

Date/In:	20/12/17 15:58	Job description:	Date/Time Completed:	Done by:
Ref/In:	MNA1 INC 170241501h4	SAS e-filing		
Veh No:	GQ 9112D	E-mail (within 30mins of Date)		
DOA:	20/12/17 14:30	i-Motor Claim Form	M710974552	20/12/17 16:31
OD: TP	Repair Only	i-Motor W/O (Within 60 Days TP 4hrs)		
		i-Photo Uploaded		
TP Insurer:		Assessment Survey Report		
		Ass't Report by Fax / Hand to Owner / Wksn		

Preferred Wksp / INC Assign Wksp / QW: ( )

Tel: ( )

Fax: ( )

TP Particulars:	Veh No:	5KJ 8434X	INC ( ) / Non-INC ( )
Owner / Driver: ( )			Tel: ( )
Policy No: ( )	Period: ( )		Cover Type: ( )
Confirmed by: ( )	Date: ( )		Time: ( )
Insured/Driver Liability: ( )	% [Note-Est Status (WO): N: 0-10%, 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 &amp; 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

NA1707839

## Invoice Preparation Checklist

Amt (\$)  
In BillAmt (\$)  
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 \$40.545	
4) PT: 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) NT: (Incl DA + SMPI Survey) \$160	
8) NTUC Additional Services:-	
Q1:	
*N1: Courtesy Car / Tpt Allowance	\$5
*N2: Repair Coordination	\$15
*N3: Post Repair Inspection	\$20
*N4: DV: Collect Excess Coordination	\$5
TP ONLY: TP by INC against DIT	\$10
9) N12: (Incl Mobile)	\$1

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	20/12/2017 15:58
Date Of Accident	20/12/2017 14:30
Exact Location Of Accident	WOODLANDS CLOSE EXIT TO WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ9112D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PAUL HOE BATTERIES & MOTOR SERVICES
Co Reg No	52832652W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67489386

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DIESEL
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5075956996-01
Cover Note Number	-

### Driver

Name of Driver	CHONG KEAN FEI
NRIC No	S8576057B
Date Of Birth	13/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	21/12/2009
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98069773
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 627 WOODLANDS AVE 6 #07-854
Postcode	730627
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 EXTING FROM THE WOODLANDS CLOSE TO THE WOODLANDS AVE 12, WHEN I CHECK ON THE MAIN ROAD TRAFFIC WAS CLEAR, I RELEASE MY BRAKE TO MOVE ON. BUT THE FRONT VEH HAVENT MOVE. AS THE RESULT, MY VEH HIT ONTO THE VEH 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	SKJ8434X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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.

**Paul Hoe Batteries & Motor Services**

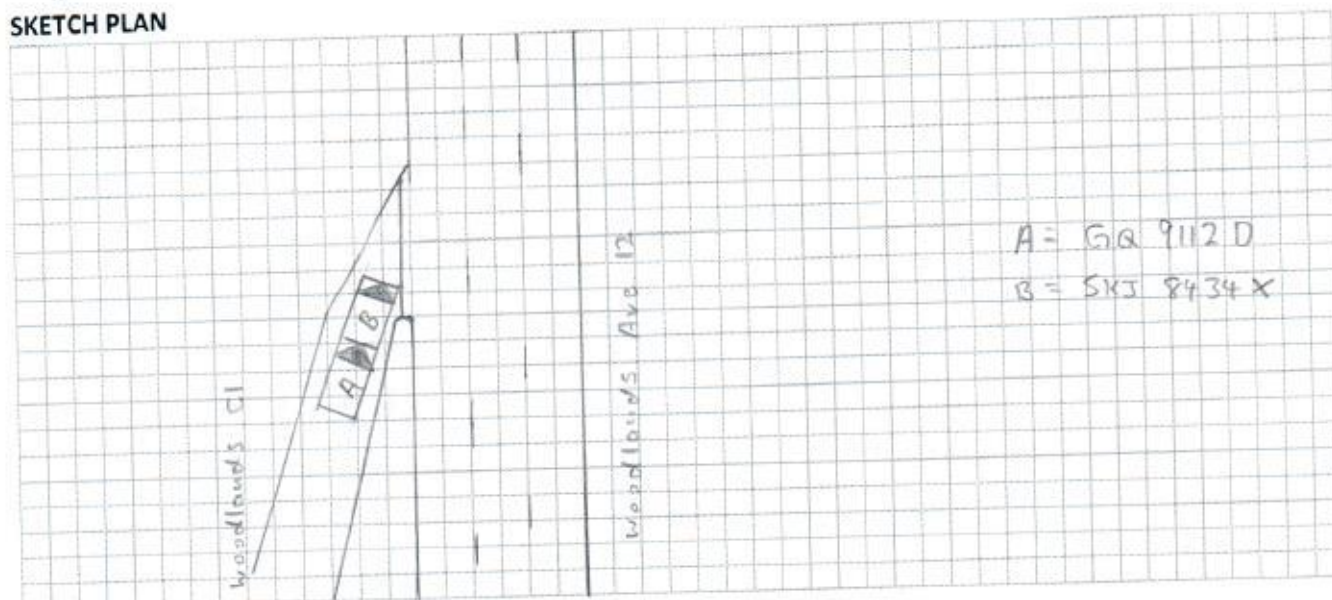
1 Kaki Bukit Ave 6 #01-109, #02-25  
AutoBay@Kaki Bukit, Singapore 417883  
Tel: 6741 9686, 6748 9386 Tel/Fax: 6747 6916

