

Date In: 16/11/17 13:17	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 170218971h4	E-mail (Website Site/APP Data):		
Veh No: SJK 2635 D	i-Motor Claim Form: MT/0970041	16/11/17 15:04	
D.O.A: 16/11/17 11:00	i-Motor W/O (Within 60 Days TP #):		
OD TP / <u>Reporting</u> Only	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:

SKU 7315E

INC (

) / Non-INC (

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Times

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

Claimant's Particulars:-

NA 1707097

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Car 1:

Car 2:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

In Bill

Add Bill

1) AR: Accident Reporting (\$30)

3.00

2) DA: Damage Assessment (\$100) INC (\$80)

3) TF: Towing Fee \$40 \$40

4) FT: Follow-Through Survey \$20

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2017)

6) TR: Re-inspection \$10

7) N1: 1 day DA - SMRI Survey \$140

8) NTUC Additional Services:-

QD:

*N2: Courtesy Car / Tpl Allowance \$2

*N4: Repair Co-ordination \$10

*N7: Post Repair Inspection \$20

*N8: DV / Collision Excess Coordination \$2

TP (N14) / TP Non-INC against DIT \$20

9) N12: 1 day Monitor \$0

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 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 13:17
Date Of Accident	16/11/2017 11:00
Exact Location Of Accident	EU TONG SEN TWDS HIGH ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK2635D
Insured/Policyholder	
Name Of Registered Owner	H & H CAR RENTAL & LEASING
Co Reg No	53331980C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67433291

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078818993-01
Cover Note Number	-

Driver

Name of Driver	TAN SOI TEE
NRIC No	S1426153B
Date Of Birth	20/04/1960
Occupation	OUTDOOR
Date Of Driving Pass	30/10/1981
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84554683
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 104 LOR 1 TOA PAYOH #07-253
 Postcode 310104
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
 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) 3

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 EU TONG SEN TWDS HIGH STREET ON THE SECOND LANE, WHEN I INTEND TO FILTER INTO THIRD LANE, I CHECK ON MY LEFT SIDE MIRROR THE LEFT LANE TRAFFIC WAS CLEAR. WHILE SLOWLY FILTER INTO THIRD LANE, SUDDENLY VEH B (BEARING NO SKU7315E) COME FROM THE THIRD LANE WITHOUT GIVE WAY TO ME AND HIT ONTO MY VEH LEFT FRONT PORTION.

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 SKU7315E
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

SKETCH PLAN

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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

A = SJK 2635 D
B = SKU 7315 E

Eu tong Sen twos High St



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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1426153B



Name
TAN SOI TEE

陈熙伟

Race
CHINESE

Date of birth
20-04-1960

Country/Place of birth
SINGAPORE

Sex
M





REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1426153B

Name
TAN SOI TEE

Birth Date 20 Apr 1960

Issue Date 28 May 2014

28579

5343813



NRIC No. S1426153B



Date of issue
06-08-2014

APT BLK 104 LORONG 1 TOA PAYOH #07-253
SINGAPORE 310104

NRIC No: S1426153B Date: 31/08/2016


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

EFFECTIVE DATE

Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	30 Oct 1961
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	23 Sep 2010
Class 5	Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	23 Nov 2010
	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	

NP 428A

License No: S1426153B



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_000601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

16/11/2017 11:00

Vehicle No.(For Motor)

SJK2635D

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5078818993-01	H & H CAR RENTAL & LEASING	53331980C	GFT	drive CLASSIC	SJK2635D	SJK2635D	28/09/2017	

Continue

Policy Information

Policy Information

Policy No.	5078818993-01	Policyholder Name	H & H CAR RENTAL & LEASING	Policyholder NRIC	53331980C
Address	61 UBI AVENUE 2 #04-12 AUTOMOBILE MEGAMART SINGAPORE 408898				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	24/03/2017	Effective Date	28/03/2017 00:00	Expiry Date	27/03/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMART	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	04-12	Related Policy Number	5080141989-01		

Insured Object: SJK2635D

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	28/03/2017 00:00	Basic Information Endorsement	000001286528349	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SGY4788U 28-03-2017 \$1,258.83 In view of this amendment, an additional premium of \$1,258.83 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJA2395Z 29-03-2017 \$1,255.38 In view of this amendment, an additional premium of \$1,255.38 (inclusive of GST) is payable under your policy. Please ignore</p>
		Basic Information		Endorsement Take	

Claim Handling

Accident MT/0970041

Policy No.	5076818993-01	Vehicle No.	SJK2635D	GST Registration No.	
Policyholder Name	H & H CAR RENTAL & LEASING			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	67433291	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 14:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cham
Date of Accident	16/11/2017	Time of Accident hh:mm	11:00	Country of Accident	Singapore
Reporting Centre		Orange Force		TCM No.	
Accident Location	EU TONG SEN TWDS HIGH ST				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBILE MEGAMAF	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	04-12	Related Policy Number	5080141989-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	TAN SOI TEE	Driver NRIC	S1426153B	Driving Experience	
Register Date of Driver License	30/10/1981	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	84554683	Contact No.(Office)		Address 3	
Address 1	BLK 104 #07-253	Address 2	LORONG 1 TOA PAYOH	Post Code	
Address 4	SINGAPORE 310104	Address Type	Singapore address		
Unit No.	07-253				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001

New

Claim Type *	OD-MX	Insured Name	H & H CAR RENTAL & LEASING	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJK2635D	TP Vehicle Number	
Claim Description	SJK2635D / SKU7315E ON 16 Nov 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	16/11/2017 15:03	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0970041	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	16/11/2017 15:04
Path *		Category *	Confidential
		Urgency	Normal

Browse... Clear Please Select

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 No v 2017 15:04	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 No v 2017 15:04	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 No v 2017 15:04	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 No v 2017 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 No v 2017 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 No v 2017 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 No v 2017 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 No v 2017 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 No v 2017 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 No v 2017 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 No v 2017 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 No v 2017 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 No v 2017 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 No v 2017 15:03	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 No v 2017 15:03	Photos	Normal	Photos

Video List

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