motorcycle (FBJ 1868E), a Honda cb400x waiting there as well.

I thought he was going to drive off and I was not able to stop in time. My car knocked into his motorcycle.

I got down to check on him. He had no <sup>visible</sup> injuries. He said he will send his bike to the workshop and let me know the damage.

We exchanged numbers and NRIC numbers and parted.

He was able to ride his motorbike and left the accident scene.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 15/10/18

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15/10/18

Reporting Centre Personnel's Signature  
Name: 15/10/2018  
NRIC/FIN No.:

## Claim Handling

Accident MT/1015806

Policy No.	5093504703-01	Vehicle No.	SLG4910T	GST Registration No.	
Certificate No.				Policyholder NRIC	S86331808
Policyholder Name	QA YUECHANG, STEPHANIE	Cover Type	drive PREMIUM	Loading	0
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	96719682	Special Remark		eCode	Nil
Email Address		TCA	= No - Yes	eCode Reason	
RFA	= No - Yes	NCD Entitlement(%)	10	Private Hire	No
NCD Protection	No				
<b>▼ Accident Details</b>					
Report Date	16/10/2018 09:54	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	14/10/2018	Time of Accident hh:mm	07:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	STADIUM WALK SLIP ROAD				
<b>▼ Excess</b>					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>▼ Benefits</b>					
Coverage		Sum Insured	9999999.99		
Excess Waiver			2000		
Accessory					
<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 341 #02-899	Address 2	UBI AVENUE 1	Address 3	SINGAPORE 400341
Address 4		Address Type	Singapore address	Post Code	400341
Unit No.		Related Policy Number	5093504703-01		
<b>▼ OI Driver Info</b>					
Driver Name	QA YUECHANG STEPHANIE	Driver Type	Main Driver	Driver DOB	15/11/1986
Unnamed driver Name		Driver NRIC	S86331808	Driving Experience	9
Register Date of Driver License	01/01/2009	Driver Age	31	Contact No. (Home)	
Contact No. (Mobile)	96719682	Contact No. (Office)		Address 3	SINGAPORE 400341
Address 1	BLK 341 #02-899	Address 2	UBI AVENUE 1	Post Code	400341
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SLG4910T		
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes = No		

Modification History













Claim 001 New

Claim Type *	OD-MX	Insured Name	QA YUECHANG, STEPHANIE	Insured NRIC	S86331808
Contact No. (Mobile)	96719682	Contact No. (Home)	67420098	Contact No. (Office)	
Email Address	stef.or@gmail.com	Vehicle Number	SLG4910T	TP	FB1105
Claim Description	SLG4910T / FB1105 ON 14 OCT 2018			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
Report No. Finalisation	Yes	Preferred Workshop, Name unknown		Claim Close Date	16/10/2018 09:58
Date Registered				Date Received	16/10/2018
Report Taken By	ROSLE WANAB				
Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1015806	Claim No.	001
Last Doc. Received	Yes No	Upload Date	16/10/2018 09:58
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Choose File	No file chosen	Please Select	NO
Message Read			
Attachment List		Urgency *	Normal

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:58	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:58	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:58	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:58	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:58	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:58	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:58	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:58	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:58	Photos	Normal	Photos 2018-10-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:58	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-16
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Oct 2018 09:58	SAS	Normal	SAS 2018-10-16
				
Video List	Uploaded By/Date	Folder Date	File Name	Source
			Display in New Window	Scan and uploading



# ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 10 / 2018 (DD/MM/YYYY) TIME: 07:00 (HH:MM)

LOCATION: WBLK STADIUM BOULEVARD SLIP ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 4910T  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5093504703-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: VOLVO VAGEN GOLF  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) HATCHBACK  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL USE  
 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: OR YUECHANG STEPHANIE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8633180B CONTACT: 96719682  
 c) ADDRESS: B1K 341 UBI AVENUE 1 #02-899 J (400341)

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

## DRIVER

- a) NAME: OR YUECHANG STEPHANIE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8633180B CONTACT: 96719682  
 c) ADDRESS: B1K 341 UBI AVENUE 1 #02-899 J (400341)

\* d) DATE OF BIRTH: 15 / 11 / 1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20 APR 2009

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

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBJ 1868E MODEL: HONDA CB400X  
 b) DRIVER'S NAME: LIM JIE FONG  
 c) NRIC/FIN/PASSPORT: S9421387H CONTACT: 96971355

## 9. THIRD PARTY VEHICLE

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

EMAIL = stef.ora@gmail.com

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8633180B



Name

OR YUECHANG, STEPHANIE

胡月嫦

Race

CHINESE

Date of birth

15-11-1986

Country/Place of birth  
SINGAPORE

Sex

F



5811490



NRIC No. S8633180B



Date of issue

09-10-2017

Address

APT BLK 341 UBI AVENUE 1  
#02-899  
SINGAPORE 400341

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8633180B

Passes

OR YUECHANG, STEPHANIE

Birth Date: 15 Nov 1986

Issue Date: 20 Apr 2009



001732843J

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

VALID DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 20 Apr 2009



Licence No: S8633180B

NP 428A

[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="14/10/2018 17:56"/>
Vehicle No.(For Motor)	<input type="text" value="SLG4910T"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093504703-01		OR YUECHANG, STEPHANIE	S8633180B	GPC	drive PREMIUM	SLG4910T	SLG4910T	30/09/2018	29/09/2019