NATIONAL Assessment Centre Services. | West 1 Jamos MHAI 19026810 Done by Date &Time Completed Jeb description Date In: 26 1/19-1626 Rest No: NA LINE 19063619 he SAS e-filing Vch No: JY 7471 E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form 21/1/19 16.36. D.O.A : MT 1037763-001 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD : TP / Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Preferred Wksp / INC Assign Wksp / QW: (Veh No: (7 INC ()/Non-INC (TP Particulars: Tayout Tel: Owner / Driver: (Policy No: (Period: (Cover Type: (Time: Confirmed by : (Date: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] Insured/Driver Liability: (Warranty: YES ()/NO(Year of Registration: (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.); Towing Co: (Drive-In ()/ Towed-In (); Invoice: YES () / NO (Remarks:- (INC hotline: 6788 6616) Date&Time Completed Done by 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Amt (3) Invoice Preparation Checklist WA 19 0 1490 " 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): \$5 *NS: Courtesy Car / Tpt Allowance 510 *N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors' Comments :-*N8: DV / Collect Excess Coordination 55 TP (N11): TP (Non INC) against INC \$20 Cat. 1: 301 9) N12: Idac Mobile **公约**了2的 Fee Charges Cat. 2/3: Involce dated Fee Charged Invoice dated

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.
- 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	26/02/2019 16:26
Date Of Accident	26/02/2019 13:30
Exact Location Of Accident	JLN BOON LAY TWDS AYE BEFORE JUNC INTERNATIONAL RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY7431T
Insured/Policyholder	
Name Of Registered Owner	POR YUAN FENG
NRIC No	S8529444Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97388880
Alternative Phone No	OFFICE-97388880
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR
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
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103867040
Cover Note Number	
Driver	
Name of Driver	POR YUAN FENG
NRIC No	S8529444Z
Date Of Birth	07/09/1985
Occupation	OUTDOOR
Date Of Driving Pass	02/05/2007
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97388880
ax Number	
Contact Number	OFFICE-97388880
Mail Address	NOEMAIL

Address

BLK 554 BEDOK NORTH STREET 3

#10-239

Postcode

460554

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 - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) 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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO 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

SJT9409Y

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

Contact Number

NRIC/Passport Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

91165595

DETAILS OF INJURED PERSON 1

Name

POR YUAN FENG

Page 2 of 18

Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

BODY SJY7431T YES NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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)

Lunderstand, acknowledge, agree and consent that:

- 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)
 - (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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) 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 .:

KETCH PLAN	trong
The state of the s	17/ 200
JLN BOON LAY TOWARDS ATE	/ 2
Nac Last	
→ T	
	(A) SJY 7431 T.
	(0) 231 /431/
	(B) 32T 9409 Y.
	(E) 20/ //-/
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
2	
On 26/02/19 at @ 1330 hs	, I was travelling in my websel

On 26/02/19 at @ 1330 hs, I was travelling in my wehrele
(SJY 7431 T) along The Rose Law towards the direction of Auz of
the junction of Internetional Road on the third lane from the left. with my lone going straight. Suddenly, a service (827 94094) on my left cut into my path and collided onto the left front portion of my whiche.
with my love going straight. Suddenly a schiele (875 9409 Y)
on my left cut into my path and collided onto the left
front portran of my whiche.
· · · · · · · · · · · · · · · · · · ·

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

Vehicle No.	SJY 7431 T. Model/Make Kru. Cerato Forte.
Date of Accident	26/02/19.
ime of Accident	1330·HRS
ocation of Accident	Iln Boon Lay towards AYZ before junction International Ro
xact purpose use during accid	
Name of Owner	Por Yuan Feng.
Telephone No.	H/P: 9788 8880 Home: Office:
NRIC	3 8529444 Z.
Address	B 45 554 Bedok North 313 # 10-239 (8) 46ass4.
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTU C.
Type of Coverage <	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5103867040
Name of Driver <	As Above IP No,
NRIC	Any Passengers: N-A.
Date of birth	07/09/1985
Occupation	Outdoor / Indoor
Driving License Pass Date	00 /05/2007
Gender	Male Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No.
Relationship	Employee, If no, state Owner
Weather condition <	Clear Raining Other
Road Surface <	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Por Yuan Feng (+1/1: 9738 8880)
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	3JT 9409 Y. Any Passengers: N.A.
Name of Driver	Contact No.: 9116 5595"
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	N-A Witness Contact: N-A-
Accident Portion	Left Side.
Camera Recorder	Yes (No.)
Email Address	shadowles @ gmact. com.
PARTICULAR WORKSHOP	Twincar
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Guixin -
FAX NO	6741 0510



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8529444Z





POR YUAN FENG



CHINESE 07-09-1985 Country/Place of birth SINGAPORE

111294415

5405109.

TU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES S/No. 9000108627

APRIC No. S8529444Z



05-09-2015

APT BLK 554 BEDOK NORTH STREET 3 #10-239 SINGAPORE 460554



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: 5103867040

1. Index mark and Registration Number of Vehicle

: SJY7431T

Chassis Number

: KNAFU411MA5227316

Cover : drivo CLASSIC

2. Name of Policyholder

: POR YUAN FENG

3. Effective Date of Insurance

446 0000

. - . - . .

