

NATIONAL Assessment Centre Services. [ver 1 Jan'05] **NA/1906784**

Date In: 25/05/09 15:32	Job description	Date & Time Completed	Done by
Ref No: NA/INC19009227/Y	SAS e-filing		
Veh No: SW 5699M	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 25/05/09 13:30	I-Motor Claims Form	M711046050-001	25/05/2009
OD TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:55
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **SLF 6113U** INC () / Non-INC () Tel: ()

Owner / Driver: ()

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 repairer.

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

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

Comments: (INC 1100113 6788 6616)

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date/Time	Action

NA/1903840

Claimant's Particulars	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30
Ref. 1:	For claiming against INC Only (ver 10 Jan 2005)	
2/3:	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TP (N11): TP (N-in INC) against INC	\$20
	9) N12: Idao 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 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	25/05/2019 15:32
Date Of Accident	25/05/2019 13:30
Exact Location Of Accident	BEDOK SOUTH AVENUE 1 B/F MARINE PARADE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW5699M
Insured/Policyholder	
Name Of Registered Owner	FANG HUI YEE
NRIC No	S7884240G
Email Address	VERRINZY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90043598
Alternative Phone No	OTHERS-90043598

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	5107650489
Cover Note Number	

Driver

Name of Driver	FANG HUI YEE
NRIC No	S7884240G
Date Of Birth	26/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	11/08/2003
Driving Experience	15 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90043598
Fax Number	
Contact Number	OTHERS-90043598
Email Address	VERRINZY@GMAIL.COM

Address	BLK 513 BEDOK NORTH AVENUE 2 #05-271
Postcode	460513
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	SIDE SWIPE
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF6113U
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

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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.



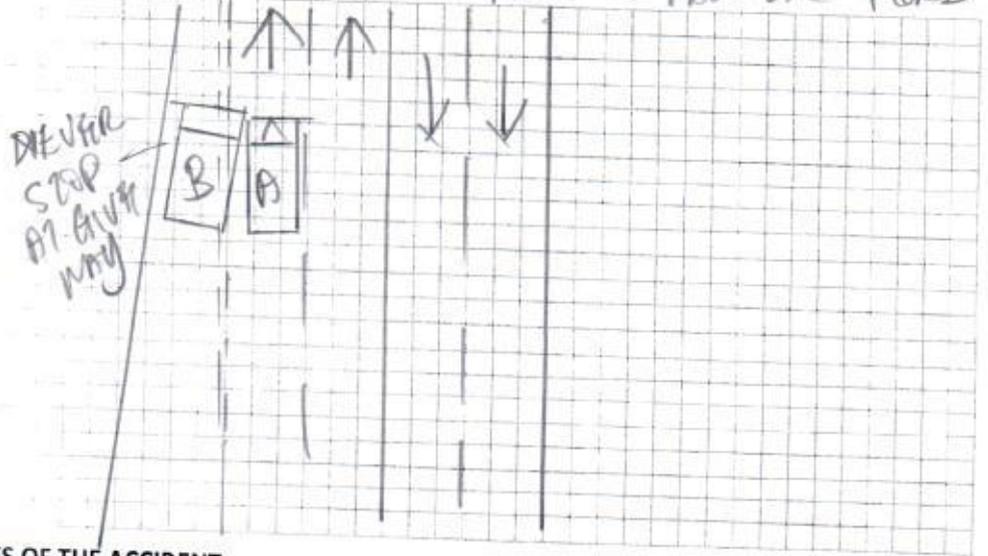
Policyholder's Signature
Date & Time:

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


25/05/2019
Reporting Centre Personnel's Signature
Name: Resli Watters
NRIC/FIN No.:

SKETCH PLAN

~~BEDEK~~ SOUTH AVE 1 BEFORE MARINE PARADISE ROAD



A) SLW 5699M

B) SLF 6113U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along bedok south ave 1 (exit from east coast park to bedok) when a fly over suddenly the car came out exit from ECP without stopping my car not in time to E brake hit on to his car

The whole accident happen is due to his negligence. NEVER STOP AT GROCERY WAY

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature] 25/05/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/1046050

Policy No.	5107650489	Vehicle No.	SLW5699M	GST Registration No.
Certificate No.				
Policyholder Name	FANG HUI YEE			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	90043598	Contact No.(Office)		Contact No.(Home)
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 Reason
NCD Protection	No	NCD Entitlement(%)	10	Private Hire

▼ **Accident Details**

Report Date	25/05/2019 15:45	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	25/05/2019	Time of Accident hh:mm	13:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BEDOK SOUTH AVENUE 1 B/F MARINE PARADE ROAD			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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	BLK 55 #08-1454	Address 2	NEW UPPER CHANGI ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-1454	Related Policy Number	5107650489	

▼ **OI Driver Info**

Driver Name	FANG HUI YEE	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	S7884240G	Driving Experience
Register Date of Driver License	12/12/2008	Driver Age	40	Contact No.(Home)
Contact No.(Mobile)	90043598	Contact No.(Office)		Address 3
Address 1	BLK 55 #08-1454	Address 2	NEW UPPER CHANGI ROAD	Post Code
Address 4		Address Type	Singapore address	
Unit No.	08-1454			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SJW5699M	Driver Insurer Comp.

