

Date In: 30/11/18 13:29	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC18001798/64	E-mail (within 3hrs, AIC 2hrs):		
Veh No: SLU 7369 R	i-Motor Claim Form: M710980135	30/11/18 14:38	
D.O.A: 30/11/18 08:50	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		
OD: <input checked="" type="checkbox"/> Reporting Only	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: SFM 1598 X 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

	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) 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/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	6) TR: Re-inspection \$75		
Date 1:	7) N1: Idas DA + SMRT Survey \$160		
Date 2/3:	8) NTUC Additional Services -		
	9) N12: Idas Mobile		
	10) N5: Courtesy Car / Tpl Allowance \$5		
	11) N6: Repair Co-ordination \$10		
	12) N7: Post Repair Inspection \$25		
	13) N8: DV / Collect Excess Coordination \$5		
	14) N11: TP (Non-INC) against INC \$20		
	15) N12: Idas Mobile \$0		
	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 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	30/01/2018 13:29
Date Of Accident	30/01/2018 08:50
Exact Location Of Accident	CENTRAL BLVD NEXT TO ASIA SQUARE TOWER 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU7368R
Insured/Policyholder	
Name Of Registered Owner	CHANG CHIA JOO (ZHENG JIARU)
NRIC No	S8508596D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98224534
Alternative Phone No	OFFICE-98224534

Vehicle Particulars

Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NQ
Policy Number	5097426353
Cover Note Number	-

Driver

Name of Driver	CHANG CHIA JOO (ZHENG JIARU)
NRIC No	S8508596D
Date Of Birth	26/03/1985
Occupation	INDOOR
Date Of Driving Pass	24/05/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98224534
Fax Number	
Contact Number	OFFICE-98224534
Email Address	NOEMAIL

Address BLK 225 SERANGOON AVE 4 #08-113
 Postcode 550225
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 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: : SEAH WEI CHIN
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name HOUGANG NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 ,
 COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2869999 - FAX NO: 63822066
 Was notice of intended Prosecution given? NO
 If Yes, against whom? *

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 SFM1598X
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address *
 Postcode

Insurance Company Name	2
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.



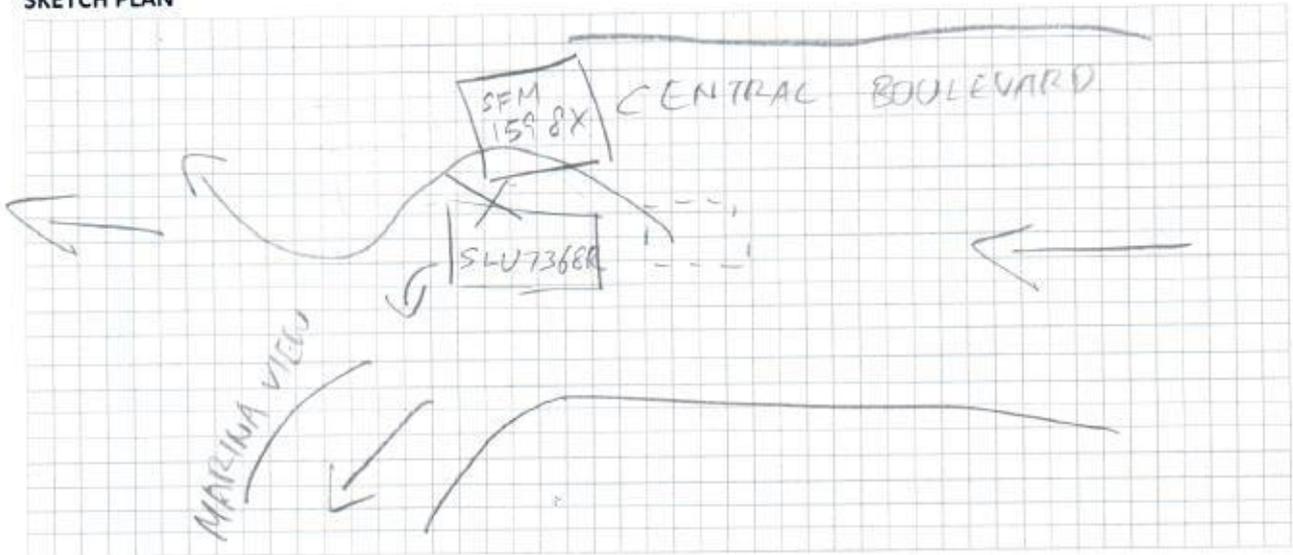
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



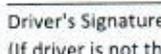
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:



Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU7368R	NTUC Income Insurance Co-Operative Limited	5097426353	16/01/2018	15/01/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHANG CHIA JOO	ID No.	S8508596D
Related Vehicle	SLU7368R (Car)	Contact No.	98224534
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/01/2018 at about 0850hrs, I was driving along central boulevard in my car bearing registration number SLU7368R with my wife namely, Seah Wei Chin HP: 96729357. There was heavy traffic at that point of time and I was at the third lane of the road. Just as I was about to switch lane to the left, a car bearing registration number SFM1598X that was behind me at the third lane squeezed in between the third and second lane and tried to overtake me.

