

NATIONAL Assessment Centre Services

Date In: 09/11/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20012253/13	SAS e-filing		
Veh No: SDH1511X	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 25/10/20 2150	I-Motor Claim Form	MT/1107913	002
OD: TP: 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: SM44213L	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%. F: 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

NA2005927	Invoice Preparation Checklist	Amr (\$)	Amr (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int. Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tp. Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	09/11/2020 15:00
Date Of Accident	25/10/2020 21:50
Exact Location Of Accident	JURONG GATEWAY RD TWDS TOH GUAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDH1511X
Insured/Policyholder	
Name Of Registered Owner	LIN YONG MUI HELENA
NRIC No	SXXXX490J
Email Address	HELENALIN7772@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90230609
Alternative Phone No	OTHERS-90230609

Vehicle Particulars

Manufacturer	BMW
Model	520I
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	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	5100190873-02
Cover Note Number	

Driver

Name of Driver	LIN YONG MUI HELENA
NRIC No	SXXXX490J
Date Of Birth	18/05/1962
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1990
Driving Experience	30 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90230609
Fax Number	
Contact Number	OTHERS-90230609
EMail Address	HELENALIN7772@GMAIL.COM

Address	BLK 252 JURONG EAST ST 24 #04-117
Postcode	600252
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	COLLISION - HEAD TO REAR
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?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20201109/2036

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	SMU4213L
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

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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:

9/11/2022

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

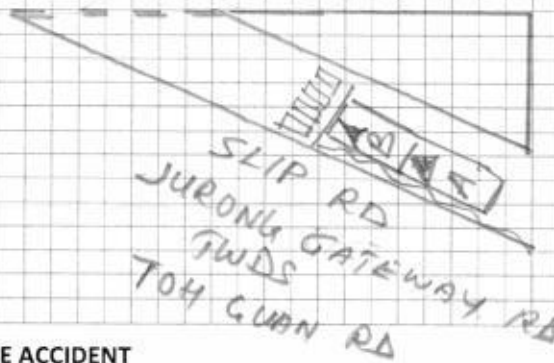
NRIC/FIN No.:

SKETCH PLAN

JURONG EAST SI 21

A - SDH15HX

B - SMU42BL



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S refer to the police report: T/20201109/2036

DECLARATION

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

Policyholder's Signature

Date & Time:

9/11/2020

GIARMC SketchPlanForm_V3

1-at pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

09/11/20



SINGAPORE POLICE FORCE



T/20201109/2036

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20201109/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2020 12:37	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIN YONG MUI HELENA			Address: APT BLK 252 JURONG EAST STREET 24 #04-117 YUHUA VILLAGE SINGAPORE 600252		
ID Type / ID No.: NRIC NO / S1539490J			Contact No.: Home/Office: Mobile: 90230609		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 58	Date of Birth: 18/05/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PROPERTY AGENT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Drink & Drive	Drink Drive: No	Date/Time of Accident: 25/10/2020 21:50	Type of Location:
Location: JURONG EAST STREET 21				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDH1511X	Car	BMW	520I A	Black		0
SMU4213L	Car					1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDH1511X	NTUC Income Insurance Co-Operative Limited	5100190873-02	05/07/2020	04/07/2021



**SINGAPORE
POLICE FORCE**



T/20201109/2036

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20201109/2036

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIN YONG MUI HELENA	ID No.	S1539490J
Related Vehicle	SDH1511X (Car)	Contact No.	90230609
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION I WAS TRAVELING ALONG JURONG EAST STREET 21 ON THE LEFT LANE TOWARDS A ZEBRA CROSSING ALONG THE WAY, BOTH CARS HAD COME TO A STOP SUBSEQUENTLY THE VEHICLE INFRONT MOVE AND SUDDENLY JAM BRAKES I WAS UNABLE TO STOP IN TIME AND COLLIDED ONTO THE REAR PORTION OF HIS CAR BUT IT WAS ONLY A SLIGHT COLLISION SUBSEQUENTLY I WAS ATTENDED BY THE TRAFFIC POLICE THAT'S ALL.



**SINGAPORE
POLICE FORCE**



T/20201109/2036

3 of 3

Report No. T/20201109/2036

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
SC BERNARD KOH REN JUN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL
Contact No.: 65476368

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/11/2020 12:37

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

ACCIDENT STATEMENT

ACCIDENT DATE: 25/10/2020 (DD/MM/YYYY), TIME: 9:45 (HH:MM) 21:50

LOCATION: JURONG EAST ST ST
GATEWAY RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDH1511X
b) INSURANCE COMPANY: MTUC
c) POLICY NUMBER: 5100190872-02
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: BMW 520i
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: LIN YONG MUI HELENA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S15394905 CONTACT: 90230609
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 18/05/1962 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 30 yrs

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMU4213L MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = helenalinTT26@gmail.com

fax =

VIDEO = NO

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

25/10/2020 13:11

Vehicle No.(For Motor)

SDH1511X

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100190873-02		LIN YONG MUI HELENA	S1539490J	GPC	drivo CLASSIC	SDH1511X	SDH1511X	05/07/2020	04/07/2021

