

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MA1170962**

|                               |  |                       |         |
|-------------------------------|--|-----------------------|---------|
| Date In: <b>18/1/19-18:17</b> | Job description                          | Date & Time Completed | Done by |
| Ref No: <b>MA1170962/24</b>   | SAS e-filing                             |                       |         |
| Veh No: <b>5JW022</b>         | E-mail (within 5hrs, AIC 2hrs)           |                       |         |
| D.O.A: <b>18/1/19-12:00</b>   | i-Motor Claim Form                       |                       |         |
| OD: <b>TP</b> Reporting Only  | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                               | 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: <b>SBW9731C</b> | 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 repairer.

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

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

|   |                       |         |
|---|-----------------------|---------|
| Remarks:- (INC hotline: 6788 6616)                      | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                       |         |
| 2) QC Check / Post Repair Inspection ( )                |                       |         |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                       |         |

**Injury:** \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |                       |                       |
|---------------------------------|---|-------------|-----------------------|-----------------------|
| <b>NA1170962</b>                | <b>Invoice Preparation Checklist</b>            |             | Am't (\$)<br>Est Bill | Am't (\$)<br>Add Bill |
| Claimant's Particulars:-        | 1) AR : Accident Reporting (\$30);              |             |                       |                       |
| Driver/Owner:                   | 2) DA : Damage Assessment (\$100); INC (\$80)   |             |                       |                       |
| Contact No:                     | 3) TF : Towing Fee \$40/\$45                    |             |                       |                       |
| Damaged Portion:                | 4) FT : Follow-Through Survey \$120             |             |                       |                       |
| QC Checked by (Engr-In-Charge): | 5) FT : Follow-Through Survey (Resurvey) \$30   |             |                       |                       |
| Auditors' Comments:-            | For claiming against INC Only (wef 10 Jan 2005) |             |                       |                       |
| Est. 1:                         | 6) TR : Re-inspection \$75                      |             |                       |                       |
| Est. 2/3:                       | 7) N1 : Idac DA + SMRT Survey \$160             |             |                       |                       |
|                                 | 8) NTUC Additional Services:-                   |             |                       |                       |
|                                 | OD*   |             |                       |                       |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |                       |                       |
|                                 | *N6: Repair Co-ordination \$10                  |             |                       |                       |
|                                 | *N7: Post Repair Inspection \$25                |             |                       |                       |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |                       |                       |
|                                 | TP (N11) : TP (N11 INC) against INC \$20        |             |                       |                       |
|                                 | 9) N12: Idac 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             | 18/06/2019 18:13                |
| Date Of Accident           | 18/06/2019 12:00                |
| Exact Location Of Accident | WHITE SANDS MALL DROP-OFF POINT |
| Country/State of Loss      | SINGAPORE                       |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJV5012Z             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | TAN MAY-YI CAROLYNE  |
| NRIC No                     | S7921398E            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-85005012 |
| Alternative Phone No        | OFFICE-85005012      |

### Vehicle Particulars

|  |                               |
|--|-------------------------------|
| Manufacturer   | KIA                           |
| Model  | CARENS 1.7 DCT DIESEL 5DR FWD |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING                       |
| 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 HIRE                  |

### Insurance Company

|                           |                         |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE           |
| Fleet Policy              | NO                      |
| Policy Number             | PNPV2018-00000614       |
| Cover Note Number         |                         |

### Driver

|                      |  |
|----------------------|--|
| Name of Driver       | TAN MAY-YI CAROLYNE (CHEN MEIYU, CAROLYNE) |
| NRIC No              | S7921398E                                  |
| Date Of Birth        | 24/07/1979                                 |
| Occupation           | OUTDOOR                                    |
| Date Of Driving Pass | 09/01/2010                                 |
| Driving Experience   | 9 YEARS AND 5 MONTHS                       |
| Gender               | FEMALE                                     |
| Mobile Number        | (LOCAL) +65-85005012                       |
| Fax Number           |  |
| Contact Number       | OFFICE-85005012                            |
| EMail Address        | NOEMAIL                                    |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 423 PASIR RIS DRIVE 6<br>#07-119 |
| Postcode  | 510423                               |
| 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?  |                             |
| 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)   | 5                           |
| Passenger 1   | NAME: : -<br>GENDER: : MALE |
| Passenger 2   | NAME: : -<br>GENDER: : MALE |
| Passenger 3   | NAME: : -<br>GENDER: : MALE |
| Passenger 4   | NAME: : -<br>GENDER: : MALE |

