NATIONAL Assessment Centre Services 🥏	er i Janter MMH9770 M	
Date for 13 06 500 10.38 Jet description	Date & Time Complet	ted Done by
Ref No. X 160 MIC 1901 0459 SAS e-tiling		
Veh No. SU 9454 J E-mail (within Mar	s. AIC 2lus;	
DOA 12 06 209 000 1-Motor Claim	Form MT 104835	2001 13/06/21
i-Motor W/O (	William OD thrs. TP 41crs)	111147.
OD TP Reporting Only i-Photo Upload	led	(J/ U)
TD I	vey Report	
TP Insurer: Ass't Report by	Fax / Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: [	Tel:	Fax:
	UNC ( )/ Non-INC (	)
Owner / Driver: (	Tel:	))
Policy №o: ( ) Period: (	) Cover Type: (	)
Confirmed by : (	Date: Time:	)
Insured/Driver Liability: ( %) [Note-Est Status (W		RA-100 <sub>N</sub> }
Year of Registration: ( ) Warranty: YES (	)/NO( )	
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 (	)	
General Remarks:	and the property of the	Next
( ) Walk-In Customer: Customer's information strictly Con	fidential & Strictly NO refer of rep.	энвг. 
( ) Total Loss Case : to e-mail Insurer URGENTLY.		
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / N	O( ); Towing Co (	bead Done by
1) Apply for Transport Allowance ( )/ Courtesy Car (	The state of the s	
2) QC Check / Post Repair Inspection ( ) 3) Upload Resurvey Photo [Repair Cost > \$3000] (		
	)	
3) Upload Resurvey Photo [Repair Cost > \$3000] (  Injury:		St. Value of the St. Va
3) Upload Resurvey Photo [Repair Cost > \$3000] (		S. No. (1.50)
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3) Upload Resurvey Photo [Repair Cost > \$3000] (  Injury:		Ani((s)) Ani((s))
3) Upload Resurvey Photo [Repair Cost > \$3000] (  Injury:	Inveice Preparation Checklis	Ani((s)) Ani((s))
3) Upload Resurvey Photo [Repair Cost > \$3000] (  Injury:  Date/Time Actions  NH909387	1) AR : Ancident Reporting (\$30);	Anit(\$) Arti (\$) In Bill Add 5
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Tune Actions  Claimant's Particulars:	1) AR: Assident Reporting (530); 2) DA: Dumnge Assessment (5100); 3) TF: Towing Fee	Ani((\$) Arti (\$) In Bill Add B INC (\$80) \$40,545
3) Upload Resurvey Photo [Repair Cost > \$3000] (  Injury:  Date/Tune Actions  NH909387	1) AR: Accident Reporting (\$30); 2) DA: Dumnge Assessment (\$100); 3) TF: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Fallow-Through Survey (Resurvey	INC (580)  \$40,545  \$120  \$70  \$70  \$70  \$70  \$70  \$70  \$70  \$
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Tune Actions  Liumant's Particulars:-	1) AR: Accident Reporting (530); 2) DA: Dumnge Assessment (5100); 3) TF: Towing Fee 4) FT: Fallow-Through Survey 3) FT: Follow-Through Survey (Resurve) For claiming against INC Only (well if	INC (\$80) \$40,345 \$120 y) \$300 0 Jan 2000)
2) Upload Resurvey Photo [Repair Cost > \$3000]  [Injury :  Date/Tune Actions  [Injury :  Contact No:	1) AR: Accident Reporting (530); 2) DA: Duringe Assistment (5100); 3) TF: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Follow-Through Survey (Resurve) For claiming against INC Only (well to TR: Re-inspection 7) N1: Idao DA + SMRT Survey	INC (580)  \$40,545  \$120  \$70  \$70  \$70  \$70  \$70  \$70  \$70  \$
2) Upload Resurvey Photo [Repair Cost > \$3000]  [Injury :  Date/Tune Actions  [Injury :  Contact No:	1) AR: Accident Reporting (530); 2) DA: Dumnge Assessment (5100); 3) TF: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Fallow-Through Survey (Reserve For claiming analyst INC Only (well II 6) TR: Re-inspection 7) N1: Idao DA + SMRT Survey 8) NTUC Additional Services:	INC (580)  S40/545  \$120  y)  \$200  2 an 2000  575
Date/Time Actions  Lumant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:	1) AR: Accident Reporting (530); 2) DA: Duringe Assessment (5100); 3) TF: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Follow-Through Survey (Reserve For claiming against INC Only (well if 6) TR: Re-inspection 7) N1: Idea DA + SMRT Survey 6) NTUC Additional Services:  UB!  *N3: Contriesy Car / Tpt Allowance	INC (580)  \$40,345  \$120  y) \$300  0 Jan 2000)  \$160
July:  Date Time: Actions  Laumant's Particulars  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	1) AR: Accident Reporting (530); 2) DA: Dumnge Assessment (5100); 3) TF: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Follow-Through Survey (Resurve) For claiming anglest INC Only (well if 6) TR: Re-inspection 7) N1: Iday DA + SMRT Survey 6) NTUC Additional Services:  21!  *N5: Contrictly Conformation	INC (580)  \$40,345  \$120  y)  \$20,345  \$120  y)  \$300  0 Jan 2000)  \$160
Date/Time Actions  Lumant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:	1) AR: Accident Reporting (530); 2) DA: Dumnge Assessment (5100); 3) TF: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Fallow-Through Survey (Resurve) For claiming anglest INC Only (well if 6) TR: Re-inspection 7) N1: Idau DA + SMRT Survey 6) NTUC Additional Services:  2) If  *N5: Contrictly Conformation  *N6: Fost Repair Co-ordination  *N6: Fost Repair Inspection  *N6: DV / Collect Excess Coordination	Ani((\$) Ani (\$)  In Bill Add IS  INC (\$80)  \$40.345  \$120  y) \$300  0 Jan 2000  \$75  \$160  \$55  \$110  \$525
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Laurant's Particulars  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):  Additors' Commen(x::	1) AR: Accident Reporting (530); 2) DA: Dumnge Assessment (5100); 3) TF: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Fallow-Through Survey (Reserve For claiming analost INC Only (well if 6) TR: Re-inspection 7) N1: Idea DA + SMRT Survey 6) NTUC Additional Services:  UP!  *N3: Contricty Cor / Tpt Allowantics  *N6: Repair Co-ordination  *N7: Foat Repair Inspection	Anit (5) Arit (5)  INC (580)  \$40,745  \$120  y) \$300  D Jan 2003)  \$75  \$160  \$55  \$10  \$525  an \$5  \$20  300
2) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  Lumant's Particulars:  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	1) AR: Accident Reporting (530); 2) DA: Dumnge Assessment (5100); 3) TF: Towing Fee 4) FT: Fallow-Through Survey 5) FT: Fallow-Through Survey (Reserve) For claiming national INC Only (well to 6) TR: Ite-inspection 7) N1: Idao DA + SMRT Survey 4) NTUC Additional Servines; 5)11*  *N5: Contriesy Car / Tpi Allowante  *N6: Repair Co-ordination  *N7: Foat Repair Inspection  *N8: DV / Collect Excess Coordination DP (N11): TP (N:10 INC) against INC 9) N12: Idao Nobile Invoice dated	Ani((\$) Ani (\$)  INC (\$80)  \$40,345  \$120  y) \$30  0 Jan (\$0,35)  \$75  \$160  \$55  \$10  \$55  \$10  \$55  \$20

