

Date In	28/11/17 14:12	Job description	Date & Time Completed	Done by
Ref No	NA/INC170 22649/hy	SAS e-filing		
Veh No	PA 9372 Y	E-mail (within 8hrs, A/C 2hrs)		
D.O.A	25/11/17 17:30	i-Motor Claim Form	MT/0971559	28/11/17 17:30
OD	<input checked="" type="radio"/> 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:

G8E 8573 K

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 &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:-

Sat 1:

Sat 2/3:

NA170 7359

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$20);

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 (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA - SMRT 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 (N-in INC) against INC \$10

9) N12: Idac Mobile \$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	28/11/2017 14:12
Date Of Accident	25/11/2017 17:30
Exact Location Of Accident	PIE TWDS CHANGI EXIT TO CTE (SLE/TPE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9372Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	B & A TRAVEL PTE LTD
Co Reg No	200608499C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81844141

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 3.0 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	BUS

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5079185706-01
Cover Note Number	-

### Driver

Name of Driver	GAY CHOON HONG
NRIC No	S7616731A
Date Of Birth	04/06/1976
Occupation	OUTDOOR
Date Of Driving Pass	17/10/2017
Driving Experience	0 YEAR AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90794141
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 101 SERANGOON NORTH AVE 1 #02-813
Postcode	550101
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	RAINING
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

I WAS TRAVELLING ALONG PIE TOWARDS CHANGI EXIT TO THE CTE (SLE/TPE). I WAS ON THE SECOND LANE FROM THE LEFT TO THE EXIT, SUDDENLY VEH B (BEARING NO GBE8573K) FROM THE THIRD LANE CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT REAR PORTION.

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE8573K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	97789086
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### Details of Witness

Name	
Phone Number	
Email Address	

### DETAILS OF INJURED PERSON 1



Name	GAY CHOON HONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PA9372Y
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## 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:

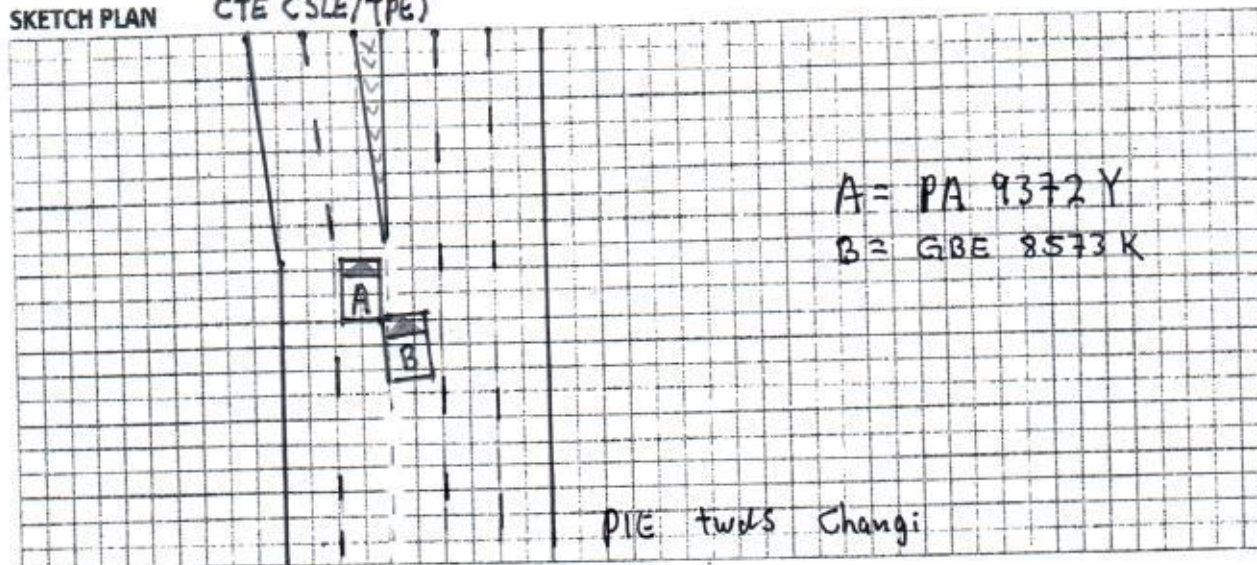
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



SKETCH PLAN

CTE (SLE/TPE)



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:

BA

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

dy

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

Handwritten signature of reporting centre personnel.



