

Date In: 13/12/18 11:00	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 18002848/h4	E-mail (within 3hrs, A&D 2hrs)		
Veh No: SJX 9451X	i-Motor Claim Form	MT/0982299	13/12/18 18:53
D.O.A: 12/12/18 18:00	i-Motor W/O (within 24hrs, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsn		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: SLH 3321 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

NA/802116	Invoice Preparation Checklist	Am (\$)	Am (C)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged 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 - SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
QC Checked by (Engr-In-Charge):	*NI: Courtesy Car / Tpl Allowance \$5		
	*NI: Repair Coordination \$10		
	*NI: Post Repair Inspection \$25		
Auditors' Comments:-	*NI: DV / Collect Excess Coordination \$5		
	TP (NI) - TP (NI) - INC against D&D \$20		
	9) NI: Idea Motor \$5		
Page 2/3	Invoice dated: _____	Rev. Changed:	
	Invoice dated: _____	Rev. Changed:	

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 willful 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	13/02/2018 11:00
Date Of Accident	12/02/2018 18:00
Exact Location Of Accident	GENTING ROAD EXIT TO MACPHERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK9451X
Insured/Policyholder	
Name Of Registered Owner	QUEK HWEE SEAN
NRIC No	S1763900E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91378383
Alternative Phone No	OFFICE-91378383

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA6 2.0L SDN V
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	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	5096445130
Cover Note Number	-

Driver

Name of Driver	ANG CHONG WEI
NRIC No	S9301552E
Date Of Birth	05/01/1993
Occupation	INDOOR
Date Of Driving Pass	03/06/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90909307
Fax Number	
Contact Number	
Email Address	NOEMAIL

SKETCH PLAN

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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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

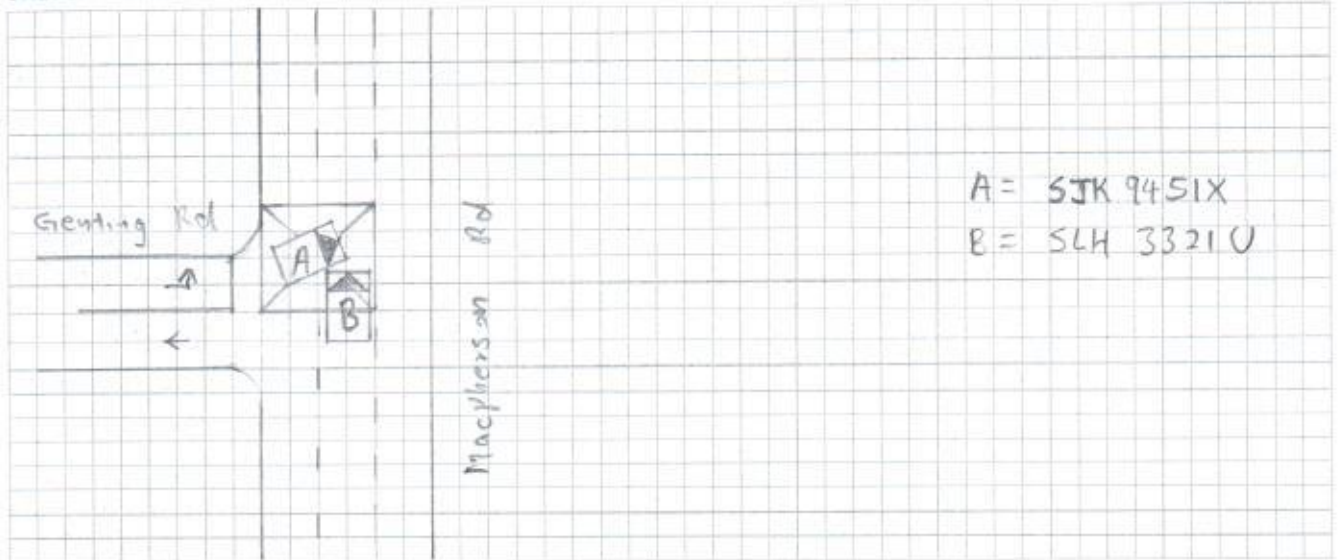
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along genting road, the traffic light was red, so I ~~proceed~~ ^{drive my} vehicle ~~myself~~ to the yellow box. When the ~~the~~ traffic turn green, I proceed on moving. Then a incoming vehicle hit my car while I was turning to the lane. ~~However~~, ^{my} ~~my~~ vehicle is already 60% inside the yellow box, so I decided to proceed as I see the vehicle not moving. However, when I move, the incoming vehicle hit me.

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. S9301552E



Name
ANG CHONG WEI

洪崇玮

Race
CHINESE

Date of birth
05-01-1993

Sex
M

Country of birth
SINGAPORE

S9301552E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9301552E

Name
ANG CHONG WEI

Birth Date: 05 Jan 1993

Issue Date: 03 Jun 2013

002187299H

4160510



SPIC No: S9301552E



Date of issue
15-01-2008

Address
APT BLK 330 BUKIT BATOK STREET 33
#13-115
SINGAPORE 650330

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 03 Jun 2013

NP 428A

Licence No: S9301552E

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096445130	QUEK HWEE SEAN	S1763900E	GPC	drive CLASSIC	SJK9451X	SJK9451X	05/12/2017	04/12/2018

Claim Handling

Accident MT/0982299

Policy No.	5096445130	Vehicle No.	SJK9451X	GST Registration No.	
Policyholder Name	QUEK HWEE SEAN			Policyholder NRIC	S17
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91378383	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input 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	No

▼ Accident Details

Report Date	13/02/2018 18:49	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	12/02/2018	Time of Accident hh:mm	18:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	GENTING ROAD EXIT TO MACPHERSON RD				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	2,500.00	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 330 #13-115	Address 2	BUKIT BATOK STREET 33	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	650
Unit No.		Related Policy Number	5096445130		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ANG CHONG WEI	Driver NRIC	S9301552E	Driver DOB	05/0
Register Date of Driver License	03/06/2013	Driver Age	25	Driving Experience	4
Contact No.(Mobile)	90909307	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 330 #13-115	Address 2	BUKIT BATOK STREET 33	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	650
Unit No.	13-115				
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

Claim Type *	OD-MX	Insured Name	QUEK HWEE SEAN	Insured NRIC	S17
Contact No.(Mobile)	97138383	Contact No.(Home)	65645700	Contact No.(Office)	
Email Address	erica.quek@gmail.com	OI Vehicle Number	SJK9451X	TP Vehicle Number	SLH
Claim Description	SJK9451X / SLH3321U ON 12 Feb 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	13/02/2018 18:52	Claim Close Date		Date Received	13/0
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

2/13/2018

Claim Handling(accident reporting Claim Task)

Accident No.

MT/0982299

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

13/02/2018 18:53

Path *

Category *

Confidential

Urgency *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:53	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:53	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:53	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:53	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:53	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:52	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:52	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:52	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:52	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 330 BUKIT BATOK ST 33 #13-115
Postcode	650330
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	COLLISION - MAJOR/MINOR RD
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: : YU JUN 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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH3321U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1