

Date In: 28/9/18 14:00	Job description	Date & Time Completed	Done by
Ref No: NAI/INC18017658/64	SAS e-filing		
Veh No: SJP 1356 P	E-mail (within 5hrs, AP: 2hrs)		
TPA: 28/9/18 08:30	I-Motor Claim Form	MT/1013478 ⁰⁰¹	28/9/18 16:00
OD - TP? <input checked="" type="checkbox"/> Only	I-Motor W/O (Within, OD: 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 / OW: (Tel:	Fax:
TP Particulars:	Veh No: Unknown	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%, P: 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 repaier.

() 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:-	NA1806187	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
				Est Bill	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) FT: Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
		6) TR: Re-inspection \$75			
		7) NI: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		QJ*			
		*I45: Courtesy Car / Tpt Allowance \$5			
		*I46: Repair Co-ordination \$10			
		*I47: Post Repair Inspection \$25			
		*I48: DV / Collect Excess Coordination \$5			
		TP (N11): TP (Non INC) against INC \$20			
		9) N12: Idao Mobile \$0			
		Invoice dated	Fee Charged		
		Invoice dated	Fee Charged		

Auditors' Comments:-

Sat. 1:

Sat. 2 / 3:

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	28/09/2018 14:00
Date Of Accident	28/09/2018 08:30
Exact Location Of Accident	THOMSON RD JUNCTION WITH BALESTIER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP1356P
Insured/Policyholder	
Name Of Registered Owner	TAN KOK CHENG
NRIC No	S6936006H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93822303
Alternative Phone No	OFFICE-93822303

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5103365032
Cover Note Number	-

Driver

Name of Driver	TAN SI YING
NRIC No	S9602435E
Date Of Birth	13/01/1996
Occupation	INDOOR
Date Of Driving Pass	06/10/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93899442
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 65 KALLANG BAHRU #10-303
Postcode	330065
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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 TRAVELLING ALONG THOMSON RD WHILE APPROACHING JUNCTION WITH BALESTIER RD. SUDDENLY THE SMRT BUS WHICH WAS IN FRONT OF ME STOP BEFORE THE JUNCTION. I TRY TO SWERVED TO RIGHT LANE BUT STILL GRAZED ONTO THE BUS RIGHT REAR PORTION.

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	UNKNOWN
Vehicle Make/Model/Colour	SMRT BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	MUHAMMAD TAUFIK BIN SHIHAB
NRIC/Passport Number	G2883283X
Contact Number	98838016
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.:

A = SJP1356P
B = Unknown (SMRT Bus)

Thomson Rd

Balestier Rd

(SMRT BUS)

Thomson Rod

Please Refer to Statement

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

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9602435E



Name
TAN SI YING

陈思颖

Race
CHINESE

Date of birth
13-01-1996

Sex
F

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9602435E

TAN SI YING

Birth Date: 13 Jan 1996

Issue Date: 06 Oct 2015




4682141




NRIC No. S9602435E

Date of issue
14-02-2011

Address
APT BLK 65 KALLANG BAHRU
#10-303
SINGAPORE 330065


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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 05 Oct 2016

NP 428A

Licence No: S9602435E



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

28/09/2018 13:54

Vehicle No.(For Motor)

SJP1356P

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"/>	5103365032		TAN KOK CHENG	S6936006H	GPC	Third Party	SJP1356P	SJP1356P	28/08/2018	27/08/2019

Claim Handling

Accident MT/1013478

Policy No.	5103365032	Vehicle No.	SJP1356P	GST Registration No.	
Certificate No.					
Policyholder Name	TAN KOK CHENG			Policyholder NRIC	569361
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	93822303	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(%)	30	Private Hire	No

Accident Details

Report Date	28/09/2018 15:54	Accident Report Within 24 hrs	Yes	Accident Type	Side Sw
Date of Accident	28/09/2018	Time of Accident hh:mm	08:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	THOMSON RD JUNCTION WITH BALESTIER RD				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 65 #10-303	Address 2	KALLANG BAHRU	Address 3	KALLANG
Address 4	SINGAPORE 330065	Address Type	Singapore address	Post Code	330065
Unit No.	10-303	Related Policy Number	5103365032		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN ST YING	Driver NRIC	S9602435E	Driver DOB	13/01/
Register Date of Driver License	06/10/2016	Driver Age	22	Driving Experience	1
Contact No.(Mobile)	93899442	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 65 #10-303	Address 2	KALLANG BAHRU	Address 3	KALLANG
Address 4	SINGAPORE 330065	Address Type	Singapore address	Post Code	330065
Unit No.	10-303				
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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TAN KOK CHENG
Contact No.(Mobile)		Contact No. (Home)	63447667
Email Address		OJ Vehicle Number	SJP1356P
Claim Description	SJP1356P / UNKNOWN ON 28 Sept 2018		
Preferred Workshop	0	Insured Liability	Fully at Fault
Preferred No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	28/09/2018 15:58
			LIEW SHAN HUI

Print AK letter

Save Submit

Attachment

Accident No.	MT/1013478	Claim No.	001
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Last Doc. Received

* Yes ☐ No ☐

Upload Date

28/09/2018 16:00

Path *

Choose File No file chosen

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Message Read

Clear	Category *	Confidential	Urgency *
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 16:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-9-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 16:00	SAS	Normal	SAS 2018-9-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 16:00	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 16:00	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:59	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:59	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:59	Photos	Normal	Photos 2018-9-28
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:58	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:58	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:58	Photos	Normal	Photos 2018-9-28
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:58	Photos	Normal	Photos 2018-9-28
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2018 15:58	Photos	Normal	Photos 2018-9-28

Video List

Uploaded By/Date	Folder Date	File Name	Source
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