

NATIONAL Assessment Centre Services

(part 1 Jan 05)

MAA490429

Date In: 29/03/2019 17:57	Job description	Date & Time Completed	Done by
Ref No: NBA/MC/90056484	SAS e-filing		
Veh No: FB 7983 E	E-mail (w/old 3hrs, A/C 2hrs)		
D.O.A: 29/03/2019 08:16	I-Motor Claim Form	mt1038034-01	29/03/2019
OID / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:13
	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: SCT 4447	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 repeler.

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

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

Remarks: (INC 11001111-6788-6016)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date: _____

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) PT: 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: Idau DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	9) NS: Courtesy Car / Transport Allowance \$5	
	10) NG: Repair Coordination \$10	
	11) NV: Post Repair Inspection \$25	
	12) ND: DV / Collect Excess Coordination \$5	
	13) TP (II): TP (Non INC) against INC \$30	
	14) NI: Idau Mobile	
	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	29/03/2019 17:57
Date Of Accident	29/03/2019 08:40
Exact Location Of Accident	ECP TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL7983E
Insured/Policyholder	
Name Of Registered Owner	YEE GUI YING CHERYL
NRIC No	S9311071D
Email Address	CHERYLYEE.PROG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92260640
Alternative Phone No	OTHERS-92260640

Vehicle Particulars

Manufacturer	HONDA
Model	CB190R-184CC
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	5107761478
Cover Note Number	

Driver

Name of Driver	YEE GUI YING CHERYL
NRIC No	S9311071D
Date Of Birth	26/03/1993
Occupation	INDOOR
Date Of Driving Pass	23/02/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92260640
Fax Number	
Contact Number	OTHERS-92260640
Email Address	CHERYLYEE.PROG@GMAIL.COM

Address	5000A MARINE PARADE ROAD #10-01
Postcode	449284
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 (including own vehicle) 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	SLT4447X
Vehicle Make/Model/Colour	KIA CERATO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG SAY HAI
NRIC/Passport Number	S9014202Z
Contact Number	82881535
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

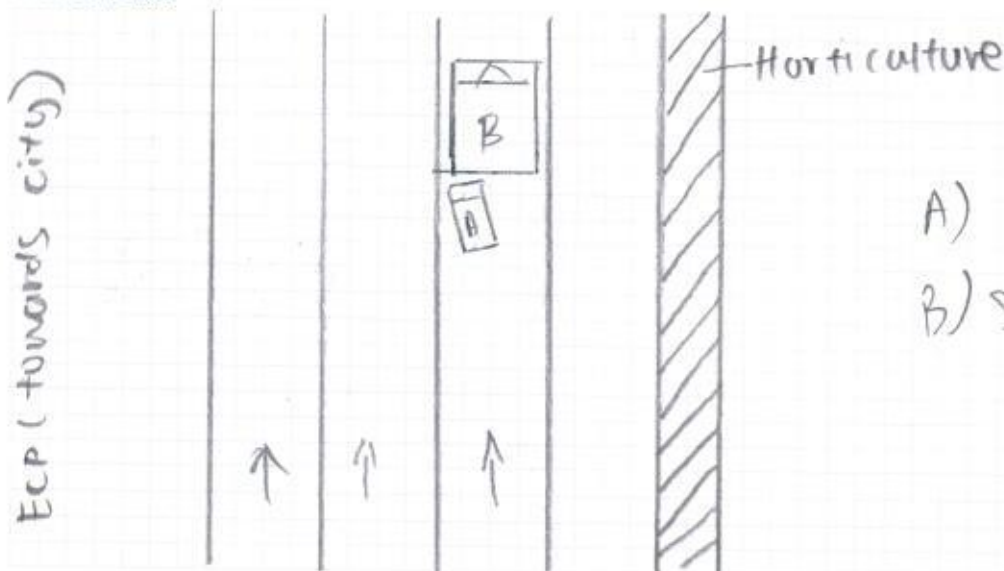
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

29/03/2019
Reporting Centre Personnel's Signature
Name: Rosli Hassan
NRIC/FIN No.:

SKETCH PLAN



A) FBL 7982E

B) SLT 4447X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was filtering left from center to left most lane. While doing my checks, the traffic in front slowed down & the next thing I know, I collided with the vehicle, SLT 4447X, in the ~~rear~~ rear.

