

Date In: 11/16/18 15:25	Job description	Date & Time Completed	Done by
Ref No: MA/INC 18010587164	SAS e-filing		
Veh No: SLM 58175.	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 7/16/18 23:00	i-Motor Claim Form	MT/0998221 ⁰⁰¹	11/16/18 19:06.
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **Unknown** 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	Ant (\$)	Ant (\$)
		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) TP: 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		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	9) N12: Idac Mobile \$0		
	*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		
	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	11/06/2018 15:25
Date Of Accident	07/06/2018 23:00
Exact Location Of Accident	MACPHERSON RD BEFORE TURNING TO PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5817S
Insured/Policyholder	
Name Of Registered Owner	SG VEHICLE RENTAL PRIVATE LIMITED
Co Reg No	201136198R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97319460

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5101129823
Cover Note Number	-

Driver

Name of Driver	LEE CHOON SENG
NRIC No	S1500837G
Date Of Birth	31/01/1961
Occupation	OUTDOOR
Date Of Driving Pass	17/09/1985
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98582797
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 114 POTONG PASIR AVE 1 #13-866
Postcode	350114
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	2
Passenger 1	NAME: : LIM KOK HONG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	UNKNOWN
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 LEE CHOON SENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLM5817S

Were seat belts worn? YES

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.

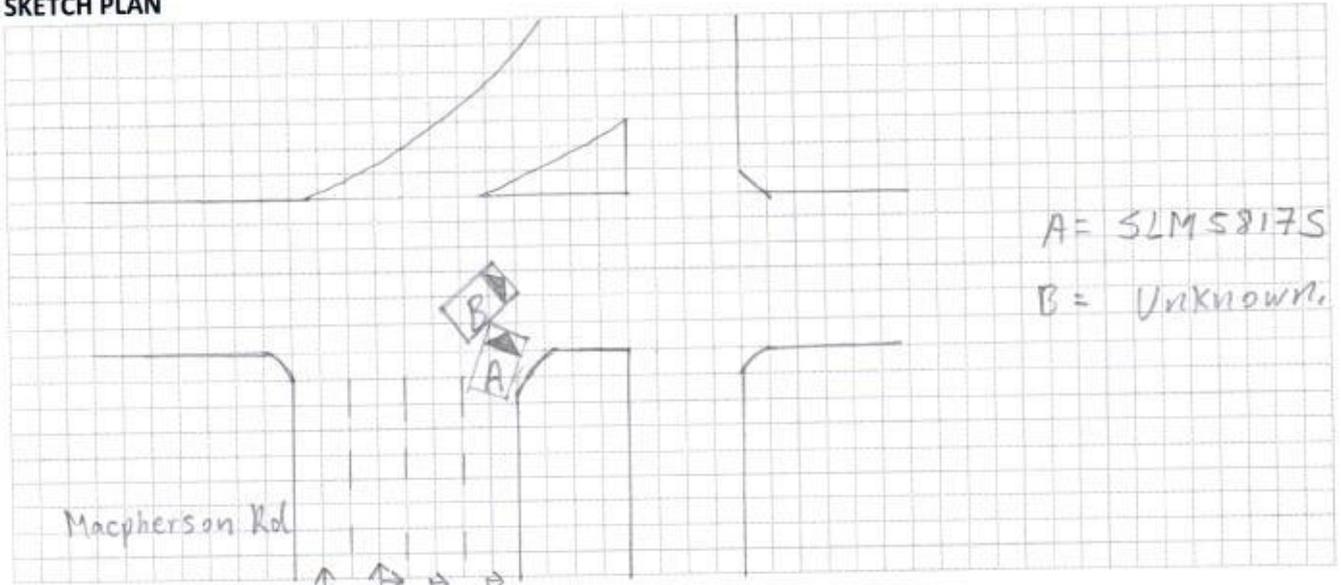


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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



Policyholder's Signature
Date & Time:

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

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



Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2018 00:54	Vide Report No.:	Station Diary No.: 7
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Informant's Particulars			
Name of Informant: LEE CHOON SENG		Address: APT BLK 114 POTONG PASIR AVENUE 1 #13-866 SINGAPORE 350114	
ID Type / ID No.: NRIC NO / S1500837G		Contact No.: Home/Office:	Mobile: 98582797
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 31/01/1961	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/06/2018 23:00	Type of Location: Straight Road
Location: Along Road 1 MACPHERSON ROAD				
Macpherson road before turning to PIE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLM5817S	Car	NISSAN	GRAB DRIVER	Brown	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180608/2000

2 of 3

Report No. T/20180608/2000

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver			
Name	LEE CHOON SENG	ID No.	S1500837G
Related Vehicle	SLM5817S (Car)	Contact No.	98582797
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/06/2018 at about 2300hrs, I was traveling on the most right lane along Macpherson Road. My car plate number SLM5817S and there was one passenger in my vehicle at that point of time.

