NATIONAL Assessment Centre Services |wet 1 Jan'05|MN p 19134733 Date In: 14/10/19-11:04 Date & Time Completed Done by Jeb description Rel No: HALINGHOLDE SAS e-filing Veh No: Smayers E-mail (within 8hrs, AIC 2hrs) D.O.A: N1019-4:35 i-Motor Claim Form M7 10 66677-001 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: ( Fax: Tel: Veh No: 535 xxy? )/Non-INC ( TP Particulars: INC ( Owner / Driver: ( Cover Type: ( ) Policy No: ( Period: ( Confirmed by : ( Time: Date: 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 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Ant (5) Aml (5) Invoice Preparation Checklist HAIGO ZAM fit Bill Add Bill 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA : Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR : Re-inspection \$75 Damaged Portion: 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \$5 \*NS: Courtesy Car / Tpt Allowance 510 \*N6: Repair Co-ordination \$25 \*N7: Fost Repair Inspection Auditors! Comments :-\*N8: DV / Collect Excess Coordination 55 \$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idno Mobile Fee Charged Invoice dated Cat. 2 / 3: Fee Charged Invoice dated

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

- 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.
- 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

National Control of the Control of t	ACCIDENT STATEMENT
Date Of Report	14/10/2019 11:04
Date Of Accident	12/10/2019 14:35
Exact Location Of Accident	ORCHARD LINK
Country/State of Loss	SINGAPORE
A CONTRACT OF THE PROPERTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG4876Y
Insured/Policyholder	
Name Of Registered Owner	TAN YAN FEN
NRIC No	S8830597C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81259418
Alternative Phone No	OFFICE-81259418
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT HYBRID 1.5 AUTO
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	5106386882
Cover Note Number	
Driver	
Name of Driver	NG ZHI HAO MATCHY (HUANG ZIHAO MATCHY)
NRIC No	S8432772G
Date Of Birth	14/10/1984
Occupation	INDOOR
Date Of Driving Pass	01/07/2008
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81259418
Fax Number	

OFFICE-81259418

NOEMAIL

BLK 987A BUANGKOK GREEN Address

#07-09

531987 Postcode

Was driver an employee of the Insured's Company NO

SPOUSE 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

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

NO

YES

NO

4

Was any body injured in the Accident?

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)

NAME: Passenger 1

GENDER: : MALE

Passenger 2 NAME:

> : FEMALE GENDER:

. -

Passenger 3 NAME:

> : FEMALE GENDER:

**Details of Police Action** 

NO Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

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 NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJS754P Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Page 2 of 16

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 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 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.

Palicyholder's Signature

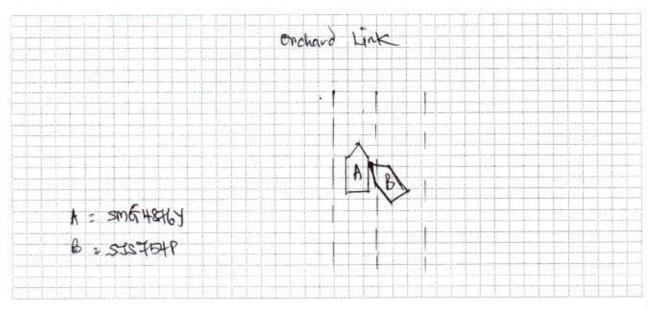
Date & Time:

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

NRIC/FIN No.:

MARKETSKI (Marketski 19

SKETCH PLAN:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG ORCHARD LINK. VEHICLE B ON MY RIGHT HAND SIDE OUT INTO MY LANE AND COLLIDED ONTO MY RIGHT SIDE OF MY VEHICLE.
COT INTO MIT ENTE / INTO COLLEGED STATE IN THE COLLEGED STATE IN T

### DECLARATION

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

18

Policyholder's Signature Date & Time: to

Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC / FIN No .:

