

Date In	Job description	Date & Time Completed	Done by
11/10/18 13:45	SAS e-filing		
Ret No: MA/INC180177261h4.	E-mail (within 5hrs, AIC 2hrs)		
Yeh No: SJL 8802T	i-Motor Claim Form	MT/1013814 ⁰⁰¹	11/10/18 17:13.
DOA: 3029118 12:10.	i-Motor W/O (Within: OJ 2hrs, TP 4hrs)		
OD: (1P) Reporting Only	i-Photo Uploaded		
IP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC. Assign Wksp / GW: (Tel:	Fax:
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TP Particulars:	Veh No: SHB 8098 K.	INC () / Non-INC ()
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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 repaire.

() 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
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1) Apply for Transport Allowance () / Courtesy Car ()	
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2) QC Check / Post Repair Inspection	()		
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3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
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Injury : _____

Date/Time	Actions
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;

Invoice Preparation Checklist		Ant (\$)	Ant (\$)
1. Verify the invoice number and date.			
2. Check the customer's name and address.			
3. Confirm the product or service description.			
4. Review the quantity and unit of measure.			
5. Validate the price per unit and total amount.			
6. Ensure the tax calculation is correct.			
7. Double-check the payment terms and conditions.			
8. Confirm the invoice is properly formatted and legible.			
9. Verify the invoice is signed and stamped.			
10. Ensure the invoice is filed and archived.			

1) AR : Accident Reporting (\$30);	30.00
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2) DA : Damage Assessment (\$100);	INC (\$80)
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Driver/Owner:	4) FT : Follow-Through Survey	\$120	
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5) FT : Follow-Through Survey (Resurvey)	\$30
Not claiming against INC Only (wef 10 Jan 2005)	

6) TR : Re-inspection	\$75
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7) NTUC Basic DA + SGR Survey	2100
8) NTUC Additional Services:-	

C. Checked by (Ener-In-Charge):	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> ON* 11/16/2011 11/16/2011 </div>	
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	*N6; Repair Co-ordination	\$10
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Auditors' Comments :	*NF: Post Repair Inspection	\$25
	*NF: DV / Collect Excess Coordination	\$3

TP (NH) : TP (N ₅₀ INC) against INC	\$20
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2 / 3	9) NIT Idan Mobile	Free Charge	20
	Invoice dated		

Invoice dated	Fee Charged	PAID
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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	01/10/2018 13:45
Date Of Accident	30/09/2018 12:10
Exact Location Of Accident	BIDEFORD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL8802T
Insured/Policyholder	
Name Of Registered Owner	NG LAI HUAT
NRIC No	S1562280F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93989111
Alternative Phone No	OFFICE-93989111

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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	5094729240
Cover Note Number	-

Driver

Name of Driver	NG REN JIE JOEL
NRIC No	S9332276B
Date Of Birth	06/09/1993
Occupation	INDOOR
Date Of Driving Pass	13/10/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97989398
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	487 YIO CHU KANG RD #04-12
Postcode	787059
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	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?	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)	2
Passenger 1	
	NAME: : LIAW MEA SIANG
	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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB8098K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ABDUL HALIM
NRIC/Passport Number	S0159406J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)


SKETCH PLAN


IMPORTANT NOTICE


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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.
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.

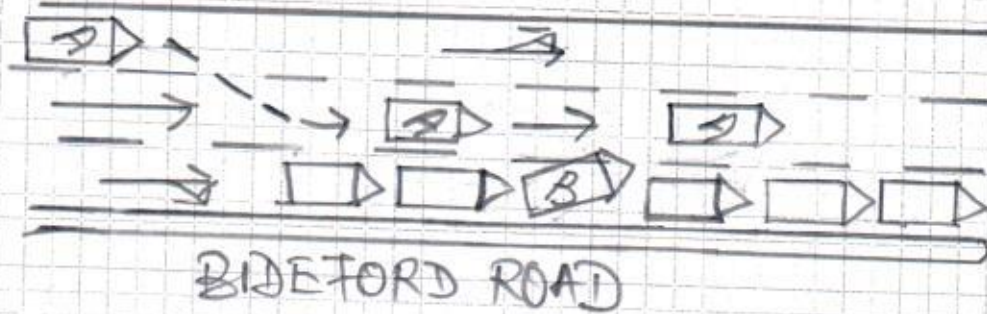

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

A. 9JL8R02T
B. 84B8098K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELING ALONG CLEVENCE AVE TOWARDS
BIDEFORD ROAD ON LEFT LANE AND SHIFTED TO 2ND
LANE AND MY VEH ARE STRAIGHTLY ON 2ND LANE.
WHEN I APPROACHING VEH B SUDDENLY VEH SWING
OUT AND HIT ONTO MY VEH RH PORTION.

