

MMMA 118151642.

Preferred Wksp / INC Assign Wksp / QW: (

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: ()

Injury: _____

[illegible]

Invoice Preparation Checklist		Am't (\$)	Remarks
1) AR: Accident Reporting	(330);	30.00	
2) DA: Damage Assessment	(100); INC (550)		
3) TP: Towing Fee		\$40/\$45	
4) FT: Follow-Through Survey		\$120	
5) PT: Follow-Through Survey (Re-survey)		\$30	
For standing against INC Only (wof 10 Jan 2005)			
6) TR: Re-inspection		\$75	
7) NI: Idas DA + SMRT Survey		\$160	
8) NTUC Additional Services:-			
OD*			
*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) NI12: Idas Mobile		30	
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 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. 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	22/11/2018 17:13
Date Of Accident	21/11/2018 21:15
Exact Location Of Accident	PAYA LEBAR RD SLIP RD INTO SIMS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW607L
Insured/Policyholder	
Name Of Registered Owner	LIM TECK
NRIC No	S8304375Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93519802
Alternative Phone No	OFFICE-93519802

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097855738
Cover Note Number	-

Driver

Name of Driver	XIA JIA LING ISA
NRIC No	S9200354Z
Date Of Birth	08/01/1992
Occupation	OUTDOOR
Date Of Driving Pass	24/10/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84825772
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 44 SIMS DR #11-171
Postcode	380044
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

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 SLIP RD FROM PAYA LEBAR RD TWDS SIMS AVE, THE TAXI WAS INFRONT OF ME. WHEN I NOTICED THE TAXI STARTED TO MOVING, AS SUCH I RELEASE MY BRAKE TO MOVE, SUDDENLY THE TAXI JAMMED BRAKE WITHOUT ANY REASON AND THE MAIN ROAD WAS CLEAR, I MANAGE TO STOP IN TIME, BUT THE TAXI DRIVER COME DOWN AND CLAIMS I HIT ONTO HIS VEH THEN ASK \$350 FROM ME. I REFUSE TO PAY BECAUSE THERE WAS NO COLLISION BETWEEN MY VEH AND HIS VEH.

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	SHB2265J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM ENG CHYE
NRIC/Passport Number	S1630145J
Contact Number	
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.
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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:

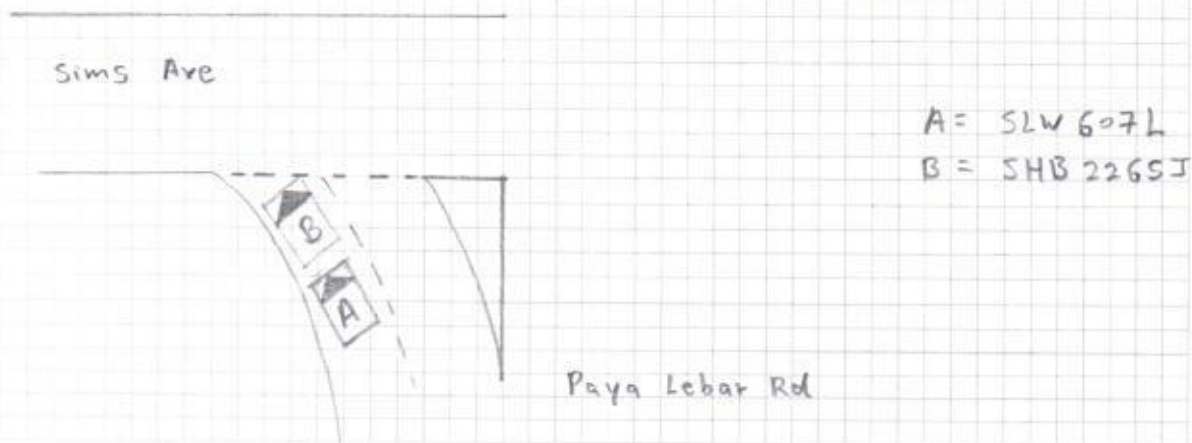
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



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. S9200354Z



Name

XIA JIA LING, ISA

夏佳凌

Race

CHINESE

Date of birth

08-01-1992

Country/Place of birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No. S9200354Z

XIA JIA LING, ISA

Birth Date: 08 Jan 1992

Issue Date: 24 Oct 2017



5202319



NRIC No. S9200354Z



Date of issue

05-08-2013

Address

APT BLK 44 SIMS DRIVE
#11-171
SINGAPORE 380044

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 24 Oct 2017

NP 428A



Hello, NAC_PAYA_UBI_800601

• Change Language

• Change Password

• Log Out

[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/11/2018 17:06"/>
Vehicle No.(For Motor)	<input type="text" value="SLW607L"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097855738		LIM TECK	S8304375Z	GPC	drivo CLASSIC	SLW607L	SLW607L	07/02/2018	06/02/2019

Claim Handling

Accident MT/1021044

Policy No.	5097855738	Vehicle No.	SLW607L	GST Registration No.	
Certificate No.					
Policyholder Name	LIM TECK			Policyholder NRIC	58304
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93519802	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFX	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
➤ Accident Details					
Report Date	23/11/2018 09:48	Accident Report Within 24 hrs	Yes	Accident Type	No coll
Date of Accident	21/11/2018	Time of Accident hh:mm	21:15	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PAYA LEBAR RD SLIP RD INTO SIMS AVE				
➤ 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 44 #11-171	Address 2	SIMS DRIVE	Address 3	SIMS V
Address 4	SINGAPORE 380044	Address Type	Singapore address	Post Code	38004
Unit No.	11-171	Related Policy Number	5097855738		
➤ O1 Driver Info					
Driver Name	XIA JIA LING ISA	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S92003542	Driver DOB	08/01/
Register Date of Driver License	24/10/2017	Driver Age	26	Driving Experience	1
Contact No.(Mobile)	84825772	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 44 #11-171	Address 2	SIMS DRIVE	Address 3	SIMS V
Address 4	SINGAPORE 380044	Address Type	Singapore address	Post Code	38004
Unit No.	11-171				
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-MX	Insured Name	LIM TECK
Contact No.(Mobile)		Contact No. (Home)	67885132
Email Address		DI Vehicle Number	SLW607L
Claim Description	SLW607L / SHB2265J ON 21 Nov 2018		
Preferred Workshop	0	Insured Liability	Not at Fault
Optimist No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	23/11/2018 09:52
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. MT/1021044

Claim No. 001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

23/11/2018 09:53

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Clear

Category *

Please Select

Confidential

NO

Urgency *

Normal

Clear

Please Select

NO

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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 23 Nov 2018 09:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 09:53	SAS	Normal	SAS 2018-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 09:53	Photos	Normal	Photos 2018-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 09:53	Photos	Normal	Photos 2018-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 09:53	Photos	Normal	Photos 2018-11-23
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 09:52	Photos	Normal	Photos 2018-11-23
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2018 09:52	Photos	Normal	Photos 2018-11-23

Video List

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