

| | | | |
|-----------------------------|--|---------------------------|----------------|
| Date In: 15/15/18 09:39 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: MA1 INC 18008781/64 | E-mail (within 3hrs, AIC 2hrs) | | |
| Veh No: FU 1322 H | i-Motor Claim Form | MT10994473 ⁰⁰¹ | 15/15/18 17:40 |
| D.O.A: 15/15/18 07:05 | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| OD: TP: Reporting Only | 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: 53L 4532 K. | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| MA1803088 | Invoice Preparation Checklist | Ant (\$) 1st Bill | Ant (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| | 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 \$180 | | |
| | 8) NTUC Additional Services - | | |
| | Q1* | | |
| QC Checked by (Engr-In-Charge): | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| Auditors' Comments:- | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non 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 | 15/05/2018 09:39 |
| Date Of Accident | 15/05/2018 07:05 |
| Exact Location Of Accident | PIE EXIT TO JURONG WEST AVE 2 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FU1322H |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN CHIA HAO |
| NRIC No | S8223843C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98976996 |
| Alternative Phone No | OFFICE-98976996 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HONDA |
| Model | CB400S.F.H.V |
| 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 | 5064287720-04 |
| Cover Note Number | - |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | TAN CHIA HAO |
| NRIC No | S8223843C |
| Date Of Birth | 31/07/1982 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 17/02/2014 |
| Driving Experience | 4 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98976996 |
| Fax Number | |
| Contact Number | OFFICE-98976996 |
| EMail Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 706 BEDOK NORTH RD #07-3410 |
| Postcode | 470706 |
| 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 - CHANGE/CROSS LANE |
| 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

I WAS RIDING ALONG PIE EXIT TO JURONG WEST AVE 2 ON THE SECOND LANE, WHEN RIDING ON MY OWN LANE, I NOTICED VEH C (BEARING NO SJV6949P) FROM THE FIRST LANE ABRUPTLY CUT INTO MY LANE WITHOUT ENSURING THE SAFETY OF ROAD USER, I BRAKE HARD TO AVOID COLLISION, BUT I SELF SKIDDED TO THE FIRST LANE AND HIT ONTO ANOTHER VEH B (BEARING NO SJL4532K) REAR RIGHT PORTION AND ALSO THE RIGHT HAND SIDE OF THE VEH B.

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 | SJL4532K |
| 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 2

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SJV6949P |
| 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 INJURED PERSON 1

| | |
|---|---------------|
| Name | TAN CHIA HAO |
| Approximate Age | |
| Injuries Sustain | SPRAIN ANGKLE |
| Injured person in which vehicle? | FU1322H |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |


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

Self skidded.

A = FU 1322 H
B = SJL 4532 K
C = SJV 6949 P

PIE Exit to Jurong West Ave 2.

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8223843C



Name
TAN CHIA HAO
(CHEN ZHENGHAO)
陈正豪

Race
CHINESE

Date of birth
31-07-1982

Country/Place of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8223843C

Name
TAN CHIA HAO
(CHEN ZHENGHAO)

Birth Date 31 Jul 1982

Issue Date 26 Jun 2003




5186615



NRIC No. S8223843C



Date of issue
26-06-2013

Address
PT BLK 706 BEDOK NORTH ROAD
#07-3410
SINGAPORE 470706

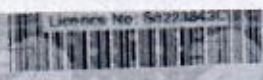
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| CLASS | VEHICLE CLASS | PASS DATE |
|----------|---|-------------|
| Class 2B | Motorcycles <= 200 CC | 26 Jun 2003 |
| Class 2A | Motorcycles between 201 CC and 400 CC | 17 Feb 2014 |
| Class 3 | Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg | 30 Nov 2010 |

S8223843C

S/No. 9000189913

License No. S8223843C



NP 428A

eBaoTech

[Change Language](#)[Change Password](#)[Log Out](#)

Hello, NAC_PAYA_UBI_800601

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

15/05/2018 09:29

Vehicle No.(For Motor)

FU1322H

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|-------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5064287720-04 | TAN CHIA HAO | S8223843C | GMC | Third Party | FU1322H | FU1322H | 18/02/2018 | 17/02/2019 |

