NATIONAL Assessment Centre Service	PS 1901 : 191501	- 1 · · · · · · · · · · · · · · · · · ·	
Dute In 06/12/2018 13:06 Jeb desc		Date & Time Completed	Done by
Reino NA/INC18021965/F4 SASE-		Date to this only letos	
01-1-1	(within 8hrs, AIC 2hrs)	1	
	or Claim Form	M+ 1023802	-mal 2/12/18 6
		MT/1022883	-001 ((12/Us o
OD : F Ecoporum Only	or W/O (Within: OD 2hr o Uploaded	s TP 4hrs)	
I P Insurer	ment/Survey Report	Owner/Wisen	
Preferred Wksp / INC Assign Wksp / QW: (eport by Fax / Hand		
	- (75 INC)	RESERVE	Fax:
Owner / Driver: (567 E. INC(
Policy No: () Period: (Tel:	
	7	Cover Type: (
Confirmed by : (Insured/Driver Liability: (%) [Note-Est. St	Date:	Time:	1009()
	'ES ()/NO (0%; P: 21-79%. P: 80-	100%]
	\$2,000()	'	
General Remarks:	52,000 ()	93/863/11/11/11/11	
() Walk-In Customer: Customer's information stric	dly Confidential & St	MAN ROLL AND STORE OF SOR STORE	
() Total Liss Case : to e-mail Insurer URGEN		nctly NO rater of repairer	
		· · · · · · · · · · · · · · · · · · ·	
Drive-In () / Towed-In (); Invoice: YES ()/NO();T	'owing Co: (
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done by
Apply for Transport Allowance () / Courtesy Car	r()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
Injury:			
Date/Time Actions	S1000000000000000000000000000000000000		STROUGHT FOR THE
Date Time Actions		dh Seedda Pelitsi Amerik	WEER 4 1.1 3 A. 13 E
			
NA1807973	Invoice Pro	eparation Checklist	Anit (\$) Anit (\$ 1st Bill Add Bi
linimant's Particulars :-	1) AR : Accider	t Reporting (\$30);	
	2) DA : Damage 3) TF : Towing	: Assessment (\$100); INC (40/\$45
Oriver/Owner:	4) FT : Follow-	Through Survey Through Survey (Resurvey)	\$120 \$30
Contact No:	For claiming	against INC Only (wef 10 Jan 20	05)
Samäged Portion:	6) TR: Re-iusp 7) N1: Idae DA	ection + SMRT Survey	\$75 \$160
3	8) NTUC Addit		
C Checked by (Engr-In-Charge):	OD* *N5: Courter	ry Car / Tpt Allowance	55
	*NG; Repair	Co-ordination pair Inspection	\$10
Auditors' Comments :-	*N8: DV / C	ollect Excess Coordination	\$5
at. L.	TP (N11) : T 9) N12: Idee M	P (Non INC) egainst INC obile	\$20
Int. 2 / 3:	Invoice dated	Pee Charge	AKAT?

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 witholding 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.
- 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.

aforesaid.	
A STATE OF THE STA	ACCIDENT STATEMENT
Date Of Report	06/12/2018 13:06
Date Of Accident	05/12/2018 18:20
Exact Location Of Accident	PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ6054K
Insured/Policyholder	
Name Of Registered Owner	YEO TING HING
NRIC No	S1575582B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96742041
Alternative Phone No	OTHERS-96742041
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO
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	5086789321-01
Cover Note Number	

Driver

 Name of Driver
 YEO TING HING

 NRIC No
 \$1575582B

 Date Of Birth
 31/07/1963

 Occupation
 INDOOR

 Date Of Driving Pass
 19/08/1982

Driving Experience 36 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96742041

Fax Number

Contact Number OTHERS-96742041

EMail Address NOEMAIL

BLK 213 YISHUN STREET 21 Address

#08-165

Postcode 760213

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)

2

Passenger 1

NAME: : NIL

GENDER: : FEMALE

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? Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLX5567E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver ZHU BOWEN NRIC/Passport Number S8466133C Contact Number 96421206

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.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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.

Polleyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Sign

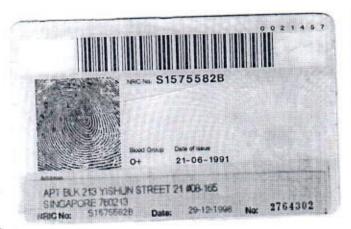
Name:

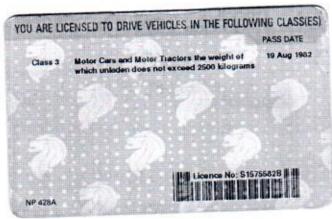
NRIC/FIN No .:

A-SLJ60 B-SLX53		PANA CAS CLEER	UB	TAVE 3		
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	18				
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ECLARATION						
We declare the foregoing parti	culars are true in every	y respect.			1 12	
11 11/	//	11/		\.	- 6/12	2018
olicyholder y Signature	Driver's Signatu	7	201	Reporting Centre Per	sonnel's Signature	- 8
ayle & Time!	(If driver is not Date & Time:	the policyholder)		Name: NRIC/FIN No.:		











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: 5086789321-01 Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle : SU6054K

Chassis Number : MR053DK5100108677 2. Name of Policyholder : YEO TING HING 3. Effective Date of Insurance : 19 Dec 2017

4. Expiry Date of Insurance : 18 Dec 2018

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) : \$\$600 EXCESS (SECTION 2) + N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS N/A UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP · YES INSURE WITH COE : YES NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO PRIMARY DRIVER : YEO TING HING

NAMED DRIVER (1) : WEE LAY KENG NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : UNITED OVERSEAS BANK LIMITED

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)

: YEO TING HING (00000519203) Agency Date of Issue : 14 Dec 2017 16:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech		GeneralClaim						alClaim			
Hello, NAC_PAYA_UBI_80	0601				NAMES OF STREET		, Chang	e Languag	e ! Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy t	No.				Date	of Accident		05/12/2018	18:20	
	Vehicle	No.(For Motor)	SLJ605	54K		Certi	ificate Numbe	r			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5086789321- 01		YEO TING HING	S1575582B	GPC	drivo PREMIUM	SLJ6054K	SLJ6054K	19/12/2017	18/12/2018
						Continue	1				

Policy Information

Policy No.	5086789321-01	Policyholder Name	YEO TING HING	Policyholder NRIC	S1575582B
Certificate				Wile	
Address	BLK 213 #08-165 YISHUN STR	REET 21 SINGAP	ORE 760213		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	14/12/2017	Effective Date	19/12/2017 00:00		18/12/2018 23:59
hird arty xcess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
\gent	YEO TING HING	Agent Tel.	96742041	GST Flag	Y
Co- nsurance Flag	No				
Open Policy Info					
Certificate nfo					
Policyh	nolder Mailing Address				
ddress 1	BLK 213 #08-165	Address 2	YISHUN STREET 21	Address 3	SINGAPORE 760213
odress 4		Address Type	Singapore address	Post Code	760213
Init No.		Related Policy Number	5086789321-01		
1 Insure	d Object: SLJ6054K				
Endors	ements				