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 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 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.

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

ACC	DEN	T STA	T 57 84	ENT
AUUI				1

Date Of Report 13/06/2019 10:38
Date Of Accident 13/06/2019 07:00

Exact Location Of Accident SUNHAVEN CONDOMINIUM BASEMENT CARPARK

Country/State of Loss SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLL9454J

Insured/Policyholder

Name Of Registered Owner PHUA HONG YEE (PAN HONGYU)

NRIC No \$7003791B

 Email Address
 PHUAHY70@GMAIL.COM

 Mobile Phone No
 (LOCAL) +65-96418360

 Alternative Phone No
 OTHERS-96418360

Vehicle Particulars

Manufacturer HONDA
Model VEZEL

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

PRIVATE CAR

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5107531505

Cover Note Number

Driver

Name of Driver PHUA HONG YEE (PAN HONGYU)

 NRIC No
 S7003791B

 Date Of Birth
 10/02/1970

 Occupation
 INDOOR

 Date Of Driving Pass
 21/09/1994

Driving Experience 24 YEARS AND 8 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-96418360

Fax Number

Contact Number

OTHERS-96418360

EMail Address

PHUAHY70@GMAIL.COM

Address

781 UPPER CHANGI ROAD EAST

#06-04

Postcode

486069

OWNER

HINDSON CALLED IN

Was driver an employee of the Insured's Company NO.

