

Claimant's Particulars:		Invoice Preparation Checklist		Am. (S)	Am. (S)
Driver/Owner:				Am. (S)	Am. (S)
Contact No:				Am. (S)	Am. (S)
Damaged Portion:				Am. (S)	Am. (S)
C Checked by (Engr-In-Charge):				Am. (S)	Am. (S)
Auditors' Comments:				Am. (S)	Am. (S)
L.I.:				Am. (S)	Am. (S)
NA1900027		1) AR : Accident Reporting (\$30);		30.00	
		2) DA : Damage Assessment (\$100); INC (\$80)			
		3) TT : Towing Fee \$40/\$45			
		4) FT : Follow-Through Survey \$120			
		5) FT : Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2003)			
		6) TR : Re-inspection \$75			
		7) N1 : Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		ON:			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$3			
		TP (N11) : TP (N-on INC) against INC \$20			
		9) N12: Idao 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	02/01/2019 15:51
Date Of Accident	02/01/2019 11:00
Exact Location Of Accident	TPE TWDS CHANGI AT THE SLIP RD LOR HALUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGJ5321E
Insured/Policyholder	
Name Of Registered Owner	ANJ
Co Reg No	53331649M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90627377
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS 1.5E A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078386503-02
Cover Note Number	-
Driver	
Name of Driver	CHUA TECK HIN
NRIC No	S0130214J
Date Of Birth	03/03/1954
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1977
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90627377
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 143 LOR AH SOO #06-221
Postcode	530143
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 (including own vehicle) involved in the accident	3
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: : JESSICA
	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK9659P
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	SFN3636B
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 INJURED PERSON 1

Name	CHUA TECK HIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGJ5321E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	JESSICA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGJ5321E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

ANJ

Blk 143, Lorong Ah Soo
#06-221, Singapore 530143

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

Lor Halus

A = SGJ 5321E
B = SJK 9659P
C = SFN 3636B

TPE twos Changi

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

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

ANJ

Blk 143, Lorong Ah Soo
#06-221, Singapore 530143

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.:

I WAS TRAVELLING ALONG TPE TWDS CHANGI, WHILE QUEUING AT THE SLIP RD EXIT TO LOR HALUS, SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT. VEH B (BEARING NO SJK9659P) FROM BEHIND HIT ONTO MY VEH REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (2 / 1 / 19) (DD/MM/YYYY), TIME: (11 : 00) (HH:MM)

LOCATION: TPE twds P Changi 9th Slip Rd Loring Halls.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGJ S321G
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Commercial
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Anj (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9062 7377
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chua Teck hin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9062 7377
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) driver & passenger

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJK 9659P MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SFM 3636B MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
(including driver)
(2)

F

Jessica.

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

waiting chop.

Email =

fax =

VIDEO = Yes NO.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0130214J



CHUA TECK HIN
蔡德兴
CHINESE
Date of Birth: 03-03-1954 Sex: M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0130214J
Name: CHUA TECK HIN

Birth Date: 03 Mar 1954
Issue Date: 29 Jan 2015




002389526K

SG 50

0398766



NETS No: S0130214J



Blood Group: A+ Date of issue: 22-06-1992

Address:
APT BLK 143 LORONG AH SOO
#06-221
SINGAPORE 1953

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	28 Jun 1977
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	19 Oct 1982

NP 428A

Licence No: S0130214J



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"/>	5078386503-02		ANJ	53331649M	GPC	drive CLASSIC	SGJ5321E	SGJ5321E	13/07/2018	12/07/2019

Claim Handling

Accident MT/1026084

Policy No.	5078386503-02	Vehicle No.	SGJ5321E	GST Registration No.	533316
Certificate No.					
Policyholder Name	ANJ			Policyholder NRIC	533316
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90627377	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	Yes

Accident Details

Report Date	02/01/2019 19:12	Accident Report Within 24 hrs	Yes	Accident Type	Chain I
Date of Accident	02/01/2019	Time of Accident hh:mm	11:00	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE TWDS CHANGI AT THE SLIP RD LOR HALUS				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	14/03/2016
GST Registration No.	53331649M	GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 143 #06-221	Address 2	LORONG AH SOO	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	53014
Unit No.	06-221	Related Policy Number	5078386503-02		

OI Driver Info

Driver Name	CHUA TECK HIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S01302143	Driver DOB	03/03/
Register Date of Driver License	28/06/1977	Driver Age	64	Driving Experience	41
Contact No.(Mobile)	90627377	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 143 #06-221	Address 2	LORONG AH SOO	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	53014
Unit No.	06-221				
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	ANJ
Contact No.(Mobile)	NIL	Contact No.(Home)	
Email Address		Vehicle Number	SGJ5321E
Claim Description	SGJ5321E / SJK9659P ON 2 Jan 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	02/01/2019 19:19	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
Print AK letter			

Save Submit

Attachment

Accident No.	MT/1026084	Claim No.	001
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Last Doc. Received

* Yes ☐ No ☐

Upload Date

02/01/2019 19:20

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

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Message Read

Clear

Category *

Confidential

Urgency *

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Please Select ▼

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NO ▼

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Normal ▼

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:20	SAS	Normal	SAS 2019-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:20	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:20	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos	Normal	Photos 2019-1-2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos	Normal	Photos 2019-1-2
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2019 19:19	Photos	Normal	Photos 2019-1-2

Video List

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