

Date In: 9/2/18 15:48	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18002700164	SAS e-filing		
Veh No: SJE 8505M	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 9/2/18 13:30	i-Motor Claim Form	MT/0981732	9/2/18 16:26.
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: SJE 5325E 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

NA1800899	Invoice Preparation Checklist	Acc (\$)	Adv (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damage Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idea DA - SMPT Survey \$150		
	8) NTUC Additional Services:-		
	QIR		
QC Checked by (Engr-In-Charge):	*N6: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (NI): TP (NI) INC against D&C \$25		
	9) NI: Idea Model \$5		
Auditors' Comments:-	Invoice dated	Fee Charged	
Lat 1:	Invoice dated	Fee Charged	
Lat 2 / 3:			

## 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	09/02/2018 15:48
Date Of Accident	09/02/2018 13:30
Exact Location Of Accident	VICTORIA STREET
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJE8505M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	APEX CAR LEASING
Co Reg No	53337283J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84522042
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	ALLION
Exact Purpose for which vehicle was being used at time of accident	WORK
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5081063948-01
Cover Note Number	-
<b>Driver</b>	
Name of Driver	TAN CHOON CHYE
NRIC No	S1356566Z
Date Of Birth	19/12/1959
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1980
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84522042
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	346A EAST COAST RD
Postcode	428965
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 - HEAD TO REAR
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?	YES
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)	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	SJF5325E
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)	

#### DETAILS OF INJURED PERSON 1

Name	TAN CHOON CHYE
Approximate Age	

Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJE8505M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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.



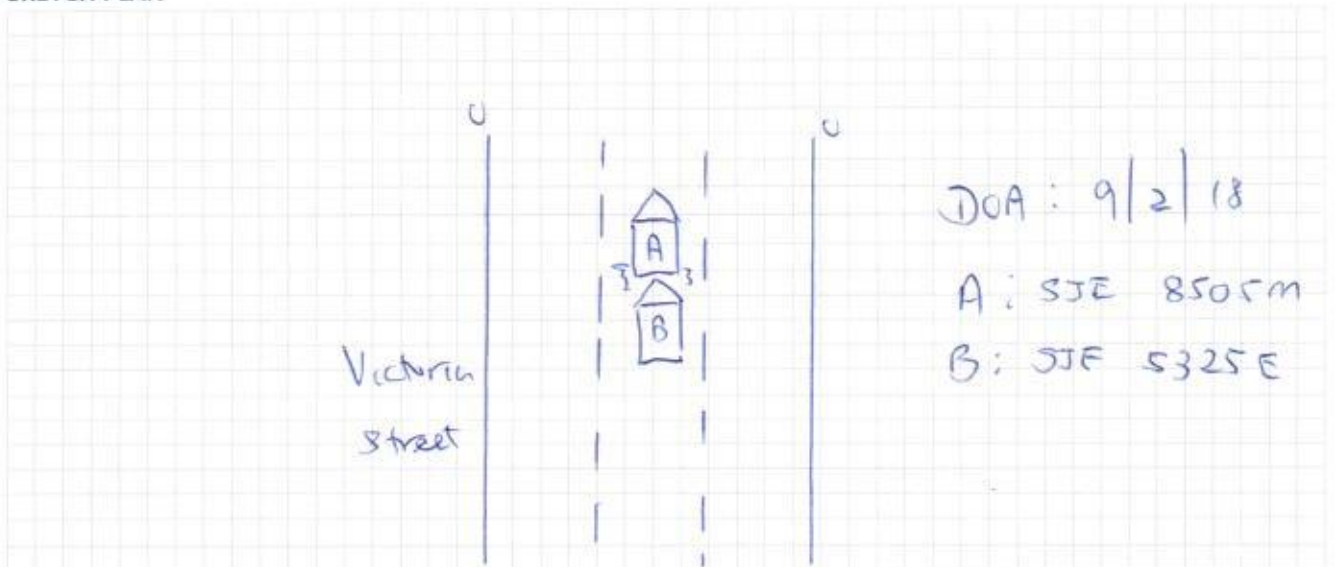
Policyholder's Signature  
Date & Time:

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

stopped stationary due to the traffic light was red,  
 suddenly my veh rear portion being collided by  
 veh B.

