

Date In: 23/11/17 13:31	Job description	Date & Time Completed	Done by
Ref No: NA/ INC 17022341/64	SAS e-filing		
Veh No: SJK 9861X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/11/17 17:50	i-Motor Claim Form	MT/ 0970980	24/11/17 09:35
OD <input checked="" type="checkbox"/> 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:

EV 6288 Y

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)

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 :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRI Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt 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: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

Sat 1:

Sat 2 / 3:

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	23/11/2017 13:31
Date Of Accident	22/11/2017 17:50
Exact Location Of Accident	PIE TWDS CHANGI B4 CTE/UPP SERANGOON EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK9861X
Insured/Policyholder	
Name Of Registered Owner	PEI LING GRAB CAR
Co Reg No	53344941C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96187557

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO SPORT BASE 1.5L AT ABS D/AB 2WD 5D
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	THIRD PARTY
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	5083609817-01
Cover Note Number	-

Driver

Name of Driver	LOUIS TAN BOON CHUI
NRIC No	S7101641B
Date Of Birth	09/01/1971
Occupation	INDOOR
Date Of Driving Pass	29/08/1990
Driving Experience	27 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96187557
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 242 HOUGANG ST 22 #03-91
Postcode	530242
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - CO OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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 ATTACHED STATEMENT.

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	EV6288Y
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	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBB4390M
Vehicle Make/Model/Colour	

SKETCH PLAN

PIE TOWARDS CHANGI BEFORE CTE/UPPER SERANGOON EXIT

TOWARDS EXIT 15

VEHICLE A - SJR 9861X

VEHICLE B - EV6288Y

VEHICLE C - GBB 4390M

VEHICLE D - PA 9390U



PIE TOWARDS CHANGI

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARDS CHANGI ON THE 2ND LANE OF 4 LANE 1 WAY TRAFFIC.

WHILE TRAVELLING STRAIGHT AND APPROACHING EXIT 15 (CTE/UPPER SERANGOON EXIT), DUE TO SLOW TRAFFIC AND HEAVY TRAFFIC, THE VEHICLE INFRONT BRAKED TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED, A VEHICLE BEARING (EV6288Y) HAD COLLIDED TO THE REAR OF MY VEHICLE. AND IT WAS A CHAIN ACCIDENT INVOLVING OF 4 VEHICLES.

VEHICLE A - SJR 9861X

VEHICLE B - EV6288Y

VEHICLE C - GBB 4390M

VEHICLE D - PA 9390U

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.:

Vehicle No.	SSK 9861 X	Model / Make	NISSAN CATIO
Date of Accident	22/11/17		
Time of Accident	1750	HRS	
Location of Accident	PIE TOWARDS CHANGI BEFORE CTE / UPPER JERANZODU EXIT		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	PAI LINK GRAB CAR		
Telephone No.	H/P: 9618 7557	Home :	Office :
NRIC	S33 449 41 C		
Address	BLK 242 #03-91 HONGANH ST 22 S(530242)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5083609817-01		
Name of Driver	As Above If No, LOUIS TAN BOON CHUI		
NRIC	37101641B	Any Passengers :	NIL
Date of birth	09/01/1971		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	29 Aug 1990		
Gender	Male / Female		
Contact No.	H/P: 9618 7557	Home :	Office :
Address	BLK 242 HONGANH ST 22 #03-91 S(530242)		
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	If no, state	CO. OWNER
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	LOUIS TAN BOON CHUI, 9618 7557		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	EV 6298J	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	GRB 4310M	Any Passengers :	
Vehicle D No.	PA 9310U	Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	THINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7101641B



LOUIS TAN BOON CHUI

陳文翠

Race:
CHINESE

Date of Birth: 09-01-1971 Sex: F

Country of Birth:
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7101641B

Name:
LOUIS TAN BOON CHUI

Birth Date: 09 Jan 1971

Issue Date: 15 Aug 2003



3 1 2 3 4 3 2



NRIC No. S7101641B

Blood Group: B+ Date of issue: 29-01-2000

APT BLK 242 HOUGANG STREET 22 #03-91
SINGAPORE 530242

NRIC No: S7101641B Date: 27-07-2007 No: 5798767

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

29 Aug 1990



NP 428A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5083609817-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJK9861X**
Chassis Number : **JN1FAAC11Z0010160**
2. Name of Policyholder : **PEI LING GRAB CAR**
3. Effective Date of Insurance : **12 Nov 2017**
4. Expiry Date of Insurance : **11 Nov 2018**
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LOUIS TAN BOON CHUI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : B.A.S. INSURANCE AGENCY (00000573236)
Date of Issue : 11 Oct 2017 10:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/0970980

Policy No.	5083609817-01	Vehicle No.	SJK9861X	GST Registration No.	
Policyholder Name	PEI LING GRAB CAR	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	96187557	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	40	eCode Reason	
NCD Protection	No				

Accident Details		Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Report Date	24/11/2017 09:30	Time of Accident hh:mm	17:50	Country of Accident	Singapore
Date of Accident	22/11/2017	Orange Force		ICM No.	
Reporting Centre					
Accident Location	PIE TWDS CHANGI B4 CTE/UPP SERANGOON EXIT				

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	No		
Modification History					

Policyholder Mailing Address					
Address 1	BLK 242 #03-91	Address 2	HOUGANG STREET 22	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	03-91	Related Policy Number	5083609817-01		

DI Driver Info					
Driver Name	LOUIS TAN BOON CHUI	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	571016418	Driving Experience	
Register Date of Driver License	29/08/1990	Driver Age	46	Contact No.(Home)	
Contact No.(Mobile)	96187557	Contact No.(Office)		Address 3	
Address 1	BLK 242 #03-91	Address 2	HOUGANG STREET 22	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	03-91				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		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

New

Claim Type *	OD-MX	Insured Name	PEI LING GRAB CAR	Insured NRIC	
Contact No.(Mobile)	96187557	Contact No.(Home)		Contact No.(Office)	
Email Address		DI Vehicle Number	SJK9861X	TP Vehicle Number	
Claim Description	SJK9861X / EV6288Y ON 22 Nov 2017				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	24/11/2017 09:33	Claim Close Date		Date Received	
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/0970980	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/11/2017 09:35
Path *	Category * <input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select		
	Confidential	Urgency	
	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
<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 24 Nov 2017 09:35	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:34	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:34	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:34	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Nov 2017 09:33	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"/>