If No, Relationship of the Driver with the Insured

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 ON COLLISION

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

....

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

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 ATTACHMENT

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

Vehicle Make/Model/Colour

Details Of Properties

RUBBISH TROLLEY

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

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.

Policyholder's Signature

Date & Time: 13/6)14

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel' Signa

NRIC/FIN No.:

Wortons

AMACH MAM ?

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

RMFAR	70	AMBEHMANI)
	(	

### DECLARATION

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

Policyholder's Signature

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

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

NRIC/FIN No.:

## Shawn Phua Hong Yee (NHGP)

From:

Shawn Phua Hong Yee (NHGP) <Shawn\_HY\_PHUA@nhgp.com.sg>

Sent:

13/06/2019 09:30

To:

sunhav@singnet.com.sg

Cc:

chan jas@yahoo.com

Subject:

Accident at basement carpark

Attachments:

IMG\_0688.JPG; ATT00001.txt

Dear Han and Annie.

As spoken with Annie this morning, I am reporting an accident in our basement carpark at lobby k.

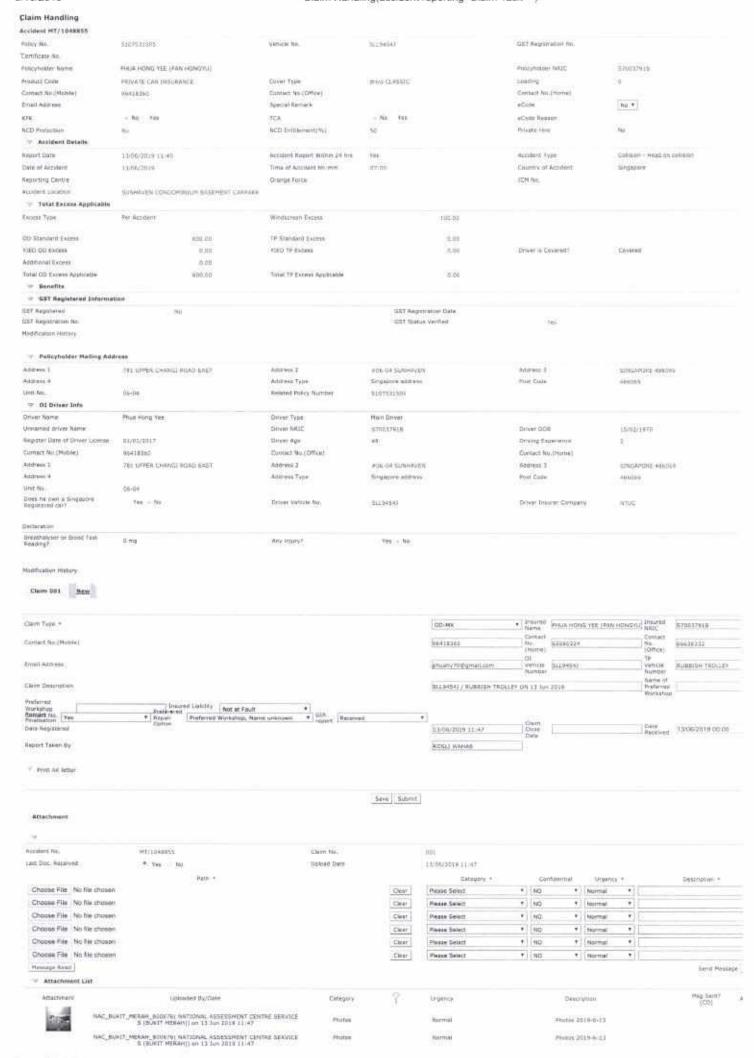
At around 7 am this morning, I got into an accident in the basement with the Malay man driving the yellow Rubbish vehicle. I was turning right at side road near vending machine lobby k ( right of way) and he came from opposite direction against traffic and collided with my car before I could complete the turn. Please view the cctv footage at lobby k facing washing Bay around 7 am. Please advise how I should pursue compensation for the repair (see damaged below). Thanks for your attention.