Continue

Audi V

Our Ref: MT/CA/TP/001/1107913-001/MX/VU

27 Oct 2020

LIN YONG MUI HELENA
BLK 252 #04-117
JURONG EAST STREET 24
SINGAPORE 600252

Dear Policyholder

CLAIM NUMBER: MT/1107913-001
ACCIDENT INVOLVING SDH1511X / SMU4213L on 25 Oct 2020

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely

[Signature]

Goh Peng Hong
Manager
Motor Insurance

6759two

Higo hida

BOND AND BAIL BOND

NO. PB/TP/20/01492

(Section 99 of the Criminal Procedure Code 2018 (Act No. 19 of 2018))

(TO BE EXECUTED WHEN PERSONS ARE TO BE PRODUCED IN COURT/ INVESTIGATIONS ARE NOT COMPLETED)

Report Number: T/20201025/2074 S/Diry: 17828 Station Number: 1752 Time: 04:29

Name of Investigation Officer: Khairil Department / Agency: TP / DDIT Contact No: 65476209

I (name and NRIC No.) LIN YONG MUI HELENA S1539490J

Must be completed in all cases (of (address) 252 JURONG EAST STREET 24 #04-117 SINGAPORE 600152 Tel No: 90230609
 (having been charged with (state offence/s charged) Sec 67(1)(b) RTA Cap 276

and on my release on bail, do hereby bind myself.

* To attend Court No. on (date) at (time) and thereafter to attend as may be directed by the Court until all proceedings relating to the abovementioned charge/s shall have been finally disposed of;

* To attend at Traffic Police Police Station, CID or (age) on (date) 09/11/2020 at (time) 11:00 and shall continue so to attend until otherwise directed by investigating officer;

* To attend at Police Station, CID on (date) at (time) for the purposes of fingerprinting, photographing and taking of body samples of myself and any other related matters or to be conveyed to the Criminal Rec Office, CID for the purposes of fingerprinting and photographing and taking of body samples of myself and any other related matters and then attend at (No. on (date) at (time) and thereafter to attend as may be directed by the Court until proceedings related to the abovementioned charge/s shall have been finally disposed of;

* To surrender any travel document in my possession; *(delete if not applicable)

* To surrender to custody or to make myself available for investigations or to attend court at the date, time and place appointed for me to do so;

* Not to commit any offence while released on bail or on personal bond; and

* Not to interfere with any witness or otherwise obstruct the course of justice whether in relation to myself or any other person.

* The surety offered by me must not be a co-accused in my current arrest case

Note to released person:

Breach of bail conditions - Section 103(5) of the Criminal Procedure Code 2018 (Act No. 19 of 2018) states that a released person shall be guilty of an offence and shall be liable on conviction to a fine or to imprisonment for a term not exceeding 3 years or to both, if the released person knowingly, and without reasonable excuse, fails to comply with any duty imposed on the released person -

a. To surrender to custody;

b. To be available for investigations; or

c. To attend court on the day and at the time and place appointed for the released person to do so

As long as the bond remains in force, I will not leave Singapore without the permission* of the police officer or the court. *Such permission must be evident by an endorsement on the bond specifying for how long and the place to which the permission applies. Such permission may be granted only if a personal application is made in the presence of the surety or sureties.

And in case of my making default herein I bind myself to forfeit to the Government of the Republic of Singapore the sum

To be completed only when released on a personal bond or when security is deposited (of (* which I have deposited at (* which has been deposited on my behalf by (name of person depositing security) (at (and which the said (name of person depositing the security) (has acknowledged shall be forfeited in case of my making default herein.

*Delete the part that is not applicable

+ Delete if person is released on a personal bond

Signature/ Right Thumb Impression

I (name and NRIC No.)

To be Completed by person who deposits security (of (address) Tel No: (hereby acknowledge that (describe security deposited) (deposited by me at (on behalf of the abovenamed (name of released person) (shall be forfeited to the Government of the Republic of Singapore in the case of (Name of released person) making default herein.

Signature/ Right Thumb Impression

I (name and NRIC / PP No of person acting as interpreter)

Must be completed by interpreter when person does not understand English (of (address) read and explained the abovementioned terms to the said (name of released person) (in the language/ dialect and I confirm he understood the terms. (Signature of Interpreter for released person

I (name and NRIC / PP No of person acting as interpreter)

Must be completed by interpreter when person depositing security does not understand English (of (address) read and explained the abovementioned terms to the said (name of person depositing security) (in the language/ dialect and I confirm he understood the terms. (Signature of Interpreter for Surety

I/We (name and NRIC No. of first Surety) Poh Zhi Xian, Natasia S9027453H

To be completed when there are sureties involved

(of (address) 252 Jurong East Street 24 #04-117 SINGAPORE 600252Tel No.: 82682123

(and (name and NRIC No. of second Surety) _____

(of (address) _____

Tel No.: _____

(declare myself/ourselves surety/sureties of the abovenamed (name of released person) LIN YONG MUI HELENA

