

Date In: 14/8/18 15:42	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA1 INC 18014782/64.	E-mail (within 3hrs, A/C 2hrs):		
Veh No: GBD 6154E	i-Motor Claim Form: MT/1007214-001	15/8/18 09:26	
D.O.A: 13/8/18 22:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs):		
TP Insurer:	i-Photo Uploaded:		
	Assessment/Survey Report:		
	Ass't Report by Fax / Hand to Owner/Wksp:		

Preferred Wksp / INC Assign Wksp / GW: (Song hin motor Tel: 97824434. Fax:)

TP Particulars: Veh No: SFU 99335. 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

MMA 1805136

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$) In Bill	Ant (\$) Add 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		
	5) RT: 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:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowances \$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		
	9) N12: Idac Mobile \$0		
Ref 1:	Invoice dated	Fee Charged	
Ref 2/3:	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	14/08/2018 15:42
Date Of Accident	13/08/2018 22:00
Exact Location Of Accident	PASIR RIS DRIVE 10 JUNCTION WITH ST 72
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6154E
Insured/Policyholder	
Name Of Registered Owner	KAIZER ENGINEERING PTE. LTD.
Co Reg No	201424768E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93397789

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097723179
Cover Note Number	-

Driver

Name of Driver	OH JUN KAI
NRIC No	S9339529H
Date Of Birth	14/10/1993
Occupation	INDOOR
Date Of Driving Pass	31/05/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93397789
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 649 PASIR RIS DR 10 #05-74
Postcode	510649
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FATHER COMPANY
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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 STOP AT THE PASIR RIS ST 72 TO CHECK ON THE DRIVE 10 TRAFFIC, AFTER THE TRAFFIC WAS CLEAR, I TURNING RIGHT INTO DR 10, SUDDENLY VEH B COMING FROM DR 10, AS THE RESULT, MY VEH HIT ONTO VEH B 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	SFU9933S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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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**.
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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.

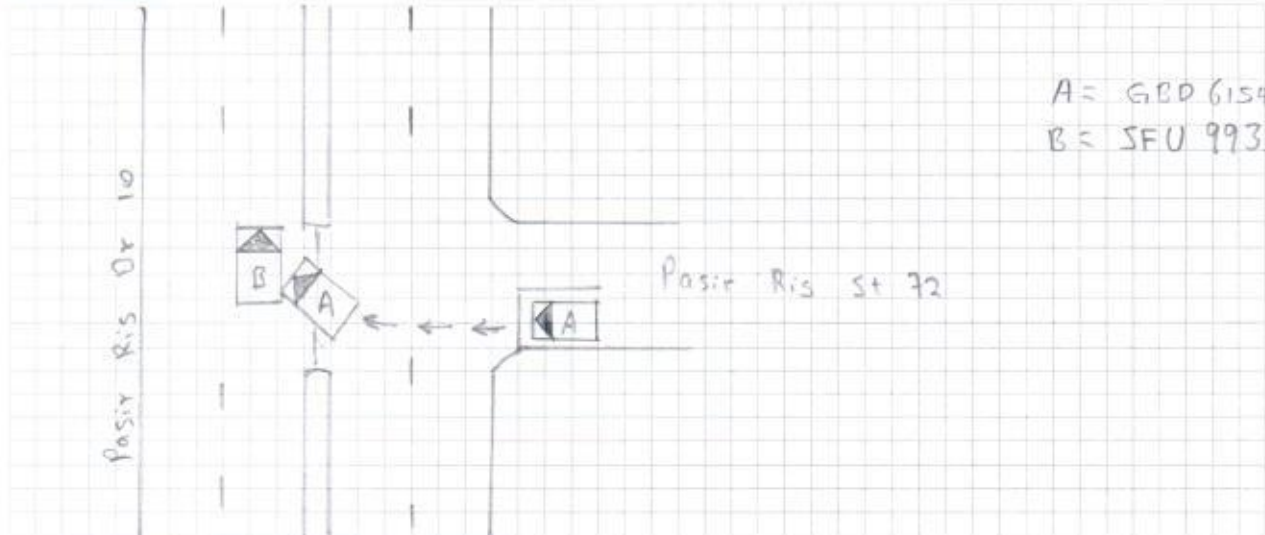


Policyholder's Signature
Date & Time:

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 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. S9339529H



Name

OH JUN KAI

胡 竣 凯

Race

CHINESE

Date of birth

14-10-1993

Sex

M

Country of birth

SINGAPORE

S9339529H

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number

Name

S9339529H

OH JUN KAI

Birth Date: 14 Oct 1993

Issue Date: 31 May 2016



4298794

NRIC No. S9339529H



Date of issue

28-10-2008

Address

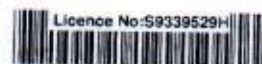
APT BLK 649 PASIR RIS DRIVE 10
#05-74
SINGAPORE 510649

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 31 May 2016

NP 428A



Hello, NAC_PAYA_UBI_800601

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Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097723179		KATZER ENGINEERING PTE. LTD.	201424768E	GCV	Preferred Workshop Plan	GBD6154E	GBD6154E	29/01/2018	28/01/2019

Claim Handling

Accident MT/1007214

Policy No.	5097723179	Vehicle No.	GBD6154E	GST Registration No.	20142
Certificate No.					
Policyholder Name	KAIZER ENGINEERING PTE. LTD.			Policyholder NRIC	20142
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	93397789	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	15/08/2018 09:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	13/08/2018	Time of Accident hh:mm	22:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR RIS DRIVE 10 JUNCTION WITH ST 72				
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	Yes	GST Registration Date	01/10/2014		
GST Registration No.	201424768E	GST Status Verified	No		
Modification History					
Policyholder Mailing Address					
Address 1	25 KAKI BUKIT ROAD 4	Address 2	#06-53 SYNERGY @ KB	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	417801
Unit No.	06-53	Related Policy Number	5097723179		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	OH JUN KA	Driver NRIC	S9339529H	Driver DOB	14/10/
Register Date of Driver License	31/05/2016	Driver Age	24	Driving Experience	2
Contact No.(Mobile)	93397789	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 649 #05-74	Address 2	PASIR RIS DRIVE 10	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	510645
Unit No.	05-74				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MD	Insured Name	KAIZER ENGINEERING PTE. LTD.
Contact No.(Mobile)		Contact No.(Home)	
Email Address		Vehicle Number	GBD6154E
Claim Description	GBD6154E / SFU9933S ON 13 Aug 2018		
Preferred Workshop	97824434	Insured Liability	Fully at Fault
Repair No.	Yes	Preferred Repair Option	Preferred Workshop (refer below)
Finalisation		GIA report	Received
Date Registered	15/08/2018 09:26	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
Print AK letter			

Save Submit

Attachment

Accident No.	MT/1007214	Claim No.	001
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Last Doc. Received:

Yes

No

Upload Date: 15/08/2018 09:26

Path *

Choose File

No file chosen

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No file chosen

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No file chosen

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No file chosen

Message Read

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2018 09:26	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2018 09:26	SAS	Normal	SAS 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2018 09:26	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2018 09:26	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2018 09:26	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2018 09:26	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2018 09:26	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2018 09:26	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2018 09:26	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2018 09:26	Photos	Normal	Photos 2018-8-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Aug 2018 09:26	Photos	Normal	Photos 2018-8-15

Video List

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