Con pork lots

Replinates

18/06/2008

Replinates



Display to haw Window | Stam and uploading |

RAC\_RHEIT\_MESAH\_BIDESE; NATIONAL AERESSNENT CENTRE SERVICE REITZ DOLLING UCURBE S (BLACT MERAH)) on 11 lbs 2019 11:47

Folder Ceta

→ Video List

Littleaded By/Date

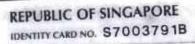
SAS 3019-6-11

NRIG/ Emerg Scorner 2219-0-13

# ACCIDENT STATEMENT

	YYY), TIME:( 07=00 )(HH:MM)
LOCATION: Surhauen Condomin	Marie and Control of the Control of
1. DETAILS OF VEHICLE	
alvehicle NUMBER: SLL9454	2
DINSURANCE COMPANY: NTUC	INCOME
C)POLICY NUMBER: 510 753 150	
d)POLICY TYPE: (COMPREHENSIVE / THIRD F	
OMAKE & MODEL: LAONDA VE	7 - I
I)TYPE: (SALOONY COUPE / MPY / VAN / LO	PRRY / MOTORCYCLE / OTHERS)
# g)VEHICLE CATEGORY: (PRIVATE / COMMER	RCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:_ I) ARE YOU CLAIMING UNDER YOUR OWN IN	Grony to Work
IF NO. PLEASE STATE THIRD PARTY QUAINA	DEBORTING ONIV
2. INSURED / POLICY HOLDER	KEP.OKTING ONOT
Alname: PHUA HONG YER	
DINRIC/FIN/PASSPORT: \$7003791 R	CONTACT: 96418360
	Rond East 06-04 S(48606)
	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
* CONTINUE TO 3.d IF DRIVER ALSO POLICY I	HOLDER
TNO 01 passon a.3. DRIVER	
(Including driver) a)NAME: As above	(MALE / FEMALE)
C 3 BINRIC/FIN/FASSPORT	CONTACT:
c)ADDRESS:	
"d) DATE OF BIRTH: (10/02/1970)(DD	O/MM/YYYY) ·
e)OCCUPATION: (INDOOR) OUTDOOR)	f 100 of
	<u>+ 1994</u> ·
4. WAS DRIVER AN EMPLOYEE OF THE INSU	RED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WI	TH INSURED: OWNER
5. a) WEATHER CONDITION: (CLEAR) RAINING / b) ROAD SURFACE: (DRY / WET / OTHERS_	OTHERS
6. WAS ANYBODY INJURED (YES (NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION	
H THIOD DADTY VELVOLE	N:
of passanger of VEHICLE NUMBER	HODEL
octuating driver) b) DRIVER'S NAME:	MODEL:
( ) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	
to of passanger d) VEHICLE NUMBER:	MODEL:
DDIVERSE NAME	20 22
neluding driver) 1) NRIC/FIN/PASSPORT:	CONTACT
( ) NRIC/FIN/PASSPORT:	CONTACT::

email = phunhy 70 @gmail.com







PHUA HONG YEE (PAN HONGYU)

潘宏羽

CHINESE

10-02-1970

SINGAPORE



# FOT LYKINAC USE ONLY





ac≒ \$7003791B



03-12-1993

781 UPPER CHANGI ROAD EAST #06-04 SINGAPORE 466069

NAIC No. \$70037918

Date: 18-09-2004 No: 4973538

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 1 Motor Cars and Motor Tractors the weight of 21 Sep 1994 which unlader rices not exceed 2500 kild plants

HILL HILL

' eBaoTech						ASSE	-	TO NOT	NO.	Gener	alClaim
Hello, NAC_BUKIT_MERAH_800676						* Chang	e Languag	e + Chan	ge Password	· Log Out	
My Desktop Notice of Lass	Poli	cy Query								rug out	
	Policy N					Date	of Accident		13/06/2019	10:25	
	Vehicle	Vehicle No.(For Motor)		SLL9454J		Certificate Number		r:			
						Search					
	Select	Policy Na.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5107531505		PHUA HONG YEE (PAN HONGYU)	57003791B	GPC	drivo CLASSIC	SLL9454J		16/03/2019	15/03/2020
						Continue	I				