

Date In: 11/12/17 15:58	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 1702347114	E-mail (within 3hrs, AIC 2hrs):		
Veh No: GBB 5327 R	i-Motor Claim Form: MT/0973201	11/12/17 18:31	
D.O.A: 9/12/17 10:15	i-Motor W/O (Within 60 hrs TP 4hrs):		
OD: 0 Reporting Only	i-Photo Uploaded:		
TP Insurer:	Assessment Survey Report:		
	Ass't Report by Fax / Hand to Owner/Wkst:		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: GBD 788 R	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

NA 1707662	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TP: Towing Fee \$40 \$40		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$20		
	For claiming against INC Only (Ref 10 Jan 2015)		
	6) TR: Re-inspection \$75		
	7) NI: (Inc DA + SMRI Survey) \$140		
	8) NTUC Additional Services:		
	OD:		
	*NS: Courtesy Car: Tpl Allowance	35	
	*ND: Repair Co-ordination	110	
	*NR: Post Repair Inspection	225	
	*NS: DV / Collect Excess Coordination	55	
	TP (M11) / TP (Non-INC) against INC	520	
	9) NI2: (Inc \$1000)	50	
QC Checked by (Engr-In-Charge):	Invoice dated:	Fee Charged:	
	Invoice dated:	Fee Charged:	
Auditors' Comments :-			
Pat 11			
Pat 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	11/12/2017 15:58
Date Of Accident	09/12/2017 10:15
Exact Location Of Accident	BLK 519 BEDOK NORTH AVE 1 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5327R
Insured/Policyholder	
Name Of Registered Owner	SKYRAY SINGAPORE PTE LTD
Co Reg No	200700821R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62562500

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090936954
Cover Note Number	-

Driver

Name of Driver	JUAY KEOK TECK
NRIC No	S1820762A
Date Of Birth	05/08/1967
Occupation	OUTDOOR
Date Of Driving Pass	04/11/1987
Driving Experience	30 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93262268
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 134 AMK AVE 3 #12-1685
Postcode	560134
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	SIDE SWIPE
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

BEFORE I REVERSING OUT FROM THE LOT AT THE BLK 519 BEDOK NORTH AVE 1 OPEN CARPARK. I CHECK ON THE LEFT AND RIGHT SIDE TRAFFIC WAS CLEAR. WHILE I WAS REVERSING OUT FROM THE LOT, MY VEH WAS ALREADY FULLY OUT FROM THE LOT AND PREPARE TO TURN MY STEERING TO DROVE OFF. SUDDENLY I SAW FROM MY RIGHT SIDE MIRROR THAT WAS A VEH B (BEARING NO GBD788R) FROM THE OPPOSITE LOT REVERSING OUT FROM THE LOT WITHOUT NOTICED MY VEH. I SOUNDED MY HORN TO ALERT THE DRIVER, THEREFORE VEH B STOP. AWHILE LATER VEH B CONTINUE TO REVERSING, I IMMEDIATELY SOUNDED MY HORN AGAIN BUT TOO LATE FOR IT. THE VEH B RIGHT REAR HIT ONTO MY VEH RIGHT HAND BACK 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	GBD788R
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)	2

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.
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

Please Refer to Sketch

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:

