	Job description	Date & Time Completed	Done	py.
Date In: 20/19-12-10	SAS e-filing			
Veh No: Easynn	E-mail (within 8hrs, AIC 2	thrs)		
D.O.A: 1/2/19-1220	i-Motor Claim Form		22 /2/19	n:35
	i-Motor W/O (Within:		177	
OD / TP / Reporting Only	i-Photo Uploaded			
	Assessment/Survey Rep	port		
TP Insurer:	Ass't Report by Fax / F			
Preferred Wksp / INC Assign Wksp / QW: (			Fax:	
TP Particulars: Veh No: w	Adraina II	NC( )/Non-INC( )		
Owner / Driver: (	120 17 0	Tel:	)	
	Period: (	) Cover Type: (	<del></del>	
Confirmed by : (	Date:		)	1200-1
		l: 0-20%; P: 21-79%. P: 80-	100%]	
			1.5070]	
Year of Registration: ( )	Warranty: YES ( )/NC			
	1,000 ( )/\$2,000 ( )		-	
General Remarks:-		and the Contract of the Contra		
( ) Walk-In Customer : Customer's in		& Strictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu				
		Y Tourist Co. (	· <del></del>	
Drive-In ( )/ Towed-In ( ); Invo	ice: YES ( ) / NO (	); Towing Co: (		,
(INC hotline: 6788 6616)		Date&Time Completed	Done	by
) Apply for Transport Allowance ( )	/ Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )		PARTIE STATE	
y QC Check 7 ross (ceps) inspection	( )			
OLI I D D D D D D D D D D D D D D D D D D	620003 ( )			
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )			19-01st
B) Upload Resurvey Photo [Repair Cost>  Injury:	\$3000] ( )			
Injury:	\$3000] ( )			
Injury:	\$3000] ( )	Administration of the Control of the		
Injury:	\$3000] ( )		PER	
Injury:	\$3000] ( )		enacostre.	
Injury:	\$3000] ( )			
Injury:	\$3000] ( )		PERFECT SE	
Injury:	\$3000] ( )		2000 (Con.) N.F.	
Injury: ————————————————————————————————————			Ant (S)	() Abit
Injury: ————————————————————————————————————		Preparation Checklist		E
Injury:  Actions  Actions	Inveice 1) AR: A	e Preparation Checklist	Ant (S)	E
Injury:  Pate/Time Actions  Light Action  Ligh	Inveice  1) AR: A  2) DA: D	Preparation Checklist  ccident Reporting (\$30);  amage Assessment (\$100); INC (\$	Ant (S)	E
Injury:  Actions  Actions  Light Actions  umant's Particulars:-	1) AR: A 2) DA: D 3) TF: Te 4) FT: Fo	: Preparation Checklist  ccident Reporting (\$30); amage Assessment (\$100); INC (\$ twing Fee \$4  flow-Through Survey	Ant (S) fit Bill 80) 0/\$45 \$120	E
Injury:  Actions  Actions  Light Act	Inveits  1) AR: A  2) DA: D  3) TF: Te  4) FT: Fe  5) FT: Fe	e Preparation Checklist  coident Reporting (530); amage Assessment (5100); INC (5 twing Fee S4  llow-Through Survey  llow-Through Survey (Resurvey)	Ant (\$).  fit Bill  80)  0/\$45  \$120  \$30	
Injury:  Actions  Actions  United Actions  United Actions  United Actions  Interval Action  Interval Action  Interval Action  Interval Act	Inveice  1) AR: A  2) DA: D  3) TF: Te  4) FT: Fo  5) FT: Fo	: Preparation Checklist  ccident Reporting (\$30); amage Assessment (\$100); INC (\$ twing Fee \$4  flow-Through Survey	Ant (\$).  fit Bill  80)  0/\$45  \$120  \$30	
Injury:  Pate/Time Actions  Ition  It	Invoice  1) AR: A  2) DA: D  3) TF: Te  4) FT: Fo  5) FT: Fo  Forslai  6) TR: Re  7) N1: Id	ccident Reporting (\$30); amage Assessment (\$100); INC (\$ wing Fee \$4 flow-Through Survey flow-Through Survey (Resurvey) ruing against INC Only (wef 10 Jan 200 inspection as DA + SMRT Survey	Ant (5) fst Bill 80) 0/\$45 \$120 \$30	
Injury:  Actions  Actions  United Actions  United Actions  United Actions  Interval Action  Interval Action  Interval Action  Interval Act	Invoice  1) AR: A  2) DA: D  3) TF: Te  4) FT: Fo  5) FT: Fo  Forski 6) TR: Re 7) N1: Id 8) NTUC	ecident Reporting (\$30); amage Assessment (\$100); INC (\$ wing Fee \$4 llow-Through Survey flow-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 200) inspection	Ant (5) fit Bill 80) 0/\$45 \$120 \$30 \$) \$75	