#### 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?   | YES                       |
| Remarks/ Reasons:                             | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded?                 | NO                        |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SBW9333K |
| 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

### 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. 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)**

I understand, acknowledge, agree and consent that:

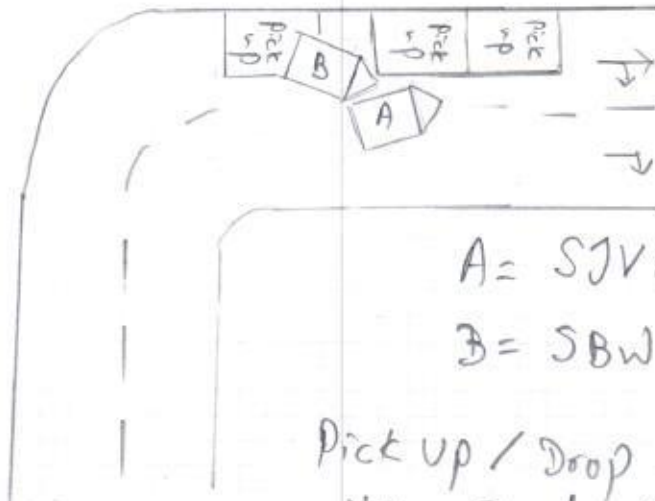
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

SKETCH PLAN



A = SJV5012Z

B = SBW 9333K

Pick up / Drop Off Point of  
White Sands Mall

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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:

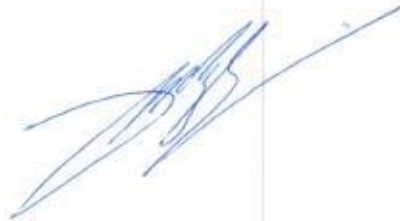
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

On 18.06.19 at about 12:00 hours at Pick Up/Drop Off Point of White Sands Mall, I was dropping off passengers at the designated drop off/pickup point.

Suddenly vehicle (B) from my left came out without checking the traffic condition and collided onto the rear left hand side portion of my vehicle (A). I wish to state that I have 4 passengers inside my vehicle (A) at the time.

Vehicle (A): SJV 5012Z

Vehicle (B): SBW 9333K

A handwritten signature in blue ink, consisting of several overlapping, stylized strokes that form an illegible name or set of initials.



## SINGAPORE ACCIDENT STATEMENT

|   |  |                          |  |                      |  |
|---|--|--------------------------|--|----------------------|--|
| Accident Date: 18/06/2019   |  | Time: 12:00              |  | (hh:mm) 24 hr format |  |
| Location Pick Up / Drop off Point of White Sands Mall.                                |  |                          |  |                      |  |
| Vehicle Number SJV50122   |  |                          |  |                      |  |
| Insured Name Tan May-Yi, Caroline   |  |                          |  |                      |  |
| NRIC / FIN 579 21398 E  |  | Contact Number 8500 5012 |  |                      |  |
| Make KIA  |  | Model Carens 1.7         |  |                      |  |
| Are you claiming under your own insurance policy for repair to your vehicle?          |  |                          |  |                      |  |
| ( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting                            |  |                          |  |                      |  |
| Insurance Company FWD   |  |                          |  |                      |  |
| Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only           |  |                          |  |                      |  |
| Policy Number PNCV2018-00000614   |  |                          |  |                      |  |
| Name of Driver ( / ) Same as Insured  |  |                          |  |                      |  |
| NRIC / FIN  |  | Contact Number           |  |                      |  |
| Date of Birth 24/07/1979  |  |                          |  |                      |  |
| Driving Pass Date 09/01/2010  |  |                          |  |                      |  |
| Occupation ( ) Indoor ( / ) Outdoor   |  |                          |  |                      |  |
| Gender ( ) Male ( / ) Female  |  |                          |  |                      |  |
| Email Address Caroline-may@hotmail.com ( ) NO EMAIL                                   |  |                          |  |                      |  |
| Address of Driver Blk 423 Persir Ris Drive 6 #07-119                                  |  |                          |  |                      |  |
| Singapore 510423  |  |                          |  |                      |  |
| Was driver an employee of the Insured's Company? ( ) Yes ( / ) No                     |  |                          |  |                      |  |
| If No, Relationship of the Driver with the Insured                                    |  |                          |  |                      |  |
| ( / ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling               |  |                          |  |                      |  |
| Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No                                 |  |                          |  |                      |  |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle                           |  |                          |  |                      |  |
| Insurance Company of Driver's Own Vehicle   |  |                          |  |                      |  |
| Weather Conditions ( / ) Clear ( ) Raining ( ) Others                                 |  |                          |  |                      |  |
| Road Surface ( / ) Dry ( ) Wet ( ) Others   |  |                          |  |                      |  |
| Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No                   |  |                          |  |                      |  |
| Was anybody injured in the accident? ( ) Yes ( / ) No                                 |  |                          |  |                      |  |
| If yes, injured detail -  |  |                          |  |                      |  |
| Was there any video captured by Car Camera? ( / ) Yes ( ) No                          |  |                          |  |                      |  |
| Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report |  |                          |  |                      |  |
| DETAILS OF 3 <sup>rd</sup> party  |  | Name / Nric              |  | Contact              |  |
| Veh B 9BW 9333K   |  |                          |  |                      |  |
| Veh C   |  |                          |  |                      |  |
| Veh D   |  |                          |  |                      |  |
| Veh E   |  |                          |  |                      |  |
| Veh F   |  |                          |  |                      |  |

