

Date In	18/12/17 13:40	Job description	Date & Time Completed	Done by
Ref No	NA/ INC 17023922/h4	SAS e-filing		
Veh No	SJH 8072 D	E-mail (Within 3hrs. A/C 2hrs)		
D/O A	15/12/17 15:15	I-Motor Claim Form	MT/ 0974155	18/12/17 15:43
OD TP	Repair 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: 5LM 778 D	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 (\$)
		1st Bill	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 \$40		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey+Resurvey \$30		
	For claiming against INC Only (wef 10 Jan 2018)		
	6) TR: Re-inspection \$75		
	7) NI: 1 day DA + SMRI Survey \$150		
	8) NTUC Additional Services:-		
	OT*		
	*N5: Courtesy Car / Tpt Allowance	\$4	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$20	
	*N8: DV / Colliver Excess Coordination	\$5	
	TP (\$11) + TP from INC against INC	\$10	
	9) N12: 12ac Mobile	\$1	
QC Checked by (Engr-In-Charge):	Invoice date	Fee charged	
Auditors' Comments :-	Invoice no. ed	Fee charged	
Date 1:			
Date 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	18/12/2017 13:40
Date Of Accident	15/12/2017 15:15
Exact Location Of Accident	BEDOK SOUTH RD TURNING INTO KEW AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH8072D
Insured/Policyholder	
Name Of Registered Owner	AMANDEEP SINGH BAJAJ
NRIC No	S6914825E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97769144
Alternative Phone No	OFFICE-97769144

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G SKYROOF A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5052242015-06
Cover Note Number	-

Driver

Name of Driver	AMRATPAL KAUR
NRIC No	S2037273G
Date Of Birth	25/07/1945
Occupation	INDOOR
Date Of Driving Pass	28/10/1975
Driving Experience	42 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-82927389
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	48 KEW AVE
Postcode	466344
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	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)	2

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

PLEASE REFER TO ATTACHED STATEMENT.

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	SLM778D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SOFEEN CHANDIRAMANI
NRIC/Passport Number	S7616602A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

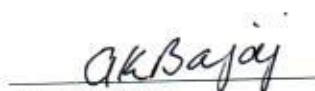
IMPORTANT NOTICE

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**.
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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:

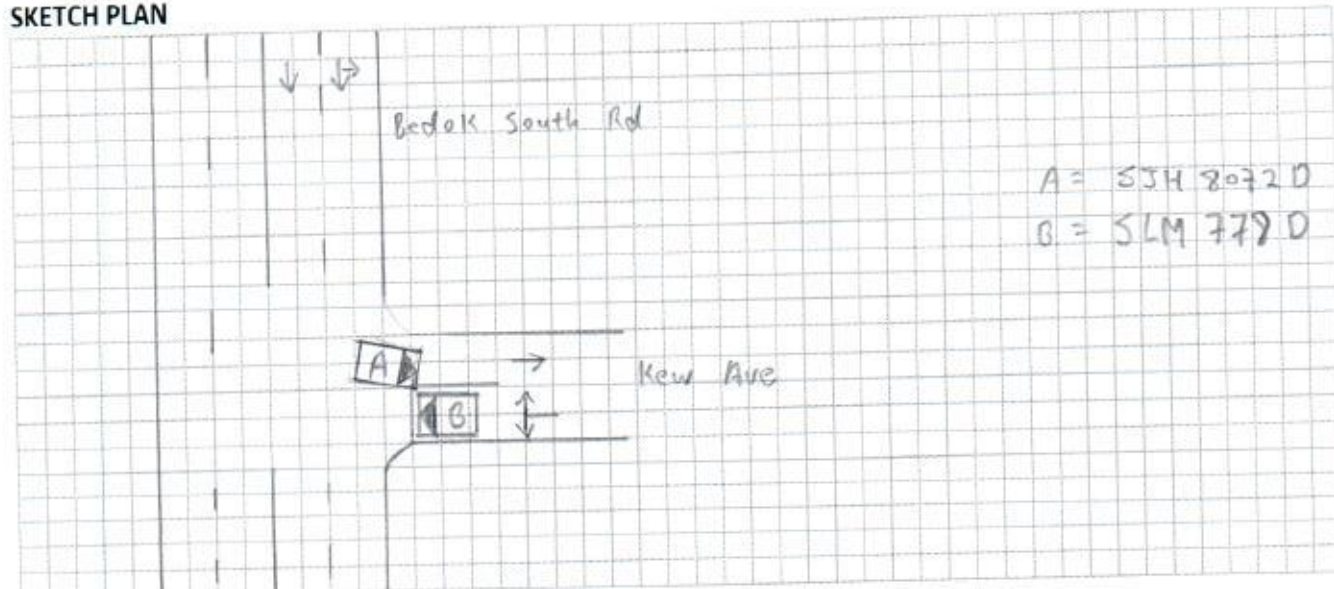
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



