

MAY 18032287

NAIR 801530		Invoice Preperation Checklist		Billing	Added Bill
Human Resources		1) ARI: Accident Reporting (300)			
Driver/Owner:		2) DA: Damage Assessment (300)	INC (530)		
Contact No:		3) TP: Towing Fee	240/240		
Damaged Portion:		4) FT: Follow-Through Survey	300		
		5) FT: Follow-Through Survey (Re-survey)	300		
		Excludes appeal INC Only (w/ 10 in 300)			
		6) TR: Re-inspection	300		
		7) NUC: DA + SMRT Survey	300		
		8) NTUC: Additional Survey			
		9) Q11			
Checked by (Ongr-In-Charge):		10) NI: Courtesy Car / Tpl Allowance	300		
		11) NI: Repel Coordination	300		
		12) NI: Post Run Inspection	300		
		13) NI: DY / Collect Unass Coordination	300		
		14) IE (NI) / TP (NI) INC against INC	300		
		15) NI: Tons Mobile	300		
		Involved dated	Not Charged		
		Involved dated	Not Charged		
2/2					

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	07/03/2018 18:13
Date Of Accident	06/03/2018 17:25
Exact Location Of Accident	SLIP RD FROM TAMPINES AVE 10 INTO TAMPINES AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH588K
Insured/Policyholder	
Name Of Registered Owner	KEN CAIXIAN LESLEY
NRIC No	S1586079J
Email Address	LESKEN8@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81128382
Alternative Phone No	OTHERS-83659280

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
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	5091162010
Cover Note Number	

Driver

Name of Driver	CHOONG RUNRONG KEVIN
NRIC No	S9825001H
Date Of Birth	30/07/1998
Occupation	INDOOR
Date Of Driving Pass	25/03/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81128382
Fax Number	
Contact Number	OTHERS-83659280
Email Address	LESKEN8@GMAIL.COM

Address	29 JALAN SAYANG
Postcode	418647
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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)	4
Passenger 1	NAME: : FRIEND GENDER: : MALE
Passenger 2	NAME: : FRIEND GENDER: : MALE
Passenger 3	NAME: : FRIEND GENDER: : MALE

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

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	SLR472J
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HIMANSHU VERMA
NRIC/Passport Number	S7065600J
Contact Number	92487850

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

SKETCH PLAN

IMPORTANT NOTICE

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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:



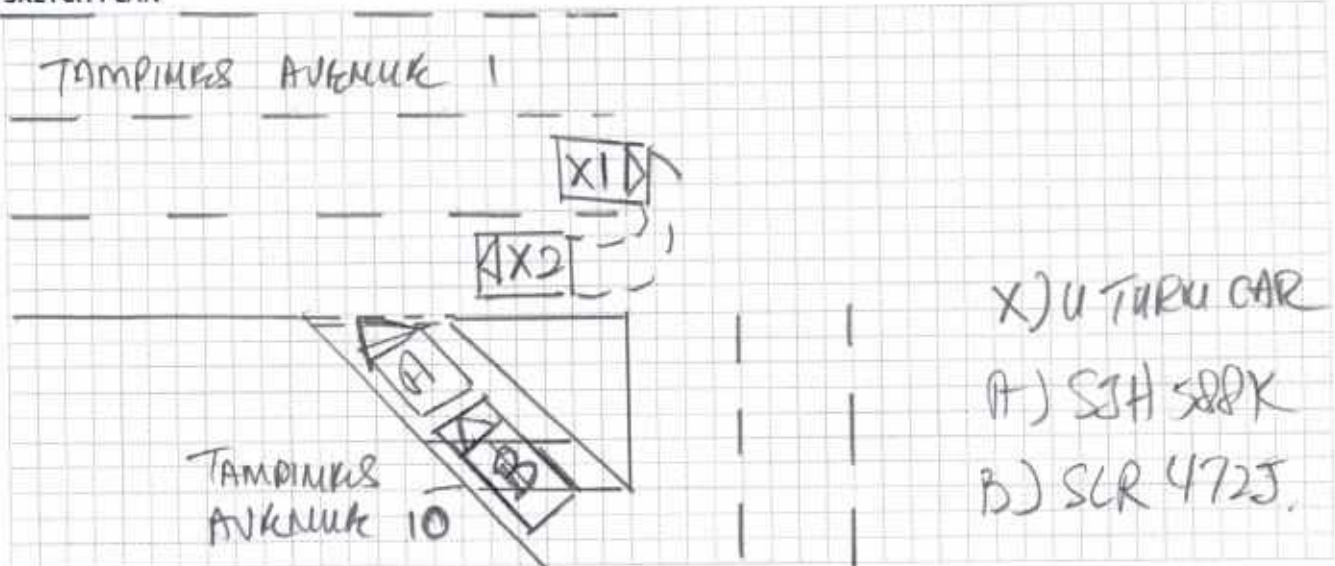
Driver's Signature
(If driver is not the policyholder)
Date & Time:



02/03/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was driving along the filter lane and I braked to give way to cars which were U-turning. About 2-3 seconds later, there was an impact from behind and my vehicle was lugged forward. There was debris from my car along the filter lane and my ~~best~~ chassis was completely knocked in.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 07/03/2018
Reporting Centre Personnel's Signature
Name: *Rashid Wathan*
NRIC/FIN No.:

Claim Handling

Accident MT/0985167

Policy No.	S091162010	Vehicle No.	5JH588K	GST Registration No.	
Policyholder Name	KEN CAIXIAN LESLEY			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	81128382	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
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	No

Accident Details

Report Date	07/03/2018 18:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head
Date of Accident	06/03/2018	Time of Accident hh:mm	17:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD FROM TAMPINES AVE 10 INTO TAMPINES AVE 1				

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	29 JALAN SAYANG	Address 2	SINGAPORE 418647	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	S091162010		

OI Driver Info

Driver Name	CHOONG RUNRONG KAVIN	Driver Type	Named Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	59825001H	Driving Experience	
Register Date of Driver License	25/03/2017	Driver Age	19	Contact No.(Home)	
Contact No.(Mobile)	83659280	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	5JH588K	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 **New**

Claim Type *	OD-MX	Insured Name	KEN CAIXIAN LESLEY	Insured NRIC	
Contact No.(Mobile)	81128382	Contact No.(Home)	64437110	Contact No.(Office)	
Email Address		OI Vehicle Number	5JH588K	TP Vehicle Number	
Claim Description	5JH588K / SLR472J ON 6 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA Report	
Date Registered	07/03/2018 18:29	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save **Submit**

Attachment

Accident No.	MT/0985167	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/03/2018 18:31
Path *			
Browse Clear		Category *	Confidential
			Urgency
			Normal

ACCIDENT STATEMENT

ACCIDENT DATE: 06 / 03 / 2018 (DD/MM/YYYY), TIME: 17:35 (HH:MM)

LOCATION: SUP RD From Tampines Ave 10 W to Tampines Ave 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJH 588K
 b) INSURANCE COMPANY: Ntuc
 c) POLICY NUMBER: 501162010
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Nissan Latio
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY

FRUARD (M)

2. INSURED / POLICY HOLDER
 a) NAME: Ken Lai Xian Leslie (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1586079 CONTACT: 8128382
 c) ADDRESS: _____

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(4)

- DRIVER
 a) NAME: Cheong Runyong Kevin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9815001H CONTACT: 83659280
 c) ADDRESS: 24 Jalan Sayang S1418641

- * d) DATE OF BIRTH: 30 / 01 / 1998 (DD/MM/YYYY)
 e) OCCUPATION: INDOOR / OUTDOOR
 f) DATE OF DRIVING PASS 25 Mar 2011
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son
 5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
 b) ROAD SURFACE: DRY / WET / OTHERS
 6. WAS ANYBODY INJURED (YES/NO) NO
 7. a) REPORTED TO POLICE (YES/NO) NO
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

No of passenger
(including driver)
(2)

8. THIRD PARTY VEHICLE
 a) VEHICLE NUMBER: SLR 4725 MODEL: Hyundai Kona
 b) DRIVER'S NAME: Himanshu Verma
 c) NRIC/FIN/PASSPORT: S70656003 CONTACT: 9248 1850

No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE
 a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

email = lesken8@gmail.com

fax =

✓ 1000

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9825001H



Name

CHOONG RUNRONG KEVIN

鍾潤榮

Race

CHINESE

Date of birth

30-07-1998

Country/Place of birth

SINGAPORE

Sex

M

5167989



NRIC No. S9825001H

Date of issue

02-05-2013

Address

29 JALAN SAYANG
SINGAPORE 418647

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9825001H

Name

CHOONG RUNRONG KEVIN

Birth Date: 30 Jul 1998

Issue Date: 25 Mar 2017



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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 25 Mar 2017

NP 428A



eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

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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"/>	5091162010	KEN CAIXIAN LESLEY	S1586079J	GPC	drive CLASSIC	5JH588K	5JH588K	20/05/2017	24/07/2018