I slowed down my vehicle as I was making a right turn towards upper serangoon road at the junction. However, suddenly there was a lorry drive at a very fast speed cut through the junction which I was making a right turn. As such the lorry hit the left front part of my vehicle. Both my passenger and myself did not sustain any injuries.

I wish to state that the lorry travelled at very fast speed and even after he hit my vehicle, he did not stop his lorry and drive past. I did not manage to see the lorry car plate number since he did not slow down or stop to make a check. I have a passenger name Lim Kok Hong (HP:86112166) who also witness the process. I have installed a front camera in my vehicle. However I am unsure if the camera captures the incident.



**SINGAPORE
POLICE FORCE**



T/20180608/2000

3 of 3

Report No. T/20180608/2000

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

E /
Sgt 2 XIA XUE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /
SSI GOH GEOK LYE
Contact No.: 65476148

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

08/06/2018 00:54

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 168

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. **S1500837G**

Name: **LEE CHOON SENG**

Birth Date: **31 Jan 1961**

Issue Date: **13 Jan 2003**

000116490K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1500837G**

Name: **LEE CHOON SENG**

李春城

Race: **CHINESE**

Date of Birth: **31-01-1961** Sex: **M**

Country of Birth: **SINGAPORE**

S1500837G




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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Sep 1985

NP 429A

Licence No. **S1500837G**

0644480

S1500837G

NRIC No. **S1500837G**

Blood Group: **A+** Date of issue: **30-11-1992**

Address: **APT BLK 114 POTONG PASIR AVENUE 1 #13-866 SINGAPORE 350114**

NRIC No: **S1500837G** Date: **06/11/2007** No: **577954**




My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101129823	SG VEHICLE RENTAL PRIVATE LIMITED	201136198R	GPC	drivo CLASSIC	SLM5817S	SLM5817S	01/06/2018	31/05/2019

Continue

Claim Handling

The premium on this policy has not been collected.

Accident MT/0998221

Policy No.	5101129823	Vehicle No.	SLM5817S	GST Registration No.	
Policyholder Name	SG VEHICLE RENTAL PRIVATE LIMITED	Cover Type	drive CLASSIC	Policyholder NRIC	201136198R
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97319460	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	11/06/2018 19:04	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	07/06/2018	Time of Accident hh:mm	23:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MACPHERSON RD BEFORE TURNING TO PIE				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	170 UPPER BUKIT TIMAH ROAD	Address 2	#03-19 BUKIT TIMAH SHOPPING	Address 3	SINGAPORE 588179
Address 4		Address Type	Singapore address	Post Code	588179
Unit No.		Related Policy Number	5101319756		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	31/01/1961
Unnamed driver Name	LEE CHOON SENG	Driver NRIC	S1500837G	Driving Experience	32
Register Date of Driver License	17/09/1985	Driver Age	57	Contact No.(Home)	
Contact No.(Mobile)	98582797	Contact No.(Office)		Address 3	SINGAPORE 350114
Address 1	BLK 114 #13-866	Address 2	POTONG PASIR AVENUE 1	Post Code	350114
Address 4		Address Type	Singapore address		
Unit No.	13-866			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
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SG VEHICLE RENTAL PRIVATE L	Insured NRIC	201136198R
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		O1 Vehicle Number	SLM5817S	TP Vehicle Number	
Claim Description	SLM5817S ON 7 Jun 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/06/2018 19:04	Claim Close Date		Date Received	11/06/2018 00:00
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0998221	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/06/2018 19:06
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		

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

Send

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:06	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:06	SAS	Normal	SAS 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:05	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:05	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:05	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:05	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:05	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:05	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:04	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:04	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:04	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:04	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:04	Photos	Normal	Photos 2018-6-11
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jun 2018 19:04	Photos	Normal	Photos 2018-6-11

Video List

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

Scan and uploading