5/15/2018

Claim Handling

Accident MT/0994473

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No. | 5064287720-04 | Vehicle No. | FU1322H | GST Registration No. | |
| Policyholder Name | TAN CHIA HAO | Cover Type | Third Party | Policyholder NRIC | 58223843C |
| Product Code | MOTORCYCLE INSURANCE | Contact No.(Office) | | Loading | 0 |
| Contact No.(Mobile) | 98976996 | Special Remark | | Contact No.(Home) | |
| Email Address | | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode | No |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | NCD Entitlement(%) | 20 | eCode Reason | |
| NCD Protection | No | | | Private Hire | No |

▼ Accident Details

| | | | | | |
|-------------------|-------------------------------|-------------------------------|-------|---------------------|----------------------------|
| Report Date | 15/05/2018 17:34 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Change / Cross |
| Date of Accident | 15/05/2018 | Time of Accident hh:mm | 07:05 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | PIE EXIT TO JURONG WEST AVE 2 | | | | |

▼ Benefits

▼ Excess

| | | | | | |
|-----------------------|------|-----------------------------|--|-------------------|--|
| Own damage Excess | 0.00 | Additional Excess | | Windscreen 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 706 #07-3410 | Address 2 | BEDOK NORTH RD | Address 3 | SINGAPORE 470706 |
| Address 4 | | Address Type | Singapore address | Post Code | 470706 |
| Unit No. | | Related Policy Number | 5064287720-04 | | |

▼ O1 Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|------------------|
| Driver Name | TAN CHIA HAO | Driver Type | Main Driver | Driver DOB | 31/07/1982 |
| Unnamed driver Name | | Driver NRIC | 58223843C | Driving Experience | 14 |
| Register Date of Driver License | 26/06/2003 | Driver Age | 35 | Contact No.(Home) | |
| Contact No.(Mobile) | 98976996 | Contact No.(Office) | | Address 3 | SINGAPORE 470706 |
| Address 1 | BLK 706 #07-3410 | Address 2 | BEDOK NORTH RD | Post Code | 470706 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | | | | Driver Insurer Company | |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | | |

Declaration

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

Modification History

Claim 001

New

| | | | | | |
|--------------------------------|-----------------------------------|----------------------------|----------------------------------|---------------------|------------------|
| Claim Type * | OD-MX | Insured Name | TAN CHIA HAO | Insured NRIC | 58223843C |
| Contact No.(Mobile) | 90681669 | Contact No.(Home) | 64410259 | Contact No.(Office) | |
| Email Address | | O1 Vehicle Number | FU1322H | TP Vehicle Number | SJL4532K |
| Claim Description | FU1322H / SJL4532K ON 15 May 2018 | Name of Preferred Workshop | | | |
| Preferred Workshop Contact No. | 0 | Insured Liability * | Partially at Fault | GIA report | Received |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received | 15/05/2018 00:00 |
| Date Registered | 15/05/2018 17:39 | Claim Close Date | | | |
| Report Taken By | LEW SHAN HUI | | | | |

☒ Print AK letter

Save Submit

Attachment

| | | | | | |
|--------------------|---|-------------|------------------|--------------|-----------|
| Accident No. | MT/0994473 | Claim No. | 001 | | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 15/05/2018 17:40 | | |
| Path * | | Category * | | Confidential | Urgency * |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |
| Choose File | No file chosen | Clear | Please Select | NO | Normal |

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

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Attachment List

| Attachment | Uploaded By/Date | Category | Urgency | Description |
|--|--|-----------------------|---------|---------------------------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2018 17:40 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-5-15 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2018 17:40 | SAS | Normal | SAS 2018-5-15 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2018 17:40 | Photos | Normal | Photos 2018-5-15 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2018 17:40 | Photos | Normal | Photos 2018-5-15 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2018 17:40 | Photos | Normal | Photos 2018-5-15 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2018 17:40 | Photos | Normal | Photos 2018-5-15 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2018 17:39 | Photos | Normal | Photos 2018-5-15 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2018 17:39 | Photos | Normal | Photos 2018-5-15 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2018 17:39 | Photos | Normal | Photos 2018-5-15 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2018 17:39 | Photos | Normal | Photos 2018-5-15 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2018 17:39 | Photos | Normal | Photos 2018-5-15 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 May 2018 17:39 | Photos | Normal | Photos 2018-5-15 |

Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|----------------------------------|-------------------------------|
| | | <div>Display in New Window</div> | <div>Scan and uploading</div> |