

MMA 118076297.

Date In	Job description	Date & Time Completed	Done by
12/6/18 16:02	SAS e-filing		
Ref No: NA1 INC18010718 1h4	E-mail (within 5hrs, AIG 2hrs)		
Veh No: GBB 71832	i-Motor Claim Form	MT/0998413 ⁻⁰⁰¹	12/6/18 16:45
D.O.A: 12/6/18 12:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <u>TP</u> 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: SKV 5858M.		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

		Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
NA1803690				
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 \$160		
		8) NTUC Additional Services -		
QC Checked by (Engr-In-Charge):		QD*		
		*N5: Courtesy Car / Tpt Allowance \$5		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-		TP (N11) : TP (N-n INC) against INC \$20		
Ref 1:		9) N12: Idac Mobile 30		
Ref 2 / 3:		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	12/06/2018 16:02
Date Of Accident	12/06/2018 12:30
Exact Location Of Accident	PUAY HEE AVE PARALLEL PARKING LOT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7183Z
Insured/Policyholder	
Name Of Registered Owner	YONG SHENG AIR-CONDITIONING SERVICES
Co Reg No	53111216X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92747701

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094980305
Cover Note Number	-

Driver

Name of Driver	TAN GUAN SIONG
NRIC No	S6833694E
Date Of Birth	26/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	18/02/1989
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92747701
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 218 TAMPINES ST 24 #05-20
Postcode	520218
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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

AFTER I PARKED INSIDE THE PARALLEL PARKING LOT ALONG PUAY HEE AVE, I STILL INSIDE MY VEH, VEH B (BEARING NO SKV5858M) COMING FROM BEHIND SQUEEZE THRU BETWEEN MY VEH AND A VEH WHICH WAS PARKED IN FRONT A PRIVATE HOUSE NO 9 AND GRAZED ONTO MY VEH RIGHT HAND SIDE.

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	SKV5858M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZOU YUANZONG
NRIC/Passport Number	S8477185F
Contact Number	96561758
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN GUAN SIONG
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBG7183Z

YES

NO

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.

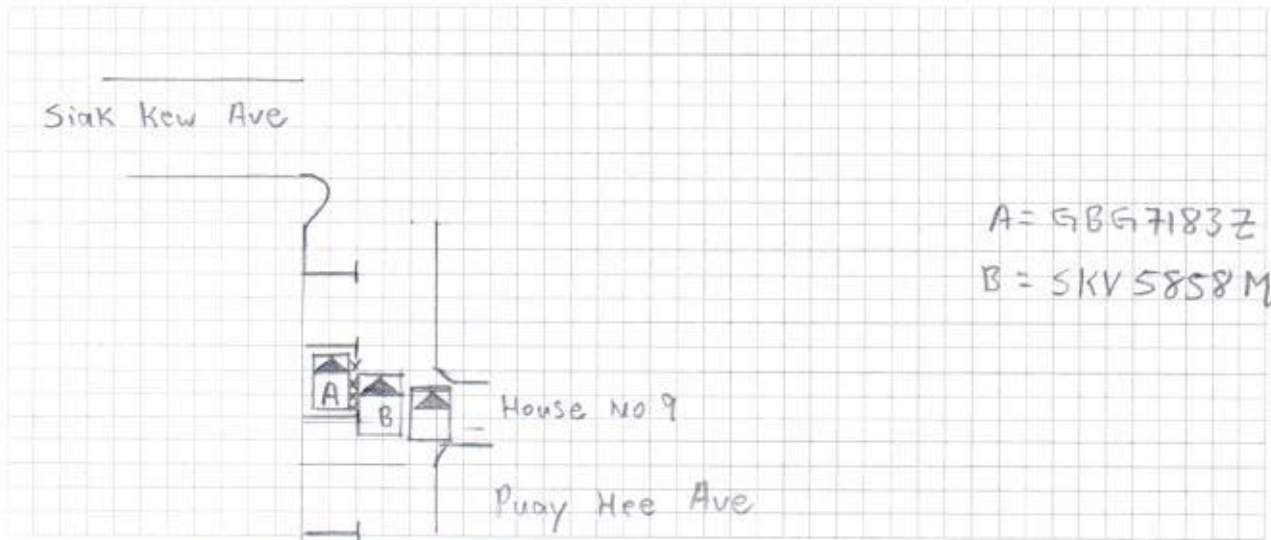
永胜冷气服务
YONG SHENG AIR-CONDITIONING SERVICES
Blk 218 Tampines Street 24 #05-20
Singapore 520218