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
 Date & Time:



*[Signature]*

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

*[Signature]*

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

### Personal Particulars

Date of Accident: 4/2/18 Time of Accident: 1:30 pm  
Exact Location of Accident: Victoria Street  
Owner's Name: Apex Car Leasing NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
Driver's Name: Tan Choon Chye NRIC No: S13565662 HP No: 84522042  
Date of Birth: 19/12/1959 Driving Licence Passing Date: 4/1/1980 Occupation: Indoor / Outdoor  
Address: 346 A  
Relationship of Driver with Insured: Hire Email Address: \_\_\_\_\_  
Vehicle No: SJE 8505M Make & Model: Toyota  
Insurance Co: NTUC Coverage: Third Party Policy No: 5081063948-01

\*Purpose of Reporting? ☐ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

\*Weather Condition? ☒ Clear / ☐ Raining / Others: \_\_\_\_\_ Wet / ☒ Dry / Others: \_\_\_\_\_

\*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+0 C: \_\_\_\_\_ D: \_\_\_\_\_

\*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: Tan Choon Chye neck & back

\*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: \_\_\_\_\_ Insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes / ☒ No)

### Third Party Driver's Particulars

Vehicle B No: SJF 5325E Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_  
Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

### Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1356566Z



Name  
**TAN CHOON CHYE**

Race  
**陳春財**

CHINESE

Date of Birth  
**19-12-1959**

Sex  
**M**

Country of Birth  
**SINGAPORE**

S1356566Z

REPUBLIC OF SINGAPORE  
Licence No. S1356566Z

AN CHOON CHYE

Birth Date: 19 Dec 1959  
Issue Date: 18 Feb 2003

000285724

4558229

MRIC No. S1356566Z



Date of Issue  
**22-03-2010**

346A EAST COAST ROAD  
SINGAPORE 428965

MRIC No. S1356566Z

Date: 14/10/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

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

Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

PASS DATE  
04 Jan 1960  
18 Aug 1981

Licence No. S1356566Z

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:** 5081063948-01

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SJE8505M**  
Chassis Number : **NZT2603023008**
2. Name of Policyholder : **APEX CAR LEASING**
3. Effective Date of Insurance : **06 Jun 2017**
4. Expiry Date of Insurance : **05 Jun 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 : **INSURE LINK PTE LTD (00000614836)**

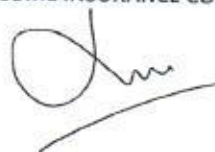
Date of Issue : **02 Jun 2017 14:46 hrs**

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**

Countersigned By:



Authorised Officer



Chief Executive

### Claim Handling

The premium on this policy has not been collected.

Accident MT/0981732

Policy No.		5081063948-01	Vehicle No.		SJE8505M	GST Registration No.		
Policyholder Name		APEX CAR LEASING	Cover Type		Third Party	Policyholder NRIC		53331
Product Code		FLEET INSURANCE	Contact No.(Office)			Loading		0
Contact No.(Mobile)		84522042	Special Remark			Contact No.(Home)		
Email Address			TCA		<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode		<div>Rev</div>
KFK		<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)		0	eCode Reason		
NCD Protection		No				Private Hire		Yes
▼ Accident Details								
Report Date		09/02/2018 16:10	Accident Report Within 24 hrs		Yes	Accident Type		Collision
Date of Accident		09/02/2018	Time of Accident hh:mm		13:30	Country of Accident		Singapore
Reporting Centre			Orange Force			ICM No.		
Accident Location		VICTORIA STREET						
▼ 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			Yes		
GST Registration No.			GST Status Verified					
Modification History								
▼ Policyholder Mailing Address								
Address 1		756 UPPER SERANGOON ROAD	Address 2		#01-33 UPPER SERANGOON SH	Address 3		SINGAPORE
Address 4			Address Type		Singapore address	Post Code		53461
Unit No.		01-33	Related Policy Number		5081063948-01			
▼ OI Driver Info								
Driver Name		Unnamed Driver	Driver Type		Unnamed Driver	Driver DOB		19/12
Unnamed driver Name		TAN CHOON CHYE	Driver NRIC		S1356566Z	Driving Experience		38
Register Date of Driver License		04/01/1980	Driver Age		58	Contact No.(Home)		
Contact No.(Mobile)		84522042	Contact No.(Office)			Address 3		SINGAPORE
Address 1		346 EAST COAST ROAD	Address 2		# CHUNG CHIN FLATS	Post Code		42896
Address 4			Address Type		Singapore address			
Unit No.								
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 checked="" type="radio"/> Yes <input type="radio"/> No			

#### Modification History

Claim 001	New
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Claim Type *	DD-MX	Insured Name	APEX CAR LEASING	Insured NRIC	5333	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	+	
Email Address		OJ Vehicle Number	SJE8505M	TP Vehicle Number	SJF53	
Claim Description	SJE8505M / SJF5325E ON 9 Feb 2018				Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Recei	
Date Registered	09/02/2018 16:25	Claim Close Date		Date Received	09/02	
Report Taken By	LIEW SHAN HUI					
<input checked="" type="checkbox"/> Print AK letter						

Attachment

Accident No.	MT/0981732	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/02/2018 16:26

Path *	Category *	Confidential	Urgency *
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal
<input type="text"/> <input type="button" value="Browse..."/> <input type="button" value="Clear"/>	Please Select	<input type="checkbox"/>	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 16:26	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 16:25	SAS	Normal	SAS 2018-
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 16:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 16:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 16:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 16:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 16:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 16:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 16:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 16:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 16:25	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Feb 2018 16:25	Photos	Normal	Photos 2018

## 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"/>