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7616731A**  
 Name: **GAY CHOON HONG**

Birth Date: **04 Jun 1976**  
 Issue Date: **13 Apr 2012**

002059521E




**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S7616731A**

Name: **GAY CHOON HONG**  
 倪 春 凤

Race: **CHINESE**  
 Date of birth: **04-06-1976** Sex: **F**  
 Country of birth: **SINGAPORE**




**AUTO TRANSMISSION  
VEHICLE ONLY**

Land Transport Authority

**VOCATIONAL LICENCE**  
 Licence No : **S7616731A**  
 Name : **GAY CHOON HONG**

Card Issue Date : **17/10/2017**  
 Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check  
 the status of this vocational licence




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

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg  
 with =< 7 passengers, exclusive of the driver, and  
 other motor vehicles without clutch pedals =< 2500kg

EFFECTIVE DATE: **13 Apr 2012**

Licence No: **S7616731A**

NP 428A



4138287

**NRIC No. S7616731A**


Date of issue: **30-11-2007**  
 APT BLK 101 SERANGOON NORTH AVENUE 1 #02-313-  
 SINGAPORE 550101

**S7616731A** **11/08/2013**




This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	17/10/2017
04	BUS ATTENDANT	17/10/2017





eBaoTech

General Claim

Hello, NAC\_PAYA\_UB1\_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="radio"/>	5079185706-01	B & A TRAVEL PTE LTD	200608499C	GFT	Comprehensive	PA9372Y	PA9372Y	23/05/2017	



## Policy Information

Policy No.	5079185706-01	Policyholder Name	B & A TRAVEL PTE LTD	Policyholder NRIC	200608499C
Address	BLK 629 #12-13 YISHUN STREET 61 SINGAPORE 760629				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	05/04/2017	Effective Date	08/04/2017 00:00	Expiry Date	07/04/2018 23:59
Third Party Excess	3000	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## Policyholder Mailing Address

Address 1	BLK 629 #12-13	Address 2	YISHUN STREET 61	Address 3	SINGAPORE 760629
Address 4		Address Type	Singapore address	Post Code	760629
Unit No.	12-13	Related Policy Number	5082646156-01		

## Insured Object: PA9372Y

## Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	22/05/2017 00:00	Basic Information Endorsement	000001286563652	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm and endorse that from 23 May 2017, the geographical limit of the policy is extended to cover West Malaysia for the following vehicle: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. PA9372Y 23-05-2017 \$2,179.17 An excess of \$5000.00 for both Section I &amp; II is applicable for accidents arising in West Malaysia. In view of this amendment, an additional premium of \$2,179.17 (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 from 24 May 2017, the Hire Purchase Company, ETHOZ CAPITAL LTD, is deleted from vehicle number PA9372Y and replaced with PRIME CARS CREDIT PTE LTD.</p>
2	24/05/2017 00:00	Basic Information Endorsement	000001286565304	Endorsement Take Effective	

Continue

Cancel



## Claim Handling

Accident MT/0971559

Policy No.	5079185706-01	Vehicle No.	PA9372Y	GST Registration No.	
Policyholder Name	B & A TRAVEL PTE LTD			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	81844141	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		

Report Date

28/11/2017 17:22

Date of Accident

25/11/2017

Reporting Centre

Accident Location

PIE TWDS CHANGI EXIT TO CTE (SLE/TPE)

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

17:30

Orange Force

Accident Type

Collision - Chan

Country of Accident

Singapore

ICM No.

Own damage Excess

2,000.00

Unnamed Driver Excess

Third Party Excess

3,000.00

Additional Excess

Outside Singapore OD Excess

Outside Singapore TP Excess

Windscreen Excess

GST Registered

No

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

Yes

Address 1

BLK 629 #12-13

Address 4

Unit No.

12-13

Address 2

YISHUN STREET 61

Address Type

Singapore address

Related Policy Number

5082646156-01

Address 3

Post Code

Driver Name

Unnamed Driver

Unnamed driver Name

GAY CHOON HONG

Register Date of Driver License

17/10/2017

Contact No.(Mobile)

90794141

Address 1

BLK 101 #02-813

Address 4

Unit No.

02-813

Does he own a Singapore Registered car?

☒ Yes ☐ No

Driver Type

Unnamed Driver

Driver NRIC

S7616731A

Driver Age

41

Contact No.(Office)

Address 2

SERANGOON NORTH AVENUE 1

Address Type

Singapore address

Driver Vehicle No.

Driver DOB

Driving Experience

Contact No.(Home)

Address 3

Post Code

Driver Insurer Company

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☒ Yes ☐ No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	B & A TRAVEL PTE LTD	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	PA9372Y	TP Vehicle Number	
Claim Description	PA9372Y / GBE8573K ON 25 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	28/11/2017 17:28	Claim Close Date		Date Received	
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0971559	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/11/2017 17:30
Path *	<div> <div>Browse...</div> <div>Clear</div> </div> <div> <div>Category *</div> <div>Please Select</div> </div> <div> <div>Confidential</div> <div>Urgency</div> </div>		



<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 28 Nov 2017 17:30	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 17:30	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 17:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 17:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 17:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 17:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 17:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 17:28	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 17:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 17:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Nov 2017 17:28	Photos	Normal	Photos

#### Video List

Uploaded By/Date	Folder Date	File Name	Source
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