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.

1 Kaki Bukit Ave 6 #01-109, #02-25

AutoBay@Kaki Bukit, Singapore 417883

Tel: 6741 9686, 6748 9386 Tel/Fax: 6747 6918

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. S8576057B



Name  
**CHONG KEAN FEI**

张 健 辉

Race  
**CHINESE**

Date of birth  
**13-12-1985**

Sex  
**M**

Country of birth  
**MALAYSIA**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8576057B**

Name  
**CHONG KEAN FEI**

Birth Date **13 Dec 1985**

Issue Date **21 Dec 2009**




8947066



NRIC No. **S8576057B**



Nationality  
**MALAYSIAN**

Date of issue  
**14-07-2008**

APT BLK 627 WOODLANDS AVENUE 6 #07-854  
SINGAPORE 730627

NRIC No: **S8576057B** Date: **03/11/2017**

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

	PASS DATE
Class 2B Motorcycles <= 200 CC	21 Dec 2009
Class 2 Minor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/tractors <= 2500 kg	21 Dec 2009
Class 4A Omnibuses	16 Jun 2014

S8576057B S / No. 9000205289

Licence No: **S8576057B**



NP 428A

eBaoTech

General Claim

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"/>	5075956996-01	PAUL HOE BATTERIES & MOTOR SERVICES	52832652W	GCV	Third Party	GQ9112D	GQ9112D	29/12/2016	28/12/2017

## Claim Handling

Accident MT/0974552

Policy No.	5075956996-01	Vehicle No.	GQ9112D	GST Registration No.	
Policyholder Name	PAUL HOE BATTERIES & MOTOR SERVICES	Cover Type	Third Party	Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURAI	Contact No.(Office)		Loading	
Contact No.(Mobile)	67489385	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(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

<b>Accident Details</b>		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Report Date	20/12/2017 16:27	Time of Accident hh:mm	14:30	Country of Accident	Singapore
Date of Accident	20/12/2017	Grange Force		ICM No.	
Reporting Centre					
Accident Location	WOODLANDS CLOSE EXIT TO WOODLANDS AVE 12				

<b>Benefits</b>					
<b>Excess</b>					Windscreen Excess
Own damage Excess	0.00	Additional Excess			
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					

<b>Policyholder Mailing Address</b>					
Address 1	1 KAKI BUKIT AVENUE 6	Address 2	#01-109 AUTOBAY @ KAKI BUK	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5084647802-01		

<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	CHONG KEAN FEL	Driver NRIC	S8576057B	Driving Experience	
Register Date of Driver License	21/12/2009	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	98069773	Contact No.(Office)		Address 3	
Address 1	BLK 627 #07-854	Address 2	WOODLANDS AVENUE 6	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	07-854	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

<b>Declaration</b>					
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	PAUL HOE BATTERIES & MOTOR	Insured NRIC	
Contact No.(Mobile)	96235068	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GQ9112D	TP Vehicle Number	
Claim Description	GQ9112D / SKJ8434X ON 20 Dec 2017				
Preferred Workshop Contact No.	0	Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	20/12/2017 16:30	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AX letter					

Save Submit

## Attachment

Accident No.	MT/0974552	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/12/2017 16:31
Path *		Category *	Confidential
			Urgency
			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
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Release Report

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 16:33	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 16:31	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 16:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 16:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 16:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 16:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 16:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 16:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 16:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 16:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 16:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 16:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 16:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 16:30	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Dec 2017 16:30	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading