

Date In: 1/31/18 15:43	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/1MC18003986/h4	E-mail (with/less attachments):		
Veh No: SLF 5233 M	I-Motor Claim Form: MT/0984260	113/18	16:34.
D.O.A: 2812/18 19:30	I-Motor W/O (w/less CD then TP then):		
CD: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded:		
TP Insurer:	Assessment/Survey Report:		
	Ass't Report by Fax / Hand to Owner/WFSS:		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SDJ 2860X

INC (

)

Non-INC (

)

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

(Note-Est Status (WO): N: 0-30%, 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 helpline: 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

MNA 1801339		Invoice Preparation Checklist		Am (C)	Am (I)
				Am (B)	Am (E)
Claimant's Particulars:-		1) AR: Accident Reporting (\$50)		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100) INC (\$30)			
Contact No:		3) TP: Towing Fee \$40.00			
Damaged Portion:		4) FT: Follow-Through Survey \$100			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$10			
Auditors' Comments:-		For claiming against INC Only (wef 10 Jan 2018)			
Tel: 1		6) TR: Re-inspection \$75			
Tel: 2		7) NI: Idea DA + SMPT Survey \$150			
Tel: 3		8) NTUC Additional Services:-			
		QUC			
		*NI: Courtesy Car / Car Allowance		\$5	
		*NI: Repair Coordination		\$10	
		*NI: Post Repair Inspection		\$15	
		*NI: DV / Collect Express Coordination		\$5	
		TR NI: TR NI & INC against INC		\$10	
		9) NTUC Idea Mobile		\$5	
		Invoice date:		Fee Charged	
		Invoice date:		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	01/03/2018 15:43
Date Of Accident	28/02/2018 19:30
Exact Location Of Accident	NEW UPP CHANGI TWDS GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF5233M
Insured/Policyholder	
Name Of Registered Owner	BESTRENO DESIGN
Co Reg No	52863939X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63440606

Vehicle Particulars

Manufacturer	KIA
Model	K3
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093581246
Cover Note Number	-

Driver

Name of Driver	LOW JUN JIE RICKY
NRIC No	S8805509H
Date Of Birth	20/02/1988
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97381950
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 62 DAKOTA CRES #08-317
Postcode	390062
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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 NEW UPPER CHANGI RD TWDS GEYLANG, WHEN I NOTICED FRONT VEH SLOW DOWN AND STOP, AS SUCH I MANAGE MY BRAKE TO SLOW DOWN AND COME TO A STOP, SUDDENLY I FELT AN STRONG IMPACT FROM BEHIND. THE IMPACT PUSH MY VEH MOVE FORWARD HIT ONTO THE VEH WHICH WAS INFRONT OF ME. TOTAL 4 VEH INVOLVED IN THE ACCIDENT. VEH B (BEARING NO SDJ2860X) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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	SDJ2860X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN MEI LENG JULIE
NRIC/Passport Number	S1767003D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLN7693N

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

GX359G

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.:

SKETCH PLAN



A = SLF 5233 M

B = SDJ 2860 X

C = SLN 7693 N

D = GX 359 G

New Upp Changl Rd twd's Geylang

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:

[Signature]

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

[Signature]

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

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: **S8805509H**
Name: **LOW JUN JIE, RICKY (LIU JUNJIE)**

Birth Date: **20 Feb 1988**
Issue Date: **30 Jan 2009**

001703543A

SINGAPORE ARMED FORCES IDENTITY CARD



Name: **LOW JUN JIE, RICKY**

NRIC No: **S8805509H**

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Mailroom Base or any Police Station.

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

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

PASS DATE: **30 Jan 2009**

NP 428A

Licence No: **S8805509H**

00000050027664

NRIC No/Colour: **S8805509H/ PINK**

Race: **CHINESE**

Date Of Birth: **20/02/1988**

NSF: **0072575**

Address: **Blk 62 DAKOTA CRESCENT #03-317 SINGAPORE 390062**

Blood Group: **O (+)**

Country Of Birth: **SINGAPORE**

Military Rank Status: **WOSE**

Sex: **M**

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5093581246

Cover : drive PREMIUM

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SLF5233M |
| Chassis Number | : KNAFZ411MH5650762 |
| 2. Name of Policyholder | : BESTRENO DESIGN |
| 3. Effective Date of Insurance | : 30 Aug 2017 |
| 4. Expiry Date of Insurance | : 29 Aug 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GOLDBELL FINANCIAL SERVICES PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : CHESSA INSURANCE AGENCIES PTE. LTD. (00000615068)
Date of Issue : 24 Aug 2017 16:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/0984260

Policy No.	5093581246	Vehicle No.	SLF5233M	GST Registration No.	
Policyholder Name	BESTRENO DESIGN			Policyholder NRIC	52863939X
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
Contact No.(Mobile)	63440606	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	Yes
▼ Accident Details					
Report Date	01/03/2018 16:21	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	28/02/2018	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NEW UPP CHANGI TWDS GEYLANG				
▼ Benefits					
▼ Excess					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	1
Unnamed Driver Excess		Outside Singapore DD 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 Status Verified	No
GST Registration No.					
Modification History					
▼ Policyholder Mailing Address					
Address 1	BLK 62 #08-317	Address 2	DAKOTA CRESCENT	Address 3	SINGAPORE 390062
Address 4		Address Type	Singapore address	Post Code	390062
Unit No.	08-317	Related Policy Number	5093581246		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/02/1988
Unnamed driver Name	LOW JUN JIE RICKY	Driver NRIC	S8805509H	Driving Experience	9
Register Date of Driver License	30/01/2009	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)	97381950	Contact No.(Office)		Address 3	SINGAPORE 390062
Address 1	BLK 52 #08-317	Address 2	DAKOTA CRESCENT	Post Code	390062
Address 4		Address Type	Singapore address		
Unit No.	08-317			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="radio"/> No <input type="radio"/>		
Modification History					

Claim 001 **New**

Claim Type *	OD-MX ▼	Insured Name	BESTRENO DESIGN	Insured NRIC	52863939X
Contact No.(Mobile)	96384006	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLF5233M	TP Vehicle Number	SD12860X
Claim Description	SLF5233M / SD12860X ON 28 Feb 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault ▼	Name of Preferred Workshop	0
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	GIA report	Received
Date Registered	01/03/2018 16:32	Claim Close Date		Date Received	01/03/2018 00:00
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.	MT/0984260	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/03/2018 16:34
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal ▼
Choose File	No file chosen		

3/1/2018

Claim Handling(accident reporting Claim Task)

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

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 16:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 16:34	SAS	Normal	SAS 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 16:34	Photos	Normal	Photos 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 16:34	Photos	Normal	Photos 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 16:33	Photos	Normal	Photos 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 16:33	Photos	Normal	Photos 2018-3-1
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 16:32	Photos	Normal	Photos 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 16:32	Photos	Normal	Photos 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 16:32	Photos	Normal	Photos 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 16:32	Photos	Normal	Photos 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 16:32	Photos	Normal	Photos 2018-3-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 01 Mar 2018 16:32	Photos	Normal	Photos 2018-3-1

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading