

Date In: 29/12/17 13:43	Job description	Date & Time Completed	Done by
Ref No: NA/ INC 17024677 1h4	SAS e-filing		
Veh No: SJE 4300 M	E-mail (within 8hrs; AIC 2hrs)		
D.O.A: 29/12/17 08:50	i-Motor Claim Form	MT10975629	29/12/17 14:33
OD <input checked="" type="checkbox"/> / Reporting 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: SLU 2826T	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

NA1708039	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee (\$40) \$40		
Damaged Portion:	4) FT: Follow-Through Survey (\$120)		
	5) FT: Follow-Through Survey (Resurvey) (\$30)		
	For claiming against INC Only (wef 10 Jan 2002)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA - SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile \$30		
Dat. 2/3:	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	29/12/2017 13:43
Date Of Accident	29/12/2017 08:50
Exact Location Of Accident	ROUNDAABOUT OF SUNTEC CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE4300M
Insured/Policyholder	
Name Of Registered Owner	KENT AUTO SERVICES
Co Reg No	52974332M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97547573

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5083187969-01
Cover Note Number	-

Driver

Name of Driver	PRASONG MAX RUGDEE
NRIC No	S6810207C
Date Of Birth	23/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	17/02/2006
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81111687
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 430 TAMPINES ST 41 #12-525
Postcode	520430
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : VICTORIA GENDER: : FEMALE

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

WHILE TURNING AT THE SUNTEC CITY ROUNDABOUT ON THE CENTER LANE. ALL OF A SUDDEN, I FELT AN IMPACT FROM MY LEFT REAR SIDE, AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO SLU2826T) FROM THE EXTREME LEFT LANE CUT INTO MY LANE AND HIT ONTO MY VEH LEFT 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	SLU2826T
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)

2

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



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
IDENTITY CARD NO. S6810207C



Name

PRASONG MAX RUGDEE

Race

THAI

Date of birth

23-03-1968

Sex

M

Country of birth

SINGAPORE

S6810207C

PUBLIC OF SINGAPORE DRIVING LICENCE

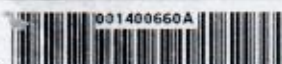
Licence Number: S6810207C

Name

PRASONG MAX RUGDEE

Birth Date: 23 Mar 1968

Issue Date: 17 Feb 2006



NRIC No. S6810207C



Date of issue

28-12-2010

Address

APT BLK 430 TAMPINES STREET 41
#12-525
SINGAPORE 520430

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 17 Feb 2006



NP 428A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5083187969-01

Cover : Third Party

- | | |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle | : SJE4300M |
| Chassis Number | : NZE1416072211 |
| 2. Name of Policyholder | : KENT AUTO SERVICES |
| 3. Effective Date of Insurance | : 23 Aug 2017 |
| 4. Expiry Date of Insurance | : 22 Aug 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : LOMEN INSURANCE AGENCY (00000591412)

Date of Issue : 07 Aug 2017 16:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

The premium on this policy has not been collected.

Accident MT/0975629

Policy No.	5083187969-01	Vehicle No.	SJE4300M	GST Registration No.	
Policyholder Name	KENT AUTO SERVICES			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	97547573	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
Report Date	29/12/2017 14:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Chang
Date of Accident	29/12/2017	Time of Accident hh:mm	08:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ROUNABOUT OF SUNTEC CITY				
▼ Benefits					
▼ Excess					
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
▼ GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
▼ Policyholder Mailing Address					
Address 1	2 KAKI BUKIT AVENUE 2	Address 2	#01-21 KAKI BUKIT AUTOHUB	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5083187969-01		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	PRASONG MAX RUGDEE	Driver NRIC	S6810207C	Driver Experience	
Register Date of Driver License	17/02/2006	Driver Age	49	Contact No.(Home)	
Contact No.(Mobile)	81111687	Contact No.(Office)		Address 3	
Address 1	BLK 430 #12-525	Address 2	TAMPINES STREET 41	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	12-525				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001	New
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Claim Type *	OD-MX	Insured Name	KENT AUTO SERVICES	Insured NRIC
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	SJE4300M	TP Vehicle Number
Claim Description	SJE4300M / SLU2826T ON 29 Dec 2017			Name of Preferred Workshop
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received
Date Registered	29/12/2017 14:31	Claim Close Date		
Report Taken By	LIEW SHAN HUI			
<input checked="" type="checkbox"/> Print AK letter				
			Save	Submit

Attachment

Accident No.	MT/0975629	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/12/2017 14:33		
	Path *		Category *	Confidential	Urgency

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:33	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:33	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:33	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:33	Photos	Normal	Photos
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:31	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Dec 2017 14:31	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>