

Date In	5/7/18 13:51	Job Description	SAS e-filing	Date & Time Completed	Done by
Ref No	NA/INC18012255/64	E-mail (within 2hrs, 2P, 2005)			
Veh No	GX 2930T	i-Motor Claim Form		M7/1001807 -001	5/7/18 16:16,
DDA	5/7/18 10:15.	i-Motor W/O (Within 24 hrs, 1P, 400)			
OD <input checked="" type="checkbox"/> Reporting Only		i-Photo Uploaded			
TP Insurer:		Assessment/Survey Report			
		Ass't Report by Fax / Hand to Owner/Wksp			

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

TP Particulars: Veh No: **SKK 2681H.** 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 (\$)
		Est Bill	Est 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) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming assist INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services -		
	QI*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	IP (M1): TP (Non-INC) against INC \$20		
	9) NI2: Idac Mobile \$0		
	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	05/07/2018 13:51
Date Of Accident	05/07/2018 10:15
Exact Location Of Accident	SERANGOON NORTH AVE 5 INFRONT 5A BUILDING ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX2930T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIN KIAN CHAI FOWLS DISTRIBUTOR
Co Reg No	40100100L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96708559

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5027383334-10
Cover Note Number	-

### Driver

Name of Driver	NG WILLIAM
NRIC No	S1613800B
Date Of Birth	26/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	02/10/1996
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90162617
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 601 AMK AVE 5 #03-2617  
 Postcode 560601  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident COLLISION - HEAD ON COLLISION  
 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: : TING SIEW LEE  
 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**

I WAS TRAVELLING ALONG SERANGOON NORTH AVE 5, WHILE APPROCHING ENTRANCE OF 5A SERANGOON NORTH AVE 5 (ST MICROELECTRONICS) BUILDING, SUDDENLY VEH B (BEARING NO SKK2681H) FROM THE OPPOSITE DIRECTION MAKE A RIGHT TURN INTO THE BUILDING, I IMMEDIATELY MANAGE MY BRAKE BUT VEH B STILL COLLIDED ONTO MY VEH RIGHT FRONT PORTION.

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: HAVENT RETRIEVE  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKK2681H  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver TAN BENG TAT  
 NRIC/Passport Number S7667627E  
 Contact Number  
 Address  
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name NG WILLIAM

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? GX2930T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name TING SIEW LEE

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? GX2930T

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:

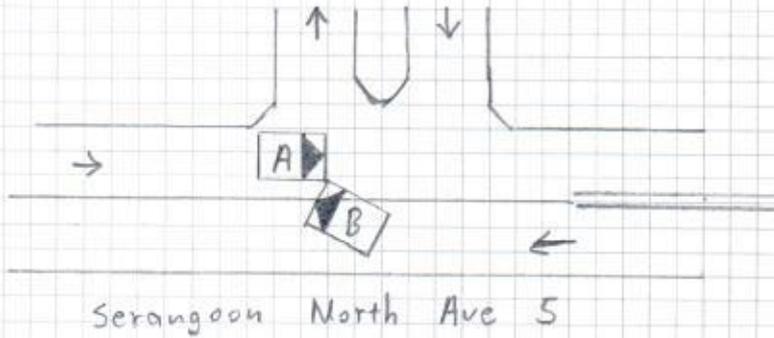
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

(ST Microelectronics)

SA Serangoon North Ave 5



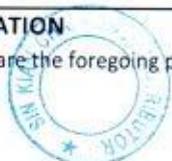
A = GX2930T  
B = SKK2681H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to statement

DECLARATION

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



*[Handwritten signature]*

*[Handwritten signature]*

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. S1613800B



Name  
 NG WILLIAM

黄 威 廉

Race  
 CHINESE

Date of birth  
 26-08-1963

Sex  
 M

Country of birth  
 SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S161380  
 Name  
 NG WILLIAM

Birth Date 26 Aug 1963  
 Issue Date 30 Sep 2005




001371555H

3782910



NRIC No. S1613800B



Date of issue  
 30-09-2005

Address  
 APT BLK 601 ANG MO KIO AVENUE 5  
 #03-2617  
 SINGAPORE 560601

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

Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors vehicles <= 2500 kg

PASS DATE  
 02 Oct 1996

NP 428A

Licence No: S1613800B



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**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"/>	5027383334-10	SIN KIAN CHAI FOWLS DISTRIBUTOR	40100100L	GCV	Third Party, Fire & Theft	GX2930T	GX2930T	24/03/2018	23/03/2019

## Claim Handling

Accident MT/1001807

Policy No.	S027383334-10	Vehicle No.	GX2930T	GST Registration No.	
Policyholder Name	SIN KIAN CHAI FOWLS DISTRIBUTOR			Policyholder NRIC	40100100L
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	96708559	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(%)	20	Private Hire	No

## ▼ Accident Details

Report Date	05/07/2018 16:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	05/07/2018	Time of Accident hh:mm	10:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SERANGOON NORTH AVE 5 INFRONT 5A BUILDING ENTRANCE				

## ▼ Benefits

## ▼ Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
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 212 #11-291	Address 2	JURONG EAST STREET 21	Address 3	SINGAPORE 600212
Address 4		Address Type	Singapore address	Post Code	600212
Unit No.		Related Policy Number	5071277476-03		

## ▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/08/1963
Unnamed driver Name	NG WILLIAM	Driver NRIC	S1613800B	Driving Experience	21
Register Date of Driver License	02/10/1996	Driver Age	54	Contact No.(Home)	
Contact No.(Mobile)	90162617	Contact No.(Office)		Address 3	Y10 CHU KANG GREEN
Address 1	BLK 601 #03-2617	Address 2	ANG MO KIO AVENUE 5	Post Code	560601
Address 4	SINGAPORE 560601	Address Type	Singapore address		
Unit No.	03-2617	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> 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	SIN KIAN CHAI FOWLS DISTRIB	Insured NRIC	40100100L
Contact No.(Mobile)	96708559	Contact No.(Home)		Contact No.(Office)	65630572
Email Address		O1 Vehicle Number	GX2930T	TP Vehicle Number	SKK2681H
Claim Description	GX2930T / SKK2681H ON 5 Jul 2018			Name of Preferred Workshop	@
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	05/07/2018 00:00
Date Registered	05/07/2018 16:15	Claim Close Date			
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1001807	Claim No.	001			
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/07/2018 16:16			
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

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 05 Jul 2018 16:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:16	SAS	Normal	SAS 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:16	Photos	Normal	Photos 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:16	Photos	Normal	Photos 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:16	Photos	Normal	Photos 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:16	Photos	Normal	Photos 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:16	Photos	Normal	Photos 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:15	Photos	Normal	Photos 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:15	Photos	Normal	Photos 2018-7-5
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:15	Photos	Normal	Photos 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:15	Photos	Normal	Photos 2018-7-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Jul 2018 16:15	Photos	Normal	Photos 2018-7-5

Video List

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