

Date In: 11/12/17 13:32	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 170 234 37 / h4	E-mail (within 3hrs/480 Days)		
Veh No: SJF 3202 P	i-Motor Claim Form	MT/0973195	11/12/17 18:21
D.O.A: 9/12/17 19:30	i-Motor W/O (Within 30 Days/TP 4hrs)		
OD <input checked="" type="radio"/> 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: SKU 6968 C	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

MA1707666

Invoice Preparation Checklist

Am't (\$)	Am't (\$)
Int Bill	Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Sat 1:

Sat 2/3:

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 claimants against INC Only (wef 10 Jan 2014)	
6) TR: Re-inspection	\$75
7) N1: Ideal DA - SMRT Survey	\$160
8) NTUC Additional Services:-	
OD:	
*N5: Courtesy Car / Tpr Allowance	\$5
*N6: Repair Co-ordination	\$10
*N7: Post Repair Inspection	\$25
*N8: DM / Tollbot Express Coordination	\$5
TP (N11): TP (w/ INC) against INC	\$20
9) N12: Ideal Mobile	\$0

Invoice date:	Fee Charged
Invoice date:	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	11/12/2017 13:32
Date Of Accident	09/12/2017 19:30
Exact Location Of Accident	TEMASEK BLVD CONRAD HOTEL ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF3202P
Insured/Policyholder	
Name Of Registered Owner	GOLDEN CHARTER PTE. LTD.
Co Reg No	201529252Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88388808

Vehicle Particulars

Manufacturer	BMW
Model	320I AUTO ABS D/AIRBAG 2WD
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5094653876
Cover Note Number	-

Driver

Name of Driver	ROSLAN BIN YUNOS
NRIC No	S8009895B
Date Of Birth	05/04/1980
Occupation	OUTDOOR
Date Of Driving Pass	29/01/2002
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83636405
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 262B COMPASSVALE ST #13-111
Postcode	542262
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

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?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SKU6968C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TOH XUHONG JABRIL
NRIC/Passport Number	S8852428D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF INJURED PERSON 1

Name ROSLAN BIN YUNOS

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJF3202P

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.:

Conrad Hotel

Temasek Blvd

A = SJF 3202 P

B = SKU 6968 C

Please Refer to Police Report

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



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

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



**SINGAPORE
POLICE FORCE**



T/20171210/2012

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20171210/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2017 07:16	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars

Name of Informant: ROSLAN BIN YUNOS			Address: APT BLK 262B COMPASSVALE STREET #13-111 SINGAPORE 542262		
ID Type / ID No.: NRIC NO / S8009895B			Contact No.: Home/Office: Mobile: 83636405		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 05/04/1980	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/12/2017 19:30	Type of Location:
Location: Along Road 1 TEMASEK BOULEVARD Conrad Hotel Entrance.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF3202P	Car					0
SKU6968C	Car					0



**SINGAPORE
POLICE FORCE**



T/20171210/2012

2 of 3

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

Report No. T/20171210/2012

CONTINUATION OF REPORT

Brief Details.

On 09/12/2017 at about 1930hrs, I was driving my vehicle bearing plate number SJF 3202P along Temasek Boulevard towards Conrad Hotel. My vehicle was outside the hotel waiting for the barricade to open. While I was waiting for the barricade to open, vehicle bearing plate number SKU 6968C from behind hit the rear of my vehicle. Both the vehicles sustained damages. Traffic police and ambulance was not at scene. However, after the incident I went to consult a doctor and was given five days of medical leave. I am lodging this report for my recording purpose and to insurance claim. That's all.



**SINGAPORE
POLICE FORCE**



T/20171210/2012

3 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20171210/2012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 B HEMANRAJ

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/12/2017 07:16

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No: 65476325

SN 085


Classification Of Case:

Authentication Stamp:

NP158

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8009895B




Name
ROSLAN BIN YUNOS

Race
MALAY

Date of birth
05-04-1980

Sex
M

Country of birth
SINGAPORE



S8009895B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8009895B

Name
ROSLAN BIN YUNOS

Birth Date 05 Apr 1980

Issue Date 10 Oct 2013




002233774G

4565829



NRIC No. S8009895B



Date of issue
28-04-2010

APT BLK 262B COMPASSVALE STREET #13-111
SINGAPORE 542262

NRIC No: S8009895B Date: 21/06/2015 (R)


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

Class	Description	EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	16 Nov 1998
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	07 Dec 1999
Class 2	MOTORCYCLES EXCEEDING 400 CC	30 Apr 2002
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	29 Jan 2002

S / No. 9000225299

Licence No: S8009895B

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

09/12/2017 13:24

Vehicle No. (For Motor)

SJF3202P

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094653876	GOLDEN CHARTER PTE. LTD.	20152925ZZ	GPC	Third Party	SJF3202P	SJF3202P	29/09/2017	26/05/2018

Claim Handling

Accident MT/0973195

Policy No.	5094653876	Vehicle No.	SJF3202P	GST Registration No.	
Policyholder Name	GOLDEN CHARTER PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	88388808	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(%)	0	eCode Reason	
NCD Protection	No				

Report Date

11/12/2017 18:17

Date of Accident

09/12/2017

Reporting Centre

Accident Location

TEMASEK BLVD CONRAD HOTEL ENTRANCE

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

19:30

Orange Force

Accident Type

Country of Accident

Singapore

ICM No.

Excess

Own damage Excess

0.00

Unnamed Driver Excess

Third Party Excess

1,500.00

Additional Excess

Outside Singapore OD Excess

0.00

Outside Singapore TP Excess

1,500.00

Windscreen Excess

GST Registered Information

GST Registered

No

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

No

Policyholder Mailing Address

Address 1

85 COUNTRYSIDE ROAD

Address 2

SINGAPORE 789828

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

Related Policy Number

5095905901

OI Driver Info

Driver Name

Unnamed Driver

Unnamed driver Name

ROSLAN BIN YUNOS

Register Date of Driver License

29/01/2002

Contact No.(Mobile)

83636405

Address 1

BLK 262B #13-111

Address 4

Unit No.

13-111

Does he own a Singapore Registered car?

☐ Yes ☒ No

Driver Type

Unnamed Driver

Driver NRIC

S80098958

Driver Age

37

Contact No.(Office)

Address 2

COMPASSVALE STREET

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	GOLDEN CHARTER PTE. LTD.	Insured NRIC	
Contact No.(Mobile)	86080808	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SJF3202P	TP Vehicle Number	
Claim Description	SJF3202P / SKU6968C ON 9 Dec 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	11/12/2017 18:20	Claim Close Date		Date Received	
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No.	MT/0973195	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/12/2017 18:21
Path *	<div> <div>Browse...</div> <div>Clear</div> </div>		
Category *	<div> <div>Please Select</div> <div>NO</div> <div>Normal</div> </div>		

<http://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do>

11/12/2017

<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 11 Dec 2017 18:21	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:21	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:21	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:20	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:20	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"/>