

| | | | |
|--|--|------------------------|----------------|
| Date In: 3/10/18 15:52 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: NA11MC18017930164 | E-mail (within 3hrs, AP: 2hrs) | | |
| Veh No: SKJ 7038M | i-Motor Claim Form | MT/1014209-002 | 4/10/18 09:11. |
| DOA: 3/10/18 10:10. | i-Motor W/O (Within, OD 2hrs, TP 4hrs) | | |
| IP: <input checked="" type="checkbox"/> Reporting Only | i-Photo Uploaded | | |
| IP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

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

IP Particulars: Vch No: SJM 9813 ~~9818~~ U INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Bst 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: | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |

NA1806297

| Claimant's Particulars :- | Invoice Preparation Checklist | Amt (\$) In Bill | Amt (\$) Add Bill |
|---------------------------------|--|------------------|-------------------|
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | 32.00 | |
| 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 | | |
| Auditors' Comments :- | 5) RT: Follow-Through Survey (Resurvey) \$30 | | |
| Dat. 1: | 6) TR: Re-inspection \$75 | | |
| Dat. 2 / 3: | 7) N1: Idno DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | QD* | | |
| | *N5: Courtesy Car / Tpt Allowance \$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: Idno 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 | 03/10/2018 15:52 |
| Date Of Accident | 03/10/2018 10:10 |
| Exact Location Of Accident | LAVENDER ST JUNC WITH JLN BESAR |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKJ7038M |
| Insured/Policyholder | |
| Name Of Registered Owner | SIMON TAN ENG CHYE |
| NRIC No | S2509411E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93887567 |
| Alternative Phone No | OFFICE-93887567 |

Vehicle Particulars

| | |
|--|--------------------------|
| Manufacturer | VOLKSWAGEN |
| Model | TOURAN 1.4 TSI AT 1T32B4 |
| 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 | 5090726592-01 |
| Cover Note Number | - |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | SIMON TAN ENG CHYE |
| NRIC No | S2509411E |
| Date Of Birth | 30/03/1945 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/10/1970 |
| Driving Experience | 47 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | +65-93887567 |
| Fax Number | |
| Contact Number | OFFICE-93887567 |
| EEmail Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | BLK 227 SERANGOON AVE 4 #03-01 |
| Postcode | 550227 |
| 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 | CHAIN COLLISION |
| 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: : TITIK AKBARIYAH |
| | 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

I WAS TRAVELLING ALONG LEVENDER ST WAITING TO TURNING INTO JALAN BESAR. SUDDENLY I FELT AN IMPACT FROM BEHIND. THE IMPACT PUSH MY VEH MOVE FORWARD HIT ONTO VEH C, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B HIT ONTO MY VEH REAR PORTION. VEH D (BEARING NO GBB2538T) HIT ONTO VEH B REAR PORTION. VEH B HIT ONTO MY VEH REAR PORTION AND I HIT ONTO VEH C. TOTAL 4 VEHICLE INVOLVED IN THE ACCIDENT.

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 | SJN9813U |
| 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJR4324B
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBB2538T
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 SIMON TAN ENG CHYE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKJ7038M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TITIK AKBARIYAH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKJ7038M
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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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.



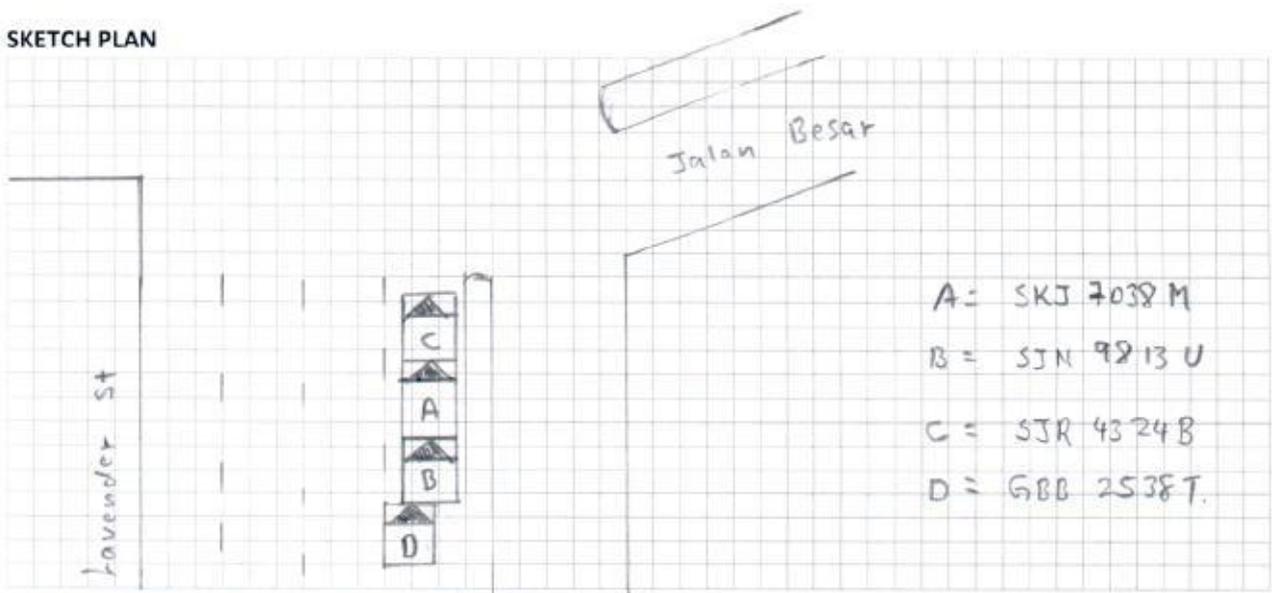
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN

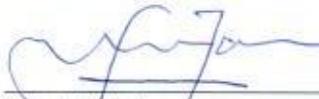


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

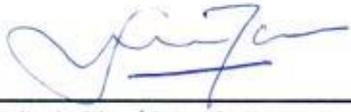
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 118128423 Vehicle Registration No: SKJ 7038M.
Name (as shown in NRIC) : Simon Tan Eng Chye NRIC/FIN/Passport No : S2509411E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 3/10/18 Time of Accident : 10:10.
Place of Accident : Lavender St Junc with Jln Besar
Insurance Company: MTC.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Veh B car plate number to SJN 9813U
instead of SJN 9318U.



Policyholder / Driver's Signature
Date: 03/10/2018



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 3/10/18.

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S2509411E**
 Name
SIMON TAN ENG CHYE

Birth Date: **30 Mar 1945**
 Issue Date: **10 Jan 2003**



1000102787H

REPUBLIC OF SINGAPORE 

IDENTITY CARD NO. **S2509411E**



Name
SIMON TAN ENG CHYE

Race
CHINESE

Date of Birth **30-03-1945** Sex **M**

Country of Birth
MALACCA

S2509411E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

| Class | Description | PASS DATE |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 01 Jun 1976 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 01 Jun 1976 |
| Class 2 | Motorcycles exceeding 400 cc | 01 Jun 1976 |
| Class 1 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms | 22 Oct 1970 |

NP 428A



Licence No: S2509411E



0319683



NRIC No. **S2509411E**

Blood Group **B+** Date of issue **22-04-1992**

APT BLK 227 SERANGOON AVENUE 4 #03-01
SINGAPORE 550227

NRIC No: **S2509411E** Date: **10-03-2001** No: **3923425**

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) 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"/> | 5090726592-01 | | SIMON TAN ENG CHYE | S2509411E | GPC | drive CLASSIC | SKJ7038M | SKJ7038M | 30/04/2018 | 29/04/2019 |

Claim Handling

Accident MT/1014209

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-----------------------------------|
| Policy No. | 5090726592-01 | Vehicle No. | SKJ7038M | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | SIMON TAN ENG CHYE | | | Policyholder NRIC | S2509- |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 93887567 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | <input type="button" value="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(%) | 50 | Private Hire | No |

Accident Details

| | | | | | |
|-------------------|---------------------------------|-------------------------------|-------|---------------------|--------|
| Report Date | 03/10/2018 16:30 | Accident Report Within 24 hrs | Yes | Accident Type | Unknow |
| Date of Accident | 03/10/2018 | Time of Accident hh:mm | 10:10 | Country of Accident | Singap |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | LAVENDER ST JUNC WITH JUN BESAR | | | | |

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 | BLK 227 #03-01 | Address 2 | SERANGOON AVE 4 | Address 3 | SINGAI |
| Address 4 | | Address Type | Singapore address | Post Code | 55022 |
| Unit No. | | Related Policy Number | 5090726592-01 | | |

OI Driver Info

| | | | | | |
|---|---|---------------------|-------------------|------------------------|--------|
| Driver Name | SIMON TAN ENG CHYE | Driver Type | Main Driver | | |
| Unnamed driver Name | | Driver NRIC | S2509411E | Driver DOB | 30/03/ |
| Register Date of Driver License | 01/01/1974 | Driver Age | 73 | Driving Experience | 44 |
| Contact No.(Mobile) | 93887567 | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 227 #03-01 | Address 2 | SERANGOON AVE 4 | Address 3 | SINGAI |
| Address 4 | | Address Type | Singapore address | Post Code | 55022 |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" 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 |
|-------------------------------------|------|-------------|---|

Modification History

Claim 002 **New**

| | | | |
|-------------------------|-----------------------------------|-------------------------|----------------------------------|
| Claim Type * | OD-MX | Insured Name | SIMON TAN ENG CHYE |
| Contact No.(Mobile) | 93887567 | Contact No.(Home) | 93887567 |
| Email Address | drafteam@hotmail.com | OI Vehicle Number | SKJ7038M |
| Claim Description | SKJ7038M / SIN9813U ON 3 Oct 2018 | | |
| Preferred Workshop | 0 | Insured Liability | Not at Fault |
| Repair No. Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown |
| Date Registered | | GIA report | Received |
| Report Taken By | | Claim Close Date | 04/10/2018 09:09 |
| | | | LIEW SHAN HUI |

Print AK letter

Attachment

| | | | |
|--------------|------------|-----------|-----|
| Accident No. | MT/1014209 | Claim No. | 002 |
|--------------|------------|-----------|-----|

