

Date In	27/12/17 13:49	Job description	Date & Time Completed	Done by
Ref No	MA11MC170244281h4	SAS e-filing		
Veh No	SKA 2412X	E-mail (write 8/10/10/10/10)		
D.O.A	27/11/17 19:00	1-Motor Claim Form	MT10967550	27/12/17 14:19
OD	TP / Repair Only	1-Motor W/O (write OD 10/10/10/10/10)		
		1-Photo Uploaded		
TP Insurer		Assessment Survey Report		
		Ass't Report by Fax / Hand to	Owner / Wagon	

Preferred Wksp / INC Assign Wksp / QW:

Tel:

Fax:

TP Particulars:

Veh No:

SLA 5895D

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

MA1708005

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:-

Sat 1:

Sat 2/3:

1) AR: Accident Reporting (\$30)

30.00

2) DA: Damage Assessment (\$100) INC (\$30)

3) TP: Towing Per \$40 \$40

4) FT: Follow-Through Survey \$100

5) FT: Follow-Through Survey+Resurvey \$50

For claiming against NCD, only used (6 Jan 2017)

6) TR: Re-inspection \$70

7) N1: Idac DA - SMRI Survey \$180

8) NTUC Additional Services:

OR:

*N5: Courtesy Car, Tpt Allowance \$2

*N6: Repair Coordination \$10

*N7: Post Repair Inspection \$20

*N8: DV: Collect Surveys Coordination \$2

TP/DA: TP/DA & INC against D-C \$20

9) N12: Idac Mobile \$1

Invoice dated

Fee Charges

Invoice dated

Fee Charges

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	27/12/2017 13:49
Date Of Accident	27/10/2017 19:00
Exact Location Of Accident	NEW UPPER CHANGI RD AFTER KOH SEK LIM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA2412X
Insured/Policyholder	
Name Of Registered Owner	SURYAA KANT GUPTA
NRIC No	S9190674J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86156334
Alternative Phone No	OFFICE-86156334

Vehicle Particulars

Manufacturer	AUDI
Model	A8L 3.0 TFSI QU (SR+HID)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078409243-01
Cover Note Number	-

Driver

Name of Driver	MOHD YAZID BIN JAAFAR
NRIC No	S1425779I
Date Of Birth	29/07/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/01/1982
Driving Experience	35 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86156334
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 131 CHOA CHU KANG AVE 1 #10-18
Postcode	680131
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	DRIZZLING
Road Surface	ABIT WET

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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

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 NEW UPPER CHANGI ROAD, AFTER CHANGING FROM THE EXTREME LEFT LANE INTO SECOND LANE. VEH INFRONT OF ME MAKE A SUDDEN JAMMED BRAKE, I MANAGE MY BRAKE BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH COLLIDED 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	SLA5895D
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)

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.:

Koh Sek Lim Rd

New Upper Changi Rd

A = SKA 2412X
B = SLA 5895D

Please Refer to Statement

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

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S14257791**

Name: **MOHD YAZID BIN JAAFAR**

Birth Date: **29 Jul 1960**

Issue Date: **23 Dec 2002**

000056143C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S14257791**



Name: **MOHD YAZID BIN JAAFAR**

محمد يازيد بن جعفر

Race: **MALAY**

Date of birth: **29-07-1960**

Country/Place of birth: **SINGAPORE**

Sex: **M**

S14257791

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **06 Jan 2007**

Licence No: **S14257791**



NP 428A

5328653



NRIC No. **S14257791**



Date of issue: **18-07-2014**

APT BLK 131 CHOA CHU KANG AVENUE 1 #10-18
SINGAPORE 680131

NRIC No: **S14257791**

Date: **02/10/2018**

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)

SKA2412X

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☒	5078409243-01	SURYAA KANT GUPTA	S9190674J	GPC	drive CLASSIC	SKA2412X	SKA2412X	29/03/2017	28/03/2018

Claim Handling

Accident MT/0967550

Policy No.	5078409243-01	Vehicle No.	SKA2412X	GST Registration No.	
Policyholder Name	SURYAA KANT GUPTA			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	☒ No ☐ Yes	TCA	☒ No ☐ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Not available
Accident Details					
Report Date	30/10/2017 15:06	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	27/10/2017	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AT NEW UPPER CHANGI RD TWDS CHANGI RD AFTER KOH SEK LIM RD				
Benefits					
Coverage				Sum Insured	2000
Accessory					
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	1 EASTWOOD DRIVE	Address 2	SINGAPORE 486528	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5078409243-01		
01 Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRJC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	☒ Yes ☐ No	Driver Vehicle No.		Driver Insurer Company	
Modification History					

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	SURYAA KANT GUPTA	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SKA2412X	TP Vehicle Number	
Claim Description	SKA2412X / SLA5895D ON 27 Oct 2017				Name of Preferred Workshop
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	27/12/2017 14:18	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
☒ Print AK letter					

Save Submit

Attachment

Accident No.	MT/0967550	Claim No.	002	
Last Doc. Received	☒ Yes ☐ No	Upload Date	27/12/2017 14:19	
Path *		Category *	Confidential	Urgency
		Please Select	NO	Normal
		Please Select	NO	Normal

Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal
Browse...	Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:19	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:19	SAS	Normal	SAS ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:19	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:18	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Dec 2017 14:18	Photos	Normal	Photos

Video List

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