Passenger : 4 - Jek passengers (male) 4 passenger



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7921398E



Name

TAN MAY-YI, CAROLYNE  
(CHEN MEIYU, CAROLYNE)

陈美玉

Race

CHINESE

Date of birth

24-07-1975

Country of birth

SINGAPORE

For LKK/NAC Use Only

SJDVSD 12Z

Owner & Driver



4470785



NRIC No. S7921398E

For LKK/NAC Use Only

23-10-2009

Address

APT BLK 423 PASIR RIS DRIVE 6  
#07-119  
SINGAPORE 510423

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7921398E**  
 Name:  
**TAN MAY-YI, CAROLYNE**  
**(CHEN MEIYU, CAROLYNE)**

Birth Date: 24 Jul 1979  
 Issue Date: 01 Feb 2005

For LKK/NAC Use Only

001318762H




SJV5012Z

Owner & Driver

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

|   | PASS DATE   |
|---|-------------|
| Class 2B Motorcycles <= 200 CC  | 01 Feb 2005 |
| Class 2A Motorcycles between 201 CC and 400 CC  | 21 Mar 2006 |
| Class 2 Motorcycles > 400 CC  | 17 Apr 2007 |
| Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg | 09 Jan 2010 |

For LKK/NAC Use Only

S / No. 9000115863

S7921398E

NP 425A





Land Transport Authority



**VOCATIONAL LICENCE**  
 Licence No: S7921398E  
 Name: TAN MAY YI CAROLYNE

**For LKK/NAC Use Only**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

SDV5012Z

Owner & driver

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

| Type | Description         | Issue Date |
|------|---------------------|------------|
| 13   | PRIVATE HIRE CAR-VL | 30/08/2018 |

**For LKK/NAC Use Only**





## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER: PNCV2018-00000614**

Car plate number : SJV5012Z  
Car chassis number : KNAHU815VJ7211583  
Engine number : D4FDJD025936

Coverage start date: 21/12/2018

Coverage end date: 20/12/2019

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

**About you (the Policyholder)**

Name: Tan May-Yi Carolyne

NRIC/FIN: S7921398E

Address: 678C Punggol Drive 02-838 Waterway Brooks Singapore 823678

Email: carolyne\_tmy@hotmail.com

Mobile Number : 85005012

Date of Birth: 24/07/1979

Gender : Female

Marital status: Single

Certificate of Merit: Yes

Current no claims discount: 0%

Years of driving experience: Three or more

**About your car and policy**

Car make and model: KIA CARENS 1.7

Year of first registration : 2018

Plan type: Comprehensive

Standard Excess: S\$1,000

NCD protector: Not Applicable

Your preferred workshop: Yes

Overseas Booster: Yes

Premium paid (Inclusive of GST): S\$2,573.62

Finance company: Goldbell Financial Services Pte Ltd