

Date In	18/12/17 14:37	Job description	Date & Time Completed	Done by
Ref No	NA/ INC17023935164	SAS e-filing		
Veh No	SJT 5176 U	E-mail (within 3hrs, A/C 2hrs)		
D.O.A	17/12/17 19:45	i-Motor Claim Form	MT/0974167	18/12/17 16:06
OD <input checked="" type="checkbox"/> Reporting Only		i-Motor W/O (Within 30 Days, 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:	GBG 7561R	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

MA1707796

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

In Bill

Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2 & 3:

1) AR: Accident Reporting (\$30)	30.00
2) DA: Damage Assessment (\$100) INC (\$30)	
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 2018)	
6) TR: Re-inspection \$75	
7) N1: Idac DA - SMRI Survey \$160	
8) NTUC Additional Services:-	
OD:	
*N5: Courtesy Car / Tpt Allowance	\$5
*N6: Repair Coordination	\$20
*N7: Post Repair Inspection	\$25
*N8: DV / Collect Excess Coordination	\$5
TP (N11): TP Non-INC against INC	\$24
9) N12: Idac Nozzle	\$5

Invoice dated

Fee charged

Invoice dated

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 14:37
Date Of Accident	17/12/2017 19:45
Exact Location Of Accident	FERNVALE LANE (JLN KAYU)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5176U
Insured/Policyholder	
Name Of Registered Owner	SEE YEN FERN
NRIC No	S7515939J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96202800
Alternative Phone No	OFFICE-96202800

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1K21G5
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	THIRD PARTY
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	5090774614
Cover Note Number	-

Driver

Name of Driver	SEE YEN FERN
NRIC No	S7515939J
Date Of Birth	18/05/1975
Occupation	INDOOR
Date Of Driving Pass	05/11/1998
Driving Experience	19 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96202800
Fax Number	
Contact Number	OFFICE-96202800
EMail Address	NOEMAIL

Address	BLK 409B FERNVALE RD #17-56
Postcode	792409
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?	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)	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	GBG7561R
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)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	SEE YEN FERN
Approximate Age	

Injuries Sustain	BACK, NECK
Injured person in which vehicle?	SJT5176U
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:

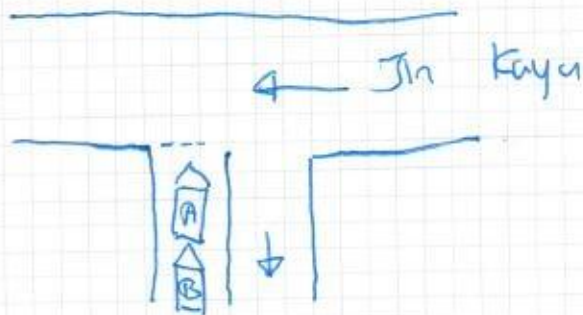
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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



DOA: 17/12/17
A: SJT 5176U
B: GBG 7561R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While waiting for the main road to be clear,
suddenly my veh rear portion being collided by
veh B.

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.:

Personal Particulars

Date of Accident: 17/12/17 Time of Accident: 7.45 pm
Exact Location of Accident: Fernvale Lane (Jln Kayu)
Owner's Name: See Yen Fern NRIC No: S75159393 HP No: 9620 2800
Driver's Name: h NRIC No: " HP No: 7
Date of Birth: 18/5/1975 Driving Licence Passing Date: 5/11/1998 Occupation: Indoor / Outdoor
Address: B1K 409B Fernvale
Relationship of Driver with Insured: _____ Email Address: _____
Vehicle No: SJT 5176U Make & Model: _____
Insurance Co: NTUC Coverage: _____ Policy No: _____

*Purpose of Reporting? ☒ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☐ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 1 B: 1 + 0 C: _____ D: _____

*Was Anybody Injured? (☒ Yes / ☐ No) If yes,

Name / NRIC / In Vehicle: See Yen Fern back & neck

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/☒ No)

Third Party Driver's Particulars

Vehicle B No: GBG 7561 R Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

REPUBLIC OF SINGAPORE
NRIC CARD NO. S7515939J





SEE YEN FERN
(SHI YANFEN)
施燕芬

Race
CHINESE


Date of birth
18-05-1975

Country of birth
SINGAPORE


Sex
F



3898326



NRIC No. S7515939J



Date of issue
27-06-2006

APT BLK 409B FERNVALE ROAD #17-56
SINGAPORE 792409

NRIC No: S7515939J

Date: 10/05/2012

No: 7006481

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7515939J

Name

SEE YEN FERN (SHI
YANFEN)

Birth Date: 18 May 1975

Issue Date: 17 Jan 2003



DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

05 Nov 1998

includes the weight of
closed 2500 kilograms

Licence No: S7515939J



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"/>	5090774614	SEE YEN FERN	S7515939J	GPC	drive CLASSIC	SJT5176U	SJT5176U	29/04/2017	14/04/2018

Claim Handling

Accident MT/0974167

Policy No.	5090774614	Vehicle No.	SJTS176U	GST Registration No.	
Policyholder Name	SEE YEN FERN	Cover Type	drivo CLASSIC	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	96202800	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(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	18/12/2017 16:01	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	17/12/2017	Time of Accident hh:mm	19:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	FERNVALE LANE (JLN KAYU)				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	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	BLK 409B #17-50	Address 2	FERNVALE ROAD	Address 3	
Address 4	SINGAPORE 792409	Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5090774614		

OI Driver Info

Driver Name	SEE YEN FERN	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	57515939J	Driving Experience	
Register Date of Driver License	31/12/1998	Driver Age	42	Contact No.(Home)	
Contact No.(Mobile)	96202800	Contact No.(Office)		Address 3	
Address 1	BLK 409B #17-56	Address 2	FERNVALE ROAD	Post Code	
Address 4	SINGAPORE 792409	Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" 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	SEE YEN FERN	Insured NRIC	
Contact No.(Mobile)	96202800	Contact No.(Home)	65256770	Contact No.(Office)	
Email Address	seeyenfern@hotmail.com	OI Vehicle Number	SJTS176U	TP Vehicle Number	
Claim Description	SJTS176U / GBG7561R. ON 17 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 16:05	Claim Close Date		Date Received	
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0974167	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	18/12/2017 16:06
Path *	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select		
	Category *	Confidential	Urgency
		NO	Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	<input type="text" value="NO"/>	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 16:06	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 16:06	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 16:06	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 16:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 16:06	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 16:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 16:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 16:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 16:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 16:05	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 18 Dec 2017 16:05	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------