

Date In: 28/2/2018 10:08	Job description	Date & Time Completed	Done by
Ref No: NA/INC18003841/K4	SAS e-filing		
Veh No: SGS 4292P	E-mail (within 8hrs, A/C 2hrs)		
DOA: 06/02/2018 13:35	i-Motor Claim Form	NT/0984061	28/2/18 14:20
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SGS 6325T

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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2/3:

Invoice Preparation Checklist

Amt (\$)

1st Bill

Amt (\$)

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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) N1: Idac DA + SMRT 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

*N9: TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee 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	28/02/2018 10:08
Date Of Accident	06/02/2018 13:35
Exact Location Of Accident	KEPPEL ROAD TWDS CANTONMENT LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS4292P
Insured/Policyholder	
Name Of Registered Owner	PG MOTORING
Co Reg No	53213875M
Email Address	ANDY.HIRMAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82484928
Alternative Phone No	OFFICE-82484928

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089747594
Cover Note Number	

Driver

Name of Driver	ANDY HIRMAN BIN MUSTAFFA
NRIC No	S8207493G
Date Of Birth	23/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	03/12/2012
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82484928
Fax Number	
Contact Number	OTHERS-82484928
Email Address	ANDY.HIRMAN@GMAIL.COM

Address	BLK 537 BEDOK NORTH ST 3 #02-503
Postcode	460537
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?	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)	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

PLS REFER TO THE 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	SKS6325T
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)	

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.



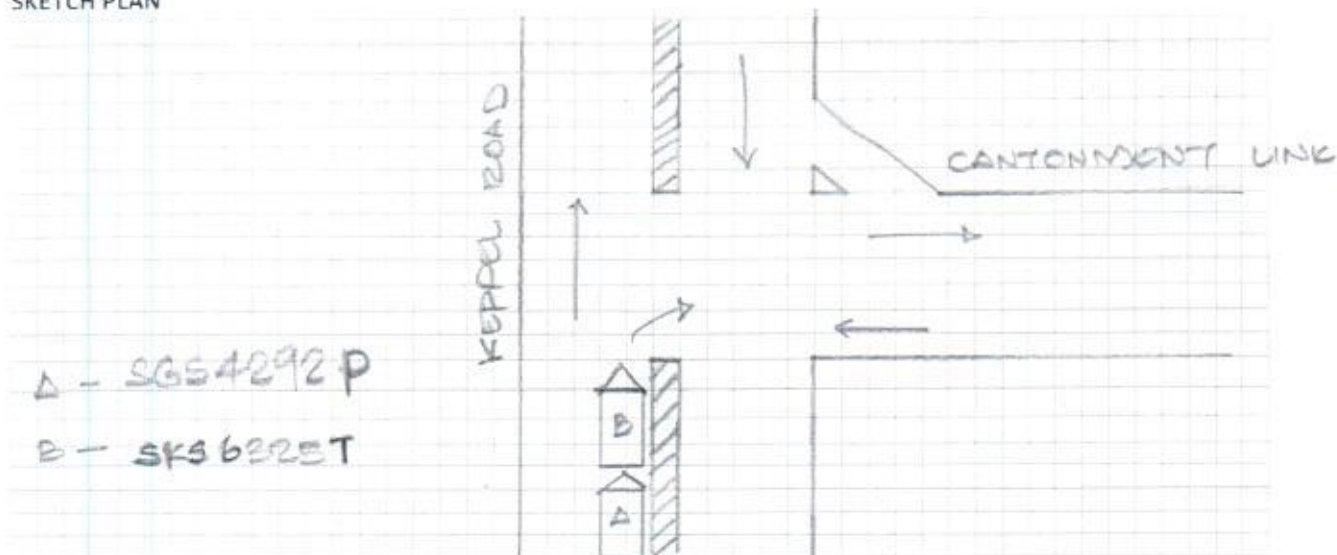
X
Policyholder's Signature
Date & Time:

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

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

28/2/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 6TH FEB @ 13:35 HRS, I WAS DRIVING ALONG
KEPPEL ROAD TURNING RIGHT TO CANTONMENT LINK.
TRAFFIC LIGHT WAS RED, I STOPPED TO WAIT FOR
GREEN ARROW LIGHT HEADING TO CANTONMENT LINK.
AFTER WAITING SOME TIME, I ASSUME GREEN ARROW
TURNING ON SOON AND SO I RELEASED MY HANDBRAKE
TO STANDBY ON MOVING OFF. ACCIDENTALLY MY CAR
INCH FORWARD A BIT AND BUMPED INTO VEHICLE B
REAR BUMPER.

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.:

28/2/2018

2nd (Accident)

Reported on 8/2/2018
@ 10:15 AM

ACCIDENT STATEMENT

ACCIDENT DATE: (6/2/2018) (DD/MM/YYYY), TIME: (13:35) (HH:MM)

LOCATION: KEPPEL ROAD towards Cantonment Link

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGS 4292P
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 82484928
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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

- a) VEHICLE NUMBER: SKS 6325T MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = andy.hirman@gmail.com ✓

fax =

Waiting for Company Copy?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8207493G



Name

ANDY HIRMAN BIN MUSTAFFA

اندي حيرمان بن مصطفى

Race

MALAY

Date of birth

23-03-1982

Sex

M

Country of birth

SINGAPORE



NRIC No. S8207493G



Date of issue

20-04-2012

Address

APT BLK 537 REDOK NORTH STREET 3
#02-503
SINGAPORE 460537

REPUBLIC OF SINGAPORE DRIVING LICENCE

S8207493G



ANDY HIRMAN BIN MUSTAFFA

Birth Date: 23 Mar 1982

Issue Date: 07 Dec 2012



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

EFFECTIVE DATE

Class 1B	Motorcycles <= 200 CC	28 Mar 2002
Class 2	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	03 Dec 2012
Class 4	Heavy motor cars and motor tractors > 2500 kg	03 Mar 2015

S8207493G

S / No. 9000217459

NP 428A

Licence No: S8207493G

Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5089747594	PG MOTORING	53213875M	GFT	drivo CLASSIC	SGS4292P	SGS4292P	05/04/2017	

Continue

▼ Policy Information

Policy No.	5089747594	Policyholder Name	PG MOTORING	Policyholder NRIC	53213875M
Address	200 JALAN SULTAN #02-38 TEXTILE CENTRE SINGAPORE 199018				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	05/04/2017	Effective Date	05/04/2017 00:00	Expiry Date	04/04/2018 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	11.43		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	200 JALAN SULTAN	Address 2	#02-38 TEXTILE CENTRE	Address 3	SINGAPORE 199018
Address 4		Address Type	Singapore address	Post Code	199018
Unit No.	02-38	Related Policy Number	5097888808		

► Insured Object: SGS4292P

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	06/04/2017 00:00	Basic Information Endorsement	000001286534577	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJE2941B 07-04-2017 \$1,468.51 In view of this amendment, an additional premium of \$1,468.51 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	06/04/2017 00:00	Basic Information Endorsement	000001286534744	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We

Claim Handling

The premium on this policy has not been collected.

Accident MT/0984061

Policy No.	5089747594	Vehicle No.	SGS4292P	GST Registration No.	
Policyholder Name	PG MOTORING			Policyholder NRIC	532
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	82484928	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" 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	Yes

▼ Accident Details

Report Date	28/02/2018 14:10	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	06/02/2018	Time of Accident hh:mm	13:35	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	KEPPEL ROAD TWDS CANTONMENT LINK				

▼ Benefits

▼ Excess

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	200 JALAN SULTAN	Address 2	#02-38 TEXTILE CENTRE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	199001
Unit No.	02-38	Related Policy Number	5098041149		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ANDY HIRMAN BIN MUSTAFFA	Driver NRIC	S8207493G	Driver DOB	23/01/1980
Register Date of Driver License	03/12/2012	Driver Age	35	Driving Experience	5
Contact No.(Mobile)	82484928	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 537	Address 2	BEDOK NORTH STREET 3	Address 3	
Address 4		Address Type	Singapore address	Post Code	460001
Unit No.	#02-503				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	PG MOTORING	Insured NRIC	532	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL	
Email Address		OI Vehicle Number	SGS4292P	TP Vehicle Number	SKS	
Claim Description	SGS4292P / SKS6325T ON 6 Feb 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec	
Date Registered	28/02/2018 14:22	Claim Close Date		Date Received	28/02/2018	
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired		
<input checked="" type="checkbox"/> Print AK letter						

Save

Submit

Attachment



Accident No.	MT/0984061	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/02/2018 14:20

Path *	Category *	Confidential	Urgency *
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Message Read	Clear Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Feb 2018 14:22	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Feb 2018 14:20	SAS	Normal	SAS 2011
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Feb 2018 14:19	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Feb 2018 14:19	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Feb 2018 14:19	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Feb 2018 14:19	Photos	Normal	Photos 20:
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Feb 2018 14:19	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Feb 2018 14:19	Photos	Normal	Photos 20:
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 28 Feb 2018 14:19	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