

[viii] 1. 24-700)

MA91152649

Date In: 17/4/2017 18:30	Job Description	Date & Time Completed	Done by
Ref No: N801MCL7027022/4	SAS e-filing		
Veh No: SKD 245J	E-mail (with/without A/C sheet)		
D.O.A: 16/4/2017 16:00	1-Motor Claim Form	M7/0970213	17/4/2017
OD / TP / Reporting Office	1-Motor W/O (with/without A/C sheet)		18.47
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Whsp		

Preferred Whsp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Yeh No: SK291226	INC () / Non-INC ()	
Owner / Drivers (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:	
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	MINI App Line: 5788 (Q16)	Date/Time Completed	By Donor
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

Infantry

[illegible]

Human's Particulars		Invoice Preparation Checklist		Unit (\$)	Amount (\$)
Owner/Owner:				Unit (\$)	Amount (\$)
Contact No:				Unit (\$)	Amount (\$)
Insured Person:				Unit (\$)	Amount (\$)
Checked by (Bgr-In-Charge):				Unit (\$)	Amount (\$)
Remarks/Comments:				Unit (\$)	Amount (\$)
		1) AR: Accident Reporting (\$30)			
		2) DA: Damage Assessment (\$100)	INC (\$50)		
		3) TP: Towing Fee	\$40/\$40		
		4) FT: Follow-Through Survey	\$120		
		5) RT: Follow-Through Survey (Re-survey)	\$20		
		Excluding appeal INC Only (see F.O. Jan 2005)			
		6) TR: Re-inspection	\$75		
		7) NI: (4) DA + SMRT Survey	\$160		
		8) NTUC Additional Services			
		9) 011			
		*N1: Courtesy Car / Tpl Allowance	\$5		
		*N6: Repair Coordination	\$10		
		*N7: Post Repair Inspection	\$25		
		*N8: DY / Collision Unsettled Coordination	\$5		
		TP (NI) + TP (N) + INC + appeal INC	\$20		
		8) NTUC: 1000 Mobile	\$0		
		Invoice dated	Not Charged		
		Issued dated	Not 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 GI&A Records Management Centre established by the General Insurance Association of Singapore (GI&A) 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	17/11/2017 18:30
Date Of Accident	16/11/2017 16:00
Exact Location Of Accident	ALONG IRRAWADDY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD245J
Insured/Policyholder	
Name Of Registered Owner	LIM HYOJAE
Passport No/FIN	G3396195U
Email Address	JALIM@WFSCORP.COM
Mobile Phone No	(LOCAL) +65-82239359
Alternative Phone No	OTHERS-82238753

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
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	5095124918
Cover Note Number	

Driver

Name of Driver	KIM JIWON
Passport No/FIN	G3402472W
Date Of Birth	03/03/1983
Occupation	INDOOR
Date Of Driving Pass	22/05/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82238753
Fax Number	
Contact Number	OTHERS-82239359
Email Address	JALIM@WFSCORP.COM

Address	5 LEEDON HEIGHTS #27-12
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

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	SKZ9122E
Vehicle Make/Model/Colour	HONDA JAZZ
Details Of Properties	
Name of Driver	LIN JINHUA
NRIC/Passport Number	S8974037A
Contact Number	98375581
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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:

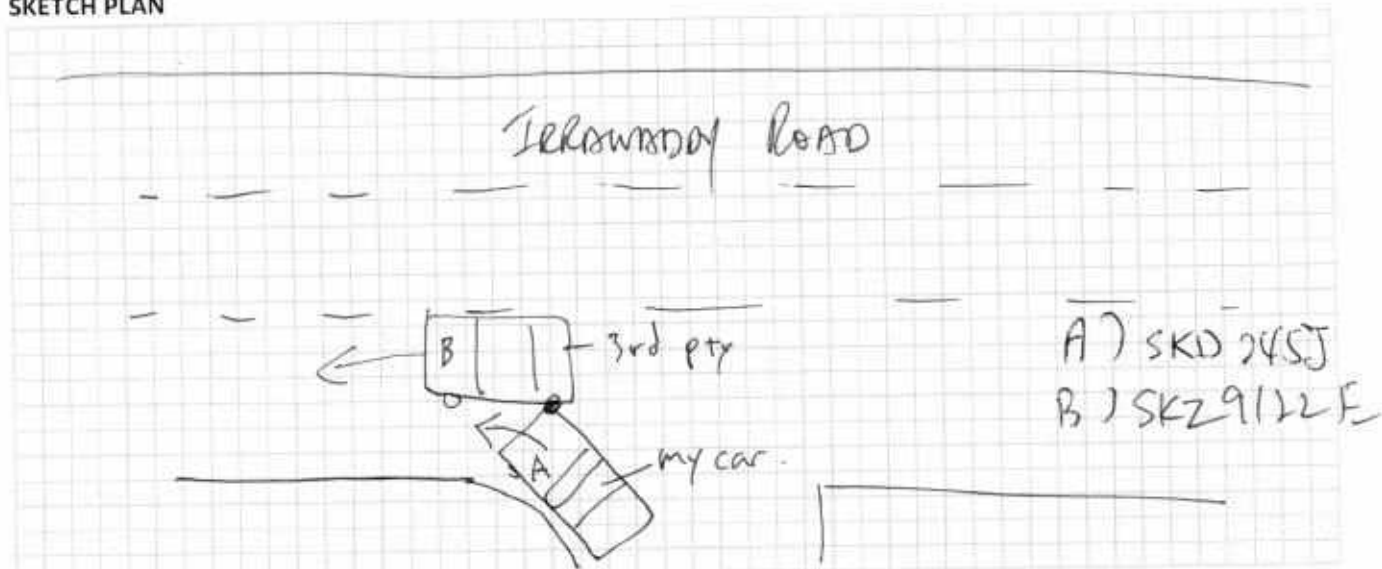


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: *Res Li W...*
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making left turn from minor road, and bumped to the passing car at his left rear part.

I don't know passing car B was on which lane but I could not see B before I start to turn left.

DECLARATION

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

Policyholder's Signature

Date & Time: 17/11/2017

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17/11/2017

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

2종보통

자행차운전면허증 (Driver's License)

11-05-062205-61

김지원

830303-2300513

서울특별시 강남구 언주로 107,

201동 803호

(개포동, 현대#)

면허종류 2025.01.01.

갱신기간 ~ 2025.12.31.

조권 : A

BWNPQM

2015.05.22. 서울지방경찰청장



REPUBLIC OF SINGAPORE

FIN G3402472W



Name
KIM JIWON

Date of Birth
03-03-1983

Sex
F

Nationality
KOREAN, SOUTH



년 월 일

기재사항 변경

확인인

- 1종 운전면허 소지자와 70세 이상인 2종 운전면허 소지자의 경우 앞면의 정기적성검사기간 내에 적성검사를 받지 아니하면 과태료(2만원)가 부과되며, 정기적성검사를 받지 않고 1년이 경과하면 운전면허가 취소됩니다.
- 2종 운전면허 소지자(정기적성검사 대상자 제외)의 경우 앞면의 면허증 갱신기간 내에 운전면허증을 갱신하지 아니하면 과태료(2만원)가 부과됩니다.
- 정기적성검사와 면허증 갱신 신청은 가까운 경찰서 또는 운전면허시험장에서 하실 수 있습니다.
- 도로교통공단 : <http://www.koroad.or.kr> ☎ 1577-1120

FA1873321

DEPENDANTS PASS
Immigration Regulations

FIN G3402472W



MULTIPLE JOURNEY VISA ISSUED

Date of Issue Date of Expiry
20-09-2017 07-08-2019



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU

Claim Handling

The premium on this policy has not been collected.

Accident MT/0970213

Policy No.	5095124918	Vehicle No.	SKD245J	GST Registration No.	
Policyholder Name	LIM HYQJAE			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	82239359	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFR	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0		
Accident Details					
Report Date	17/11/2017 18:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	16/11/2017	Time of Accident (hh:mm)	16:00	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	ALONG IRRRAWADDY ROAD				
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	5 LEEDON HEIGHTS	Address 2	#27-12 D'LEEDON	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	27-12	Related Policy Number	5095124918		
OI Driver Info					
Driver Name	KIM JIWON	Driver Type	Named Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	G3402472W	Driving Experience	
Register Date of Driver License	01/01/2005	Driver Age	34	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 checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SKD245J	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	LIM HYQJAE	Insured NRIC		
Contact No.(Mobile)	82239359	Contact No.(Home)	NIL	Contact No.(Office)		
Email Address		OI Vehicle Number	SKD245J	TP Vehicle Number		
Claim Description	SKD245J / SKZ9122E ON 16 Nov 2017				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received		
Date Registered	17/11/2017 18:40	Claim Close Date		Total Loss but Repaired		
Report Taken By	RDSLI WAHAB	Workshop Repairer				
<input type="checkbox"/> Print AK letter						
Save Submit						

Attachment

Accident No.	MT/0970213	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/11/2017 18:47		
Path *		Category *	Confidential	Urgency	

<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal
<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="N/A"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 18:47	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 18:42	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 18:40	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 17 Nov 2017 18:40	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"/>

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 11 / 2017 (DD/MM/YYYY), TIME: 16 : 00 (HH:MM)

LOCATION: irrawaddy road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKD 245 J
 b) INSURANCE COMPANY: income
 c) POLICY NUMBER: 5D95124918
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Odyssey
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: driving home
 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: LIM HYO JAE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G3396195U CONTACT: 8223 9359
 c) ADDRESS: 5 leedon heights 27-12 269952

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

* No of passenger
(including driver)
(1)

- DRIVER
 a) NAME: KIM JI WON (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G3402472W CONTACT: 8223 8753
 c) ADDRESS: 5 leedon heights 27-12 269952

- * d) DATE OF BIRTH: 03 / 03 / 1983 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING LICENSE: 11 Sep 2015 22.05.2015
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: wife
 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

* No of passenger
(including driver)
(2)

- a) VEHICLE NUMBER: SKZ 9122E MODEL: Honda Jazz
 b) DRIVER'S NAME: LIN JINHUA S8974037A
 c) NRIC/FIN/PASSPORT: S8974037A CONTACT: 9839 5581

9. THIRD PARTY VEHICLE

* No of passenger
(including driver)
()

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

email = jalim @ wtscorp.com

fax =

video

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text"/>						
Vehicle No. (For Motor)	<input type="text" value="SKD245J"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5095124918	LIM HYDIAE	G3396195U	GPC	drive CLASSIC	SKD245J	SKD245J	18/10/2017	17/10/2018
<input type="button" value="Continue"/>									