

Date In: 11/7/18 16:15	Job description	Date & Time Completed	Done by
Ref No: NA11MC18012640/h4	SAS e-filing		
Veh No: XE 2032J	E-mail (within Mins, A/C 2hrs)		
D.O.A: 11/7/18 10:30.	i-Motor Claim Form	MT/10 026 28 201	12/7/18 09:37.
OB: TP * Reporting Only	i-Motor W/O (Within 01 hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whsp		

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

TP Particulars: Vch No: Traffic light. 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

MA1804384		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-				Est Bill	Adj Est
Driver/Owner:		1) AR: Accident Reporting (\$30);		30.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$30)			
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			
Ref: 1.		For claiming against INC Only (wef 10 Jan 2005)			
Ref: 2/3		6) TR: Re-inspection \$75			
		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services -			
		Q1:			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Coordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (M1): TP (Non INC) against INC \$70			
		9) M12: 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	11/07/2018 16:15
Date Of Accident	11/07/2018 10:30
Exact Location Of Accident	JUNC OF TAN TOCK SENG LINK & JLN TAN TOCK SENG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	XE2032J
Insured/Policyholder	
Name Of Registered Owner	SEAVIEW TRANSPORT MANAGEMENT PTE LTD
Co Reg No	199701190N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62850668
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FV517JD2RDEB
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	REPORTING ONLY
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	5088456101-01
Cover Note Number	-
Driver	
Name of Driver	OI LAI CHOON
NRIC No	S1579502F
Date Of Birth	18/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	11/09/1984
Driving Experience	33 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96470055
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 268C PUNGGOL FIELD #03-163
Postcode	823268
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	COLLIDED INTO PROPERTY
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)	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

I WAS TURNING LEFT FROM THE TAN TOCK SENG LINK INTO JLN TAN TOCK SENG, DUE TO THE NARROW ROAD, MY LORRY LEFT SIDE TOUCH ONTO THE TRAFFIC LIGHT ON MY LEFT SIDE, NO DAMAGE TO THE TRAFFIC LIGHT.

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	
Vehicle Make/Model/Colour	TRAFFIC LIGHT
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1579502F



NAME
OI LAI CHOON
章來春
Race
CHINESE
Date of Birth
18-04-1963 M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1579502F
Name
OI LAI CHOON
Birth Date: 18 Apr 1963
Issue Date: 07 Aug 2003




1166244



NRIC No. S1579502F



Blood Group Date of issue
O+ 15-07-1994

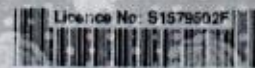
APT BLK 268C PUNGGOL FIELD #03-163
SINGAPORE 823268
NRIC No. S1579502F Date: 28/02/2012 No. 7023872

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	15 Dec 1960
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	06 Sep 1960
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	11 Sep 1964
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	28 Dec 1984

NP 429A

License No: S1579502F



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5088456101-01

Cover : Third Party, Fire & Theft

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : XE2032J |
| Chassis Number | : FV517JA00164 |
| 2. Name of Policyholder | : SEAVIEW TRANSPORT MANAGEMENT PTE LTD |
| 3. Effective Date of Insurance | : 21 Mar 2018 |
| 4. Expiry Date of Insurance | : 20 Mar 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| | Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |
- This Policy does not cover
- | |
|--|
| (a) Use for hire or reward. |
| (b) Use for racing, pace-making, reliability trial or speed-testing. |
| (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. |

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: COMMERCIAL AUTOMOBILE CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : WOO YU LING, EDWINA (HU YULING) (00000536354)

Date of Issue : 06 Mar 2018 18:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1002628

Policy No.	5088456101-01	Vehicle No.	XE2032J	GST Registration No.	199701190N
Policyholder Name	SEAVIEW TRANSPORT MANAGEMENT PTE LTD			Policyholder NRIC	199701190N
Product Code	COMMERCIAL VEHICLE (INSURAT	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	62850668	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	12/07/2018 09:33	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	11/07/2018	Time of Accident hh:mm	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF TAN TOCK SENG LINK & JLN TAN TOCK SENG				

▼ 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	Yes	GST Registration Date	01/01/2015
GST Registration No.	199701190N	GST Status Verified	No
Modification History			

▼ Policyholder Mailing Address

Address 1	3 DEFU LANE 6	Address 2	DEFU INDUSTRIAL PARK A	Address 3	SINGAPORE 539366
Address 4		Address Type	Singapore address	Post Code	539366
Unit No.		Related Policy Number	5081275724-02		

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	18/04/1963
Unnamed driver Name	OI LAI CHOON	Driver NRIC	S1579502F	Driving Experience	33
Register Date of Driver License	11/09/1984	Driver Age	55	Contact No.(Home)	
Contact No.(Mobile)	96470055	Contact No.(Office)		Address 3	PUNGGOL SAPPHIRE
Address 1	BLK 268C #03-163	Address 2	PUNGGOL FIELD	Post Code	823268
Address 4	SINGAPORE 823268	Address Type	Singapore address		
Unit No.	03-163				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	SEAVIEW TRANSPORT MANAGE	Insured NRIC	199701190N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	62857088
Email Address		O1 Vehicle Number	XE2032J	TP Vehicle Number	TRAFFIC LIGHT
Claim Description	XE2032J / TRAFFIC LIGHT ON 11 Jul 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/07/2018 09:36	Claim Close Date		Date Received	12/07/2018 00:00
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save

Submit

Attachment

Accident No.	MT/1002628	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/07/2018 09:37

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Category *

Confidential

Urgency *

Descr

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
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 12 Jul 2018 09:37	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:37	SAS	Normal	SAS 2018-7-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:37	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:37	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:37	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:36	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:36	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:36	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:36	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:36	Photos	Normal	Photos 2018-7-12
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 09:36	Photos	Normal	Photos 2018-7-12

Video List

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

Scan and uploading