

[mirrored text]

Date In: 05/01/2018 17:37	Job description	Date & Time Completed	Done by
Ref No: NBB/INC18000356/Y	SAS e-tiling		
Veh No: S65 5773L	E-mail (within 2 hrs, A/C 2 hrs)		
D.O.A: 05/01/2018 08:55	f-Motor Claim Form	m/10976588	05/01/2018
OD / TP <u>Reporting Only</u>	f-Motor W/O (within 24 hrs, TP 2 hrs)		18:01
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ()
 TP Particulars: Yell No: **SJF 4247D** INC () / Non-INC ()
 Owner / Drivers: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: ()
 Insured/Driver Liability: () % (Note: Bsl. Status (WO): N: 0-20%; P: 21-79%; P: 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 repeller.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Work Item	Due Date	Completed	Done by
1) Apply for Transit Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection (Claim Form)			
3) Upload Recovery Photo (Repair Cost > \$3000) NC or (M) Reports			

[illegible]

NA/800/65		Invoice Preparation Checklist	Yours	Mine
			Bill	Ref. Bill
Human's Particulars:		1) AR: Accident Reporting (\$30)		
Driver/Owner:		2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:		3) TP: Towing Fee	\$40/\$45	
Damage Portion:		4) FT: Follow Through Survey	\$150	
		5) RT: Follow Through Survey (Resurvey)	\$20	
		Excluding against INC Only (w/ 10 Jan 2003)		
		6) TR: Re-inspection	\$75	
		7) NI: Idas DA + SMRT Survey	\$160	
		8) NTUC Additional Services:		
		Q11:		
		*N3: Courtesy Car / Tpl Allowance	\$5	
		*N6: Repair Coordination	\$10	
		*N7: Post Repair Inspection	\$15	
		*N8: DY / Collision Usses Coordination	\$5	
		TP (N11) / TP (N14) against INC	\$20	
		9) N12: Idas Mobile	10	
		Invoice dated	Not Charged	
		Invoice valid	Not 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	05/01/2018 17:37
Date Of Accident	05/01/2018 08:55
Exact Location Of Accident	AT FORT CANNING CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS5773L
Insured/Policyholder	
Name Of Registered Owner	LEE NGENG GUEK
NRIC No	S1408252B
Email Address	DIX-CHEN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97863135
Alternative Phone No	OTHERS-97264341

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	GATHERING
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	5088384799
Cover Note Number	

Driver

Name of Driver	CHEN TUCONG DIX
NRIC No	S9644410I
Date Of Birth	29/11/1996
Occupation	INDOOR
Date Of Driving Pass	04/01/2016
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97264341
Fax Number	
Contact Number	OTHERS-97863135
Email Address	DIX-CHEN@HOTMAIL.COM

Address	BLK 471 CHOA CHU KANG AVENUE 3 #13-127
Postcode	680471
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	4
Passenger 1	NAME: : KINO LOH GENDER: : MALE
Passenger 2	NAME: : FOONG ZE KAI GENDER: : MALE
Passenger 3	NAME: : CHONG YIN HONG 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

PLEASE REFER TO SKETCH PLAN

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	SJF4247D
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	87512641

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.
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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:

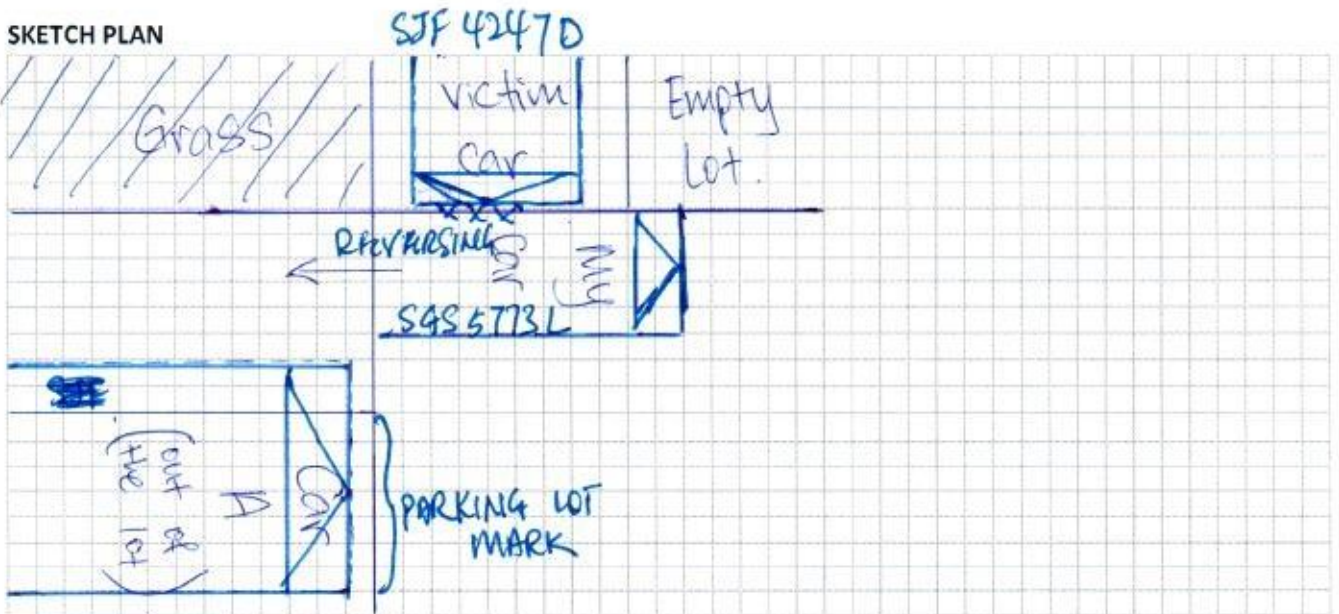
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 05/01/18
1700hrs.


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was finding a parking lot. However, I was anxious as I am running late for my event. I saw one empty lot and I tried to park. My first try failed. However, during second attempt I thought I was able to enter.

Afterwards, I heard a scratch sound and my friends told me to stop reversing. The victim was present and hostile initially, told me to get off the car. we exchanged our contact number and he took several photos and my driving license.

Afterwards, I went ahead to park again. However, we realised the parking lot is too narrow. The other car, labelled as "car A" parked out of the lot. Hence, my car was led to scratch the side of the victim bumper.

I went to park at another lot and we left the scene.

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: 05/01/18
1700hrs.

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

Claim Handling

Accident MT/0976588

Policy No.	5088384799	Vehicle No.	SGS5773L	GST Registration No.	
Policyholder Name	LEE NGENG GUEK			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	97863135	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<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	Not available
Accident Details					
Report Date	05/01/2018 17:55	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Par
Date of Accident	05/01/2018	Time of Accident hh:mm	08:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AT FORT CANNING CARPARK				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 471 #13-127	Address 2	CHOA CHU KANG AVENUE 3	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5088384799		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	CHEN TUCONG DIX	Driver NRIC	S9644410I	Driving Experience	
Register Date of Driver License	04/01/2016	Driver Age	21	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	BLK 471 #13-271	Address 2	CHOA CHU KANG AVENUE 3	Post Code	
Address 4		Address Type	Foreign address		
Unit No.	13-271				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SGS5773L	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**

Claim Type *	OD-MX	Insured Name	LEE NGENG GUEK	Insured NRIC		
Contact No.(Mobile)	97863135	Contact No.(Home)	67694035	Contact No.(Office)		
Email Address	mar_leeng@hotmail.com	OI Vehicle Number	SGS5773L	TP Vehicle Number		
Claim Description	SGS5773L / SJF4247D ON 5 Jan 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received		
Date Registered	05/01/2018 18:00	Claim Close Date				
Report Taken By	ROSLI WAHAB					
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/0976588	Claim No.	001	Confidential	Urgency
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/01/2018 18:01		
Path *	Category *				
	Browse...	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_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Jan 2018 18:01	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Jan 2018 18:01	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Jan 2018 18:00	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Jan 2018 18:00	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Jan 2018 18:00	Photos	Normal	Photc
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Jan 2018 18:00	Photos	Normal	Photc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 05 Jan 2018 18:00	Photos	Normal	Photc

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 05 / 01 / 2018 (DD/MM/YYYY), TIME: 08 : 55 (HH:MM)

LOCATION: Fort Canning Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGS 5773 L
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5088384799
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Altis
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Gathering / Conesion
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LEE NGENG GIVER (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1408252B CONTACT: 97863135
 c) ADDRESS: BLK 471 Choa Chu Kang Avenue 3
#13-127 Singapore 680471

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHEN TUONG DIX (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S96444101 CONTACT: 97264341
 c) ADDRESS: BLK 471 Choa Chu Kang Avenue 3
#13-127 Singapore 680471

* d) DATE OF BIRTH: 29 / 11 / 1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 04 / JAN / 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Mother

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJF 4247 D MODEL: Mitsubishi Lancer
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT: 87512641

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = dix-chen@hotmail.com

Fax =


VIDEO

Kino Loh m
 Foong Ze Kai m
 Chong Yin Hong m

* No of passenger
 (Including driver)
(2)


* No of passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
()

 **SINGAPORE ARMED FORCES**
IDENTITY CARD

Name
CHEN TUONG DIX

NRIC No
S96444101



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S96444101**
Name
CHEN TUONG DIX

Birth Date: **29 Nov 1996**
Issue Date: **04 Jan 2016**




GENALTOISGPJ1054519B0116 00000050284886

NRIC No./Colour
S96444101/ PINK

Race
CHINESE

Date Of Birth
29/11/1996

Service Status
NSF

Address
**Blk 471 CHOA CHU KANG AVENUE 3
#13-127 SINGAPORE 680471**

Blood Group
B (+)

Country Of Birth
SINGAPORE

Military Rank Status
ENLISTEE

Sex
M



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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 04 Jan 2016

NP 428A



eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

[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"/>	5088384799	LEE NGENG GUEK	S1408252B	GPC	Third Party	SGS5773L	SGS5773L	16/03/2017	18/03/2018