When the car was squeezing through, the said car bang against my driver's side mirror. I was shocked and immediately take note of the car plate number. The driver of the said car did not stop upon colliding and simply just drove off heading towards Cross street.

I wish to inform that my wife sitting beside me can serve as a witness as she witnessed the whole incident. I am making this police report as the driver did not stop and this is the first time such incident happened to me.



**SINGAPORE
POLICE FORCE**



T/20180130/2058

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

3 of 3

Report No. T/20180130/2058

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 2 MUHAMMAD IZZUWAN BIN SYED	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/01/2018 12:51
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt LIM WOON TIONG Contact No.: 65476418	Classification Of Case: 
Authentication Stamp NP168	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8508596D**
 Name:
CHANG CHIA JOO
(ZHENG JIARU)

Birth Date: **26 Mar 1985**
 Issue Date: **24 May 2005**

061343400G




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S8508596D**

Name
CHANG CHIA JOO
(ZHENG JIARU)
 鄭 傢 茹

Race
CHINESE

Date of birth: **26-03-1985** Sex: **M**

Country of birth
SINGAPORE

58508596D




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

Class	Description	PASS DATE
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors / vehicles =< 2500 kg	24 May 2005

Licence No: **S8508596D**



NP 428A

4721397



NRIC No. **S8508596D**



Date of issue
18-05-2011

Address
APT BLK 225 SERANGOON AVENUE 4
#08-113
SINGAPORE 550225

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097426353	CHANG CHIA JOO (ZHENG JIARU)	S8508596D	GPC	drive CLASSIC	SLU7368R	SLU7368R	16/01/2018	15/01/2019

Continue

Claim Handling

The premium on this policy has not been collected.

Accident MT/0980135

Policy No.	5097426353	Vehicle No.	SLU7368R	GST Registration No.	
Policyholder Name	CHANG CHIA JOO (ZHENG JIARU)	Cover Type	drivo CLASSIC	Policyholder NRIC	S8501
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	98224534	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="No"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	30/01/2018 14:34	Accident Report Within 24 hrs	Yes	Accident Type	Side S
Date of Accident	30/01/2018	Time of Accident hh:mm	08:50	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	CENTRAL BLVD NEXT TO ASIA SQUARE TOWER 1				

Benefits

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	BLK 225 #08-113	Address 2	SERANGOON AVENUE 4	Address 3	SING
Address 4		Address Type	Singapore address	Post Code	5502
Unit No.	08-113	Related Policy Number	5097426353		

OI Driver Info

Driver Name	CHANG CHIA JOO (ZHENG JIARU)	Driver Type	Main Driver	Driver DOB	26/03
Unnamed Driver Name		Driver NRIC	S8508596D	Driving Experience	12
Register Date of Driver License	24/05/2005	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	98224534	Contact No.(Office)		Address 3	SING
Address 1	BLK 225 #08-113	Address 2	SERANGOON AVENUE 4	Post Code	5502
Address 4		Address Type	Singapore address		
Unit No.	08-113	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

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	CHANG CHIA JOO (ZHENG JIARU)	Insured NRIC	S8501
Contact No.(Mobile)	98224534	Contact No.(Home)	62858306	Contact No.(Office)	
Email Address	anthonychang85@gmail.com	OJ Vehicle Number	SLU7368R	TP Vehicle Number	SFM1
Claim Description	SLU7368R / SFM1598X ON 30 Jan 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Recei
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	30/01
Date Registered	30/01/2018 14:37	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save **Submit**

Attachment

Accident No. Claim No.
 Last Doc. Received Yes No Upload Date

Path *	Browse...	Clear	Category *	Confidential	Urgency *
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 14:38	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 14:38	SAS	Normal	SAS 2018-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 14:38	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 14:38	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 14:38	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 14:38	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 14:38	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 14:37	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 14:37	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 14:37	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 14:37	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 14:37	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 14:37	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 30 Jan 2018 14:37	Photos	Normal	Photos 2018

Video List

Uploaded By/Date	Folder Date	File Name	Source