Continue Cancel

Claim Handling Accident MT/1022883

Policy No.	5086789321-01	Vehicle No.	SLJ6054K	G	ST Registration N
Cortificate No.					
Policyholder Name	YEO TING HING			Pr	olicyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM		oading
Circact No.(Mobile)	96742041	Contact No.(Office)	0		ontact No.(Home)
Email Address		Special Remark	37		Code
K) K	= No Yes	TCA	No Yes		Code Reason
NCD Protection	Yes	NCD Entitlement(%)	50		ivate Hire
P Accident Details		0.0000000000000000000000000000000000000		-	ivace mire
Roport Date	07/12/2018 09:38	Accident Report Within 24 hrs	Yes	Α.	ccident Type
Date of Accident	05/12/2018	Time of Accident hh:mm	18:20		and the state of the state of
Reporting Centre		Orange Force	10.20		ountry of Acciden
Accident Location	PAYA LEBAR ROAD			ic	M No.
Excess					
Diwn damage Excess	600.00	Additional Excess	0	· ·	and the second section
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	.0		indscreen Excess
Third Barty Excess	0.00	Outside Singapore TP Excess		600.00	
▽ Benefits		Catalde Shigapore IF Excess		0.00	
→ GST Registered Informa	tion				
GST Registered	No		CET Peristration	D-14-	
GST Registration No.	237		GST Registration		Yes
Modification History					763
Policyholder Mailing Add	iress				
Address 1	BLK 213 #08-165	Address 2	YISHUN STREET 21	Ac	idress 3
Address 4		Address Type	Singapore address	Po	st Code
Unit No.		Related Policy Number	5086789321-01		
OI Driver Info					
Driver Name	YEO TING HING	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1575582B	Dr	iver DOB
Register Date of Driver License	01/01/1990	Driver Age	55	Dr	iving Experience
Contact No.(Mobile)	96742041	Contact No.(Office)	0	Co	intact No.(Home)
Address 1	BLK 213	Address 2	YISHUN STREET 21	Ad	ldress 3
Address 4		Address Type	Singapore address	Po	st Code
Unit No.	#08-165				
Does he own a Singapore Registered dar?	Yes • No	Driver Vehicle No.		Dri	iver Insurer Com
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					
Claim 001 OD-MX New					
HEN HEN					
Claim Type •			OD-	MX Ins	sured YEO TIP
Contact No.(Mobile)			9674		ntact
			SO verso		ome)
Email Address			thon	nas.yeo@income.com.sg Vel	hicle SL3605 imber
Claim Description			SL16	054K / SLX5567E ON 5 Dec 20	18
Preferred Workshop	Insured Liability Not at I	Escale -			
		Fault T			
Conwet No. Yes	Repair Preferred Workshop	Name unknown GIA Gestland			
Control Yes Cate Registered	110000	CII -	07/1	Cla 2/2018 09:47 Cla	
Finalisation 199	Repair Preferred Workshop	Name unknown GIA Gestland		2/2018 09:47 Cla Dat	ise
Finalisation 199	Repair Preferred Workshop	Name unknown GIA Gestland		2/2018 09:47 Clo Dat	ise

Save Submit

Attachment

ceident No.	MT/1022883	Claim No.		001	
ast Doc. Received	* Yes O No	Upload Date		07/12/2018 09:45	
	Path *			Category *	Confidential
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Choose File No file chosen	r.		Clear	Please Select	▼ NO
Chaose File No file chosen			Clear	Please Select	• NO
Chaose File No file chosen	ka		Clear	Please Select	▼ NO
Choose File No file chosen	67		Clear	Please Select	▼ No
Choose File No file chosen			Clear	Please Select	▼ NO

	Company of the Control	Sec. 16.	40.00
Att	tachm	ant.	LIST

Attachment	Uploaded By/Date	Category	9	Urgency	Des
4. AM	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 09:46	NRJC/ Driving License		Normal	NRIC/ Driving
13	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 09:43	SAS		Normal	SAS 2
(四個	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 09:43	Photos		Normal	Photos
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 09:43	Photos		Normal	Photos
1206	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 09:43	Photos		Normal	Photos
No.	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 09:43	Photos		Normal	Photos
- acy2	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 09:43	Photos		Normal	Photos
- 000	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 09:43	Photos		Normal	Photos
76091)	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 09:43	Photos		Normal	Photos
	NAC_PAYA_UB1_80D6D1(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 09:43	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 09:43	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 09:42	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 09:42	Photos		Normal	Photos
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 09:42	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 09:42	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 09:42	Photos		Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Dec 2018 09:42	Photos		Normal	Photos
Video List					

Uploaded By/Date

Folder Date

File Name