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	FANG HUI
Contact No.(Mobile)		Contact No.(Home)	
Email Address		OI Vehicle Number	SLW5699
Claim Description	SLW5699M / SLF6113U ON 25 May 2019		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered		Preferred Repair Option	Preferred Workshop, Name unknown
		GIA report	Received
		Claim Close Date	25/05/2019 15:55

Report Taken By

ROSJI WAHAB

Print AK letter

Save Submit

Attachment

Accident No. MT/1046050 Claim No. 001
 Last Doc. Received Yes No Upload Date 25/05/2019 15:55

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 May 2019 15:55	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 25 May 2019 15:55	NRIC/ Driving License	Normal	NRIC/ Driving Li

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 05 / 2019) (DD/MM/YYYY), TIME: (1 : 31) (HH:MM)

LOCATION: BROOK SOUTH DR 1 B/F MARINA PARADE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLW5699M
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5107650489
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA / FIT
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
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: FANG HUI YEE (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S788424067 CONTACT: 90043598
C) ADDRESS: BLK 55 #05-1454 NEW UPPER CHANGI ROAD
SINGAPORE 46055

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: FANG HUI YEE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S788424067 CONTACT: _____
c) ADDRESS: BLK 55 #05-1454 NEW UPPER CHANGI ROAD
SINGAPORE 46055

*d) DATE OF BIRTH: (26 / 10 / 1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11/8/2003

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: SLF6113U MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

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)

()

* No of passenger
(including driver)

()

email = verrinzy@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7884240G



Name
FANG HUI YEE

方紫盈

Race
CHINESE

Date of birth
26-10-1978

Country of birth
MALAYSIA

Sex
F





REPUBLIC OF SINGAPORE DRIVING LICENCE



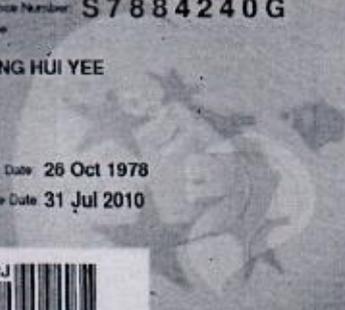
Licence Number: **S7884240G**

Name
FANG HUI YEE

Birth Date: **26 Oct 1978**

Issue Date: **31 Jul 2010**

001500022J



8971956




NRIC No. **S7884240G**

Nationality
MALAYSIAN

Date of issue
10-10-2008

Address
**APT BLK 513 BEDOK NORTH AVENUE 2
#05-271
SINGAPORE 460513**



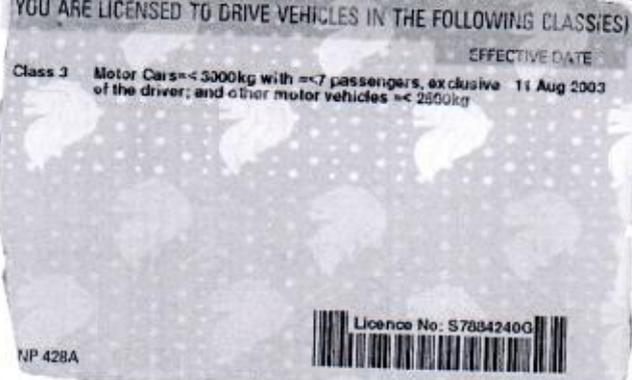
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles >= 2500kg **11 Aug 2003**

NP 428A

Licence No: S7884240G



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: 5107650489

Cover : drivo CLASSIC

- | | |
|---|----------------|
| 1. Index mark and Registration Number of Vehicle | : SLW5699M |
| Chassis Number | : GK33406472 |
| 2. Name of Policyholder | : FANG HUI YEE |
| 3. Effective Date of Insurance | : 22 Feb 2019 |
| 4. Expiry Date of Insurance | : 21 Feb 2020 |
| 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	: FANG HUI YEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: JCWC CREDIT (S) 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)

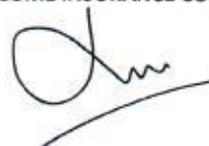
Agency : THIS MARKETING INSURANCE AGENCY (00000572208)
 Date of Issue : 19 Feb 2019 16:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive