NATIONAL Assessment Cent	tre Services. Institution	V84001611AH		
Date In: 31/3/19-18:39	Job description	Date & Time Completed	Don	ie py
Ref No: Las INCIGNINAMIN	SAS e-filing			
Veh No: SUKISITY	E-mail (within Shrs, AIC 2hrs)			•
D.O.A : 3/19-10:15	i-Motor Claim Form	M7/1055922001	31/3/19 1	Y:53
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD / P) Reporting Only	i-Photo Uploaded			7
TP Insurer:	Assessment/Survey Report			
Tr insuloi.	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:)
TP Particulars: Veh No: M	35 IM INC ()/Non-INC()	20 10-	
Owner / Driver: (Tel:)	
Policy No: () P	eriod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,	,000()/\$2,000()			
General Remarks;-		ARTISTICAL TO A	Con Service	
() Walk-In Customer: Customer's inf	ormation strictly Confidential & S	trictly NO refer of repairer.		
	rer URGENTLY.	79.73	,	
Drive-In ()/ Towed-In (); Invoice	ce: YES() / NO();	Towing Co: ()
		1. 2.	C7 7250 % 57 T	38
Remarks:- (INC horline: 6788 6616)		Date & Time Completed	Don	e by
	Courtesy Car ()	*		
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$	3000] ()	7		
Injury:				
Date/Time Actions		a se house	302403	A-1, 100 P.S. 1-
Date time Actions			BREAKSON LE	
•	1			
			Anit (S)	Amt (3)
NA 1935686 .	2.65	paration Checklist	fit Bill	* Add Bill
laimant's Particulars :-	1) AR : Acciden	t Reporting (\$30); Assessment (\$100); INC (\$6	80)	
Priver/Owner:	3) TF : Towing I	Fee . S40	0/\$45	
	4) FT : Follow-T	hrough Survey hrough Survey (Resurvey)	\$120 \$30	
Contact No:	For claiming a	gainst INC Only (wef 10 Jan 2005	5)	
amaged Portion:	6) TR: Re-iuspe 7) N1: idao DA		\$75	
	8) NTUC Additi			
C Checked by (Engr-In-Charge):	OD* *N5: Courtesy	Car / Tpt Allowance	\$5	
WAREHARD:	No. Repair C	a-ordination	310	
uditors' Comments :	WIND THE CHANGE OF THE CHANGE OF THE	MANY X SAN ESON HILLS	UF NO	
THE STATED VENIME	TP(MI): I	(Non INC) against INC	30	
t. 2/3;	9) N12: Idao Mo Invoice dated	Fee Charged		arter Test
	Involce dated	Fee Charged	SHARW	L

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 <u>truthful and accurate</u> 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.
- 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	31/07/2019 18:39
Date Of Accident	30/07/2019 20:10
Exact Location Of Accident	JLN SULTAN TWDS BEACH RD
Country/State of Loss	SINGAPORE
as an in the contract of the c	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK3315Y
Insured/Policyholder	
Name Of Registered Owner	YAP ENG BOO
NRIC No	S1575552J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96362307
Alternative Phone No	OFFICE-96362307
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6 VTI CVT
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	5106792504
Cover Note Number	
Driver	

 Name of Driver
 YAP ENG BOO

 NRIC No
 \$1575552J

 Date Of Birth
 25/07/1963

 Occupation
 INDOOR

29/01/1991

Driving Experience 28 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96362307

Fax Number

Date Of Driving Pass

Contact Number OFFICE-96362307

EMail Address NOEMAIL

BLK 221 ANG MO KIO AVENUE 1 Address

#08-759 560221

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

Postcode

OWNER

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

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)

YES

NO

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

REFER TO STATEMENT,

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

SMB51M

Vehicle Make/Model/Colour

Details Of Properties

BUS

Vehicle Category Name of Driver

TAN TEE KONG

NRIC/Passport Number

Contact Number

90774272

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

YAP ENG BOO

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLK3315Y

YES

NO

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 3. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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:
 - (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.:

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 Personne's Signature Name:

NRIC/FIN No.:

Vehicle No.	SLK 3315 Y Model/Make Honda Civic
Date of Accident	30/07/2019
Time of Accident	2010 HRS
ocation of Accident	Jalan Bultan toward Beach Rd.
Exact purpose use during accid	
Name of Owner	Yap Eng Boo
Telephone No.	H/P: 96362307 Home: 6456 5327 Office:
NRIC	5 15755523
Address	B1K221, Ang Mo Kio Ave 1 # 08-759 8'5602:
Claim type	OD (THIRD PARTY) REPORTING ONLY
Insurance Company	Ntuc
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5106792504
N	As Above If No. YOUR RAA BOO
Name of Driver	707.0010
NRIC	3 6 75 5520 Any rassengers.
Date of birth	25/07/1963
Occupation	Outdoor / (Indoor)
Driving License Pass Date	
Gender (Male // Female
Contact No.	H/P:96362307 Home: 64565327 Office:
Address	BIK 221, Ang mo Kio Ave 1 # 08-759 5'560221
Driver have any own vehicle	No,) If yes, Reg No.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface (Dry) Wet Other
Any Injuries	No, (If Yes,) Who? Yap Eng Boo 96362307
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SMB 51 m Any Passengers: Unknown
Name of Driver	Tan Tee Kong Contact No.: 90774272
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	RH Side.
Camera Recorder	Yes No SD CARD CORPUPLIED
Email Address	
PARTICULAR WORKSHOP	nuncar Antonutive Pte 4d.
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. 59

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1575552J



REPUBLIC OF SINGAPORE DRI

Licence Number: S1575552J

Name:

YAP ENG BOO

Birth Date: 25 Jul 1963

3

YAP ENG BOO

叶永富

CHINESE

Date of birth 54

25-07-1963 N

Country of birth SINGAPORE For LKK/NAC Use Only

\$15**755**52

001402383E

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

Class 2B Motorcycles =< 200 cc 28 Nov 1986
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 29 Jan 1991
of the driver; and other motor vehicles =< 2500kg

NRIC No. S1575552J

Address
APT BLK 221 ANG MO KIO AVENUE 1
W08-759
SINGAPORE 560221

For LKK/NAC Use Only

128 /

Licence No: \$1575552J

NP 428A



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: 5106792504 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SLK3315Y

Chassis Number : MRHFC5650GT000841

2. Name of Policyholder : YAP ENG BOO 3. Effective Date of Insurance : 12 Jan 2019

4. Expiry Date of Insurance : 11 Jan 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) \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$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 : YAP ENG BOO NAMED DRIVER (1) : YAP YI YANG NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : OCBC BANK 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)

: IVAN INSURANCE AGENCY PTE. LTD. (00000614519) Agency

Date of Issue : 08 Jan 2019 11:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By: Authorised Officer Chief Executive

eBao Tech										Genera	lClaim	
Hello, NAC_PAYA_UBI_80	0601			AND DESCRIPTION OF THE PERSON OF			• Change	Language	• Chang	ge Password	• Log Out	
My Desktop	Poli	cy Query										
Notice of Loss	Policy N	No.		Date of Accident 30/								
	Vehicle	No.(For Motor)	SLK33	SLK3315Y			Certificate Number					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5106792504		YAP ENG BOD	\$15755523	GPC	drivo CLASSIC	SLK3315Y	SLK3315Y	12/01/2019	11/01/2020	
						Continue	1					

olicy No.	5106792504	Policyholder Name	YAP ENG BO	10	Policyholder NRIC	S1575552J	
Certificate							
Address	BLK 221 #08-759 ANG MO KIO	AVENUE 1 SIN	GAPORE 560	221			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	08/01/2019	Effective Date	12/01/2019	00:00	Expiry Date	11/01/2020 23	::59
Excess Type		All Claims Excess					
Third		Own			Windscreen		
Party Excess	0	damage Excess	600		Excess	100	
Additional Excess	0	OS Premium	0				
Outside		Outside					
Singapore OD Excess	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 221 #08-759	Addr	ess 2	ANG MO KIO AVEN	NUE 1	Address 3	SINGAPORE 560221
Address 4		Addr	ess Type	Singapore address		Post Code	560221
		Relat Num	ed Policy ber	5106792504			
Unit No.							
Unit No.	ed Object: SLK3315Y						
	La Vida Serie						

Claim Handling												
ccident HT/1055922	20002000			Vehicle No.		E1 4531 EV			Registration No			
Palicy No.	5106792504		9	verscie No.		5LK3315Y		Last	regramation No	13		
Certificate No.								10 may 2 m	A DECEMBER OF THE RESERVE OF THE PERSON NAMED IN COLUMN ASSESSMENT OF THE PERS			
Policyholder Name	YAP ENG BOO			2 (28)		911-8			cyholder NRIC		S1575	5523
roduct Code	PRIVATE CAR INSURANC	Œ		Cover Type		drive CLAS	310	Lowe	15.75		0	
ontact No.(Mobile)	96362307			Contact No.(Office)		a			Ract No.(Home)		0	
mai Address			8	Special Remark		SECTION		*Co			N. Y	
PK	No ○ Yes			TCA		® No O	es	eCo	de Reason			
CD Protection	No		- 6	NCD Entitlement(%)	į.	20		Privi	ate Hire		No	
□ Accident Details												
port Date :	31/07/2019 18:51			Accident Report With	hin 24 hrs	Yes		Acc	ident Type		Side Sk	wipe
ite of Accident	30/07/2019			Time of Accident his	:mm	20:10			intry of Accident		Singap	are
parting Centre			3	Orange Force				IOM	1 No.			
codent Location	JUN SULTAN TWOS BEAC	CH RD										
Excess												
en damage Excess		600.00		Additional Excess		0		Win	dscreen Excess		100.00	
married Driver Excess		0.00		Outside Singapore O	D Excess		600.00					
and Perty Excess		0.00		Outside Singapore T	P Excess		0.00					
7 Benefits												
GST Registered Informa	ation											
100							T Designation Code					
ET Registered ET Registration No.	No						T Registration Date T Status Verified		Yes			
						00	Consider Fernier		148			
odification History												
v Androhalder Mallion Ada	the second											
Policyholder Mailing Ad											ene.	A005 55000
ddress 1	BLK 221 #08-759			Address 2			TO WASHING I		tress 3			PORE 560221
ddress 4				Address Type		Singapore	address	Post	t Code		56022	1
ne No.				Related Policy Numb	per	51067925	04					
OI Driver Info												
over Name	YAP ENG BOO			Driver Type		Main Drive						
mamed driver Name				Driver NRIC		\$1575552	1	Driv	ver DOS		25/07/	/1963
gister Date of Driver License	29/01/1991			Driver Age		56		Driv	ving Experience		28	
ontact No.(Mobile)	96362307			Contact No (Office)		0		Con	stact No.(Home)		0	
davess 1	BLK 221			Address 2		ANG MO H	IO AVENUE 1	Add	iress 3		SINGA	PORE 560221
	DUN EEL								n Code		56022	
ddress 4				Address Type		Singapore	address	POS	it Code		56022	1
ne No.	OB-759											
des he dwn a Singapore egistered car?	○ Yes No			Driver Vehicle No.				Driv	ver Insurer Com	pany		
ederation												
reethalyser or Blood Test	0 mg			Any injury?		® Yes ○	No .					
eading?												
odification History												
and the latest the same of the												
Claim 001 New												
aim Type *	DD-MX	V		Insured Name		YAP ENG	900	Insu	ured NRIC		51575	5521
ontact No.(Mobile)	96362307			Contact No.(Home)		98502913	/	Con	stact No.(Office)			-
nari Address				OI Vehicle Number		S/K1315V			Vehicle Number		SMBS	н
	Diegra Caran	~		Type of Benefit *		Please Se					2.163	
aimant Type Claimant Type *	Please Select	-		124111000000000000000000000000000000000		function 24						
armant Name. *		2.	2	Claimant NRIC *								
aimant Address					-1111	1 1 1					4	
ern Description	SLK3315Y / SMB51M OF	N 30 Jul 20	019					Nan	me of Preferred	Workshop		
eferred Workshop Contact				Insured Liability *		Partially a	t Fault					
ogum Finalisation	Yes	v		Preferend Regain O	otion		Workshop, Name unknown	7 634	report.		Receiv	red V
	50000 mm	Sittered			500000	E. 10121100		36			PLAN CO.	2019 00 00
ite Registered	31/07/2019 18:53			Claim Close Date				Dat	te Received		3 501	E019 00.00 EE
port Taken By	Jackson											
Print AK letter												
						SECTION NAME	resen					
					31	Save Su	ome					
Attachment												
Ψ.							1532					
ccident No.	MT/1055922			Claim N	10.		001					
est Doc. Received	● Yes ○ No			Upload	Date .		31/07/2019 18:53					
		etm +					Category *		Confidential	Urger	sy *	Description
					Browse.	Class	Please Select	V F		Normal	V	
					Browse.	Clear	Please Select	V	0 4	*	٧	
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						Clear	Please Select	V	0 🔻	Normal	V	-