# Accident Reporting Draft

VEHICLE NO: SMG4876Y

MODEL: HONDA FIT HYBRID

DATE OF ACCIDENT	12/10/2019
TIME OF ACCIDENT	1435 HRS HRS AM/PM).
LOCATION OF ACCIDENT	ORCHARD LINK
EXACT PURPOSE USE DURING ACCIDENT	
NAME OF OWNER	TAN YAN FEN
CONTACT NO.	81259418
NRIC	\$8830597C
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY THIRD PARTY
INSURANCE CO.	NTUC
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT
POLICY NO.	
NAME OF DRIVER	NG ZHI HAO MATCHY (HUANG ZIHAO MATCHY) AS ABOVE / IF NO:
NRIC	S8432772G ANY PASSENGER: 3
DATE OF BIRTH	(Im , 2 length
OCCUPATION	OUTDOOR / INDOOR
DATE OF DRIVING PASS	
GENDER	MALE / FEMALE
CONTACT NO.	81259418 OFFICE: HOME:
ADDRESS	BLK 987A BUANGKOK GREEN #07-09 S(531987)
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.
RELATIONSHIP	EMPLOYEE/ IF NO SPOUSE
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR
ROAD SURFACE	DRY / WET/ OTHER: DRY
ANY INJURIES	NO / IF YES:
CONTACT NO.	
POLICE REPORT	NO / IF YES:
VIDEO RECORDING	NO / YES
VEHICLE B NO.	SJS754P ANY PASSENGER:
NAME	
CONTACT NO.	
VEHICLE C NO.	ANY PASSENGER:
VEHICLE D NO.	ANY PASSENGER:
VEHICLE E NO.	ANY PASSENGER:
VEHICLE F NO.	ANY PASSENGER:
ANY WITNESS	The second secon
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	
MOBILE NO.	Dudov
CONTACT PERSON	Ruder Auto Pte Ltd
FAX NO.	2 Kaki Bukit Ave 2, #02-19 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277

passger. wife + child + helper.



# 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: 5106386882

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle Chassis Number

: SMG4876Y : GP51328794

2. Name of Policyholder

: TAN YAN FEN

3. Effective Date of Insurance

: 21 Dec 2018

: 20 Dec 2019

4. Expiry Date of Insurance 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

EXCESS (SECTION 1)	-SS600
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	: TAN YAN FEN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
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

: KCB AGENCY (00000614904)

Date of Issue

21 Dec 2018 10:32 hrs

KCB AGENCY

Co Reg No. 531165520

Countersigned By:

200 Jalan Sultan #02-36B Textile Centre

Singapore 199018 Tel: 6391 3813 Fax: 6391 3810

**Authorised Officer** 

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Chief Executive** 

<b>eBao</b> Tech	Na State		1	STEEL BOOK STEEL	10001201250	Complete Comp			Section 2	The second second	alClaim
Hello, NAC_PAYA_UBI_800	1601						Chang	e Languag	c • Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident		12/10/2019 1	4:35	
	Vehicle	No.(For Motor)	SMG48	376Y		Certif	ficate Number	1			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106386882		TAN YAN FEN	S8830597C	GPC	drivo CLASSIC	SMG4876Y	SMG4876Y	21/12/2018	20/12/2019

Policy No.	5106386882	Policyholder Name	TAN YAN FI	EN	Policyholder NRIC	588305970		
Certificate No.								
Address	BLK 987A #07-09 BUANGKO	K GREEN SINGAR	ORE 531987					
Product Name	ame PRIVATE CAR INSURANCE Policy sue Date Care Care Care Care Care Care Care Car				Group Policy Flag Expiry Date Windscreen Excess	N		
Policy issue Date			21/12/2018	3 00:00		20/12/2019	23:59	
Excess Type								
Third Party 0		Own damage Excess	600			100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess	
Agent	KCB AGENCY	Agent Tel.	63913813		GST Flag	Y		
Flag								
Open Policy Info Certificate Info	older Mailing Address							
Open Policy Info Certificate Info Policyh	older Mailing Address BLK 987A #07-09	Addre	ss 2	BUANGKOK GREEN		Address 3	SINGAPORE 531987	
Open Policy Info Certificate Info Policyh Address 1			ss 2 ss Type	BUANGKOK GREEN Singapore address		Address 3 Post Code	SINGAPORE 531987 531987	
Open Policy Info Certificate Info		Addre	ss Type ed Policy			DATE OF THE SECOND		
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 987A #07-09	Addre Relate	ss Type ed Policy	Singapore address		DATE OF THE SECOND		
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	BLK 987A #07-09 07-09 d Object: SMG4876Y	Addre Relate	ss Type ed Policy	Singapore address		DATE OF THE SECOND		
Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	8LK 987A #07-09 07-09 d Object: SMG4876Y	Addre Relate Numb	ss Type ed Policy	Singapore address 5106386882		Post Code		