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 statement

DECLARATION

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

永胜冷气服务
YONG SHENG AIR-CONDITIONING SERVICES
Blk 218 Tampines Street 24 #05-20
Singapore 520218
Tel: 6260 5398 HP: 9274 7701

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

License Number: **S6833694E**

Name: **TAN GUAN SIONG**

Birth Date: **26 Sep 1968**

Issue Date: **15 Jan 2003**

000121274H



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6833694E

Name: **TAN GUAN SIONG**

Race: **CHINESE**

Date of birth: **26-09-1968**

Country/Place of birth: **SINGAPORE**

Sex: **M**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 3: Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Class 4: Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

PASS DATE: **16 Feb 19**

08 Oct 1993

Licence No: **S6833694E**

NP 4000



5533684

S6833694E

Date of issue: **20-11-2015**

Address: **APT BLK 218 TAMPINES STREET 24 #05-20 SINGAPORE 520218**



Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094980305	YONG SHENG AIR- CONDITIONING SERVICES	53111216X	GCV	Comprehensive	GBG7183Z	GBG7183Z	12/10/2017	11/10/2018

Claim Handling

Accident MT/0998413

Policy No.	5094980305	Vehicle No.	GBG7183Z	GST Registration No.	
Policyholder Name	YONG SHENG AIR-CONDITIONING SERVICES			Policyholder NRIC	53111216X
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	92747701	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ Accident Details

Report Date	12/06/2018 16:36	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	12/06/2018	Time of Accident hh:mm	12:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PUJAY HEE AVE PARALLEL PARKING LOT				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
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	No
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 218 #05-20	Address 2	TAMPINES STREET 24	Address 3	SINGAPORE S20218
Address 4		Address Type	Singapore address	Post Code	S20218
Unit No.		Related Policy Number	5094980305		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/09/1968
Unnamed driver Name	TAN GUAN SIONG	Driver NRIC	S6833694E	Driving Experience	29
Register Date of Driver License	18/02/1989	Driver Age	49	Contact No.(Home)	
Contact No.(Mobile)	92747701	Contact No.(Office)		Address 3	SINGAPORE S20218
Address 1	BLK 218 #05-20	Address 2	TAMPINES STREET 24	Post Code	S20218
Address 4		Address Type	Singapore address		
Unit No.	05-20				
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

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	YONG SHENG AIR-CONDITIONING SERVICES	Insured NRIC	53111216X
Contact No.(Mobile)	92747701	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		O1 Vehicle Number	GBG7183Z	TP Vehicle Number	SKV5858M
Claim Description	GBG7183Z / SKV5858M ON 12 Jun 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	12/06/2018 00:00
Date Registered	12/06/2018 16:44	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/0998413	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/06/2018 16:45		
Path *		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	

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2018 16:45	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2018 16:45	SAS	Normal	SAS 2018-6-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2018 16:45	Photos	Normal	Photos 2018-6-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2018 16:45	Photos	Normal	Photos 2018-6-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2018 16:45	Photos	Normal	Photos 2018-6-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2018 16:45	Photos	Normal	Photos 2018-6-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2018 16:44	Photos	Normal	Photos 2018-6-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2018 16:44	Photos	Normal	Photos 2018-6-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2018 16:44	Photos	Normal	Photos 2018-6-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2018 16:44	Photos	Normal	Photos 2018-6-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2018 16:44	Photos	Normal	Photos 2018-6-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jun 2018 16:44	Photos	Normal	Photos 2018-6-12

Video List

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

Scan and uploading