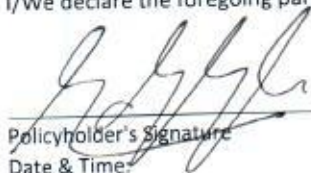
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

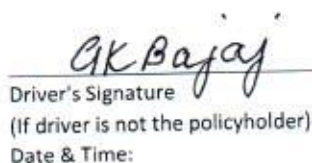
It was raining very heavily on bedok South Road and was making to a turn at the junction with Kew Avenue which is a narrow road. Due to very little visibility while turning my right headlight clipped the right headlight & bumper of the car SLM 778D. Due to heavy rain I could not ascertain damage so moved the car to a place further up Kew Avenue. We exchanged details, took photos and would get in touch later.

As the other driver lives near me, we went to the house later to take more photos.

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
IDENTITY CARD NO. S2037273G



Name
AMRATPAL KAUR

Race
INDIAN

Date of Birth
25-07-1945

Country of Birth
THAILAND

Sex
F




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S2037273G**

Name
AMRATPAL KAUR

Birth Date **25 Jul 1945**

Issue Date **05 Aug 2004**



001269520F

1015437




NRIC No: S2037273G


Blood Group: **O+** Date of issue: **09-05-1993**

48 KEW AVENUE
SINGAPORE 466344
NRIC No: S2037273G Date: 13/02/2010 No: 6322433

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

Class	Description	PASS DATE
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	28 Oct 1975

NP 428A



Licence No: S2037273G

eBaoTech

General Claim

[Change Language](#)[Change Password](#)[Log Out](#)

Hello, NAC_PAYA_UBI_800601

[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"/>	5052242015-06	AMANDEEP SINGH BAJAJ	S6914825E	GPC	drivo CLASSIC	SJH8072D	SJH8072D	25/08/2017	24/08/2018

Claim Handling

Accident MT/0974155

Policy No.	5052242015-06	Vehicle No.	SJH8072D	GST Registration No.	
Policyholder Name	AMANDEEP SINGH BAJAJ	Cover Type	drive CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	97769144	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(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major
Report Date	18/12/2017 15:38	Time of Accident hh:mm	15:15	Country of Accident	Singapore
Date of Accident	15/12/2017	Orange Force		ICM No.	
Reporting Centre					
Accident Location	BEDOK SOUTH RD TURNING INTO KEW AVE				

Benefits			
Excess			
Own damage Excess	600.00	Additional Excess	0.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00
Third Party Excess	0.00	Outside Singapore TP Excess	0.00
GST Registered Information			
GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address			
Address 1	48 KEW AVENUE	Address 2	SINGAPORE 466344
Address 4		Address Type	Singapore address
Unit No.		Related Policy Number	5052242015-06
OI Driver Info			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	AMRATPAL KAUR	Driver NRIC	52037273G
Register Date of Driver License	28/10/1975	Driver Age	72
Contact No.(Mobile)	82927389	Contact No.(Office)	
Address 1	48 # KEW AVENUE	Address 2	SINGAPORE 466344
Address 4		Address Type	Singapore address
Unit No.			
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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	AMANDEEP SINGH BAJAJ	Insured NRIC	
Contact No.(Mobile)	97769144	Contact No.(Home)	63443144	Contact No.(Office)	
Email Address	amanbajaj0202@gmail.com	OI Vehicle Number	SJH8072D	TP Vehicle Number	
Claim Description	SJH8072D / SLM778D ON 15 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	18/12/2017 15:42	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/0974155	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/12/2017 15:43
Path *	<input type="button" value="Browse..."/> <input type="button" value="Clear"/>		
Category *	Please Select <input type="button" value="NO"/> <input type="button" value="Normal"/>		

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

Refresh

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:43	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:43	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:42	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 15:42	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Sour
<div> Display in New Window Scan and uploading </div>			