cldent MT/1066677						
olicy No.	5106386882	Vehicle No.	SMG4876Y	GST Registration No.		
ertificate No.						
olicyholder Name	TAN YAN FEN			Policyholder NRIC	58830597C	
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0	
contact No. (Mobile)	01259418	Contact No.(Office)	0	Contact No.(Home)	0	
mail Address		Special Remark		eCode	No. No.	
PK	® No ○ Yes	TCA	No ○ Yes	eCode Reason		
CD Protection	No	NCD Entitlement(%)	40	Private Hire	No	
S Accident Details						
eport Date	14/10/2019 11:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane	
ate of Accident	12/10/2019	Time of Accident hh:mm	14:35	Country of Accident	Singapore	
eporting Centre		Orange Force	21102	ICM No.	Sugapore	
ccident Location	ORCHARD LINK	orange ; oras		2001.40		
♥ Excess	William State					
wn damage Excess	600.00	Additional Excess	0	Windson Process	100.00	
nnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00	Windscreen Excess	100.00	
and Party Excess	0.00		0.00			
W Benefits	0.00	Outside Singapore TP Excess	0.00			
U GST Registered Informa	-11					
T Registered	No.					
ST Registration No.	No		GST Registration Date			
odification History			GST Status Verified	Yes		
Policyholder Mailing Ad	Idress					
Idress 1	BLK 987A #07-09	Address 2	BUANGKOK GREEN	Address 3	SINGAPORE 531987	
ddress 4	STANDARD CARCAGO	Address Type		20 20		
nt No.	07-09		Singapore address	Post Code	531987	
OI Driver Info	W. W.	Related Policy Number	5106386882			
river Name	Unnamed Driver	Denny Tona	Unnamed Driver			
nnamed driver Name	NG ZHI HAO MATCHY (HUANG )	Driver Type Driver NRIC	58432772G	Driver DOS	14/10/1984	
egister Date of Driver License		Driver Age	34	Driving Experience	11	
ontact No.(Mobile)	81259418	Contact No.(Office)	9	Contact No.(Home)	0	
ktress 1			-		8	
dress 4	BLK 987A	Address 2	BUANGKOK GREEN	Address 3	SINGAPORE 531987	
	PT 00	Address Type	Singapore address	Post Code	531987	
nit No.	07-09					
oes he own a Singapore						
egistered car?	○ Yes  No	Driver Vehicle No.		Driver Insurer Company		
egistered car?	Ú Yes ® No	Driver Vehicle No.		Driver Insurer Company		
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egistered car?  Inclaration  reathalyser or Blood Test  reading?  Indification History	© mg		○ YES ® NO	Driver Insurer Company  Insured NRIC	\$8830597C	
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claration eathalyser or Blood Test edding?  claim 001 OD-MX  Mem lim Type * infact No. (Mobile) nose Address simant Type Claimant Type * almant Name * almant Address	Ong OD-MX 98261858 Please Select	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit *	TAN YAN FEN	Insured NRIC Contact No.(Office) TP Vehicle Number	\$35754P	
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claration eathalyser or Blood Test eathalyser	O mg  OD-MX  98261858  Please Select  ≥≥  SMG4876Y / 535754P ON 12 Oct 2019  Yes	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	TAN YAN FEN  SMG4876Y  Please Select  V	Insured NR3C Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	S)S7S4P	
claration eathalyser or Blood Test eathalyser	O mg  OD-MX  98261858  Please Select  ≥≥  SMG4876Y / 535754P ON 12 Oct 2019  Yes  14/10/2019 13124	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option Claim Close Date	TAN YAN FEN  SMG4876Y  Please Select  V	Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received	S)S7S4P	
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