

[Wed 1 Jan'05]

MMA 11911818

(11) 19 Reporting Only

TP Insurers

Ass'tl Report by Fax / Hand to Owner/WK312

Preferred Wksp / INC Assign Wksp / QW: (

Toll:

Fax:

**IP Particulars:**

Veh No:

GRD 8306X

INC ( ) / Non-INC ( )

Tel:

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 repolar.

( ) Total Loss Case : to e-mail Insurer **URGENTLY**.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

**Comments:** - PANC-100-6718-66-09 - D/E 100-6718-66-09 - 12 millions by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )=

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

*Injury:*

Date/Time:

## ACTIONS

WPA 190627.0

## Champan's Particulars 32

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Fig. 1.

INVOICE		Ref: AHC (3)
NTUC Additional Services		Ref: Bill
1) AR : Accident Reporting (\$30);	30-00	
2) DA : Damage Assessment (\$100); INC (\$50)		
3) TP : 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) NI : 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 \$5		
TP (N11) : TP (N11 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	26/08/2019 09:41
Date Of Accident	24/08/2019 09:45
Exact Location Of Accident	PASIR PANJANG RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB8798U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	365 THE PANORAMA
Co Reg No	53399206X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62591660
<b>Vehicle Particulars</b>	
Manufacturer	CITROEN
Model	NEMO-1.4 D (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5110495563
Cover Note Number	-
<b>Driver</b>	
Name of Driver	ROHAIZAD BIN ABDUL RAHIM
NRIC No	S7438210Z
Date Of Birth	29/11/1974
Occupation	OUTDOOR
Date Of Driving Pass	08/08/1997
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87526045
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 445B FERNVALE RD #14-393
Postcode	792445
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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	2
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: : LIM POH HUAT GENDER: : 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?	NO
If Yes, against whom?	

#### Circumstances of Accident

WHILE TRAVELLING STRAIGHT ALONG PASIR PANJANG RD, SUDDENLY VEH B FROM OPPOSITE DIRECTION MAKE A U TURN AND HIT ONTO MY VEH RIGHT REAR PORTION.

#### 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	GBD8306X
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)



## 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**.
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

Sketch Plan area showing a road layout with labels 'Pasar Panjang Rd.' and 'A = GBB 8798 U', 'B = GBD 8306 X'.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident section with a large area for text entry, including the handwritten phrase '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 DRIVING LICENCE

Portrait photo

License Number: S7438210Z

Name: ROHAIZAD BIN ABDUL RAHIM

Birth Date: 29 Nov 1974

Issue Date: 07 Aug 2003

Barcode: 000725582J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7438210Z

Portrait photo

Name: ROHAIZAD BIN ABDUL RAHIM

Race: BOYANESE

Date of birth: 29-11-1974

Country of birth: SINGAPORE

Sex: M

Emblem of Singapore

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Valid Date: 08 Aug 1997

NP 428A

Barcode: Licence No: S7438210Z

3647910

Barcode

NRIC No. S7438210Z

Fingerprint

Date of issue: 11-12-2004

APT BLK 445B FERNVALE ROAD #14-393  
SINGAPORE 792445

NRIC No: S7438210Z Date: 04/01/2018

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="24/08/2019 09:40"/>
Vehicle No. (For Motor)	<input type="text" value="GBB8798U"/>	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"/>	5110495563		365 THE PANORAMA	53399206X	GCV	Third Party	GBB8798U	GBB8798U	18/06/2019	17/06/2020



## Claim Handling

## Accident MT/1059505

Policy No.	5110495563	Vehicle No.	GBB8798U	GST Registration No.	
Certificate No.					
Policyholder Name	365 THE PANORAMA			Policyholder NRIC	53399206X
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	62591660	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b>					
Report Date	26/08/2019 19:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	24/08/2019	Time of Accident hh:mm	09:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PASIR PANJANG RD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	26/08/2019 19:10:23 System changed GST Status Verified from No to Yes				
<b>Policyholder Mailing Address</b>					
Address 1	26 SIN MING LANE	Address 2	#08-127 MIDVIEW CITY	Address 3	SINGAPORE 573971
Address 4		Address Type	Singapore address	Post Code	573971
Unit No.	08-127	Related Policy Number	5110495563		
<b>OT Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ROHAIZAD BIN ABDUL RAHIM	Driver NRIC	S74382102	Driver DOB	29/11/1974
Register Date of Driver License	08/08/1997	Driver Age	44	Driving Experience	22
Contact No.(Mobile)	87526045	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 445B #14-393	Address 2	FERNVALE ROAD	Address 3	FERNVALE VISTA
Address 4	SINGAPORE 792445	Address Type	Singapore address	Post Code	792445
Unit No.	14-393				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		

## Modification History

Claim 001 New

Claim Type *	OO-MX	Insured Name	365 THE PANORAMA	Insured NRIC	53399206X
Contact No.(Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address		OT vehicle Number	GBB8798U	TP Vehicle Number	GBD8306X
Claim Description	GBB8798U / GBD8306X ON 24 Aug 2019			Name of Preferred Workshop	
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	GIA report	Received
Date Registered	26/08/2019 19:11	Claim Close Date		Date Received	26/08/2019 00:00
Report Taken By	LIEW SHIAN HUI				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1059505	Claim No.	001
Last Doc. Received	Yes No	Upload Date	26/08/2019 19:12
Path *		Category *	Confidential Urgency *
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal
Choose File No file chosen		Clear Please Select	NO Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

ClearPlease SelectNONormal

ClearPlease SelectNONormal

ClearPlease SelectNONormal

Send M

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 26 Aug 2019 19:12	NR3C/ Driving License	Normal	NR3C/ Driving License 2019-8-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 26 Aug 2019 19:12	SAS	Normal	SAS 2019-8-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 26 Aug 2019 19:12	Photos	Normal	Photos 2019-8-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 26 Aug 2019 19:12	Photos	Normal	Photos 2019-8-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 26 Aug 2019 19:12	Photos	Normal	Photos 2019-8-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 26 Aug 2019 19:11	Photos	Normal	Photos 2019-8-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 26 Aug 2019 19:11	Photos	Normal	Photos 2019-8-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 26 Aug 2019 19:11	Photos	Normal	Photos 2019-8-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 26 Aug 2019 19:11	Photos	Normal	Photos 2019-8-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 26 Aug 2019 19:11	Photos	Normal	Photos 2019-8-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 26 Aug 2019 19:11	Photos	Normal	Photos 2019-8-26	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 26 Aug 2019 19:11	Photos	Normal	Photos 2019-8-26	

Video List

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