

Date In: 16/11/17 10:03	Job description: SAS e-filing	Date & Time Completed: 16/11/17 14:51	Done by:
Ref No: NA/INC17021880/h4	E-mail (within 5hrs, AIC 2hrs)		
Veh No: SJF 8413 P	i-Motor Claim Form	MT10970037	
D.O.A: 15/11/17 14:10	i-Motor W/O (Within: OI 2hrs TP 4hrs)		
OD: TP <u>Plugging Only</u>	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:

SK2 9713A

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: Customers information strictly Confidential & Strictly NO refer of repairs.

() 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

Claimant's Particulars:-	NA1707098	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30)		Int Bill	Add Bill
Contact No:		2) DA: Damage Assessment (\$100)	INC (\$80)	32.00	
Damaged Portion:		3) TP: Towing Fee	\$40.00		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey	\$120		
Auditors' Comments:-		5) PT: Follow-Through Survey (Resurvey)	\$30		
		For claiming against INC Only (wef 10 Jan 2005)			
		6) TR: Re-inspection	\$75		
		7) NI: New DA - SMRT Survey	\$160		
		8) NTUC Additional Services:			
		9) NI: New DA - SMRT Survey	\$160		
		10) NI: New DA - SMRT Survey	\$160		
		11) NI: New DA - SMRT Survey	\$160		
		12) NI: New DA - SMRT Survey	\$160		
		13) NI: New DA - SMRT Survey	\$160		
		14) NI: New DA - SMRT Survey	\$160		
		15) NI: New DA - SMRT Survey	\$160		
		16) NI: New DA - SMRT Survey	\$160		
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		100) NI: New DA - SMRT Survey	\$160		

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 ability.
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 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	16/11/2017 10:03
Date Of Accident	15/11/2017 14:10
Exact Location Of Accident	PUNGGOL WAY SLIP RD INTO PONGGOL SEVENTEENTH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF8413P
Insured/Policyholder	
Name Of Registered Owner	TOH MENG KIAT, JONATHAN (ZHUO MINGJIE, JONATHAN)
NRIC No	S8419410G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98255800
Alternative Phone No	OFFICE-98255800

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD
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	5084932673
Cover Note Number	-

Driver

Name of Driver	TOH MENG KIAT, JONATHAN (ZHUO MINGJIE, JONATHAN)
NRIC No	S8419410G
Date Of Birth	29/06/1984
Occupation	INDOOR
Date Of Driving Pass	30/10/2009
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98255800
Fax Number	
Contact Number	OFFICE-98255800
EMail Address	NOEMAIL

Address	BLK 9 BOON KENG RD #11-160
Postcode	330009
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
Was any body injured in the Accident?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG PUNGGOL WAY AT THE SLIP ROAD TURNING INTO PONGGOL SEVENTEENTH AVE, I WAS STOP BEHIND VEH B, AFTER THE TRAFFIC CLEAR AND VEH B STARTED TO MOVING OFF. AS SUCH I FOLLOW TO MOVE AND CHECK ON MY BLIND SPOT. ALL OF A SUDDEN, VEH B JAMMED BRAKE, I MANAGE MY BRAKE BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH COLLIDED ONTO THE VEH B REAR PORTION. REMARK: VEH HAD BEEN SOLD.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ9713A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SIM ZI-REN JACKSON
NRIC/Passport Number	S8423074Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

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

Ponggol Seventeenth Ave

A = 5JF 8413P
B = SKZ 9713 A



Ponggol way

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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.:

UNIVERSE MOTORING

OFFICE ADDRESS: 210 TURF CLUB ROAD UNIT A19/A20 B22/23 Carmart The Grandstand
SINGAPORE 287995 Tel: 64632929 Fax: 64691235 Registration No: 53230671J

COMPLETION ACCOUNT (For Purchase Agreements)

Date: 15/11/2017

Vehicle Registration No: SJF 8413 P

Buyer: UNIVERSE MOTORING

Seller: JOH MING KUT JOHNTAN

NRIC No: S 8419410 G

f J 2 GL 893

Purchase Price

\$ 16,680

Deposit

\$ -

Outstanding Loan

\$ -

Others

\$ -

Balance Payable By UM:

\$ 16,680 *Correct to SKT 80572*

DELIVERY NOTE:

With reference to the Purchase Agreement dated (10/11/2017) the
Vehicle Registration No. (SJF 8413 P) is hereby delivered to UM
by the Seller / UM took possession of the vehicle from the Seller on this
Date: 15/11/2017 At: 1655 am/pm

SIGNED By the Seller

Name:



SIGNED for and on behalf of UM
By its Sales Executive



Sex	Nationality	
M	SINGAPORE	CITIZEN
Date of birth		Place of birth
29 JUN 1984		SINGAPORE
Date of issue		Date of expiry
15 FEB 2015		21 OCT 2020
Modifications		Authority
SEE PAGE 2		MINISTRY OF HOME AFFAIRS
National ID No		
S8419410G		

PASGPTOH<<MENG<KIAT<JONATHAN<<<<<<<<<<<<<<
E5380571H6SGP8406295M2010212S8419410G<<<<<58



SINGAPORE POLICE FORCE



A/20171003/2108

1 of 3

Report No. A/20171003/2108

POLICE REPORT (NP322)

Police Station Of Origin
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Date/Time Report Made 03/10/2017 16:16	Vide Report No.	Station Diary No. 115		
Name Of Informant TOH MENG KIAT, JONATHAN	Address APT BLK 9 BOON KENG ROAD #11-160 SINGAPORE 330009			
ID Type / ID No. NRIC NO / S8419410G	Contact No. Home/Office	Mobile 98255800		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation IT MANAGER	Sex Male	Age 33	Date of Birth 29/06/1984	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 03/10/2017 14:00 - 03/10/2017 14:15	Location Of Incident 1 PARK ROAD PEOPLE'S PARK COMPLEX SINGAPORE 059108			

Brief details.

On the above mentioned date, time and location, I discovered the below mentioned items to be missing, however, made a search around the vicinity, but to no avail.

Property Information

Signature Of Officer Recording The Report:

A / Sgt 2 TAN ZHI KAI, BRANDAN

Signature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
Insp ANG WEI LING LYNETTE
Contact No.: 62240000

Authentication Stamp

Signature Of Informant:

Date/Time:
03/10/2017 16:16

Classification Of Case:

FUPO hotline number: 68429645





**SINGAPORE
POLICE FORCE**



A/20171003/2108

2 of 3

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. A/20171003/2108

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	General property	Lost	Botega	Wallet		1		One Botega Wallet
2	Identity Card	Lost	SINGAP ORE NRIC	Card	S841941 0G	1		One NRIC bearing the name of TOH MENG KIAT, JONATHAN, NRIC NO S8419410G
3	Licence	Lost	Qualified Driving Licence	Card	S841941 0G	1		One Qualified Driving Licence
4	Credit Card / Debit Card/ ATM Card	Lost	CITIBAN K LTD	Credit Card		2		Two Citibank Credit Cards bearing the name of Jonathan Toh

Signature Of Officer Recording The Report:

A / Sgt 2 TAN ZHI KAI, BRANDAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
Insp ANG WEI LING LYNETTE
Contact No.: 62240000

Signature Of Informant:

Date/Time:
03/10/2017 16:16

Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645



**SINGAPORE
POLICE FORCE**



A/20171003/2108

3 of 3

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. A/20171003/2108

5	Credit Card / Debit Card/ ATM Card	Lost	CITIBAN K LTD	ATM Card		1		One Citibank ATM Card bearing the name of Jonathan Toh
6	Credit Card / Debit Card/ ATM Card	Lost	DBS BANK LTD	Credit Card		2		Two DBS Credit Card bearing the name of Jonathan Toh
7	Credit Card / Debit Card/ ATM Card	Lost	DBS BANK LTD	ATM Card		1		One DBS ATM Card bearing the name of Jonathan Toh
8	General property	Lost	Cityview	Keycard		1		One BLK 9 City ViewKeycard
9	Cash	Lost	Cash	Cash		1		Cash amounting to SGD 400.00/-

Signature Of Officer Recording The Report:

A / Sgt 2 TAN ZHI KAI, BRANDAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
Insp ANG WEI LING LYNETTE
Contact No.: 62240000

Authentication Stamp

Signature Of Informant:

Date/Time:
03/10/2017 16:16

Classification Of Case:

FUPO hotline number: 68429645

Singapore Police Force

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

15/11/2017 09:55

Vehicle No. (For Motor)

SJF8413P

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5084932673	TOH MENG KIAT, JONATHAN (ZHUO MINGJIE, JONATHAN)	S8419410G	GPC	drive CLASSIC	SJF8413P	SJF8413P	14/10/2016	11/12/2017

Claim Handling

Accident MT/0970037

Policy No.	5084932673	Vehicle No.	SJF8413P	GST Registration No.	
Policyholder Name	TOH MENG KIAT, JONATHAN (ZHUO MINGJIE, JONATHAN)			Policyholder NRIC	
Product Code	PRIVATE CAR (INSURANCE)	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	98255800	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0		

Accident Details

Report Date	16/11/2017 14:48	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	15/11/2017	Time of Accident hh:mm	14:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PUNGOL WAY SLIP RD INTO PONGGOL SEVENTEENTH AVE				

Benefits

Excess				
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 9 #11-160	Address 2	BOON KENG ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5084932673		

01 Driver Info

Driver Name	TOH MENG KIAT, JONATHAN (ZHUO MINGJIE, JONATHAN)	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S8419410G	Driving Experience	
Register Date of Driver License	31/10/2008	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	98255800	Contact No.(Office)		Address 3	
Address 1	BLK 9 #11-160	Address 2	BOON KENG ROAD	Post Code	
Address 4		Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 - New

Claim Type *	OD-MX	Insured Name	TOH MENG KIAT, JONATHAN (Z)	Insured NRIC	
Contact No.(Mobile)	98255800	Contact No.(Home)	2700645	Contact No.(Office)	
Email Address		OT Vehicle Number	SJF8413P	TP Vehicle Number	
Claim Description	SJF8413P / SKZ9713A ON 15 Nov 2017				Name of Preferred Workshop
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	16/11/2017 14:50	Claim Close Date			
Report Taken By	LEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No.	MT/0970037	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/11/2017 14:51
Path *		Category *	Confidential Urgency

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼ NO ▼	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2017 14:51	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2017 14:51	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2017 14:51	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2017 14:51	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2017 14:51	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2017 14:51	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Nov 2017 14:51	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>