NATIONAL Assessment Centre Services. Wet 1 Janos MU A 19 092346 Date In: 5/3/19-14.14 Job description Date & Time Completed Done by Res No: Ma structgol 248 fr SAS e-filing Vch No: 1100 3655 E-mail (within Shrs, AIC 2hrs) D.O.A : i-Motor Claim Form M111053404-001 5/7/19 1436 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 Preferred Wksp / INC Assign Wksp / QW: ( Tel: Fax: TP Particulars: Veh No: JHATTY'E INC ( )/Non-INC ( Owner / Driver: ( Tcl: 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 ( ); Towing Co: ( Remarks:- (INC horline: 6788 6616) Date&Time Completed Done by 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Anit (S) Amt (3) Invoice Preparation Checklist NAMOT 268 Ist Bill Add Bill Claimant's Particulars :-1) AR : Accident Reporting (530); 2) DA: Damage Assessment (\$100); INC (\$80) Driver/Owner: 3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120 Contact No: 5) FT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) Damaged Portion: 6) TR : Re-inspection 7) N1 : Idac DA + SMRT Survey \$160 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): OD. \*NS: Courtesy Car / Tpt Allowance \$5 \*N6: Repair Co-ordination 510 \*N7: Fost Repair Inspection Auditors' Comments :-\$25 \*N8: DV / Collect Excess Coordination 35 Cat. 1: TP (N11): TP (Non INC) against INC \$20 9) N12: Idac Mobile Zat. 2/3: 。由於其一個 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 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.
- 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

2010000	
	ACCIDENT STATEMENT
Date Of Report	15/07/2019 12:14
Date Of Accident	13/07/2019 16:35
Exact Location Of Accident	BLK 882 TAMPINES ST 84 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD3065S
Insured/Policyholder	
Name Of Registered Owner	YEO KAI JIE
NRIC No	S9211427I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97972658
Alternative Phone No	OFFICE-97972658
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4 TSI A
Exact Purpose for which vehicle was being used at time of accident	
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	5106322968
Cover Note Number	
Driver	

D			

Name of Driver	YEO KAI JIE
NRIC No	S9211427I
Date Of Birth	31/03/1992
Occupation	INDOOR
Date Of Driving Pass	06/01/2014

Driving Experience 5 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97972658

Fax Number

Contact Number OFFICE-97972658

EMail Address NOEMAIL

**BLK 882 TAMPINES STREET 84** Address

#07-80

Postcode 521882

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

YES

NO

1

NO

NO

YES

YES

NO

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

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

VIDEO FOOTAGE WITH DRIVER

Vehicle Registration Number SHA7534E

Vehicle Make/Model/Colour HYUNDAI SONATA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver RAIMEI BIN RAHMAN

NRIC/Passport Number S7328806A

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 17

## SKETCH PLAN

## MPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Aythorised Driver.
- Information provided must be as truthful and accurate as possible, Any wilful misrapresentation 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.
- 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 aloressid.
- 8. Consent under the Personal Data Protection Act (PDPA)

t 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 insurers) 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 sattlement of the claims and any necessary investigations relating to the claims;
  - (ii) Investigating the accident and/or my cisions;
  - (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 low 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) thy Personal Information may/can be disclosed by any of the lasurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sted outside of Singaporo, for one or more of the above Purposes-
- (a) my Personal information will also be collected and used to compile claims bistory for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above thay 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:

Oriver's Signature
(If driver is not the policyholder)
Date & Timer

Reporting Centre Personnel's Signature

NRIC/FIN No.:

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LARATION	

Policyholder's Signature Date & Time:

SKETCH PLAN

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

Name: NRIC/FIN No.;

Reporting Centre Personnel's Manual re

# no injuly

Date of Accident	: 13 7 19 Accident Time: 1634 (24-HR-Format)
Accident Place	: 882 TAMPINES STREET 84 1197 80 CUVPUVK
Vehicle Reg. No. (Car Plate No.)	: (KD 3065 S
Vehicle Make/Model	: Scirocco 1.4
Insurance Company	: NTUC Policy No. 5 106 3 2 2968
Owner or Company Name /IC No.	: Yeo Kai Jie 89211427I
Owner or Company Contact No.	: 97970658 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Yeo Kai Jie
DRIVER'S Date Of Birth	:313 1992 DRIVER'S License Pass Date 06/01/2014
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Oung
DRIVER'S Address	: 882 Tampines Street 84 #07-80
DRIVER'S Contact No./ Alt No.	:1) 9797 2658 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	: Yeokaisie92@grail.com
Weather & Road Surface	:CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \Claim Other Party \Claim Own Insurance
Number of Passengers (Including D	
Was there any video Captured by ca Exact purpose for which vehicle wa	r camera: YES \ NO s being used at the time of accident: Private use \ Work purpose
Other I	Party Driver's Particular (if any)
Vehicle Reg. No: SHA 1534	Vehicle Reg. No:
Vehicle Make Model: Hyunda 1	venicle Make\Model:
Name Driver: Raimer Bin	Name Driver:
IC No. Driver: \$732880	GA IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:



IDENTITY CARD NO. \$92114271





YEO KAI JIE

楊 凱 傑 CHINESE

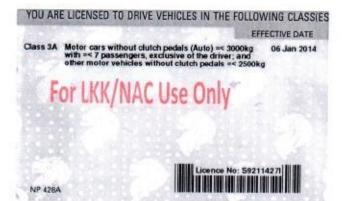
Date of birth

31-03-1992 M

SINGAPORE









## Certificate of Insurance

SKD30655

: YEO KAI JIE

: 14 Dec 2018

: 13 Dec 2019

Cover : drivo CLASSIC

: WVWZZZ13ZBV001582

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: 5106322968

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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

EXCESS (SECTION 1)

- (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.

: \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : \$\$500 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 : YEO KAI JIE NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY

: TOKYO CENTURY LEASING (SINGAPORE) 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)

: COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue

: 14 Dec 2018 11:43 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5106322968	Policyholder Name	YEO KAI JI	E	Policyholder	S9211427I	
Certificate No.		Name			NRIC	392114271	
Address	BLK 882 #07-80 TAMPINES STR	EET 84 TAMPI	NES SPRING	G SINGAPORE 521882	2		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	14/12/2018	Effective Date	14/12/201	8 00:00	Expiry Date	13/12/2019 2	3:59
Excess Type		All Claims Excess					
Third		Own					
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Additional Excess	500	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592		GST Flag	Υ	
Co- insurance Flag					SSTILLE	2,000	
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 882 #07-80	Addre	ss 2	TAMPINES STREET	84	Address 3	TAMPINES SPRING
Address 4	SINGAPORE 521882	Addre	ss Type	Singapore address		Post Code	521882
	07-80	Relate Numb	d Policy er	5106322968			
Jnit No.							
	d Object: SKD3065S						
Jnit No.							

Claim Handling					
Policy No.	\$106322968	Vehicle No.	5KD30855		
ertificace No.			36030639	GST Registration No.	
Dicyfiolder Name	YEO KALIJE			200000000000000000000000000000000000000	
World Code	PRIVATE CAR INSURANCE	Cover Type	200	Palicyholder NRIC	\$92114271
ritect No.(Mobile)	97972658	Contact No.(Office)	drivo CLASSIC	Loading	0
nali Address.		Special Remark	0	Contact No.(Home)	0
×	® No ○ Yes	TCA		eCode	THE Y
D. Protection	No		® No ⊜Yes	eCode Reason	
Accident Details	1980	NCD Entitlement(%)	10	Private Hire	No
ort Date					
	15/07/2019 14:55	Accident Report Within 24 hrs.	Yes	Accident Type	Damaged whilst parked
e of Accident	13/07/2019	Time of Academ hit:mm	16:35	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	100000000000000000000000000000000000000
dent Location	BLK 882 TAMPINES ST 84 CARPARK				
Excess					
damage Excess	800.00	Additional Excess	500	Windscreen Excess	100.00
arried Driver Excess	0.00	Outside Singapore OD Excess	600.00		
d Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
fication History				0970	
Policyholder Mailing Ac					
ress 1	BLK 882 #07-80	Address 2	TAMPINES STREET 84	Address 3	TAMPINES SPRING
1956 4	SINGAPORE 521882	Address Type	Singapore address	Post Code	521882
t No.	07-80	Related Policy Number	5106322968	1,555,00000	541002
OI Driver Info					
er Name	YDO KAI JSE	Driver Type	Main Driver		
med driver Name		Driver NRIC	992114271	Driver DOS	31/03/1992
ater Date of Driver License	06/01/2014	Driver Age	27	Driving Experience	5
(act No.(Mobile)	97972658	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 882	Address 2	TAMPINES STREET 84	Address 3	TAMPINES SPRING
ress 4	SINGAPORE \$21882	Address Type	Singapore address	Post Code	521882
No.	07-80		AND LOVE INSVIC	3.500,0000	241007
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act No.(Mobile)	OD-MX	Insured Name	YEO KAI JIE	Insured NRIC	59211427[
	97972658	Contact No. (Home)		Contact No.(Office)	
Address	grial_92@hotmail.com	Of Vehicle Number	SKD30658	TP Vehicle Number	SHA7534E
sant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		VW
ant Name *	22	Claimant NRIC *			
ant Address					
Description	SKD30655 / SHA7534E ON 13 Jul 2019			Name of Preferred Workshop	
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Registered	15/07/2019 14:56	Claim Close Date	The state of the s	GIA report	Received
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ent No.	MT/1053404	Claim No.	001		
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