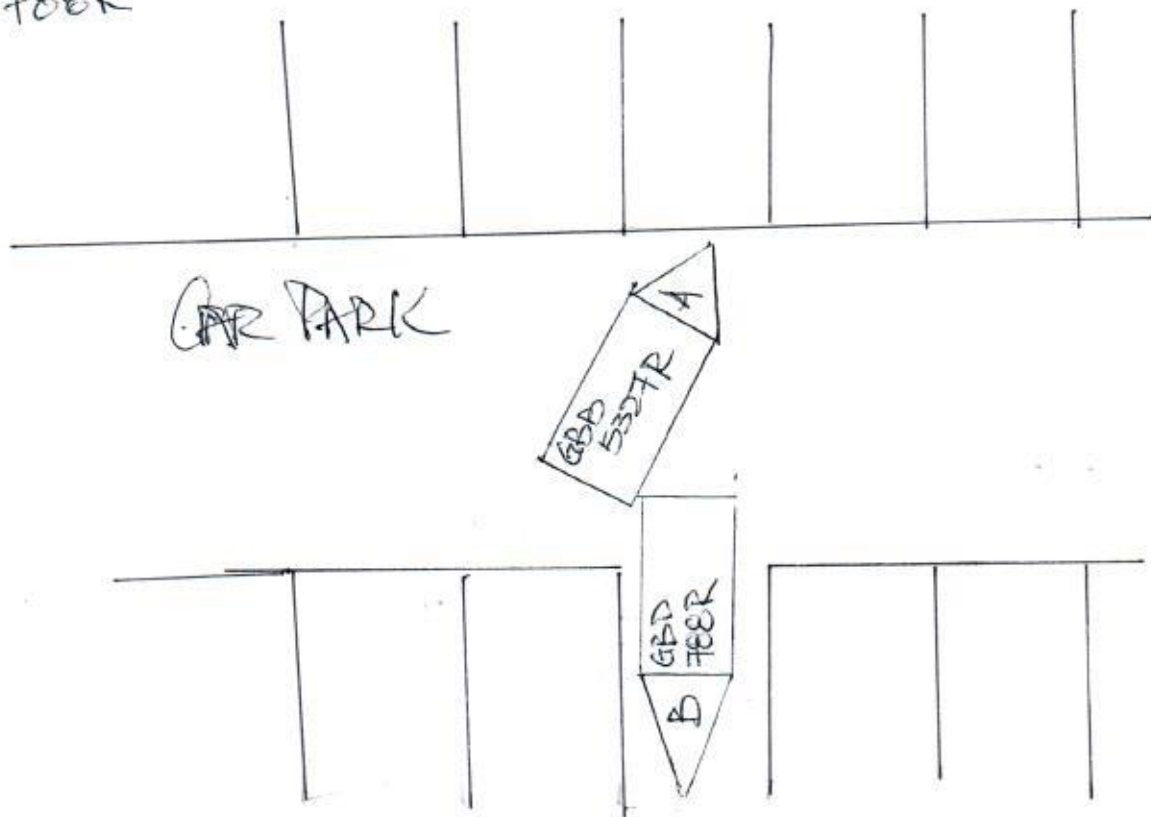
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

BLK 519
BEDOK NORTH AVE 1

(A) GBB5327R

(B) GBD788R



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1820762A

Name: JUAY KEOK TECK

Birth Date: 05 Aug 1967

Issue Date: 07 Oct 2003

IC00896544E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1820762A

Name: JUAY KEOK TECK

丙克德

Race: CHINESE

Date of Birth: 05-08-1967

Sex: M

Country of Birth: SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	22 Sep 1989
Class 2A	Motorcycles between 211 cc and 400 cc	22 Sep 1989
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Nov 1987

Licence No: S1820762A

NP 428A

05346

Barcode

NRIC No: S1820762A

Fingerprint

Blood Group: B+

Date of issue: 23-09-1992

APT BLK 134 ANG MO KIO AVE 3 #12-1685

SINGAPORE 560134

NRIC No: S1820762A

Date: 06-05-2007 (R) No: 5590437

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

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"/>	S090936954	SKYRAY SINGAPORE PTE LTD	200700821R	GCV	Preferred Workshop Plan	GBB5327R	GBB5327R	11/05/2017	27/05/2018

Claim Handling

Accident MT/0973201

Policy No.	5090936954	Vehicle No.	GBB5327R	GST Registration No.	
Policyholder Name	SKYRAY SINGAPORE PTE LTD			Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Preferred Workshop Plan	Loading	
Contact No.(Mobile)	62562500	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		Accident Type	Side Swipe - Op
Report Date	11/12/2017 18:27	Accident Report Within 24 hrs	Yes
Date of Accident	09/12/2017	Time of Accident hh:mm	10:15
Reporting Centre		Orange Force	
Accident Location	BLK 519 BEDOK NORTH AVE 1 OPEN CARPARK		
		Country of Accident	Singapore
		ICM No.	

Benefits

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	Yes	GST Registration Date	15/02/2007
GST Registration No.	200700821R	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	5 ANG MO KIO INDUSTRIAL PAF	Address 2	#07-07 AMK TECH II	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5090936954		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	JUAY KEOK TECK	Driver NRIC	S1820762A	Driving Experience	
Register Date of Driver License	04/11/1987	Driver Age	50	Contact No.(Home)	
Contact No.(Mobile)	93262268	Contact No.(Office)		Address 3	
Address 1	BLK 134 #12-1685	Address 2	ANG MO KIO AVENUE 3	Post Code	
Address 4	SINGAPORE 560134	Address Type	Singapore address		
Unit No.	12-1685			Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.			

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	SKYRAY SINGAPORE PTE LTD	Insured NRIC	
Contact No.(Mobile)	97850900	Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	GBB5327R	TP Vehicle Number	
Claim Description	GBB5327R / GBD788R ON 9 Dec 2017				
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	11/12/2017 18:31	Claim Close Date		Date Received	
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/0973201	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/12/2017 18:31
Path *	Category * <input type="text"/> Confidential <input type="text"/> Urgency <input type="text"/>		
Browse... Clear Please Select <input type="text"/> NO <input type="text"/> 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
<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 18:31	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:31	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Dec 2017 18:31	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
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