

Date In: 6/7/18 17:27	Job description:	Date & Time Completed:	Done by:
Ref No: MA(INC)18012363/44	SAS e-filing		
Veh No: SKP 9567H	E-mail (within 5hrs, A/C 2hrs)		
DOA: 6/7/18 16:15	i-Motor Claim Form	MT/1002046-⁰⁰¹	7/7/18 14:51
OP: D Reporting Only	i-Motor W/O (Within 5hrs, A/C 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 / GW: (Tel: Fax:)

TP Particulars:	Veh No: XD9295B.	INC () / Non-INC ()	Tel: ()
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

MA1804282	Invoice Preparation Checklist	Amt (\$)	Amt (€)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$10		
	For claiming against INC Only. (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QIR:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Express Coordination \$5		
Auditors' Comments :-	TP (NI1) - TP (w/in INC) against INC \$20		
Ref 1:	9) NI2: Idac Mobile \$10		
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	06/07/2018 17:27
Date Of Accident	06/07/2018 16:15
Exact Location Of Accident	AYE TWDS TUAS B4 CLEMENTI AVE 6 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKP9567H
Insured/Policyholder	
Name Of Registered Owner	TAY BAN HOCK
NRIC No	S8423762J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97124127
Alternative Phone No	OFFICE-97124127
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 180 BLUEEFFICIENCY
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	5094316921
Cover Note Number	-
Driver	
Name of Driver	TAY BAN HOCK
NRIC No	S8423762J
Date Of Birth	20/08/1984
Occupation	INDOOR
Date Of Driving Pass	14/04/2003
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97124127
Fax Number	
Contact Number	OFFICE-97124127
Email Address	NOEMAIL

Address	BLK 581 WOODLANDS DR 16 #11-490
Postcode	730581
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)	2
Passenger 1	NAME: : AL GENDER: : MALE

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 AYE TWDS TUAS BEFORE THE CLEMENTI AVE 6 EXIT. I WAS ON THE EXTREME LEFT LANE, SUDDENLY I FELT AN IMPACT FROM THE RIGHT SIDE. AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO XD9295B) AT THE SECOND LANE FROM THE LEFT CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT REAR PORTION.

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	XD9295B
Vehicle Make/Model/Colour	
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	TAY BAN HOCK
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SKP9567H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	AL
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SKP9567H
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

Bus stop

A = SKP 9567 H
B = XD 9295 B.

AYE twds Tuas B4 Clementi Ave 6 Exit.

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. S8423762J



Name
TAY BAN HOCK
(ZHENG WANFU)

郑 万 福

Race
CHINESE

Date of birth
20-08-1984

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
Name S8423762J



TAY BAN HOCK
(ZHENG WANFU)

Birth Date 20 Aug 1984

Issue Date 16 Jun 2014



S328494



NRIC No. S8423762J



Date of issue
27-06-2014

Address
APT BLK 581 WOODLANDS DRIVE 16
#11-490
SINGAPORE 730581

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 14 Apr 2003



NP 428A

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"/>	5094316921	TAY BAN HOCK	S8423762J	GPC	drive CLASSIC	SKP9567H	SKP9567H	27/10/2017	26/10/2018

Claim Handling

Accident MT/1002046

Policy No.	5094316921	Vehicle No.	SKP9567H	GST Registration No.	
Policyholder Name	TAY BAN HOCK			Policyholder NRIC	S8423762J
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97124127	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(%)	10	Private Hire	No
Accident Details					
Report Date	07/07/2018 14:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	06/07/2018	Time of Accident hh:mm	16:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TWDS TUAS B4 CLEMENTI AVE 6 EXIT				
Benefits					
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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	BLK 581 #11-490	Address 2	WOODLANDS DRIVE 16	Address 3	SINGAPORE 730581
Address 4		Address Type	Singapore address	Post Code	730581
Unit No.	11-490	Related Policy Number	5094316921		
OI Driver Info					
Driver Name	TAY BAN HOCK (ZHENG WANFU)	Driver Type	Main Driver	Driver DOB	20/08/1984
Unnamed driver Name		Driver NRIC	S8423762J	Driving Experience	15
Register Date of Driver License	14/03/2003	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	97124127	Contact No.(Office)		Address 3	SINGAPORE 730581
Address 1	BLK 581 #11-490	Address 2	WOODLANDS DRIVE 16	Post Code	730581
Address 4		Address Type	Singapore address		
Unit No.	11-490				
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		

Modification History

Claim 001 **New**

Claim Type *	OD-MX ▼	Insured Name	TAY BAN HOCK	Insured NRIC	S8423762J
Contact No.(Mobile)		Contact No.(Home)	5612692	Contact No.(Office)	
Email Address		OI Vehicle Number	SKP9567H	TP Vehicle Number	XD9295B
Claim Description	SKP9567H / XD9295B ON 6 Jul 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault ▼		
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	GIA report	Received
Date Registered	07/07/2018 14:50	Claim Close Date		Date Received	07/07/2018 00:00
Report Taken By	LIEW SHAN HUI				

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1002046	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/07/2018 14:51		
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 ▼	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 14:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 14:51	SAS	Normal	SAS 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 14:51	Photos	Normal	Photos 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 14:51	Photos	Normal	Photos 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 14:51	Photos	Normal	Photos 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 14:51	Photos	Normal	Photos 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 14:51	Photos	Normal	Photos 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 14:51	Photos	Normal	Photos 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 14:51	Photos	Normal	Photos 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 14:50	Photos	Normal	Photos 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 14:50	Photos	Normal	Photos 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 14:50	Photos	Normal	Photos 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 14:50	Photos	Normal	Photos 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 14:50	Photos	Normal	Photos 2018-7-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Jul 2018 14:50	Photos	Normal	Photos 2018-7-7

Video List

Uploaded By/Date	Folder Date	File Name	Source
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