

Date In: 13/12/17 11:54	Job description	Date & Time Completed	Done by
Ref No: MA/IMC 17023649/h4	SAS e-filing		
Veh No: 532 5199Y	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 12/12/17 18:15	i-Motor Claim Form	MT/0973550	13/12/17 17:42
OD <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
	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: SLN 8062 L	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

MA1707714

## Invoice Preparation Checklist

Amo (\$)	Amo (\$)
Inv Bill	Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Est. 1:

Est. 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 claiming against INC Only (wef 10 Jan 2015)	
6) TR: Re-inspection	\$75
7) NI: Ideal DA - SMRI Survey	\$180
8) NTUC Additional Services:	
OD:	
*N5: Courtesy Car / Tpt Allowance	\$5
*N6: Repair Co-ordination	\$10
*N7: Post Repair Inspection	\$15
*N8: DV / Collect Excess/Coordination	\$5
TP (N11): TP In-INC against INC	\$10
BY N12: Ideal Mobile	\$5

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	13/12/2017 11:54
Date Of Accident	12/12/2017 18:15
Exact Location Of Accident	TELEGRAPH STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ5199Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AMC AUTOMOBILE PTE LTD
Co Reg No	201708093G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91366333

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK
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	5094801292
Cover Note Number	-

### Driver

Name of Driver	JIMMY KOH LENG KEAT(JIMMY XU LONGJI)
NRIC No	S7201856G
Date Of Birth	16/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	05/05/1992
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96864428
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	BLK 355 HOUGANG AVE 7 #02-771
Postcode	530355
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	RAINING
Road Surface	WET

#### 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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS TRAVELLING ALONG TELEGRAPH STREET ON THE RIGHT LANE, SUDDENLY VEH B (BEARING NO SLN8068L) WITHOUT STOPPING AT THE STOP LINE, DASHED OUT FROM THE SMALL ROAD BEHIND THE 6 RAFFLES QUAY BUILDING. AS THE RESULT, HER VEH RIGHT FRONT COLLIDED ONTO MY VEH LEFT 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	SLN8068L
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

#### DETAILS OF INJURED PERSON 1

Name	JIMMY KOH LENG KEAT(JIMMY XU LONGJI)
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SJZ5199Y
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## 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.

AMC AUTOMOBILE  
PTE LTD

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

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

AMC AUTOMOBILE  
PTE LTD

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.:





# SINGAPORE POLICE FORCE



T/20171213/2031

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20171213/2031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/12/2017 11:00		Vide Report No.:		Station Diary No.: 47	
<b>Informant's Particulars</b>					
Name of Informant: JIMMY KOH LENG KEAT			Address: APT BLK 355 HOUGANG AVENUE 7 #02-771 SINGAPORE 530355		
ID Type / ID No.: NRIC NO / S7201856G			Contact No.: Home/Office: Mobile: 96864428		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 16/01/1972	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/12/2017 18:15	Type of Location: Straight Road
Location: Along Road 1 TELEGRAPH STREET  Along Telegraph street				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJZ5199Y	Car				Slightly Damaged	0
SLN8068L	Car				Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20171213/2031

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20171213/2031

**CONTINUATION OF REPORT**

**Brief Details.**

On the above mentioned time and date, I was driving along the above mentioned location when suddenly a car with registration plate number SLN8068L drove out from the mall carpark and went to the second lane instead of the first lane and hit the left rear side of my vehicle with registration plate number SJZ5199Y.

We did not change any particulars as the driver of the said car mentioned when approached that she was not in wrong. The said driver is a female and she told me to just take pictures of the whole incident.

No ambulance and traffic police were called. There are slight damages on both of the vehicles.

I went to the doctor to make a check due to spine injury and received 6 days of MC from Mount Alvernia Hospital. No. M17019039





**SINGAPORE  
POLICE FORCE**



T/20171213/2031

3 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20171213/2031

**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 MOHAMMAD AZRUL BIN AZMI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/12/2017 11:00

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

Classification Of Case:

SN 085



Signature:

Authentication Stamp

NP168

Singapore Police Force

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7201856G**

Name: **JIMMY KOH LENG KEAT  
(JIMMY XU LONGJI)**

Birth Date: **16 Jan 1972**  
Issue Date: **08 Dec 2011**

002024724H




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7201856G**



Name: **JIMMY KOH LENG KEAT  
(JIMMY XU LONGJI)**  
**许龙吉**

Race: **CHINESE**

Date of birth: **16-01-1972** Sex: **M**

Country of birth: **SINGAPORE**

**S7201856G**

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


		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	08 Dec 2011
Class 2	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	05 May 1992
Class 4	Heavy motor cars and motor tractors > 2500 kg	15 Mar 2009
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	31 Oct 2014

**S7201856G**

S / No. 9000210565

Licence No: **S7201856G**

NP 428A



4937012

**S7201856G**

NRIC No: **S7201856G**

Date of issue: **15-02-2013**

Address: **APT BLK 355 HOUGANG AVENUE 7  
#02-771  
SINGAPORE 530355**






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 checked="" type="radio"/>	5094801292	AMC AUTOMOBILE PTE LTD	201708093G	GPC	drive CLASSIC	SJZ5199Y	SJZ5199Y	06/10/2017	23/06/2018

## Claim Handling

Accident MT/0973550

Policy No.	5094801292	Vehicle No.	SJZ5199Y	GST Registration No.	
Policyholder Name	AMC AUTOMOBILE PTE LTD			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	91366333	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	13/12/2017 17:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	12/12/2017	Time of Accident hh:mm	18:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TELEGRAPH STREET				

## Benefits

## Excess

Own damage Excess	1,500.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	1,500.00		
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	No
Modification History			

## Policyholder Mailing Address

Address 1	1 KAKI BUKIT ROAD 1	Address 2	#02-44 ENTERPRISE ONE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	02-44	Related Policy Number	5094801292		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	JIMMY KOH LENG KEAT(JIMMY )	Driver NRIC	S7201856G	Driving Experience	
Register Date of Driver License	05/05/1992	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	96864428	Contact No.(Office)		Address 3	
Address 1	BLK 355 #02-771	Address 2	HOUGANG AVENUE 7	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	02-771				
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 checked="" type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	AMC AUTOMOBILE PTE LTD	Insured NRIC	
Contact No.(Mobile)	91996521	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJZ5199Y	TP Vehicle Number	
Claim Description	SJZ5199Y / SLN8068L 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 17:41	Claim Close Date		Date Received	
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/0973550	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/12/2017 17:42
Path *		Category *	
		Confidential	Normal
		Urgency	
		Please Select	

Browse...

Clear



<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 13 Dec 2017 17:42	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 17:42	SAS	Normal	SAS ;
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 17:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 17:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 17:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 17:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 17:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 17:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 17:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 17:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 17:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 17:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 17:41	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 17:41	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"/>