(that he shall abide by the conditions he has bound himself until all proceedings, relating to the said charge/s shall have been finally

(disposed of and in case of his making default therein I/We hereby bind myself/ourselves jointly and severally to forfeit to the Government of the Republic of Singapore

((describe security) \$515,000/- W.O.S. (Singapore Dollar Fifteen Thousand With One Surety)Date this 26

day of

October2020

Acknowledged before me,

Signature/ Right Thumb
Impression of first SuretySignature/ Right Thumb
Impression of second Surety

SSS Poh Seng Pew

Name, Rank, Designation & Signature of
Police Officer releasing the person on bail

Note to Sureties

a) Duties of surety - The duties of surety as prescribed under Section 104 (1) of the Criminal Procedure Code 2018 (Act No. 19 of 2018) apply to this bond.

They read: A surety must

1. ensure that the released person surrenders to custody, or makes himself available for investigations or attends court at the date, time and place appointed for him to do so;
2. keep in daily communication with the released person and lodge a police report within 24 hours of losing contact with him; and
3. ensure that the released person is within Singapore unless the released person has been permitted by the court to leave Singapore

b) Prohibition against agreements to indemnify surety - Section 106A of Criminal Procedure Code 2018 (Act No. 19 of 2018) states that:

1. Any agreement indemnifying or purporting to indemnify any person against any liability which that person may incur as a surety to a bail bond is void.
2. Any person who knowingly enters into such an agreement in (1) shall be guilty of an offence and shall be liable on conviction to a fine or imprisonment for a term not exceeding 3 years or to both.

Must be completed by interpreter when first surety does not understand English

(I (name and NRIC / PP No of person acting as interpreter) _____

(of (address) _____

read over and explained the terms of this

(bond to the first surety on (date) _____

in the

language/ dialect and I confirm he understood the terms.

Signature of interpreter of first surety

Must be completed by interpreter when second surety does not understand English

(I (name and NRIC / PP No of person acting as interpreter) _____

(of (address) _____

read over and explained the terms of this

(bond to the second surety on (date) _____

in the

language/ dialect and I confirm he understood the terms.

Signature of interpreter of second Surety

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge receipt of a copy of this document.

Signature/ Right Thumb Impression of released person

Signature/ Right Thumb Impression of first Surety

Signature of Witness

ENDORSEMENT

(To be used when permission is granted to person released to leave the Republic under Sections 99 (4) and (5) of the Criminal Procedure Code 2018 (Act No. 19 of 2018)

The abovenamed (name of released person) _____

is hereby given permission to go to (name/s places) _____

from (specify date/ time) _____

to _____

I confirm that this application

was made personally and in the presence of the abovenamed surety/ sureties.

Name, Rank, Designation & Signature of Officer
granting the permission

Signature/ Right Thumb Impression of person released

Signature/ Right Thumb Impression of first surety

Signature/ Right Thumb Impression of second surety

Claim Handling

Accident MT/1107913

Policy No.	5100190873-02	Vehicle No.	SDH1511X	GST Registration No.	
Certificate No.					
Policyholder Name	LIN YONG MUI HELENA	Cover Type	drive CLASSIC	Policyholder NRIC	51339490J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Not available
Accident Details					
Report Date	27/10/2020 08:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to
Date of Accident	25/10/2020	Time of Accident hh:mm	21:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JURONG GATEWAY SLIP ROAD TO TOH GUAN ROAD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applicable
Additional Excess	0.00				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 252 #04-117	Address 2	JURONG EAST STREET 24	Address 3	SINGAPORE 60021
Address 4		Address Type	Singapore address	Post Code	600252
Unit No.		Related Policy Number	5100190873-02		
OI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LIN YONG MUI HELENA	Insured NRIC		
Contact No.(Mobile)	90230609	Contact No.(Home)	67280203	Contact No.(Office)		
Email Address		Vehicle Number	SDH1511X	TP Vehicle Number		
Claim Description	SDH1511X / SMU4213L ON 25 Oct 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault			
Spares No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				Claim Close Date	09/11/2020 15:42	
Report Taken By				Workshop Repairer	ROSINDA	
				Date Received		
				Total Loss but Repaired		

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Save **Submit**

Attachment

Accident No.	MT/1107913	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/11/2020 00:00
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	NO
		Urgency *	Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

ClearPlease SelectNONormal

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ClearPlease SelectNONormal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2020 15:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2020 15:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2020 15:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-11-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2020 15:42	SAS		Normal	SAS 2020-11-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2020 15:41	Photos		Normal	Photos 2020-11-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2020 15:41	Photos		Normal	Photos 2020-11-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2020 15:41	Photos		Normal	Photos 2020-11-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2020 15:41	Photos		Normal	Photos 2020-11-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2020 15:41	Photos		Normal	Photos 2020-11-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Nov 2020 15:41	Photos		Normal	Photos 2020-11-9

Video List

Uploaded By/Date	Folder Date	File Name		Source
<div>Display in New Window</div> <div>Scan and uploading</div>				