


Date In: 4/4/18 14:27	Job description	Date & Time Completed	Done by
Ref No: NMA / INC 18006169/h4	SAS e-filing		
Veh No: 5JJ 2241 L	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 3/4/18 21:00	i-Motor Claim Form	MT/0989084	5/4/18 09:48.
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: SLK 1565 E. 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:-		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
				1st Bill	Add Bill
Driver/Owner:		1) AR: Accident Reporting (\$30);		30.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:		3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120			
Auditors' Comments:-		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:-			
		Q1:			
		*N5: Courtesy Car / Tpl Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11): TP (N-on 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	04/04/2018 14:27
Date Of Accident	03/04/2018 21:00
Exact Location Of Accident	JUNC OF LOWER DELTA RD & TIONG BAHRU RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ2241L
Insured/Policyholder	
Name Of Registered Owner	JUST 2 TRANSPORT
Co Reg No	53370313A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97910294

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5094284826
Cover Note Number	-

Driver

Name of Driver	NG KIAN LEONG
NRIC No	S6824297E
Date Of Birth	28/06/1968
Occupation	OUTDOOR
Date Of Driving Pass	17/09/1990
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97910294
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 585 WOODLANDS DR 16 #03-86
Postcode	730585
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 - 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?	YES
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE

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 STOP AT THE TRAFFIC JUNC OF LOWER DELTA RD & TIONG BAHRU RD DUE TO RED LIGHT. WHEN THE LIGHT TURN GREEN, MY FRONT VEH STARTED TO MOVE, AS SUCH I FOLLOW TO MOVE. SUDDENLY VEH INFRONT OF ME STOP AND I FOLLOW TO MANAGE MY BRAKE. MOMENT LATER, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SLK1565E) 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK1565E
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	EVANGELINE WEE YILIN
NRIC/Passport Number	S7377477B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	NG KIAN LEONG
Approximate Age	
Injuries Sustain	CHEST, NECK
Injured person in which vehicle?	SJJ2241L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN


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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

Tiang Bahru Rd

A = SJJ 2241L
B = SLK 1565E

A
B

Lower Delta Rd

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.:

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of JUST 2 TRANSPORT (53370313A)

Date: 14/09/2017

The Following Are The Brief Particulars of:

Name of Business	JUST 2 TRANSPORT
Former Name(s) if any	
Date of Change of Name	
Registration No	53370313A
Registration Date	14/09/2017
Commencement Date	14/09/2017
Status of Business	Live
Status Date	14/09/2017
Renewal Date	
Expiry Date	14/09/2018
Renewal via GIRO	NO
Constitution of Business	Sole-Proprietor
Principal Place of Business	585 WOODLANDS DRIVE 16 #03-05 SINGAPORE (730585)
Date of Change of Address	

Principal Activities

Activities (I)	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
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Description**Activities (II)****Description****Particulars of Authorised Representative(s)**

Name	ID	Nationality	Address	Address Source	Date of Appointment
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Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position
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REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S6824297E**
 Name: **NG KIAN LEONG**

Birth Date: **28 Jun 1968**
 Issue Date: **07 Apr 2004**

001188589F



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S6824297E**



NAME: **NG KIAN LEONG**
黄健良
 Race: **CHINESE**
 Date of Birth: **28-06-1968** Sex: **M**
 Country of Birth: **SINGAPORE**





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

CLASS	VEHICLE CLASS	EXPIRY DATE
Class 2a	Motorcycles not exceeding 200 cc	15 Sep 1986
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Sep 1990

NP 426A

Licence No: **S6824297E**



1815478



NRIC No: **S6824297E**



Blood Group: **B+** Date of issue: **22-03-1994**

APT BLK 585 WOODLANDS DRIVE 16 #03-86
 SINGAPORE 730585
 NRIC No: **S6824297E** Date: **29/10/2011** No: **6882698**

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"/>	5094284826	JUST 2 TRANSPORT	53370313A	GPC	drive CLASSIC	SJJ2241L	SJJ2241L	18/09/2017	17/09/2018

Claim Handling

Accident MT/0989084

Policy No.	5094284826	Vehicle No.	SJJ2241L	GST Registration No.	
Policyholder Name	JUST 2 TRANSPORT			Policyholder NRIC	53370313A
Product Code	PRIVATE CAR INSURANCE	Cover Type	driva CLASSIC	Loading	0
Contact No.(Mobile)	97910294	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes

Report Date

05/04/2018 09:44

Date of Accident

03/04/2018

Reporting Centre

Accident Location

JUNC OF LOWER DELTA RD & TIONG BAHRU RD

Accident Report Within 24 hrs

Yes

Time of Accident hh:mm

21:00

Orange Force

Accident Type

Collision - Head to Rear

Country of Accident

Singapore

ICM No.

Own damage Excess

2,000.00

Unnamed Driver Excess

Third Party Excess

1,500.00

Additional Excess

0.00

Outside Singapore OD Excess

2,000.00

Outside Singapore TP Excess

1,500.00

Windscreen Excess

1

GST Registered

No

GST Registration No.

Modification History

GST Registration Date

GST Status Verified

No

Address 1

BLK 585 #03-86

Address 4

Unit No.

03-86

Address 2

WOODLANDS DRIVE 16

Address Type

Singapore address

Related Policy Number

5094284826

Address 3

Post Code

SINGAPORE 730585

Driver Name

Unnamed Driver

Unnamed driver Name

NG KIAN LEONG

Register Date of Driver License

17/09/1990

Contact No.(Mobile)

97910294

Address 1

BLK 585 #03-86

Address 4

Unit No.

03-86

Does he own a Singapore Registered car?

Yes ☒ No ☐

Driver Type

Unnamed Driver

Driver NRIC

S6824297E

Driver Age

49

Contact No.(Office)

Address 2

WOODLANDS DRIVE 16

Address Type

Singapore address

Driver Vehicle No.

Driver DOB

28/06/1968

Driving Experience

27

Contact No.(Home)

Address 3

Post Code

SINGAPORE 730585

Driver Insurer Company

Breathalyser or Blood Test Reading?

0 mg

Any Injury?

☒ Yes ☐ No

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	JUST 2 TRANSPORT	Insured NRIC	53370313A
Contact No.(Mobile)	97910294	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OI Vehicle Number	SJJ2241L	TP Vehicle Number	SLK1565E
Claim Description	SJJ2241L / SLK1565E ON 3 Apr 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	05/04/2018 09:47	Claim Close Date		Date Received	05/04/2018 00:00
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0989084	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/04/2018 09:48
Path *		Category *	
Choose File No file chosen		Confidential	NO
Choose File No file chosen		Urgency *	Normal
Choose File No file chosen		Descr	

http://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

1/2

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 05 Apr 2018 09:48	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2018 09:48	SAS	Normal	SAS 2018-4-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2018 09:48	Photos	Normal	Photos 2018-4-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2018 09:48	Photos	Normal	Photos 2018-4-5
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2018 09:47	Photos	Normal	Photos 2018-4-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Apr 2018 09:47	Photos	Normal	Photos 2018-4-5

Video List

Uploaded By/Date	Folder Date	File Name	Source
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