

Date In: 15/1/18 11:34	Job description	Date & Time Completed	Done By
Ref No: NAI/INC 180008371h4	SAS e-filing		
Veh No: SLC 61432	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 13/1/18 14:50	I-Motor Claim Form	M71 0977937	15/1/18 17:50
OD <input checked="" type="checkbox"/> TP / 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:

SLJ 7228 U

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

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Sat 1:

Sat 2 / 3:

MA 1800367

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

In Bill

Add Bill

1) AR: Accident Reporting (\$30);

30.00

2) DA: Damage Assessment (\$100); INC (\$80)

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 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

Q1:

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Express Coordination \$5

*N11: TP (Non INC) against INC \$20

9) N12: Idac Mobile \$30

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	15/01/2018 11:34
Date Of Accident	13/01/2018 14:50
Exact Location Of Accident	AMK ST 22
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC6143Z
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	RAYNLMAN SERVICES
Co Reg No	53358126E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97432314

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089362082
Cover Note Number	-

Driver

Name of Driver	MUHAMMAD TAUFIK BIN OMAR
NRIC No	S1792880E
Date Of Birth	13/05/1967
Occupation	OUTDOOR
Date Of Driving Pass	05/11/1987
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97432314
Fax Number	
Contact Number	
Email Address	NOEMAIL

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.
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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.

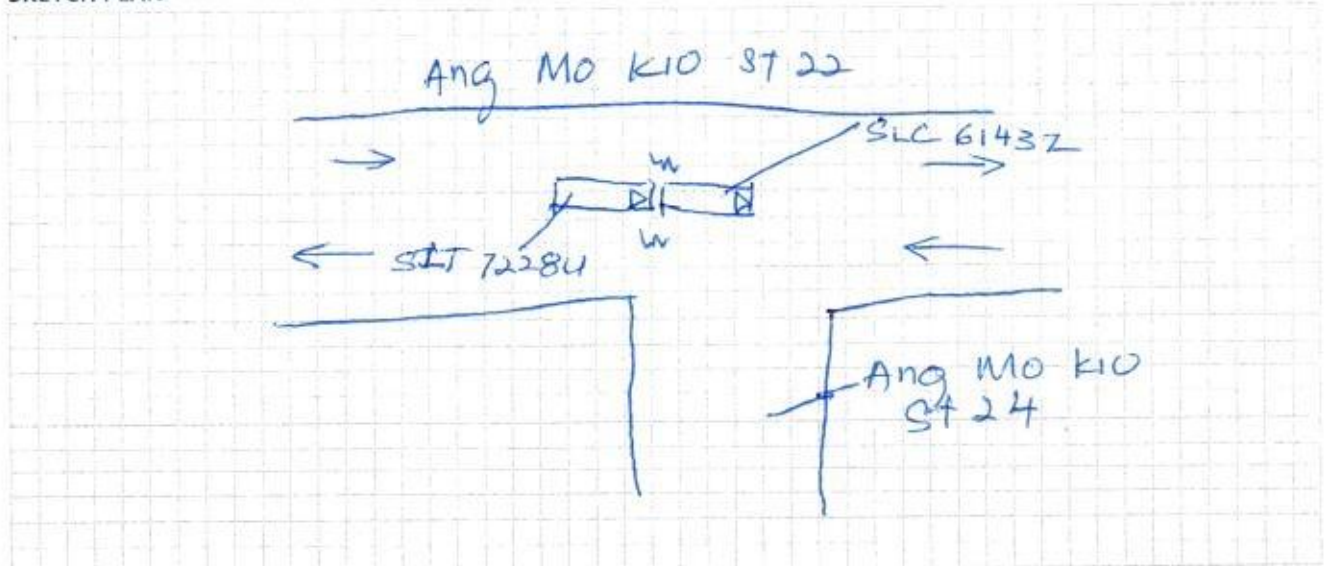
RAYN1MAN SERVICES
Co Reg No: 53358126E

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

I was traveling along Ang Mo Kio St 22 and slowing down at the T Junction of Ang Mo Kio St 22 and Ang Mo Kio St 24. When I came to a stop and just before moving to make a turn I was knocked from behind by Mr Tan Chew Meng who is driving a red honda car with a registered plate number SLT 7228U. It was drizzling and the road condition was wet at that moment.

DECLARATION

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

RAYN1MAN SERVICES
Co Reg No: 53358126E

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.:

VEHICLE NO : <u>SLC 6143Z</u>		MAKE/MODEL : <u>T. Wish</u>	
Date of Accident : <u>13.1.18</u>	Time : <u>2.50 PM</u>	TYPE OF ACCIDENT : <u>Head to Rear</u>	
Location of Accident : <u>ANG MO KIO ST 22.</u>			
Country of Loss : <u>SPAIN</u>	Foreign Vehicle Involved : YES / <u>NO</u>		
Vehicle Damaged : <u>Rear</u>	Foreign Vehicle No : _____		
OD / TP / REPORTING		No. of Vehicles Involved : <u>1</u>	
INSURANCE CO : <u>INCOME</u>	Was There Any Witness : YES / <u>NO</u>		
Coverage : <u>Comprehensive / TPFT / Third Party Only</u>	Name of Witness : _____		
Policy No : <u>5089362082</u>	Contact No : _____		
Fleet Policy : YES / <u>NO</u>			
NAME OF OWNER / CO : <u>RAYNIMAN SERVICES</u>		OTHER VEHICLES	
NRIC / Co's Reg No. : <u>53358126 E</u>	VEHICLE B : <u>SLJ 7228U</u>		
Address : <u>Blk 188, #04-281 Punggol Central (870188)</u>	Category : _____		
Contact / Mobile No : <u>97432314</u>	Driver's Name : <u>TAN CHEW MENG</u>		
Email Address : _____	NRIC No : <u>S7735554 E</u>		
Date of Birth : <u>13.5.1967</u>	Contact No : _____		
Gender : <u>M</u> / F	No. of Passenger : <u>unknown</u>		
NAME OF DRIVER :	VEHICLE C :		
NRIC No : <u>MUHAMMAD TAUFIK B. OMAR</u>	Category : _____		
Address : <u>Blk 188, #04-281 Punggol Central</u>	Driver's Name : _____		
Contact / Mobile No : <u>97432314</u>	NRIC No : _____		
Email Address : _____	Contact No : _____		
Date of Birth : <u>13.5.1967</u>	No. of Passenger : _____		
Gender : <u>M</u> / F	VEHICLE D :		
LICENSE PASSED DATE : <u>5.11.1987</u>	Category : _____		
Occupation : <u>Indoor / Outdoor</u>	Driver's Name : _____		
Relation with Owner : <u>owner</u>	NRIC No : _____		
	Contact No : _____		
	No. of Passenger : _____		
Does Driver Own Any Other Veh ? YES / <u>NO</u>			
Vehicle Reg No : _____			
Insurance Co : _____			
Weather Condition : <u>Clear</u> / <u>Raining</u> / Others			
Road Surface : <u>Dry</u> / <u>Wet</u> / Others			
INJURED : YES / <u>NO</u>			
Name of Injured : _____	Police Report : YES/NO		
Convey To Hospital by Ambulance : YES / NO	If YES, Where : _____		
NO. OF PASSENGERS : <u>NIL</u>			
Name of Passenger : _____	M / F	INJURED?	YES/NO
Name of Passenger : _____	M / F	INJURED?	YES/NO
Name of Passenger : _____	M / F	INJURED?	YES/NO
Name of Passenger : _____	M / F	INJURED?	YES/NO
REMARKS : _____			
Name of Workshop : <u>Success United Pte Ltd.</u>	Contact No : _____		
Address : _____	Email : _____		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S1792880E**

Name **MUHAMMAD TAUFIK BIN OMAR**

Birth Date **13 May 1967**

Issue Date **13 Mar 2012**

002050399D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1792880E



Name

MUHAMMAD TAUFIK BIN OM

Race
MALAY

Date of birth
13-05-1967

Sex
M

S1792880E

Country of birth
SINGAPORE

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	16 May 1988
Class 2A Motorcycles between 201 cc and 400 cc	06 Jan 1995
Class 2 Motorcycles > 400 cc	27 Feb 2007
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	05 Nov 1987
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	25 May 2001

NP 428A



426

NRIC No. **S1792880E**



Date of issue
22-07-2008

Address
**APT BLK 188 PUNGGOL CENTRAL
 #04-281
 SINGAPORE 820188**

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 : 5089362082

Cover : Comprehensive

- | | |
|--|---|
| 1. Index mark and Registration Number of Vehicle | : SLC61432 |
| Chassis Number | : JTDGG20W60J003912 |
| 2. Name of Policyholder | : RAYNLIN SERVICES |
| 3. Effective Date of Insurance | : 28 Mar 2017 |
| 4. Expiry Date of Insurance | : 19 May 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. | |
| (b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. |

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)	: S\$2,000
EXCESS (SECTION 2)	: S\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : AON SINGAPORE PTE LTD (00000691150)
 Date of Issue : 29 Mar 2017 11:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive

Claim Handling

Accident MT/0977937

Policy No.	5089362082	Vehicle No.	SLC6143Z	GST Registration No.	
Policyholder Name	RAYNLNMAN SERVICES			Policyholder NRIC	5331
Product Code	COMMERCIAL VEHICLE INSURAT	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	97432314	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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	15/01/2018 17:40	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	13/01/2018	Time of Accident hh:mm	14:50	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	AMK ST 22				

▼ Benefits

▼ Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			

▼ GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

▼ Policyholder Mailing Address

Address 1	BLK 188 #04-281	Address 2	PUNGGOL CENTRAL	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	820
Unit No.	04-281	Related Policy Number	5089362082		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD TAUFIK BIN OMAR	Driver NRIC	S1792880E	Driver DOB	13/01/1987
Register Date of Driver License	05/11/1987	Driver Age	50	Driving Experience	30
Contact No.(Mobile)	97432314	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 188 #04-281	Address 2	PUNGGOL CENTRAL	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	820
Unit No.	04-281				
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		
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	RAYNLNMAN SERVICES	Insured NRIC	5331
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SLC6143Z	TP Vehicle Number	SLJ7228U
Claim Description	SLC6143Z / SLJ7228U ON 13 Jan 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	15/01/2018 17:48	Claim Close Date		Date Received	15/01/2018
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Attachment

1/15/2018

Claim Handling(accident reporting Claim Task)

Accident No.

MT/0977937

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

15/01/2018 17:50

Path *

[Choose File](#) No file chosen

[Choose File](#) No file chosen

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[Choose File](#) No file chosen

[Message Read](#)

Category *

Confidential

Urgency *

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 17:50	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 17:50	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 17:50	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 17:49	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 17:49	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 17:49	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 17:49	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 17:49	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Jan 2018 17:49	Photos	Normal	Photos 20:

Video List

Uploaded By/Date	Folder Date	File Name	Source
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[Display in New Window](#)[Scan and uploading](#)

Address	BLK 188 PUNGGOL CENTRAL #04-281
Postcode	820188
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	RAINING
Road Surface	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)	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

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	SLJ7228U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHEW MENG
NRIC/Passport Number	S7735554E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	