

Date In: 11/4/18 14:11	Job description	Date & Time Completed	Done by
Ref No: MA/INC 18006661/164	SAS e-filing		
Veh No: FY 4003 M	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 11/4/18 07:50	i-Motor Claim Form	MT/0989972	11/4/18 17:00
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **54C 8253Z** INC () / Non-INC () Tel: ()

Owner / Driver: ()

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		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Idac Mobile		
	QT:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	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	11/04/2018 14:11
Date Of Accident	11/04/2018 07:50
Exact Location Of Accident	ECP TWDS CHANGI LAMP POST 277
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY4003M
Insured/Policyholder	
Name Of Registered Owner	LOUIS CHEN
NRIC No	S9022002J
Email Address	LOUIZ_22@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92777350
Alternative Phone No	OFFICE-92777350

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA GT200A
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5076982374-02
Cover Note Number	-

Driver

Name of Driver	LOUIS CHEN
NRIC No	S9022002J
Date Of Birth	20/06/1990
Occupation	INDOOR
Date Of Driving Pass	13/03/2014
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92777350
Fax Number	
Contact Number	OFFICE-92777350
Email Address	LOUIZ_22@HOTMAIL.COM

Address BLK 14A UPPER BOON KENG RD #16-973
 Postcode 381014
 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 SIDE SWIPE
 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) 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 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 SHC8253Z
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver POR AH KHENG
 NRIC/Passport Number S1196602J
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name LOUIS CHEN
 Approximate Age

Injuries Sustain

ABRASION ON KNEES, PALM

Injured person in which vehicle?

FY4003M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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:

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

ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 04 / 2018 (DD/MM/YYYY), TIME: 07 : 50 (HH:MM)

LOCATION: ECP towards Changi Airport lamp post 277

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FY4003M
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: VESPA GT5200
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Personal
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Louis Chen Jian Hui (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 89022002J CONTACT: 9277350
c) ADDRESS: BK 14A Upper Boon Keng Road #16-473

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 20 / 06 / 1990 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 5 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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) Abraction on knees and palm

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 8253Z MODEL: Taxi comfort d4g r0
b) DRIVER'S NAME: Por Ah Kheng
c) NRIC/FIN/PASSPORT: 81146602J CONTACT: _____

9. THIRD PARTY VEHICLE

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

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
(2)

*No of passenger
(including driver)
()

louiz - 22@hotmail.com

email = louiz-22@hotmail.com

fax = (1)

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9022002J**

Name: **LOUIS CHEN JIAN HUI**

Birth Date: **20 Jun 1990**

Issue Date: **13 Mar 2014**

002284294H




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9022002J**

Name: **LOUIS CHEN JIAN HUI**

陳劍輝

Race: **CHINESE**

Date of birth: **20-06-1990**

Sex: **M**

Country of birth: **SINGAPORE**





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

Class	DESCRIPTION	EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	13 Mar 2014
Class 2	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	21 Jul 2016

S / No. 9000234420

9022002J

NP 428A

Licence No: S9022002J



3745556

9022002J

NRIC No: **S9022002J**

Date of Issue: **23-07-2005**

APT BLK 14A UPPER BOON KENG ROAD #16-973
SINGAPORE 381014

S9022002J **21/09/2013**




4/11/2018

eBaoTech

Hello, NAC_PAYA_UBI_800601

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5076982374-02	LOUIS CHEN	S9022002J	GMC	Third Party	FY4003M	FY4003M	09/09/2017	08/09/2018

Continue

4/11/2018

Claim Handling

Accident MT/0989972

Policy No.	5076982374-02	Vehicle No.	FY4003M	GST Registration No.	
Policyholder Name	LOUIS CHEN	Cover Type	Third Party	Policyholder NRIC	S9022002J
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	92777350	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	11/04/2018 16:56	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	11/04/2018	Time of Accident hh:mm	07:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ECP TWDS CHANGI LAMP POST 277				

Benefits

Excess		Windscreen Excess
Own damage Excess	0.00	Additional Excess
Unnamed Driver Excess		Outside Singapore OD Excess
Third Party Excess	0.00	Outside Singapore TP Excess

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 14A #16-973	Address 2	UPPER BOON KENG ROAD	Address 3	SINGAPORE 381014
Address 4		Address Type	Singapore address	Post Code	381014
Unit No.	16-973	Related Policy Number	5076982374-02		

Q1 Driver Info

Driver Name	LOUIS CHEN	Driver Type	Main Driver	Driver DOB	20/06/1990
Unnamed driver Name		Driver NRIC	S9022002J	Driving Experience	4
Register Date of Driver License	13/03/2014	Driver Age	27	Contact No.(Home)	
Contact No.(Mobile)	92777350	Contact No.(Office)		Address 3	SINGAPORE 381014
Address 1	BLK 14A #16-973	Address 2	UPPER BOON KENG ROAD	Post Code	381014
Address 4		Address Type	Singapore address		
Unit No.	16-973			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.			

Declaration		Any injury?	<input type="radio"/> Yes <input type="radio"/> No
Breathalyser or Blood Test Reading?	0 mg		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LOUIS CHEN	Insured NRIC	S9022002J
Contact No.(Mobile)	92777350	Contact No.(Home)		Contact No.(Office)	
Email Address	LOUIZ_22@HOTMAIL.COM	Q1 Vehicle Number	FY4003M	TP Vehicle Number	SHC8253Z
Claim Description	FY4003M / SHC8253Z ON 11 Apr 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/04/2018 16:39	Claim Close Date		Date Received	11/04/2018 00:00
Report Taken By	LEW SHAN HUI				
<input type="checkbox"/> Print AK letter					
			Save	Submit	

Attachment

Accident No.	MT/0989972	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/04/2018 17:00
Path *		Category *	
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

4/11/2018

Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Apr 2018 17:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Apr 2018 17:00	SAS	Normal	SAS 2018-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Apr 2018 17:00	Photos	Normal	Photos 2018-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Apr 2018 17:00	Photos	Normal	Photos 2018-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Apr 2018 16:59	Photos	Normal	Photos 2018-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Apr 2018 16:59	Photos	Normal	Photos 2018-4-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Apr 2018 16:59	Photos	Normal	Photos 2018-4-11
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Apr 2018 16:59	Photos	Normal	Photos 2018-4-11

Video List

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