

Date In: 18/12/17 09:19	Job description	Date & Time Completed	Done by
Ref No: NA/INC 17023891/h4	SAS e-filing		
Veh No: G8F 3769R	E-mail (within 3hrs. Aft 2hrs)		
DCA: 16/12/17 21:25	i-Motor Claim Form	MT/0974146	18/12/17 15:30
OD: <input checked="" type="radio"/> Reporting Only	i-Motor W/O (within 24hrs. TP 4hrs)		
	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: Gx 3199G	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:-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TR: Towing Fee \$40-\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC only (wef 10 Jan 2018)		
	6) TR: Re-inspection \$75		
	7) N1: Ideal DA - SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpl Allowance	\$65	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$28	
	*N8: DV: Collect Excess Coordination	\$5	
	TP (N1) / TP (w/ INC) against INC	\$20	
	9) N12: Ideal Mobile	\$0	
	Invoice dated	Fee Charged	
	Invoice paid	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	18/12/2017 09:19
Date Of Accident	16/12/2017 21:25
Exact Location Of Accident	AMK AVE 1 ENTERING CTE TWDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3769R
Insured/Policyholder	
Name Of Registered Owner	ABSOLEX
Co Reg No	53328946K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84444244

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR 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	5084474514-01
Cover Note Number	-

Driver

Name of Driver	NGIAM ZHENG JIE
NRIC No	S8328470F
Date Of Birth	09/09/1983
Occupation	OUTDOOR
Date Of Driving Pass	30/07/2008
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84444244
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 319 AMK AVE 1 #10-1501
Postcode	560319
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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

I WAS TRAVELLING ALONG AMK AVE 1 AT THE TAFFIC JUNCTION ENTERING INTO CTE TWDS AYE ON THE SECOND LANE, WHILE TURNING INSIDE THE JUNCTION BOX, VEH X (BEARING NO SLA8445A) WHICH WAS INFRON OF ME MAKE A LAGRER WIDE TURN, HE MAKE A SUDDEN STOP. I MANAGE MY BRAKE TO AVOID COLLISION WITH VEH X. SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO GX3199G) FROM BEHIND HIT ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX3199G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MR HO
NRIC/Passport Number	S0173782A
Contact Number	83825355
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

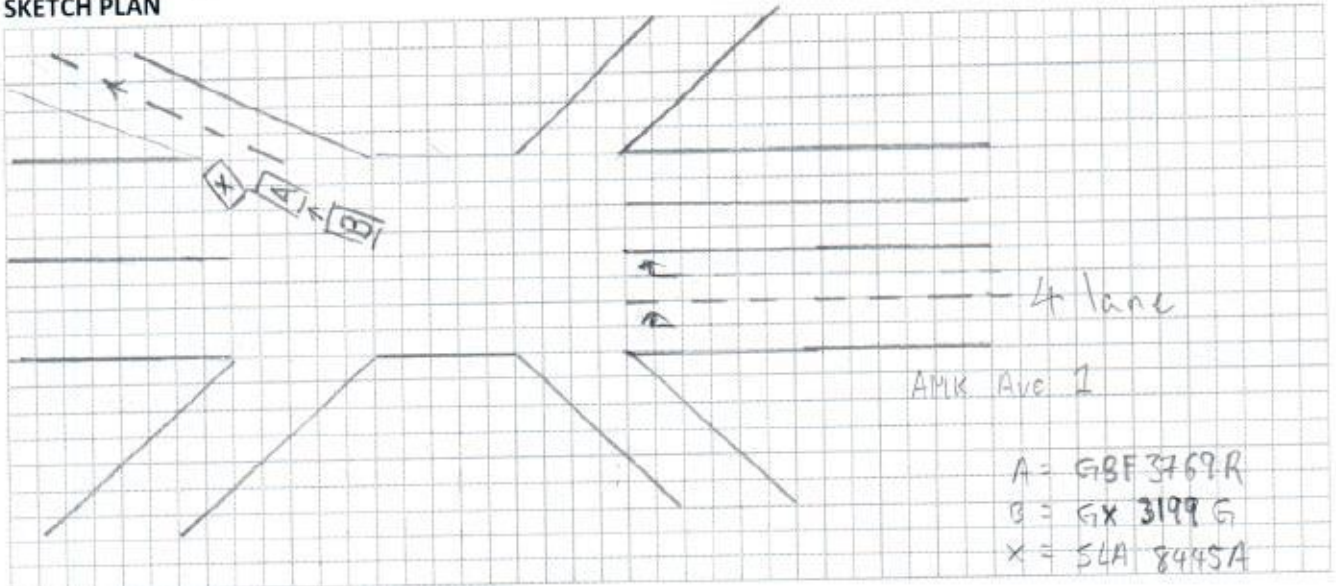


Policyholder's Signature
Date & Time:

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

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

CTE twds AYE
SKETCH PLAN



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 **S8328470F**
 Name **NGIAM ZHENG JIE**
 Birth Date **09 Sep 1983**
 Issue Date **08 Aug 2011**

001989272E

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S8328470F**

Name **NGIAM ZHENG JIE**
 Race **CHINESE**
 Date of birth **09-09-1983** Sex **M**
 Country of birth **SINGAPORE**

S8328470F

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

	EFFECTIVE DATE
Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	30 Jul 2008

NP 428A

Licence No: S8328470F

3937739




NRIC No. **S8328470F**
 Date of issue **11-09-2006**

APT BLK 319 ANG MO KIO AVE 1 #10-1501
SINGAPORE 560319
 NRIC No: **S8328470F** Date: **24/05/2012** No: **7073901**

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"/>	5084474514-01	ABSOLEX	53328946K	GCV	Comprehensive	GBF3769R	GBF3769R	30/09/2017	29/09/2018

Claim Handling

Accident MT/0974146

Policy No.	5084474514-01	Vehicle No.	GBF3769R	GST Registration No.	
Policyholder Name	ABSOLEX	Cover Type	Comprehensive	Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Contact No.(Office)		Loading	
Contact No.(Mobile)	84444244	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(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	18/12/2017 15:23	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	16/12/2017	Time of Accident hh:mm	21:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AMK AVE 1 ENTERING CTE TWDS AYE				

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	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 319 #10-1501	Address 2	ANG MO KIO AVENUE 1	Address 3	
Address 4	SINGAPORE S60319	Address Type	Singapore address	Post Code	
Unit No.	10-1501	Related Policy Number	5084474514-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	NGIAM ZHENG JIE	Driver NRIC	58328470F	Driving Experience	
Register Date of Driver License	30/07/2008	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	84444244	Contact No.(Office)		Address 3	
Address 1	BLK 319 #10-1501	Address 2	ANG MO KIO AVENUE 1	Post Code	
Address 4	SINGAPORE S60319	Address Type	Singapore address		
Unit No.	10-1501			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

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	ABSOLEX	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	61234567	Contact No.(Office)	
Email Address		OI Vehicle Number	GBF3769R	TP Vehicle Number	
Claim Description	GBF3769R / GX3199G ON 16 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	18/12/2017 15:28	Claim Close Date		Date Received	
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<input type="button" value="Save"/> <input type="button" value="Submit"/>					

Attachment

Accident No.	MT/0974146	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/12/2017 15:30
Path *	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select		
	Category *	Confidential	Urgency
		<input type="button" value="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 18 Dec 2017 15:30	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:30	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:29	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:28	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:28	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:28	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window

Scan and uploading