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.:

Claim Handling

Accident MT/1038034

Policy No.	5107761478	Vehicle No.	FBL7983E	GST Registration No.	
Certificate No.					
Policyholder Name	YEE GUI YING CHERYL			Policyholder NRIC	S9311071D
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	92260640	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
Report Date	29/03/2019 18:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	29/03/2019	Time of Accident hh:mm	09:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ECR TOWARDS CITY				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
DD Standard Excess	0.00	TP Standard Excess	0.00		
VEDD DD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Applicable
Additional Excess					
Total DD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	5000A MARINE PARADE ROAD	Address 2	#10-01 LAGUNA PARK	Address 3	SINGAPORE 449284
Address 4		Address Type	Singapore address	Post Code	449284
Unit No.	10-01	Related Policy Number	5107761478		
01 Driver Info					
Driver Name	YEE GUI YING, CHERYL	Driver Type	Main Driver		
Unnamed Driver Name		Driver NRIC	S9311071D	Driver DOB	25/03/1993
Register Date of Driver License	23/02/2019	Driver Age	26	Driving Experience	0
Contact No.(Mobile)	92260640	Contact No.(Office)		Contact No.(Home)	
Address 1	5000A MARINE PARADE ROAD	Address 2	#10-01 LAGUNA PARK	Address 3	SINGAPORE 449284
Address 4		Address Type	Singapore address	Post Code	449284
Unit No.	10-01				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	FBL7983E	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes - No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	YEE GUI YING CHERYL	Insured NRIC	S9311071D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OT		TP	
Claim Description		Vehicle Number	FBL7983E	Vehicle Number	SLT4447X
Preferred Workshop				Name of Preferred Workshop	
Finalisation	Yes	Insured Liability	Fully at Fault		
Date Registered		Preferred Workshop, Name unknown		GIA report	Received
Report Taken By				Claim Close Date	29/03/2019 18:12
				Date Received	29/03/2019 00:00

Print AK letter

Save Submit

Attachment

Accident No.	MT/1038034	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	29/03/2019 18:13		
Path *					
Choose File	No file chosen	Clear			
Choose File	No file chosen	Clear			
Choose File	No file chosen	Clear			
Choose File	No file chosen	Clear			
Choose File	No file chosen	Clear			
Choose File	No file chosen	Clear			
Message Read					
Attachment List					
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2019 18:13	Photos	Normal	Photos 2019-3-29	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2019 18:13	Photos	Normal	Photos 2019-3-29	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2019 18:13	Photos	Normal	Photos 2019-3-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2019 18:13	Photos	Normal	Photos 2019-3-29
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2019 18:13	Photos	Normal	Photos 2019-3-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2019 18:12	Photos	Normal	Photos 2019-3-29
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2019 18:12	Photos	Normal	Photos 2019-3-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2019 18:12	Photos	Normal	Photos 2019-3-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2019 18:12	GAS	Normal	GAS 2019-3-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Mar 2019 18:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-29

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 29/03/2019 (DD/MM/YYYY), TIME: 08:40 (HH:MM)

LOCATION: ECP towards city

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL7983E
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5107781978
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: CB190AR
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: TO WORK
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Yee Gui Ying, Cheryl (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9311071D CONTACT: 92260640
 c) ADDRESS: 500A Marine Parade Rd, #10-07
Laguna Park, S1449284

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: Wong Sui Hai (MALE / FEMALE)
 e) NRIC/FIN/PASSPORT: S90142022 CONTACT: 82881535
 f) ADDRESS: _____

* d) DATE OF BIRTH: 23/04/1990 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29 Jan 2010

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 clear)

b) ROAD SURFACE: (DRY / WET / OTHERS dry)

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: SLT4447X MODEL: KIA Cerato
 b) DRIVER'S NAME: Wong Sui Hai
 c) NRIC/FIN/PASSPORT: S90142022 CONTACT: 82881535

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

email = chenyiyee-prog@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9311071D



Name

YEE GUI YING, CHERYL

余桂莹

Race

CHINESE

Date of birth

26-03-1993

Sex

F

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9311071D

Name

YEE GUI YING, CHERYL

Birth Date 26 Mar 1993

Issue Date 12 Jul 2012



D02035944J



4201573

NRIC No. S9311071D



Date of issue

07-04-2008

Address

5000A MARINE PARADE ROAD
#10-01
SINGAPORE 449284

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

EFFECTIVE DATE

Class	Description	Effective Date	End Date
Class 2B	Motorcycles <= 200 CC	23 Feb 2019	2
Class 3A	Motor cars without clutch pedals <= 3600 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals <= 2500 kg	12 Jul 2012	

S9311071D

S / No.9000334513

NP 4254



Licence No. S9311071D

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 : 5107761478

Cover : Third Party

- | | |
|--|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : FBL7983E |
| Chassis Number | : LWBMC4697H1111307 |
| 2. Name of Policyholder | : YEE GUI YING CHERYL |
| 3. Effective Date of Insurance | : 25 Feb 2019 |
| 4. Expiry Date of Insurance | : 16 Mar 2020 |

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: YEE GUI YING, CHERYL
NAMED DRIVER (2)	: CHONG CHENG JIN EUROY
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : SONA INSURANCE AGENCIES (00000573757)
Date of Issue : 25 Feb 2019 13:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive