

Date In: 20/11/17 11:44	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC17022059164	E-mail (w/old 9hrs, ALC 2hrs)		
Wek No: SPE 894 P	i-Motor Claim Form	MT/0970445	20/11/17 16:36.
D.O.A: 19/11/17 13:20	i-Motor W/O (w/old 9hrs, ALC 2hrs)		
OD: TP / Repairing 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:

SBS 6573A

INC ( ) / Non-INC ( )

Tel:

Owner / Driver: (

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 &amp; 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 &amp; Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

Injury: ( )

Date/Time

Actions

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Tel: ( )

Tel: 2 / 3

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Int Bill

Add Bill

1) AR: Accident Reporting (\$30)

30.00

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

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

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

For claiming against INC Only (w/ef 10 Jan 2015)

6) TR: Re-inspection \$75

7) NI: Ideal DA - SMRT Survey \$160

8) NTUC Additional Services:-

9) NI: Ideal DA

\*NI: Courtesy Car / Tpl Allowance \$5

\*NI: Repair Coordination \$10

\*NI: Post Repair Inspection \$25

\*NI: DV / Collect Excess Coordination \$2

TP: NI / TP: NI: ALC against D12 \$20

9) NI: Ideal DA

Dispute dated

Fee charged

Dispute 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	20/11/2017 11:44
Date Of Accident	18/11/2017 13:20
Exact Location Of Accident	GUILLEMARD RD TURN TO TANJONG KATONG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFE894P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH KAI HUA
NRIC No	S0492844Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96627323
Alternative Phone No	OFFICE-96627323

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER 2.4 A
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	5085275266
Cover Note Number	-

### Driver

Name of Driver	KOH KAI HUA
NRIC No	S0492844Z
Date Of Birth	01/11/1952
Occupation	INDOOR
Date Of Driving Pass	08/01/1971
Driving Experience	46 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96627323
Fax Number	
Contact Number	OFFICE-96627323
Email Address	NOEMAIL



Address	BLK 298C COMPASSVALE STREET #13-74
Postcode	543298
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 - 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)	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 DRIVING ALONG GUILLEMARD RD TURNING TO TANJONG KATONG RD, ALL VEH STOP ALONG GUILLEMARD RD DUE TO THE RED TRAFFIC LIGHT, I SLOWLY INCHED INTO THE YELLOW BOX TO THE LEFT LANE WAITING TO MOVE ON. WHEN ALL VEH STARTED TO MOVE, I SLIGHTLY MOVE INTO THE RIGHT LANE, SUDDENLY A SBS BUS COME SO FAST FROM THE RIGHT LANE WITHOUT GIVE WAY TO ME AND SLIDE SWIPE MY VEH RIGHT FRONT PORTION. I WISH TO STATE THE BUS DRIVING HIGH SPEED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6573A
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

### 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

Guillemard Rd

Tanjong Katong Rd

$A = SFE 894 P$

$B = SBS 6573 A$

$$B = 505\ 6573\ A$$

Guillemard Rd

Tanjung Katong Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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

Kohlf.

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

*[Handwritten signature]*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0492844Z



KOH KAI HUA  
许介华

Race  
CHINESE

Date of Birth  
01-11-1952

Sex  
M

Country of Birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0492844Z  
Name:  
KOH KAI HUA

Birth Date: 01 Nov 1952  
Issue Date: 20 Dec 2002



0481972




NRIC No: S0492844Z

Blood Group: O+ Date of issue: 21-06-1992

APT BLK 298C COMPASSVALE STREET #13-74  
SINGAPORE 543288

NRIC No: S0492844Z Date: 07/08/2012 No: 7118776

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


PASS DATE: 08 Jan 1971

Class	Description
Class 1	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractor's vehicles <= 2500 kg

S / No. 9000290886

S0492844Z

Licence No: S0492844Z



NP 428A

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5085275266	KOH KAI HUA	S0492844Z	GPC	drive CLASSIC	SFE894P	SFE894P	15/12/2016	14/12/2017



## Claim Handling

Accident MT/0970445

Policy No.	5085275266	Vehicle No.	SFE894P	GST Registration No.	
Policyholder Name	KOH KAI HUA			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	96627323	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50		

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**Accident Details**

Report Date	20/11/2017 16:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Side f
Date of Accident	18/11/2017	Time of Accident hh:mm	13:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GUILLEMARD RD TURN TO TANJONG KATONG RD				

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**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		

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**GST Registered Information**

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

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**Policyholder Mailing Address**

Address 1	BLK 298C #13-74	Address 2	COMPASSVALE STREET	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5085275266-01		

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**OI Driver Info**

Driver Name	KOH KAI HUA	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S04928442	Driving Experience	
Register Date of Driver License	01/01/1990	Driver Age	65	Contact No.(Home)	
Contact No.(Mobile)	96627323	Contact No.(Office)		Address 3	
Address 1	BLK 298C #13-74	Address 2	COMPASSVALE STREET	Post Code	
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

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**Declaration**

Breathalyser 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	KOH KAI HUA	Insured NRIC	
Contact No.(Mobile)	97442717	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SFE894P	TP Vehicle Number	
Claim Description	SFE894P / SBS6573A ON 18 Nov 2017				
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	20/11/2017 16:34	Claim Close Date		Date Received	
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0970445	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/11/2017 16:36
Path *	Category * <input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select. <input type="button" value="Save"/> <input type="button" value="Submit"/>		
		Confidential	Urgency
		<input type="button" value="NO"/>	<input type="button" value="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 20 No v 2017 16:36	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 16:36	SAS	Normal	SAS
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 16:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 16:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 16:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 16:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 16:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 16:36	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 No v 2017 16:36	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"/>