: 14 Sep 2018

4. Expiry Date of Insurance

: 28 Sep 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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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)
 : \$\$2,000

 EXCESS (SECTION 2)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$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 : POR YUAN FENG

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : POWER FINANCE PTE LTD

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

: KHC HOLDINGS PTE LTD (00000613934)

Date of issue

: 14 Sep 2018 11:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

KHC HANDINGS PTE LTD 350A BALS CAPORE 329798

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech									Genera	alClaim
Hello, NAC_PAYA_UBI_80 My Desktop	Policy Query					• Change	Language	• Chan	ge Password	• Log Out
Notice of Loss	Palicy No. Vehicle No.(Far Motor)	SJY743	17			of Accident	[2	6/02/2019	13:30	
	Select Policy No.	Certificate Number	Policyholder Name POR YUAN	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5103867040		FENG	585294442	GPC	CLASSIC	SJY7431T	SJY7431T	14/09/2018	28/09/2019

▽ Poli	cy Information						
Policy No.	5103867040	Policyholder Name	POR YUAN	FENG	Policyholder NRIC	S8529444Z	
Certificate No.					.,,,,,,		
Address	BLK 554 #10-239 BEDOK NORTH	STREET 3 S	INGAPORE 4	60554			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	14/09/2018	Effective Date	14/09/2018	3 00:00	Expiry Date	28/09/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288		GST Flag	Υ	
Co- insurance Flag Open Policy Info Certificate Info	No						
Policyh	older Mailing Address						
Address 1	BLK 554 #10-239	Addre	ss 2	BEDOK NORTH ST	REET 3	Address 3	SINGAPORE 460554
Address 4		Addre	ss Type	Singapore address		Post Code	460554
Unit No.		Relate Numb	ed Policy er	5103867040			
1 Insure	d Object: SJY7431T						
♥ Endors	ements						
Sequen	ce Date of Endorsemen		Endorsement	_	Endorsement		Endorsement Content

aim Handling cident MT/1033763					
cy No.	5103867040	Vehicle No.	SJY7431T	GST Registration No.	
tificate No.					
cyholder Name	POR YUAN FENG			Policyholder NRIC	S8529444Z
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0.
ntact No.(Mobile)	97386880	Centact No.(Office)	0	Contact No.(Home)	0
nel Address		Special Remark		eCode	N. V
K	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	. I m
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	26/02/2019 16:35	Accident Report Within 24 hrs	Yes	Acadent Type	Collision - Change / Cross lane
te of Accident	26/02/2019	Time of Accident Philimm	13:30		
sorting Centre	S-770000000000	Orange Force	12.00	Country of Accident	Singapore
ident Location	JUN BOON LAY TWOS AYE BEFORE JUNC D			ICM No.	
Excess	THE BOOM DATE WAS AT E BEFORE JONE IS	ALEMAN TOWAL RD			
n damage Excess	2,000.00				
named Driver Excess	550000000	Additional Excess	0	Windscreen Excess	100,00
rd Party Excess	0.00	Outside Singapore OD Excess	2,000.00		
	1,500.00	Outside Singapore TP Excess	5,500.00		
Benefits	00000				
GST Registered Informa					
Registration No.	No		GST Registration Date	1000	
diffication History			GST Status Verified	Yes	
No. of the Control of					
Policyholder Mailing Ad	dress				
iress 1	BLK 554 #10-239	Address 2	BEAAN WARNS COMMENT &	Address: *	Managar Contract
oress 4	MAN AND THE AND		BEDOK NORTH STREET 3	Address 3	SINGAPORE 460554
dress 4 it No.		Address Type	Singapore address	Post Code	450554
OI Driver Info		Related Policy Number	5103867040		
ver Name	NOT WITH THE	12070			
named driver Name	POR YUAN FENG	Driver Type Driver NRIC	Main Driver	en comment	22.0011.12
pater Date of Driver License.	02/05/2007		585294442	Driver DOB	07/09/1985
Mact No. (Mobile)	97388880	Driver Age	33	Driving Experience	11
		Contact No.(Office)	0	Contact No.(Home)	0
fress I	BLK 554	Address 2	BEDOK NORTH STREET 3	Address 3	SINGAPORE 460554
tress 4		Address Type	Singapore address	Post Code	460554
e No.	10-239				
es he own a Singapore gistered car?	O Yes ® No	Driver Vehicle No.		Driver Insurer Company	
deration					
athalyser or Blood Test iding?	0 mg	Any injury?	® Yes □ No		
18950					
Officerian Without					
dification History					
laim 001 New					
as white the same	Tax and			2010/30 Printing	
im Type *	00-MX	Insured Name	POR YUAN PENG	Insured NRIC	S8529444Z
cact No.(Mobile)	97388880	Contact No.(Home)		Contact No.(Office)	
oli Address		OI Vehicle Number	SJY7431T	TP Vehicle Number	S3T9409Y
mant Type Claimant Type *	Please Select	Type of Senett *	Please Select		
mant Name. *	22	Claimant NRIC *			
ment Address			MARKET STATES		
m Description	SJY7431T / SJT9409Y ON 26 Feb 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Not at Fault	=10	
uire Finalisation	Yes 😺	Preferered Repair Option		GIA report	Received 🗸
e Registered	26/02/2019 16:36	Claim Close Date		Date Received	26/02/2019 00:00
ort Taken By	Jackson	A-1000 CONT.		water neverally	E-W-VELEV 1 F UV. JU
	personal!				
Print AK letter					
		79	Save Submit		
tachment		0.7	The second secon		
ident No.	MT/1033763	Claim No.	001		
t Doc. Received	® Yes ○ No	Upload Date	26/02/2019 16:37		
	Path +	\$5,000,000,000		Problems 1	
	Patri *	Day 10	Category *	Confidential Urgeno	52.6 (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995)
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		Browse.	Clear Please Select	NO V Normal	V
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