

Date In: 01/12/2017 17:08	Job description	Date & Time Completed	Done by
Ref No: MBA/MC17022892/4	SAS e-filing		
Veh No: SGW 7122G	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 01/12/2017 03:45	1-Motor Claim Form	M110971997	01/12/2017 18:24
OD: TP / Reporting Only	1-Motor W/O (within 3hrs, TP 1hr)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yeh No: SGK 536E	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: 6788166167	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	Action:

NA1707513	Invoice Preparation Checklist	By: ()	Check: ()
Human's Particulars:	1) AJ: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey	\$150	
	5) PT: Follow-Through Survey (Resurvey)	\$10	
	6) TR: Re-inspection	\$15	
	7) NI: Issue DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	9) NI: Issue DA + SMRT Survey	\$160	
	10) NTUC Additional Services:		
C. Checked by (Engr-In-Charge):	11) NI: Issue DA + SMRT Survey	\$160	
	12) NTUC Additional Services:		
	13) NI: Issue DA + SMRT Survey	\$160	
	14) NTUC Additional Services:		
	15) NI: Issue DA + SMRT Survey	\$160	
	16) NTUC Additional Services:		
	17) NI: Issue DA + SMRT Survey	\$160	
	18) NTUC Additional Services:		
	19) NI: Issue DA + SMRT Survey	\$160	
	20) NTUC Additional Services:		
	21) NI: Issue DA + SMRT Survey	\$160	
	22) NTUC Additional Services:		
	23) NI: Issue DA + SMRT Survey	\$160	
	24) NTUC Additional Services:		
	25) NI: Issue DA + SMRT Survey	\$160	
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	27) NI: Issue DA + SMRT Survey	\$160	
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	29) NI: Issue DA + SMRT Survey	\$160	
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	33) NI: Issue DA + SMRT Survey	\$160	
	34) NTUC Additional Services:		
	35) NI: Issue DA + SMRT Survey	\$160	
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	37) NI: Issue DA + SMRT Survey	\$160	
	38) NTUC Additional Services:		
	39) NI: Issue DA + SMRT Survey	\$160	
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	91) NI: Issue DA + SMRT Survey	\$160	
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	93) NI: Issue DA + SMRT Survey	\$160	
	94) NTUC Additional Services:		
	95) NI: Issue DA + SMRT Survey	\$160	
	96) NTUC Additional Services:		
	97) NI: Issue DA + SMRT Survey	\$160	
	98) NTUC Additional Services:		
	99) NI: Issue DA + SMRT Survey	\$160	
	100) NTUC Additional Services:		

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	01/12/2017 17:08
Date Of Accident	01/12/2017 03:45
Exact Location Of Accident	BLK 21A TELOK BLANGAH CRESCENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW7122G
Insured/Policyholder	
Name Of Registered Owner	LOUIS SNG FAITH
NRIC No	S8231997B
Email Address	LOUIS_SNG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92776580
Alternative Phone No	OTHERS-92776580

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO-1.5 SPORTS (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	5093176567
Cover Note Number	

Driver

Name of Driver	LOUIS SNG FAITH
NRIC No	S8231997B
Date Of Birth	30/09/1982
Occupation	INDOOR
Date Of Driving Pass	18/07/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92776580
Fax Number	
Contact Number	OTHERS-92776580
Email Address	LOUIS_SNG@HOTMAIL.COM

Address	BLK 22 TELOK BLANGAH CRESCENT #13-51
Postcode	090022
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 - HEAD ON COLLISION
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	SGK536E
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	92236469
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

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.
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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.

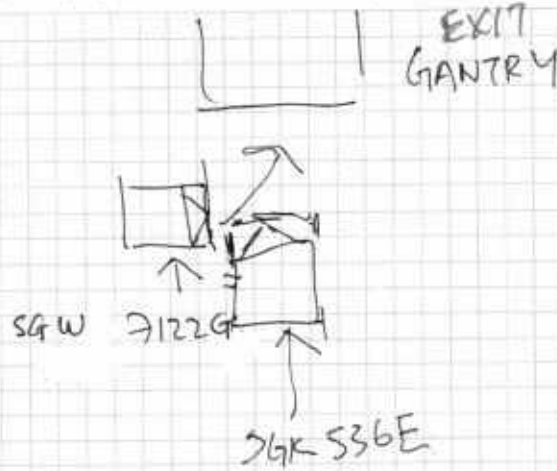
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

BLK 21A TROK BLUESHIFT CRASH UNIT CARPARK

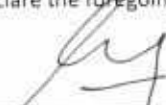



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was about to exit the gantry of the carpark, out of sudden a woman with 2 kids banged onto my front right side bumper. my car did not move out as I want to take pictures of car damages the other partu's kids was running around.

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.:

Claim Handling

Accident MT/0971997

Policy No.	5093176567	Vehicle No.	SGW7122G	GST Registration No.	
Policyholder Name	LOUIS SNG FAITH			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	82776580	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFE	<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	01/12/2017 18:18	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	01/12/2017	Time of Accident (HH:MM)	03:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 21A TELOK BLANGAH CRESCENT CARPARK				

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	BLK 22 #13-51	Address 2	TELOK BLANGAH CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	13-51	Related Policy Number	5063176567		

OI Driver Info

Driver Name	LOUIS SNG FAITH	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	58231997B	Driver DOB	
Register Date of Driver License	18/07/2017	Driver Age	35	Driving Experience	
Contact No.(Mobile)	92776580	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 22 #13-51	Address 2	TELOK BLANGAH CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	13-51				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SGW7122G	Driver Insurer Company	

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	LOUIS SNG FAITH	Insured NRIC	
Contact No.(Mobile)	83286897	Contact No.(Home)		Contact No.(Office)	
Email Address		OT Vehicle Number	SGW7122G	TP Vehicle Number	
Claim Description	SGW7122G / SGKS36E ON 1 Dec 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	01/12/2017 18:23	Claim Close Date		Date Received	
Report Taken By	RDSLI WAHAB				

☐ Print AK letter



Save Submit

Attachment

Accident No.	MT/0971997	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/12/2017 18:24
Path *		Category *	Confidential Urgency
		Browse Clear Please Select	100 Normal

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 18:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 18:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 18:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 18:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 18:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 18:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 18:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 18:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 18:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 18:24	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 18:23	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Dec 2017 18:23	NRIC/ Driving License	Normal	NRIC/ Driving

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: (1 / 12 / 2017) (DD/MM/YYYY), TIME: (03.46) (HH:MM)

LOCATION: BIK 21A Telok Blangah Cres.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Sgw 71226
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5093176567
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: LOUIS SUNG FAITH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8231997B CONTACT: _____
 c) ADDRESS: BIK 22 Telok Blangah Cres #13-51 S(090022)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Louis Sung Faith (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8231997B CONTACT: 92776580
 c) ADDRESS: BIK 22 Telok Blangah Cres #13-51 S(090022)

* d) DATE OF BIRTH: (30 / 09 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: S8231997B

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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

a) VEHICLE NUMBER: SGK 536E MODEL: TOYOTA WISH

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: 92236469

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: louis-sung@hotmail.com

fax: _____

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8231997B



Name
LOUIS SNG FAITH

孙 凤

Race
CHINESE

Date of birth
30-09-1982

Sex
F

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8231997B



LOUIS SNG FAITH

Birth Date: 30 Sep 1982

Issue Date: 18 Jul 2017

002704706A

4896824




NRIC No: S8231997B

Date of issue
22-03-2011

Address
APT BLK 22 TELOK BLANGAH CRESCENT
#13-51
SINGAPORE 090022

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

EFFECTIVE DATE
18 Jul 2017

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg



NP 426A

eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text" value="5093176567"/>	Date of Accident	<input type="text" value="01/12/2017 16:33"/>						
Vehicle No. (For Motor)	<input type="text" value="SGW7122G"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093176567	LOUIS SNG FAITH	S8231997B	GPC	drive CLASSIC	SGW7122G	SGW7122G	07/08/2017	06/08/2018
<input type="button" value="Continue"/>									

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MAA47158743 Vehicle Registration No: SGW 7122G
Name (as shown in NRIC): LOUIS SING FANG NRIC/FIN/Passport No: S8231997B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 92776580
Email Address: _____
Date of Accident: 01/12/2017 Time of Accident: 03:45
Place of Accident: BLK 21A TALOK BLANCOH CRASHING CARPARK
Insurance Company: N74C

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

to INSERT 2ND PAGE SKETCH PLAN

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rishi K. Suresh
NRIC/FIN No: _____
Date: 06/12/2017