

Date In: 416118 09:05	Job description	Date & Time Completed	Done by
Ref No: MA1140180#10015164	SAS e-filing		
Veh No: SLG, SLG 680H	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 316118 09:00	i-Motor Claim Form	MT10997007 ⁻⁰⁰¹	416118 10:43.
OD <input checked="" type="checkbox"/> 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: SJB 9978R.	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

MA180 3523	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) 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: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
QC Checked by (Engr-In-Charge):	*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 (Non INC) against INC \$20		
	9) N12: Idno Mobile 30		
Auditors' Comments :-	Invoice dated	Fee Charged	
Dat 1:	Invoice dated	Fee Charged	
Dat 2/3:			

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	04/06/2018 09:05
Date Of Accident	03/06/2018 09:00
Exact Location Of Accident	MARINE PARADE CENTRAL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG680H
Insured/Policyholder	
Name Of Registered Owner	TANG KWAI LENG
NRIC No	S1200643H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96200187
Alternative Phone No	OFFICE-96200187

Vehicle Particulars

Manufacturer	NISSAN
Model	NOTE 1.2 DIG-S CVT 2WD LED
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	5094028766
Cover Note Number	-

Driver

Name of Driver	YEO YONG KIAT (YANG YONGJIE)
NRIC No	S8331629B
Date Of Birth	08/10/1983
Occupation	INDOOR
Date Of Driving Pass	31/01/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97471320
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	65 LOR G TELOK KURAU #02-04
Postcode	426323
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 - MAJOR/MINOR RD
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	3
Passenger 1	NAME: : TANG THENG CHOR GENDER: : MALE
Passenger 2	NAME: : AH YONG 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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE FAIL TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB9978R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SELINA
NRIC/Passport Number	
Contact Number	94566235
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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

Marine Parade Central Carpark

A = SLG 680H
B = SJB 9978R

B = SJB 9978 R

Marine Parade Central Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting to exit parking lot. Vehicle B drove past in front and came to a stop that indicated that the driver was waiting to reverse park. I started to move out of the parking lot. As I was moving out, Vehicle B started to reverse and hit the front left of my vehicle (i.e. Vehicle A).

I was waiting to exit parking lot. Vehicle B drove past in front and came to a stop that indicated that the driver was waiting to reverse park. I started to move out of the parking lot. As I was moving out, Vehicle B started to reverse and hit the front left of my vehicle (i.e. Vehicle A).

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

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 **DRIVING LICENCE**

Licence Number: **S8331629B**

Name: **YEO YONG KIAT (YANG YONGJIE)**

Birth Date: **08 Oct 1983**

Issue Date: **31 Jan 2008**

001560987B




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8331629B

Name: **YEO YONG KIAT (YANG YONGJIE)**
杨永杰

Race: **CHINESE**

Date of birth: **08-10-1983**

Country/Place of birth: **SINGAPORE**

Sex: **M**





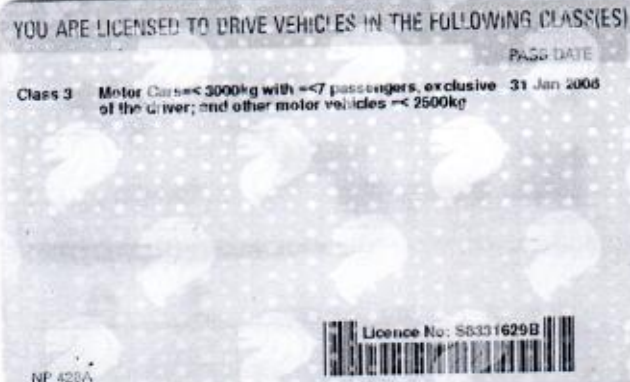

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg

31 Jan 2008

NP 428A

Licence No: S8331629B



5229698

NRIC No. **S8331629B**

Date of issue: **17-10-2013**

Address: **65 LORONG G TELOK KURAU #02-04 SINGAPORE 426323**




My Desktop
Notice of Loss

Policy Query

Policy No.

Date of Accident

03/06/2018 09:03

Vehicle No.(For Motor)

SLG680H

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094028766	TANG KWAI LENG	S1200643H	GPC	drive CLASSIC	SLG680H	SLG680H	20/09/2017	19/09/2018

Continue

Claim Handling

Accident MT/0997007

Policy No.	5094028766	Vehicle No.	SLG680H	GST Registration No.	
Policyholder Name	TANG KWAI LENG	Cover Type	drive CLASSIC	Policyholder NRIC	S1200643H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96200187	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No
▼ Accident Details					
Report Date	04/06/2018 10:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Roa
Date of Accident	03/06/2018	Time of Accident hh:mm	09:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MARINE PARADE CENTRAL CARPARK				
▼ Benefits					
▼ Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	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	65 LORONG G TELOK KURAU	Address 2	#02-04 SUNNY PALMS	Address 3	SINGAPORE 426323
Address 4		Address Type	Singapore address	Post Code	426323
Unit No.		Related Policy Number	5094028766		
▼ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/10/1983
Unnamed driver Name	YEO YONG KIAT (YANG YONGJIE	Driver NRIC	S8331629B	Driving Experience	10
Register Date of Driver License	31/01/2008	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	97471320	Contact No.(Office)		Address 3	SINGAPORE 426323
Address 1	65 LORONG G TELOK KURAU	Address 2	#02-04 SUNNY PALMS	Post Code	426323
Address 4		Address Type	Singapore address		
Unit No.	02-04			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TANG KWAI LENG	Insured NRIC	S1200643H
Contact No.(Mobile)	96200187	Contact No.(Home)	65226428	Contact No.(Office)	
Email Address	kwailengtang@yahoo.com.sg	OI Vehicle Number	SLG680H	TP Vehicle Number	SJB9978R
Claim Description	SLG680H / SJB9978R ON 3 Jun 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	04/06/2018 10:42	Claim Close Date		Date Received	04/06/2018 00:00
Report Taken By	LIEW SHAN HUI				
Print AK letter					
Save Submit					

Attachment

Accident No.	MT/0997007	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	04/06/2018 10:43		
Path *					
Choose File	No file chosen	Category *	Confidential	Urgency *	Descr
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	

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

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 Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:43	SAS	Normal	SAS 2018-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:43	Photos	Normal	Photos 2018-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:43	Photos	Normal	Photos 2018-6-4
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:42	Photos	Normal	Photos 2018-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:42	Photos	Normal	Photos 2018-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:42	Photos	Normal	Photos 2018-6-4
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:42	Photos	Normal	Photos 2018-6-4
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jun 2018 10:42	Photos	Normal	Photos 2018-6-4

▼ Video List

Uploaded By/Date	Folder Date	File Name		Source
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