Injury:  Pate/Time Actions  Actions  Light Action  Light Action  Light Action  Light Action  Light Action  Ligh	Invoice  1) AR: A  2) DA: D  3) TF: Te  4) FT: Fo  5) FT: Fo  Forelai  6) TR: Re  7) N1: Id  3) NTUC  OD:	ecident Reporting (\$30); amage Assessment (\$100); INC (\$ wing Fee \$4 llow-Through Survey flow-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 200 inspection as DA + SMRT Survey Additional Services:	Ant (5) fit Bill 80) 0/\$45 \$120 \$30 \$) \$75	
Injury:  Date/Time Actions  Ac	Invoice  1) AR: A  2) DA: D  3) TF: Te  4) FT: Fo  5) FT: Fo  Forelai  6) TR: Re  7) N1: Id  8) NTUC  OD!*  *N5: C	ccident Reporting (\$30); amage Assessment (\$100); INC (\$ wing Fee \$4 flow-Through Survey flow-Through Survey (Resurvey) ruing against INC Only (wef 10 Jan 200 inspection as DA + SMRT Survey	Ant (5) fst Bill 80) 0/\$45 \$120 \$30 \$5) \$75 \$160	
Actions  Act	Invoice  1) AR: A  2) DA: D  3) TF: Te  4) FT: Fo  5) FT: Fo  Forski 6) TR: Re 7) N1: Id  8) NTUC  OD!* *N5: C  *N6: R  *N7: Fe	Preparation Checklist  ceident Reporting (\$30); amage Assessment (\$100); INC (\$ wing Fee \$4  Illow-Through Survey  Illow-Through Survey (Resurvey)  ming against INC Only (wef 10 Jan 200  -inspection  no DA + SMRT Survey  Additional Services:-  ourtesy Car / Tpt Allowance  epair Co-ordination  ost Repair Inspection	Ant (S).  fit Bill.  80) 0/\$45 \$120 \$30 \$5) \$75 \$160  \$5 \$10 \$25	
Injury:  Date/Time Actions  Actions  Actions  Actions  Actions  Actions  Actions  Checked Particulars:-  Checked by (Engr-In-Charge):  ditors' Comments:-	Invoice  1) AR: A  2) DA: D  3) TF: Te  4) FT: Fo  5) FT: Fo  Forelai  6) TR: Re  7) N1: Id  8) NTUC  OD!*  *N5: C  *N6: R  *N7: Fe  *N8: D	ecident Reporting (\$30); amege Assessment (\$100); INC (\$ wing Fee \$4 llow-Through Survey flow-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 200 inspection at DA + SMRT Survey Additional Services: ourlesy Car / Tpt Allowance epair Co-ordination past Repair Inspection V / Collect Excess Coordination	Ant (S) fit Bill 80) 0/\$45 \$120 \$30 \$5) \$75 \$160	
Injury:  Date/Time Actions  Actions  Actions  Actions  Actions  Actions  Actions  Checked Particulars:-  Checked by (Engr-In-Charge):  ditors' Comments:-	Invoice	ecident Reporting (\$30); amege Assessment (\$100); INC (\$ wing Fee \$4 llow-Through Survey flow-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 200 -inspection as DA + SMRT Survey Additional Services: ourtesy Car / Tpt Allowance epair Co-ordination past Repair Inspection V / Collect Excess Coordination 1): TP (Non INC) against INC	Ant (S)  fit Bill  80) 0/\$45 \$120 \$30 \$5) \$75 \$160  \$5 \$10 \$25 \$3 \$20 30	Am()
Injury:  Date/Time Actions  Actions  Actions  Actions  Actions  Injury:  Date/Time Act	Invoice	ecident Reporting (\$30); amage Assessment (\$100); INC (\$ amage Assessment (\$100); INC (\$ awing Fee \$4 Illow-Through Survey Illow-Through Survey (Resurvey) ming assainst INC Only (wef 10 Jan 200 -inspection as DA + SMRT Survey Additional Services:- awartesy Car / Tpt Allowance epair Co-ordination but Repair Inspection V / Collect Excess Coordination 1): TP (Non INC) against INC line Mobile  Tee Chargea	Ant (S)  fit Bill  80) 0/\$45 \$120 \$30 \$5) \$75 \$160  \$5 \$10 \$25 \$3 \$20 30	E

