

Date In: 13/12/18 17:59	Job description	Date & Time Completed	Done by
Ref No: MA/INC 18002956164	SAS e-filing		
Veh No: SLB 8126R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/12/18 07:00	i-Motor Claim Form	M7/0982289	13/12/18 18:23
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: PA 2675 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: _____
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Date/Time	Actions

MA1801124	Invoice Preparation Checklist	Am (\$)	Am (€)
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2025)		
	6) TR: Re-inspection \$75		
	7) N1: Idas DA + SMPT Survey \$160		
	8) NTUC Additional Services-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N1) TP (N1) INC against INC \$20		
	9) N11: Idas Model \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Jan 1:			
Jan 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	13/02/2018 17:59
Date Of Accident	13/02/2018 07:00
Exact Location Of Accident	KJE TWDS BRICK LAND RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB8126R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WU YONGHAN
NRIC No	S9490036J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98169069
Alternative Phone No	OFFICE-98169069

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA2 SEDAN 1.5L SP.6EAT
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	NO
Policy Number	5096444535
Cover Note Number	-

### Driver

Name of Driver	WU YONGHAN
NRIC No	S9490036J
Date Of Birth	13/03/1994
Occupation	INDOOR
Date Of Driving Pass	02/10/2015
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98169069
Fax Number	
Contact Number	OFFICE-98169069
Email Address	NOEMAIL



Address	BLK 847 WOODLANDS ST 82 #08-273
Postcode	730847
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	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)	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	PA2675U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.:



A: SLB8126R

B: PA2675A

KJE Towards To Black land Rd ext after  
Chua Chu Kang ext

I was driving straight along KJE towards to brick land Rd extn after  
Chon Chu kang extn at middle lane of 3 lanes.  
Veh in front of me suddenly jammed brake, I managed stopped in  
time.  
Suddenly, veh "B" collided into rear portion of my vehicle and  
caused damaged.

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

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

VEHICLE NO:	SLB8126R		MAKE & MODEL:	Mazda 2	
DATE OF ACCIDENT	13 / 02 / 18				
TIME OF ACCIDENT	0700			AM/PM	
LOCATION OF ACCIDENT	KJE Towards to brick land Rd Exn after Chon Chu kang Exn.				
EXACT PURPOSE USE DURING ACCIDENT					
<b>NAME OF OWNER</b>	WU Yong Hai				
TEL NO	9816-9869				
NRIC	S94900367				
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY				
INSURANCE CO	NTUC				
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO.	5096444535				
<b>NAME OF DRIVER</b>	<input checked="" type="checkbox"/> As Above / If No:				
NRIC					
DATE OF BIRTH	13 / 03 / 1994				
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor				
DATE OF DRIVING PASS	62 / 10 / 2018				
GENDER	<input checked="" type="checkbox"/> Male / Female				
CONTACT NO.	9816-9869				
ADDRESS	Blk 847 Woodlands St 82 #08-273 Singapore 730847				
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:				
RELATIONSHIP	Employee / If No:				
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / Raining / Other:				
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / Wet / Other:				
ANY INJURIEES	<input checked="" type="checkbox"/> No / If yes: Who?				
CONTACT NO.					
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes: Where?				
VEHICLE B NO.	PA2675U				
NAME					
CONTACT NO.					
VEHICLE C NO.	Any Passenger:				
VEHICLE D NO.	Any Passenger:				
VEHICLE E NO.	Any Passenger:				
VEHICLE F NO.	Any Passenger:				
ANY WITNESS					
WITNESS CONTACT NO.					
OWNER/DRIVER EMAIL					
PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR WORKSHOP				
	1 Kaki Bukit Ave 6, Blk C #01-43				
	Autobay@Kaki Bukit Singapore 417883				
TEL NO	TEL: 6747 9241				
CONTACT PERSON	Reena / Sukyi				
FAX NO.	FAX: 6741 7276				
EMAIL	reena@nhtmotor.com				
	admin@nhtmotor.com				





# SINGAPORE ARMED FORCES

## IDENTITY CARD

Name

**WU YONGHAN**



NRIC No

**S9490036J**

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.

GEMALTOSGPV1049552A0212

**00000050169167**

NRIC No / Colour

**S9490036J/ PINK**

Race

**CHINESE**

Date Of Birth

**13/03/1994**

Service Status **G077751**

**REGULAR**

Address

Blood Group

**B (+)**

Sex

**M**

Country Of Birth

**TAIWAN**

Military Rank Status

**SENIOR MILITARY EXPERT X01868**

ADDRESS: APT BLK 847 WOODLANDS STREET 82 #08-273

SINGAPORE 730847 DATE: 26.09.2017 S9490036J



REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: **S9490036J**  
Name:

**WU YONGHAN**

Birth Date: **13 Mar 1994**

Issue Date: **02 Oct 2015**



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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) =< 3000kg < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	02 Oct 2015

NP 428A





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"/>	5096444535	WU YONGHAN	S9490036J	GPC	drive CLASSIC	SLB8126R	SLB8126R	09/12/2017	08/12/2018

## Claim Handling

Accident MT/0982289

Policy No.	5096444535	Vehicle No.	SLB8126R	GST Registration No.	
Policyholder Name	WU YONGHAN			Policyholder NRIC	S941
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	98169069	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input 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 18:19	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	13/02/2018	Time of Accident hh:mm	07:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	KJE TWDS BRICK LAND RD EXIT				

## ▼ 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 847 #08-273	Address 2	WOODLANDS STREET 82	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	730000
Unit No.	08-273	Related Policy Number	5096444535		

## ▼ OI Driver Info

Driver Name	WU YONGHAN	Driver Type	Main Driver	Driver DOB	13/02/1980
Unnamed driver Name		Driver NRIC	S94900363	Driving Experience	2
Register Date of Driver License	02/10/2015	Driver Age	23	Contact No.(Home)	
Contact No.(Mobile)	98169069	Contact No.(Office)		Address 3	SINGAPORE
Address 1	BLK 847 #08-273	Address 2	WOODLANDS STREET 82	Post Code	730000
Address 4		Address Type	Singapore address		
Unit No.	08-273				
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	WU YONGHAN	Insured NRIC	S941
Contact No.(Mobile)	98169069	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLB8126R	TP Vehicle Number	PA21
Claim Description	SLB8126R / PA267SU ON 13 Feb 2018				
Preferred Workshop Contact No.	0	Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Not at Fault	GIA report	Rec
Date Registered	13/02/2018 18:21	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	13/02/2018
Report Taken By	LIEW SHAN HUI	Claim Close Date			
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment



2/13/2018

## Claim Handling(claim reporting Claim Task )

Accident No.

MT/0982289

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

13/02/2018 18:23

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 ▼
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 13 Feb 2018 18:23	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:23	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:23	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:22	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:22	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:22	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:22	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:22	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:21	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:21	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:21	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:21	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:21	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:21	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