

Date In: 14/12/18 14:36	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18003039/h4	SAS e-filing		
Veh No: SJY 9793K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/12/18 23:30	i-Motor Claim Form	M7/0982503	14/12/18 19:01
OD /  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:

YP 3181K

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 &amp; 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 &amp; Time Completed:

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

Injury: \_\_\_\_\_

Date/Time

Actions

NA 1801136	Invoice Preparation Checklist		Am (\$)	Am (\$)
			Inc Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$20)		30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$80)		
Contact No:	3) TF: Towing Fee	\$40.545		
Damaged Portion:	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) NI: Idas DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	9)			
	*N6: Courtesy Car / Tpt Allowance	\$5		
	*N5: Repair Coordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
Auditors' Comments:-	10)  (N11) TP (N11-INC) against INC	\$20		
Pat 1:	9) N12: Idas Mobile	\$30		
Pat 2 / 3:	Invoice dated	Fee Charged		
	Invoice dated	Net 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	14/02/2018 14:36
Date Of Accident	13/02/2018 23:30
Exact Location Of Accident	ALONG BUKIT TIMAH RD TWDS BEAUTY WORLD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY9793K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN YONG MENG
NRIC No	S6803846D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97766774
Alternative Phone No	OFFICE-97766774

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.3
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5097110663
Cover Note Number	-

### Driver

Name of Driver	TAN YONG MENG
NRIC No	S6803846D
Date Of Birth	19/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1991
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97766774
Fax Number	
Contact Number	OFFICE-97766774
Email Address	NOEMAIL



Address	BLK 2 JLN BATU #06-61
Postcode	431002
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 - CHANGE/CROSS LANE
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

I WAS TRAVELLING ALONG UPPER BUKIT TIMAH RD TWDS BEAUTY WORLD ON THE EXTREME LEFT LANE OF 4 LANE WAY. ALL OF A SUDDEN, A LORRY CAME FROM THE THIRD LANE ABRUPTLY CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT HAND SIDE.

#### 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	YP3181K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	POOBALAN S/O GANESAN
NRIC/Passport Number	S8527148B
Contact Number	87771143
Address	
Postcode	
Insurance Company Name	
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:

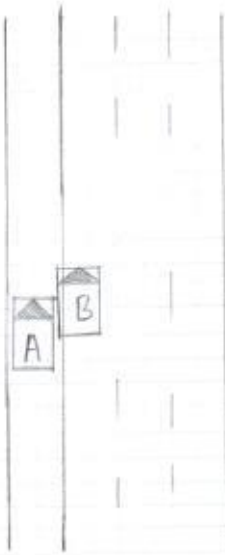
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



A = SJY 9793K

$$B = YP \ 3181 \text{ K}$$

Upp Bukit Timah Rd towards Beauty World

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

## 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.:

*[Signature]*



**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S6803846D**  
 Name: **TAN YONG MENG**  
 Birth Date: **19 Jan 1968**  
 Issue Date: **09 Jun 2004**

001234159H

**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S6803846D**



Name: **TAN YONG MENG**  
 陈荣明  
 Race: **CHINESE**  
 Date of Birth: **19-01-1968** Sex: **M**  
 Country of Birth: **SINGAPORE**

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

Class	Description	PASS DATE
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	21 Jun 1991

NP 428A

Licence No. **S6803846D**

0505034




NRIC No. **S6803846D**  
 Blood Group: **O+** Date of issue: **04-09-1992**

**APT BLK 2 JALAN BATU #06-01**  
**SINGAPORE 431002**  
 NRIC No: **S6803846D** Date: **12/05/2014**

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"/>	5097110663	TAN YONG MENG	S6803846D	GPC	Third Party	SJY9793K	SJY9793K	05/01/2018	12/01/2019

## Claim Handling

Accident MT/0982503

Policy No.	5097110663	Vehicle No.	SJY9793K	GST Registration No.	
Policyholder Name	TAN YONG MENG			Policyholder NRIC	S6801
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	97766774	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	FLC
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes

Report Date

14/02/2018 18:49

Accident Report Within 24 hrs

Yes

Accident Type

Collision

Date of Accident

13/02/2018

Time of Accident hh:mm

23:30

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

ALONG BUKIT TIMAH RD TWDS BEAUTY WORLD

Own damage Excess

0.00

Additional Excess

0.00

Windscreen Excess

Unnamed Driver Excess

0.00

Outside Singapore OD Excess

0.00

Third Party Excess

1,500.00

Outside Singapore TP Excess

1,500.00

GST Registered

No

GST Registration Date

GST Registration No.

GST Status Verified

Yes

Modification History

Address 1

BLK 2 #06-61

Address 2

JALAN BATU

Address 3

SINGAPORE

Address 4

Address Type

Singapore address

Post Code

43101

Unit No.

Related Policy Number

5097110663

Driver Name

TAN YONG MENG

Driver Type

Main Driver

Driver DOB

19/01

Unnamed driver Name

Driver NRIC

S68038460

Driving Experience

26

Register Date of Driver License

21/06/1991

Driver Age

50

Contact No.(Home)

Contact No.(Mobile)

97766774

Contact No.(Office)

Contact No.(Home)

Address 1

BLK 2 #06-61

Address 2

JALAN BATU

Address 3

SINGAPORE

Address 4

Address Type

Singapore address

Post Code

43101

Unit No.

Driver Vehicle No.

Driver Insurer Company

Does he own a Singapore Registered car?

☐ Yes ☒ No

Declaration

Breathalyser or Blood Test Reading?

0 mg

Any injury?

☐ Yes ☒ No

Modification History

Claim 001

New

Claim Type \*

OD-MX

Insured Name

TAN YONG MENG

Insured NRIC

S6801

Contact No.(Mobile)

97766774

Contact No.(Home)

NIL

Contact No.(Office)

Email Address

DEREK.TAN1968@YAHOO.COM

DI Vehicle Number

SJY9793K

TP Vehicle Number

YP311

Claim Description

SJY9793K / YP3181K ON 13 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

Received

Date Registered

14/02/2018 18:59

Claim Close Date

Date Received

14/02

Report Taken By

IEW SHAN HUI

Print AK letter

☒

Save

Submit

Attachment



Accident No.	MT/0982503	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/02/2018 19:01

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

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 19:01	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 19:01	SAS	Normal	SAS 2018-2
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 19:00	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 19:00	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 19:00	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 19:00	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 18:59	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 18:59	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 18:59	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 18:59	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 18:59	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Feb 2018 18:59	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"/>