

MAA 48024345

Date In: 20/02/2018 12:06	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/8003205/Y	SAS e-illing		
Veh No: SBW 81X	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 20/02/2018 10:10	I-Motor Claim Form	MT 0982837	20/02/2018 12:37
OD / TP (Reporting Only)	I-Motor W/O (Within 100 hrs, TP 3hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars:	Veh No: SGA 1447A	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: () %	(Note: Est. Status (WO): NI 0-20%; PI 21-79%; P: 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 rep/aler.

() Total Loss Case: To e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks:	INC Hotline: 6788 0016	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

Injury: _____

Date	Time	Actions

NA/801045

Human Resources

river/Owner:

Contact No:

amaged Portion:

Invoice Preparation Charge		B	Adm/Bill
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$100		
4) PT: Follow-Through Survey	\$30		
5) PT: Follow-Through Survey (Recovery)	\$30		
Per claim against INC Only (max 10 Jan 2000)			
6) TR: Re-inspection	\$160		
7) NI: DA + SMRT Survey			
8) NTUC Additional Services			
OIL			
*NI: Courtesy Car / Tol Allowance	\$5		
*NI: Rep/Coordination	\$10		
*NI: Post Repair Inspection	\$10		
*NI: DY / Collect Unacc Coordination	\$5		
TP (NI) / TP (Non-INC) against INC	\$20		
9) NTUC Mobile	10		
Invoice total			
Invoice total			

C. Checked by (Engr-In-Charge):

Comments:

L 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	20/02/2018 12:06
Date Of Accident	20/02/2018 10:10
Exact Location Of Accident	BLK 115/116 BT MERAH CRTL OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBW81X
Insured/Policyholder	
Name Of Registered Owner	QUEK WEE HENG SANDY
NRIC No	S0081614J
Email Address	SANDY.QUEK@LWE.COM.SG
Mobile Phone No	(LOCAL) +65-96380714
Alternative Phone No	OTHERS-96380714

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	200E AUTO
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	0088337229-14
Cover Note Number	

Driver

Name of Driver	QUEK WEE HENG SANDY
NRIC No	S0081614J
Date Of Birth	29/02/1952
Occupation	INDOOR
Date Of Driving Pass	09/04/1970
Driving Experience	47 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96380714
Fax Number	
Contact Number	OTHERS-96380714
EMail Address	SANDY.QUEK@LWE.COM.SG

Address	BLK 115 BUKIT MERAH CENTRAL #19-3767
Postcode	150115
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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)	0

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 SKETCH PLAN (TYPE OF COLLISION INSURED CAR ROLL FORWARD AND HIT TP)

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	SGA1447A
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)	0


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.

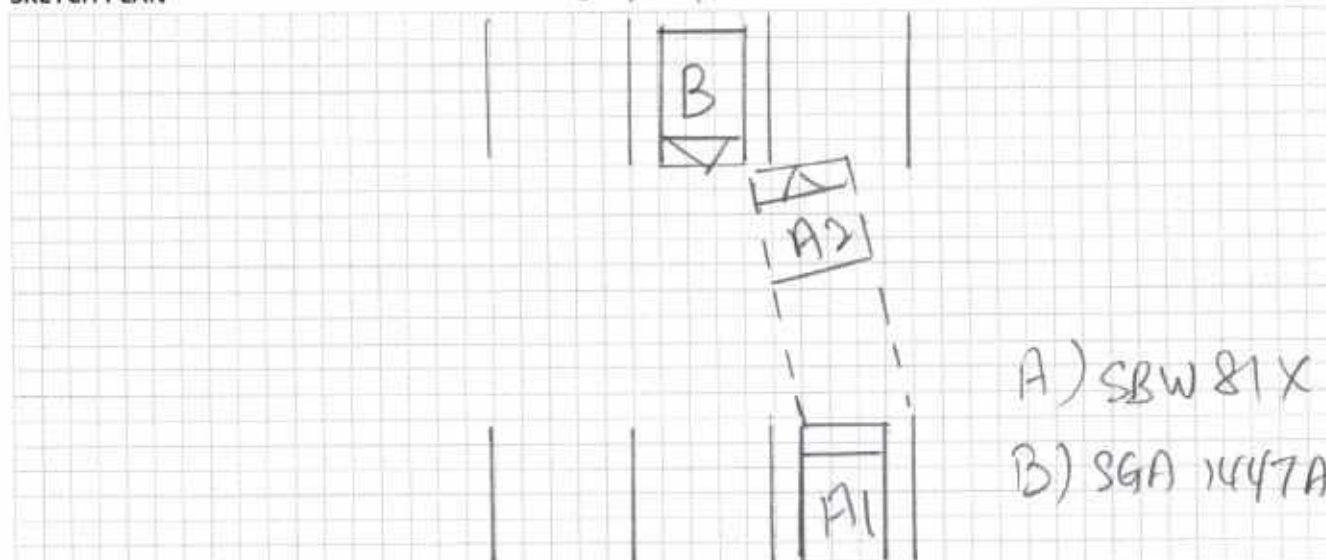

Policyholder's Signature
Date & Time:

