

Date In: 12/12/17 16:35	Job description: SAS e-filing	Date & Time Completed: 13/12/17 10:25	Done by:
Ref No: NA/INC 17023593/64	E-mail (within 24hrs, ATO 2hrs)		
Veh No: YP 1693 M	i-Motor Claim Form	MT/0973442	
D.O.A: 12/12/17 12:50	i-Motor W/O (within 24hrs, ATO 2hrs)		
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: GBD 3168K	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

Claimant's Particulars:-	NA1707697	Invoice Preparation Checklist	Ant (\$) In Bill	Ant (\$) Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30)	30.00	
Contact No:		2) DA: Damage Assessment (\$100) INC (\$30)		
Damaged Portion:		3) TF: Towing Fee \$40.00		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120		
		5) RT: Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (wef 10 Jan 2025)		
		6) TR: Re-inspection \$75		
		7) N1: 1 day DA - SMRI Survey \$150		
		8) NTUC Additional Services:		
		Q1:		
		*N5: Courtesy Car / Tpt Allowance \$5		
		*N6: Repair Coordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$2		
		TP (N11) - TP to INC against N11 \$10		
		9) N12: 1 day Mobile \$5		
		Invoice date:	Fee Charged:	
		Invoice date:	Fee Charged:	

Auditors' Comments:-

Sat 1:

Sat 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	12/12/2017 16:35
Date Of Accident	12/12/2017 12:50
Exact Location Of Accident	UPP WELD RD PARALLEL CARPARK LOT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP1693M
Insured/Policyholder	
Name Of Registered Owner	KIM KOON GAS SERVICES
Co Reg No	20332300M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62830298

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4A R1
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	5078411378-01
Cover Note Number	-

Driver

Name of Driver	HO SIER KWONG RAYMOND
NRIC No	S6819540C
Date Of Birth	27/05/1968
Occupation	OUTDOOR
Date Of Driving Pass	26/07/1988
Driving Experience	29 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92344114
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 24 HOUGANG AVE 3 #10-420
Postcode	530024
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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 PARK MY VEH AT THE PARALLEL CARPARK LOT ALONG UPP WELD RD, BEFORE I LEAVE MY VEH, EVERYTHING WAS INTACT. WHEN I STAND AT THE OPPOSITE COFFEE SHOP, I SAW A LORRY (BEARING NO GBD3168K) WHICH WAS PARKED INFRONT OF ME TRY TO DROVE OFF, WHEN HE REVERSING HIS LORRY, MISJUDGED HIT ONTO MY VEH FRONT 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	GBD3168K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHITRAKALYANAM ANBU
NRIC/Passport Number	G7497370T
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	SILVARASHAN S/O MEYYANATHA
Phone Number	84911009
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.

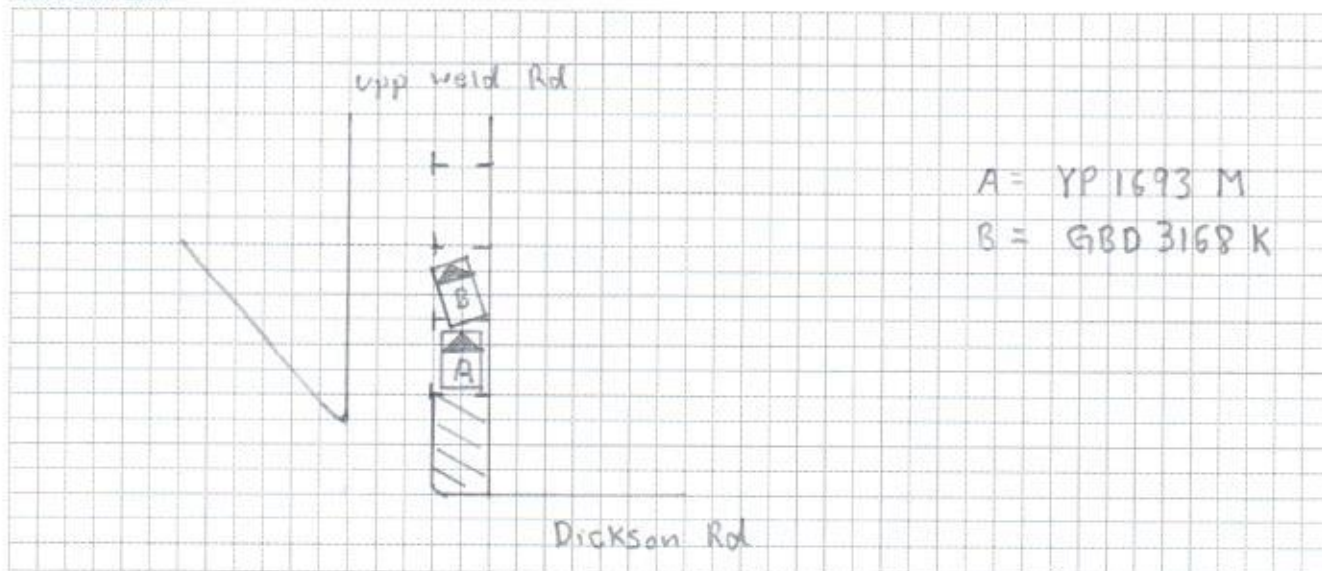
新加坡 坡底路 8 号
KHOON GAS SERVICE
8, Defu Lane 8, Singapore 1570
Tel: 2830192 2830193

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

We declare the foregoing particulars are true in every respect.

KIM KOON GAS SERVICE
 10, Defu Lane 9, Singapore 1550
 Tel: 2830192

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: **S6819540C**

Name: **HO SIER KWONG RAYMOND**

Birth Date: **27 May 1968**

Issue Date: **07 May 2003**

000460702K1



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S6819540C**

Name: **HO SIER KWONG RAYMOND**

何思廣

Race: **CHINESE**

Date of birth: **27-05-1968**

Country/Place of birth: **SINGAPORE**

Sex: **M**

5313233

92344114

31/12/17





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

Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE	26 Jul 1988
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms		05 Mar 1990

NP 428A

Licence No: S6819540C





5313233

NRIC No. **S6819540C**

Date of issue: **05-06-2014**

Address: **APT BLK 24 HOUGANG AVENUE 3 #10-420 SINGAPORE 530024**

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)

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5078411378-01	KIM KOON GAS SERVICES	20332300M	GCV	Comprehensive	YP1693M	YP1693M	24/03/2017	23/03/2018

[Continue](#)

Claim Handling

Accident MT/0973442

Policy No.	5078411378-01	Vehicle No.	YP1693M	GST Registration No.	
Policyholder Name	KIM KOON GAS SERVICES	Cover Type	Comprehensive	Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Contact No.(Office)		Loading	
Contact No.(Mobile)	62830298	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No				
▼ Accident Details					
Report Date	13/12/2017 10:20	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst
Date of Accident	12/12/2017	Time of Accident hh:mm	12:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP WELD RD PARALLEL CARPARK LOT				
▼ 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	01/04/1994		
GST Registration No.	MX0505450P	GST Status Verified	Yes		
Modification History					
▼ Policyholder Mailing Address					
Address 1	10 DEFU LANE 9	Address 2	SINGAPORE 539252	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5000613842-13		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	HO SIER KWONG RAYMOND	Driver NRIC	S6819540C	Driving Experience	
Register Date of Driver License	26/07/1988	Driver Age	49	Contact No.(Home)	
Contact No.(Mobile)	92344114	Contact No.(Office)		Address 3	
Address 1	BLK 24 #10-420	Address 2	HOUGANG AVENUE 3	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	10-420	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	KIM KOON GAS SERVICES	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	YP1693M	TP Vehicle Number	
Claim Description	YP1693M / GBD3168K ON 12 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	13/12/2017 10:24	Claim Close Date		Date Received	
Report Taken By	LIOW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0973442	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/12/2017 10:25		
Path *		Category *	Confidential	Urgency	
Browse...		Clear	Please Select	NO	Normal

		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:25	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:25	SAS	Normal	SAS
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:25	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:25	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:24	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:24	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:24	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window

Scan and uploading