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.:



HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: 27L8802T MAKE/MODEL: MATRA 3

DATE OF ACCIDENT 30/09/2018 TIME 12 HR 10 MIN AM (PM)

LOCATION OF ACCIDENT BIDEFORD ROAD / AIRHILL ROAD

EXACT PURPOSE USE DURING ACCIDENT GOING HOME

CAR OWNER

NAME OF CAR OWNER NG KAI HUAT

CONTACT NO 93989111

NRIC S1562280F

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY NTUC

TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO 509AT29240

ACCIDENT DRIVER

☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER NG REN JIE JOEL

NRIC S9332276B NO OF PASSENGER/S 1 LIAO WEA SIANG (P)

DATE OF BIRTH 06-09-1993

OCCUPATION ☐ OUTDOOR ☒ INDOOR

DATE OF DRIVING PASS 13/09/2012

GENDER ☒ MALE ☐ FEMALE

CONTACT NO 97989398

ADDRESS BLK 487 YO CHU KANG ROAD #04-12 (S) 787059

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO SON

RELATIONSHIP EMPLOYEE/ IF NOT: SON

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: _____

ROAD SURFACE ☒ DRY ☐ WET OTHER: _____

ANY INJURIES NO/ IF YES- NAME: _____

CONTACT NO NO/ IF YES- LOCATION: _____

POLICE REPORT NO/ YES ☒

VIDEO FOOTAGE

3RD PARTY INFO

VEHICLE B NO S+B 809RK NO OF PASSENGER/S ☐

NAME ABDUL HACIM SO159406J

CONTACT NO _____

VEHICLE C NO _____ NO OF PASSENGER/S ☐

VEHICLE D NO _____ NO OF PASSENGER/S ☐

VEHICLE E NO _____ NO OF PASSENGER/S ☐

VEHICLE F NO _____ NO OF PASSENGER/S ☐

ANY WITNESS _____

WITNESS CONTACT NO _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9332276B



Name

NG REN JIE JOEL

黄仁杰

Race

CHINESE

Date of birth

06-09-1993

Country of birth

SINGAPORE

Sex

M



4274935

NRIC No. S9332276B



Date of issue

04-09-2008

Address

487 YIO CHU KANG ROAD
#04-12
SINGAPORE 787059

REPUBLIC OF SINGAPORE DRIVING LICENCE



NRIC No. S9332276B

NG REN JIE JOEL

Birth Date: 06 Sep 1993

Issue Date: 13 Oct 2012



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 13 Oct 2012

NP 428A



Licence No: S9332276B

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: 5094729240

Cover : drivo PREMIUM

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJL8802T |
| Chassis Number | : JM6BM42A8G0343746 |
| 2. Name of Policyholder | : NG LAI HUAT |
| 3. Effective Date of Insurance | : 26 Oct 2017 |
| 4. Expiry Date of Insurance | : 25 Oct 2018 |
| 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.

This Policy does not cover

- (a) Use for hire or reward.
 (b) Use for racing, pace-making, reliability trial or speed-testing.
 (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 (d) Use for any purpose in connection with the Motor Trade.

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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NG LAI HUAT
NAMED DRIVER (1)	: NG REN JIE JOEL
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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)

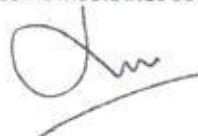
Agency : THIS MARKETING INSURANCE AGENCY (00000572208)
 Date of Issue : 05 Oct 2017 15:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1562280F



Name

NG LAI HUAT

黄 膝 發

Race

CHINESE

Date of birth

03-01-1962

Sex

M

Country/Place of birth

SINGAPORE



5766138

5766138



NRIC No. S1562280F



Date of issue

10-07-2017

Address

487 YIO CHU KANG ROAD
#04-12
SINGAPORE 787059

Claim Handling

Accident MT/1013814

Policy No.	5094729240	Vehicle No.	SJL8802T	GST Registration No.	
Certificate No.					
Policyholder Name	NG LAI HUAT			Policyholder NRIC	51562
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	93989111	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	01/10/2018 17:10	Accident Report Within 24 hrs	Yes	Accident Type	Collisio
Date of Accident	30/09/2018	Time of Accident hh:mm	12:10	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BIDEFORD RD				

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		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	487 YIO CHU KANG ROAD	Address 2	#04-12 CASTLE GREEN	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	78705
Unit No.		Related Policy Number	5094729240-01		

OI Driver Info

Driver Name	NG REN JIE JOEL	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9332276B	Driver DOB	06/09/
Register Date of Driver License	19/10/2012	Driver Age	25	Driving Experience	5
Contact No.(Mobile)	97989398	Contact No.(Office)		Contact No.(Home)	
Address 1	487 YIO CHU KANG ROAD	Address 2	#04-12 CASTLE GREEN	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	78705
Unit No.	04-12				
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	NG LAI HUAT
Contact No.(Mobile)	97989398	Contact No. (Home)	64053439
Email Address	steveng9398@yahoo.com	Vehicle Number	SJL8802T
Claim Description	SJL8802T / SHB8098K ON 30 Sept 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		Claim Close Date	
		LIEW SHAN HUI	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1013814	Claim No.	001
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Last Doc. Received

* Yes ☐ No ☐

Upload Date

01/10/2018 17:13

Path *

Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
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 01 Oct 2018 17:13	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 17:13	SAS	Normal	SAS 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 17:13	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 17:13	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 17:13	Photos	Normal	Photos 2018-10-1
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 17:13	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 17:13	Photos	Normal	Photos 2018-10-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Oct 2018 17:13	Photos	Normal	Photos 2018-10-1

Video List

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