

Date In: 6/12/17 14:53	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC17023161/h4	E-mail (within 8hrs, AFD 2hrs):		
Veh No: SLH 6427 D	i-Motor Claim Form: MT/0972623	6/12/17 16:26	
D.O.A: 6/12/17 13:35	i-Motor W/O (within: OD 2hrs, TP 4hrs):		
OD <input checked="" type="checkbox"/> Reporting 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: SLK 504 M 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)	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	Actions

MNA1707569

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		1st 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 (wef 10 Jan 2015)			
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	\$30		
9) N12: Idac Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Date 1:

Date 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	06/12/2017 14:53
Date Of Accident	06/12/2017 13:35
Exact Location Of Accident	INFRONT BLK 5 JALAN MINYAK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH6427D
Insured/Policyholder	
Name Of Registered Owner	APEX LEASING PTE LTD
Co Reg No	201616961Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94508445

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X HYBRID 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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082827526-01
Cover Note Number	-

Driver

Name of Driver	VINCENT GOH BOON SIONG(VINCENT WU WENXIONG)
NRIC No	S7330847Z
Date Of Birth	18/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	22/10/1994
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91811099
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 140 BEDOK NORTH ST 2 #08-202
Postcode	460140
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	2

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 JALAN MINYAK WHILE APPROCHING BLK 5, SUDDENLY A VEH FROM THE BLK 5 WITHOUT STOPPING AT THE STOP LINE AND DASHED OUT TO THE MAIN ROAD, AS THE RESULT, HIS VEH COLLIDED ONTO MY VEH RIGHT REAR PORTION.

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	SLK504M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	JIMMY GOH
NRIC/Passport Number	
Contact Number	96758177
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	EDMUND
Phone Number	83215587
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.

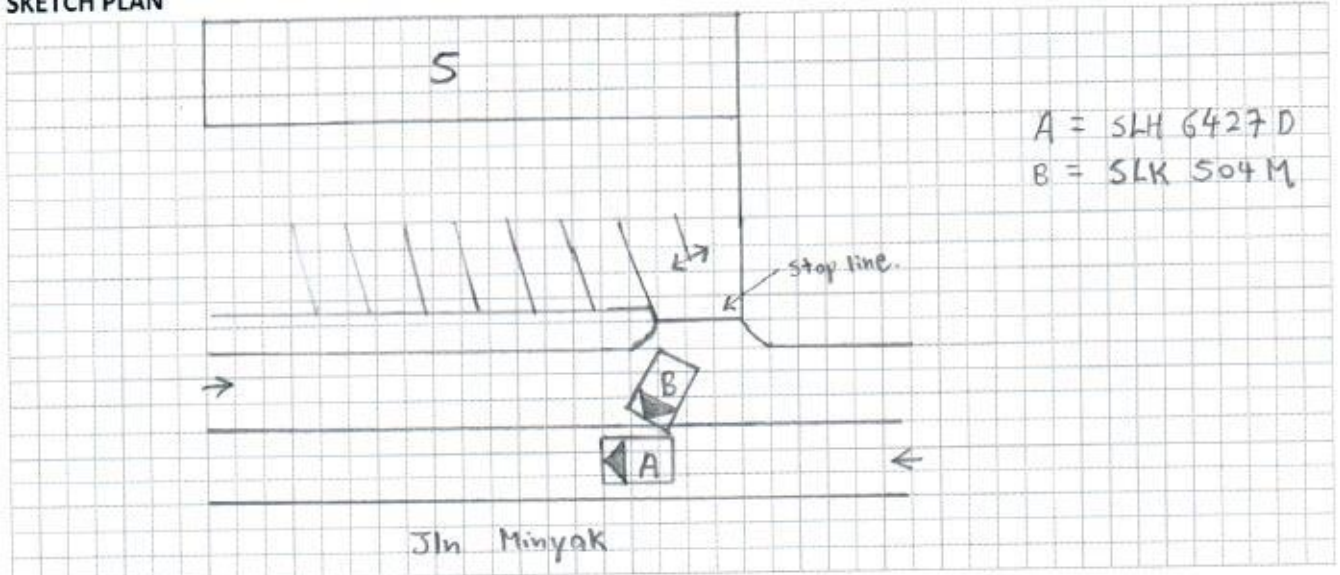


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A = SLH 6427 D
B = SLK 504 M