### 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 witholding 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,	
THE THE PROPERTY OF THE PARTY O	ACCIDENT STATEMENT
Date Of Report	22/07/2019 12:10
Date Of Accident	21/07/2019 20:20
Exact Location Of Accident	JB TWDS WOODLANDS CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	EQ8922M
Insured/Policyholder	
Name Of Registered Owner	NGAI SOW WERNG
NRIC No	S0934954E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92727979
Alternative Phone No	OFFICE-92727979
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.8L A
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 FIRE AND/OR THEFT
Fleet Policy	NO

Fleet Policy

Policy Number 5080379009-03

Cover Note Number

Driver

Name of Driver NGAI SOW WERNG

NRIC No S0934954E Date Of Birth 04/04/1945 Occupation INDOOR Date Of Driving Pass 27/12/1963

Driving Experience 55 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92727979

Fax Number

Contact Number OFFICE-92727979

EMail Address NOEMAIL

BLK 227A COMPASSVALE DRIVE Address

#10-200

Postcode 541227

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 SIDE SWIPE Weather Conditions CLEAR

Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2

involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NO

2

NO

NAME:

GENDER:

1 . : MALE

### **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?

If Yes, against whom?

NO

#### Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS QUEUE TOWARDS CUSTOM, VEHICLE B WAS TOO CLOSE TO MY VEHICLE, AS A RESULT, VEHICLE B FRONT RIGHT SIDE MIRROR GRAZED ONTO MY VEHICLE FRONT LEFT SIDE MIRROR.

#### 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 SMA3577Z

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

GENDER: :

3

Passenger 2

NAME:

GENDER: :

## 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.
- 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.
- 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.
- 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.
- 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:
  - 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 .:

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to distancel.	
	8

# **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 .:

Date &











olicy No.	5080379009-03	Policyholder Name	NGAI SOW	/ WERNG	Policyholder NRIC	S0934954E	
Certificate Vo.							
Address	BLK 227A #10-200 COMPASS	VALE DRIVE SIN	IGAPORE 54	1227			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	03/03/2019	Effective Date	24/05/201	9 00:00	Expiry Date	23/05/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	INDEX AGENCY PTE LTD	Agent Tel.			GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 227A #10-200	Addr	ess 2	COMPASSVAL	E DRIVE	Address 3	COMPASSVALE COURT
	SINGAPORE 541227	Addr	ess Type	Singapore add	Singapore address		541227
Address 4		Relat	ed Policy	Policy 5080379009-03			
Address 4 Unit No.	10-200	Num	)er				
Unit No.	10-200 ed Object: EQ8922M		yer.				
Unit No.	ed Object: EQ8922M		per				

Claim Handling								- Exit
Accident HT/1054371 Policy No.	5080379009-03		Vehicle No.	Panasau				
Certificate No.			versce no.	EQ8922M		GST Registration No.		
Policyholder Name	NGAI SOW WERNS					Policyholder NRIC	50934954E	
Product Code	PRIVATE CAR INSURAN	4CE	Cover Type	Third Party, Fire & Theft		Loading	0	
Contact No.(Mobile)	92727979		Contact No. (Office)	0		Contact No.(Home)	0	
Email Address			Special Remark	57		eCode	TAIL V	
KFK	® No ○ Yes		TCA	® No ○ Yes		eCode Reason	A Company	
NCD Protection	Yes		NCD Entitlement(%)	50		Private Hire	No	
<b>□</b> Accident Details						TO THOSE STORE STO	- 10	
Report Date	32/07/2019 12:34		Academ Report Within 24 hrs	Yes		Academ Type	Side Swipe	
Date of Acodems	21/07/2019		Time of Accident hh:mm	20:20		Country of Accident	Outside Singapore	
Reporting Centre			Orange Force			JCM No.		
Accident Location	39 TWDS WOODLANDS	CHECKPOINT						
<ul> <li>Total Excess Applicable</li> </ul>								
Excess Type	Per Accident		Windscreen Excess		0.00			
OR Charles								
OD Standard Excess VIED OD Excess		0.00	TP Standard Excess		0.00			
Additional Excess		0.00	YIED TP Excess		0.00	Driver is Covered?	Covered	
Total OD Excess Applicable		2.22						
♥ Benefits		0.00	Total TP Excess Applicable		0.00			
GST Registered Inform	nation							
GST Registered	No			G5T Registration 0	274			
GST Registration No.				GST Status Verified		Yes		
Modification History						62.52		
Policyholder Mailing Ar								
Address 1	BLK 227A #10-200		Address 2	COMPASSVALE DRIVE		Address 3	COMPASSVALE COURT	
Address #	SINGAPORE 541227		Address Type	Singapore address		Post Code	541227	
Unit No.	10-200		Related Policy Number	5080379009-03				
Driver Name	NGAL SOW WERNG		Marine Wine	NAME OF TAXABLE PARTY.				
Unhamed driver Name	HONE SOM MERING		Driver Type Driver NA3C	Main Driver 50934954E		Driver DOS	*********	
Register Date of Driver License	27/12/1963		Driver Age	74		Driving Experience	04/04/1945 55	
Contact No.(Mobile)	92727979		Contact No. (Office)	0		Contact No. (Home)	0	
Address 1	BLK 227A		Address 2	COMPASSIVALE DRIVE		Address 3	COMPASSVALE COURT	
Address 4	SINGAPORE 541227		Address Type	Singapore address		Post Code	541227	
Unit No.	10-200					1 444 6446	perez.	
Does he own a Singapore Registered car?	○ Yes ® No		Driver Vehicle No.			Driver Insurer Company		
						District House Company		
Declaration								
Breathalyser or Blood Test Reading?	0 mg		Any injury?	○ Yes ® No				
Modification History								
Name and March								- 3
Claim 001 New								
Claim Type *	00-MX	¥	Insured Name	NGAI SOW WERNG		Insured NR3C	S0934954E	
Contact No.(Mobile)	92727979		Contact No.(Home)		59	Contact No. (Office)	0000000	
Eithail Address			Of Vehicle Number	EQ8922M		TP Vehicle Number	SMA3577Z	
Claimant Type Claimant Type *	Please Select	V	Type of Benefit *	Please Select	V			
Clement Name *		22	Claimant NRSC *					
Claimant Address						]		
Claim Description Professed Workshop Contact	EQ8922M / SMA3577Z C	IN 21 Jul 2019	V-0.000 V-0.000	V C 2 (40) (11)		Name of Preferred Workshop		
No.			Insured Liebility *	Not at Pault	$\overline{\mathbf{v}}$			
Require Finalisation	Yes	V	Preferered Repair Option	Preferred Workshop, Name	unknown 💟	G1A report	Received .	
Date Registered	22/07/2019 12:35		Claim Close Date			Date Received	22/07/2019 00:00	
Report Taken By	Jackson							
Print AK letter								
				Save Submet				
Attachment				Serie Submit				
New York Control of the Control of t								
w								
Accident No.	MT/1054371		Claim No.	001				
Lest Doc. Received	● Yes ○ No		Upload Date	22/07/201	9 12:35			
	Pid	h •		Cat	egory *	Confidential Urgeno	y * Description *	
			Browse	Clear Please Select	10	Inc. V Innmat	ioi .	-

