

Date In: 05/04/2018 09:19	Job description	Date & Time Completed	Done by
Ref No: NBA/Inc/006327/Y	BAS e-billing		
Vel No: SKY1185	E-mail (vehicle 3hrs, AIO 3hrs)		
P.O.N: 04/04/2018 07:00	Motor Claim Form	MAA4804522 05/04/2018	
OO / TR (Reporting Only)	Motor VVO (Within 60 hrs, 7 days)		
TP Insured:	Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Yell No: **SCP 2876A** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Est. State (WO): NI 0-20%; PI 21-79%; PI 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 online (6788 0016) Date Time Completed: () Done by: ()

1) Apply for Transition Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time	Action

MAA802189

Item/Particulars	Invoice/Preparation Charge	Rate	Amount	Remarks
1) ARI Accident Reporting (100)				
2) DA (Damage Assessment) (3100)	INC (45)			
3) TP's Towing Fee		140/110		
4) FT (Follow Through Survey		110		
5) FT (Follow Through Survey (Recovery)		110		
6) TR (Re-inspection		50		
7) NI (e-v DA - SMART Survey		110		
8) NTUC Additional Services				
QTY				
NI (Courtesy Car / Tol Allowance		11		
NI (Repair Coordination		110		
NI (Post Repair Inspection		110		
NI (DY / Collision Unhappy Coordination		11		
TR (NI) / TP (INC) against INC		110		
7) NTUC Mileage		10		
Invoice Paid	Not Charged			
Invoice Paid	Not 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 willful 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	05/04/2018 09:10
Date Of Accident	04/04/2018 07:00
Exact Location Of Accident	ALONG BEDOK NORTH AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK4118S
Insured/Policyholder	
Name Of Registered Owner	LOW KIA HUI (LIU JIAHUI)
NRIC No	S7537885H
Email Address	GOBENCHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98776257
Alternative Phone No	OTHERS-83330477
Vehicle Particulars	
Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5046385349-07
Cover Note Number	
Driver	
Name of Driver	CHAN KAH KEAT
NRIC No	S7780823Z
Date Of Birth	18/12/1977
Occupation	INDOOR
Date Of Driving Pass	06/11/2006
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98776257
Fax Number	
Contact Number	OTHERS-83330477
EEmail Address	GOBENCHAN@GMAIL.COM

Address	BLK 7 BEDOK SOUTH AVENUE 2 #07-324
Postcode	460007
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	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

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	SLP2876A
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU CHEE KONG
NRIC/Passport Number	S7334007A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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:

CS

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

05/04/2018

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

4418

ACCIDENT STATEMENT

ACCIDENT DATE: 4/4/18 (DD/MM/YYYY), TIME: 07:00 (HH:MM)

LOCATION: Bedok North Ave 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STK 41185
- b) INSURANCE COMPANY: NME Income
- c) POLICY NUMBER: 5046385349-05
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: mazda 3
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: work
- 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: Low Kia Hui (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 57537885H CONTACT: 98226257
- c) ADDRESS: Blk 7 Bedok South Ave 2
07-324

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No. of passenger
(including driver)
(1)

- DRIVER
- a) NAME: Chan Kah Keat (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 57780823E CONTACT: 8553 0477
- c) ADDRESS: Blk 7 Bedok South Ave 2
07-324

d) DATE OF BIRTH: 18/12/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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

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)
(1)

- a) VEHICLE NUMBER: SLP 2876 A MODEL: mazda mazda
- b) DRIVER'S NAME: Lau chae kong
- c) NRIC/FIN/PASSPORT: 57334007A CONTACT: _____

9. THIRD PARTY VEHICLE

No. of passenger
(including driver)
()

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

email: gobenchan@gmail.com

fax: _____
video _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7780823Z



Name

CHAN KAH KEAT

陈家杰

Race

CHINESE

Date of Birth

18-12-1977

Country of Birth

MALAYSIA

Sex
M

S7780823Z



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7780823Z

Name: CHAN KAH KEAT

Birth Date: 18 Dec 1977

Issue Date: 06 Nov 2006

001466768D

8836183



NRIC No. S7780823Z



Nationality
MALAYSIAN

Board Group

Date of issue
29-08-2003

APT BLK 7 BEDOK SOUTH AVENUE 2 #07-324
SINGAPORE 460007

NRIC No: S7780823Z

Date: 14/08/2009

No: 6183160

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

PASS DATE

Class 2B	Motorcycles <= 200 cc	06 Nov 2006
Class 3	Motor Cars <= 2000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	06 Nov 2006

NP 426A



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)
[Change Password](#)
[Log Out](#)
[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="04/04/2018 17:13"/>						
Vehicle No.(For Motor)	<input type="text" value="SJK41185"/>	<input type="button" value="Search"/>							
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5046385349-07	LOW KIA HUI (LIU JIAHUI)	S7537685H	GPC	drive CLASSIC	SJK41185	SJK41185	20/10/2017	19/10/2018
<input type="button" value="Continue"/>									

rsbm

From: Desmond Foo Guo Hui <desmond.foogh@income.com.sg>
Sent: Friday, 6 April, 2018 2:58 PM
To: rsbm@lkkauto.com
Subject: FW: MT/0989079 SJK4118S
Attachments: SJK4118S_04042018.PDF; SJK4118S_ID.jpg

Hi

I see that an earlier file was created in MT/0989085-001. Have rejected this file and created MT/0989079-002.

Please quote MT/0989079-002 when billing.

Desmond Foo
Assistant Manager, Motor Insurance
T +65 6430 7976
www.income.com.sg



From: rsbm [<mailto:rsbm@lkkauto.com>]
Sent: Friday, 6 April, 2018 10:37 AM
To: Desmond Foo Guo Hui <desmond.foogh@income.com.sg>
Subject: MT/0989079 SJK4118S

Hi Sir the above mention claim cannot create ebao thanks.

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com

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