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:

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

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7330847Z**
 Name:
VINCENT GOH BOON SIONG
(VINCENT WU WENXIONG)

Birth Date: **18 Aug 1973**
 Issue Date: **26 Aug 2003**

000773713C




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7330847Z**



Name:
VINCENT GOH BOON SIONG
(VINCENT WU WENXIONG)
吴文雄

Race:
CHINESE

Date of birth: **18-08-1973** Sex: **M** **S7330847Z**

Country/Place of birth:
SINGAPORE





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

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

PASS DATE: **22 Oct 1994**

Licence No: **S7330847Z**



NP 428A

5267540



NRIC No. **S7330847Z**



Date of issue:
23-01-2014

Address:
APT BLK 140 BEDOK NORTH STREET 2
#08-202
SINGAPORE 460140

0% 25% 50% 75% 100%

Register New Vehicle (Acknowledgement)**Vehicle Particulars**

Vehicle No.:	SLH6427D	Vehicle Scheme:	Normal
Vehicle Type:	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover		
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	VEZEL 1.5X HYBRID A
Chassis No.:	RU31213746	Engine No.:	LEB5913746
Motor No.:	H12317007	Trailer Chassis No.:	-
Propellant:	Petrol-Electric	Passenger Capacity:	4
Engine Capacity:	1496 cc	Power Rating:	22.0 kW
Maximum Power Output: 112.0 kW (150 bhp)			
Unladen Weight:	1280 kg	Maximum Laden Weight:	1555 kg
Primary Colour:	Silver	Secondary Colour:	-
First Registration Date:	14 Nov 2016	Original Registration Date:	14 Nov 2016
Manufacturing Year:	2016	Open Market Value:	\$26,057.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$2,500.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$6,057.00 (140%)
Actual ARF Paid:	\$5,000.00		

Owner Particulars

Owner Name: APEX LEASING PTE LTD
 Owner ID Type: Company
 Owner ID: 201616961Z
 Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
 Registered Block/House No.: 61
 Registered Street Name: UBI AVENUE 2
 Registered Unit No.: # 02 - 20
 Registered Building Name: AUTOMOBILE MEGAMART
 Registered Postal Code: 408898
 COE No. / Expiry Date: 2016120107000241G / 13 Nov 2026
 COE Bid Category: E - Open Category
 QP Paid: \$56,000.00

Transaction Details

Business Transaction Ref. No.: 20161114112927550295
 Business Transaction Date: 14 Nov 2016
 Business Transaction Time: 11:29:27

Message

Claim Handling

The premium on this policy has not been collected.

Accident MT/0972623

Policy No.	5082827526-01	Vehicle No.	SLH6427D	GST Registration No.	
Policyholder Name	APEX LEASING PTE LTD			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	
Contact No.(Mobile)	94508445	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		

Accident Details

Report Date	06/12/2017 16:15	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Side I
Date of Accident	06/12/2017	Time of Accident hh:mm	13:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	INFRONT BLK 5 JALAN MINYAK				

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	Yes
Modification History			

Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#02-20 AUTOMOBILE MEGAMAF	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	02-20	Related Policy Number	5093501453		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	VINCENT GOH BOON SIONG(VI	Driver NRIC	S7330847Z	Driver DOB	
Register Date of Driver License	22/10/1994	Driver Age	44	Driving Experience	
Contact No.(Mobile)	91811099	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 140 #08-202	Address 2	BEDOK NORTH STREET 2	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	08-202				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	APEX LEASING PTE LTD	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLH6427D	TP Vehicle Number	
Claim Description	SLH6427D / SLK504M ON 6 Dec 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	06/12/2017 16:24	Claim Close Date		Date Received	
Report Taken By	LJEW SHAN HUI				

Print AK letter

Save **Submit**

Attachment

Accident No.	MT/0972623	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/12/2017 16:26
Path *		Category *	Confidential Urgency