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


Reporting Centre Personnel's Signature
Name: ROSE L W HERNANDEZ
NRIC/FIN No.:

SKETCH PLAN

BLK 116



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BLK 115

ON 20/02/2018 AT ABOUT 09:30 HRS I PARK MY CAR AT BLK 115/116 BT MERAH CTR CARPARK & WENT BACK HOME. AND AT ABOUT 10:00 HRS MY SON CALL ME SAYING THAT MY CAR SBW 81X BANG INTO A CAR SGA 1447A. I WENT DOWN & PUT A NOTE ON THE WINDSCREEN OF THE CAR THAT ALL.

Sandy Quak

DECLARATION

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

Sandy Quak

Policyholder's Signature
Date & Time:

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

cur 20/02/2018
Reporting Centre Personnel's Signature
Name: *Kesli Wajah*
NRIC/FIN No.:







Claim Handling

Accident MT/0982837

Policy No.	0086337229-14	Vehicle No.	SGWB1X	GST Registration No.	
Policyholder Name	QUEK WEE HENG SANDY	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	96380714	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	
KPK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No	Private Hire	No		
Accident Details					
Report Date	20/02/2018 12:29	Accident Report Within 24 hrs.	Yes	Accident Type	Collided Into Per
Date of Accident	20/02/2018	Time of Accident hh:mm	10:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 115/116 BT MERAH CRTL OPEN SPACE CARPARK				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 115 #19-3767	Address 2	BUKIT MERAH CENTRAL	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	0086337229-14		
Q1 Driver Info					
Driver Name	QUEK WEE HENG SANDY	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S00816141	Driving Experience	
Register Date of Driver License	01/01/2001	Driver Age	65	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	BLK 115 #19-3767	Address 2	BUKIT MERAH CENTRAL	Post Code	
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SGWB1X	Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Declaration					
Breathalyzer 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 WEE HENG SANDY	Insured NRIC	
Contact No.(Mobile)	96380714	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	sandy.quek@live.com.sg	Q1 Vehicle Number	SGWB1X	TP Vehicle Number	
Claim Description	SGWB1X / SGA1447A ON 20 Feb 2018				
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	20/02/2018 12:31	Claim Close Date			
Report Taken By	ROSLI WAHAB				
<input type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/0982837	Claim No.	001	Confidential	Urgency
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/02/2018 12:37		
Path *		Category *			
		Browse	Clear	Please Select	

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 12:37	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 12:37	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 12:32	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 12:32	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 12:32	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 12:32	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 12:31	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 12:31	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 12:31	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Feb 2018 12:31	Photos	Normal	Photo

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"/>

ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 02 / 2018 (DD/MM/YYYY), TIME: 10.10 (HH:MM)

LOCATION: BLK 115 & 116 BUKIT MARATH CARL CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBW 81 X
 b) INSURANCE COMPANY: MTC
 c) POLICY NUMBER: 008833529-14
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MARCHEOS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: CAR WAS PARK
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SANDY QUAK WEE HUI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 96380714
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(0)

- DRIVER
 a) NAME: AS ABOWK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OUTRICK

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: SGA1447A MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____ CONTACT: _____
 f) NRIC/FIN/PASSPORT: _____

email = sandy.quak@lwe.com.sg

fax =

✓ 1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0081614J



Name

SANDY QUEK WEE HENG

郭偉興

Race

CHINESE

Date of birth

29-02-1952

Country of birth

SINGAPORE

Sex

M



NRIC No. S0081614J



Date of issue
21-05-2012

Address

APT. BLK 115 BUKIT MERAH CENTRAL
#19-3767
SINGAPORE 150115

REPUBLIC OF SINGAPORE DRIVING LICENCE



NRIC No. S0081614J

Name

SANDY QUEK WEE HENG

Date of birth 29 Feb 1952

Issue date 21 May 2012



002067572D

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

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 09 Apr 1970

NP 426A

NP 426A



Licence No. S0081614J

eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

[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 checked="" type="radio"/>	0088337229-14	QUEK WEE HENG SANDY	S00816143	GPC	Third Party, Fire & Theft	SBW81X	SBW81X	02/08/2017	01/08/2018