

Date In: 26/8/19 11:35	Job description	Date & Time Completed	Done by
Ref No: NA11MC19014949/64	SAS e-filing		
Veh No: SMH 595D	E-mail (within 3hrs, AIC 2hrs)		
DOA: 24/8/19 16:55	I-Motor Claims Form	M7/1059500 <sup>001</sup>	26/8/19 18:25
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SKG 1605G INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) 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: ( )

Remarks: (INC 00115 0708 0616)

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Actions

NA1906281	1) ARI Accident Reporting (\$30);	30.00
Claimants Particulars:	2) DA: Damage Assessment (\$100); INC (\$80)	
Driver/Owner:	3) TP: Towing Fee \$40/\$45	
Contact No:	4) PT: Follow-Through Survey \$120	
Damaged Portion:	5) PT: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	For claiming against INC Only (ver 10 Jan 2003)	
Auditors Comments:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (NI1): TP (NI1/INC) against INC \$20	
	9) NI2: Idao 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 willful 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 11:35
Date Of Accident	24/08/2019 16:55
Exact Location Of Accident	TPE SLIP RD EXIT TO PASIR RIS DR 8
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMH595D
Insured/Policyholder	
Name Of Registered Owner	DICKSON SOH MING HAO
NRIC No	S9524745H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93393349
Alternative Phone No	OFFICE-93393349
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	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	5110360878
Cover Note Number	-
Driver	
Name of Driver	DICKSON SOH MING HAO
NRIC No	S9524745H
Date Of Birth	17/07/1995
Occupation	INDOOR
Date Of Driving Pass	10/06/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93393349
Fax Number	
Contact Number	OFFICE-93393349
Email Address	NOEMAIL

Address	BLK 2A BOON TIONG RD #30-07
Postcode	164002
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	COLLISION - HEAD TO REAR
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)	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 TPE EXIT TO PASIR RIS DR 8 TO CHECK ON THE MAIN ROAD ON COMING TRAFFIC. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND HIT ONTO MY VEH 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	SKG1605G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH MING CHANG
NRIC/Passport Number	S8101398E
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.



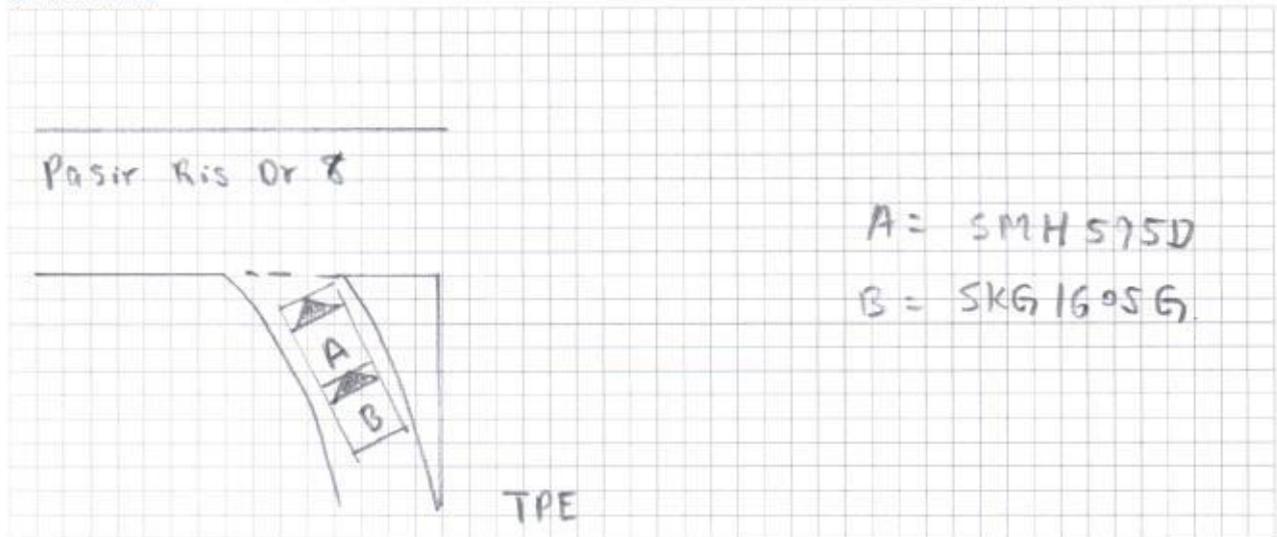
Policyholder's Signature  
Date & Time:

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



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

SKETCH PLAN



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.:

10 Sin Ming Drive Singapore 575701  
www.lta.gov.sg

01 Jul 2019

Our ref 0107190203N061004330

DICKSON SOH MING HAO  
APT BLK 2A BOON TIONG ROAD  
#30-07  
SINGAPORE 164002

Dear Sir/Madam

**You Have Successfully Replaced Vehicle Registration No. SML4294A  
With SMH595D**

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SML4294A, now has the number SMH595D.

The vehicle details after the transaction are:

Transaction No. : 20190701145856763823  
Vehicle Registration No. : SMH595D (Previously SML4294A)  
Vehicle Make : VOLKSWAGEN  
Vehicle Model : SCIROCCO 1.4L AT TSI 1372Q5  
Chassis No. : WVVZZZ13ZBV004660  
Engine No./ Motor No. : CAV210503 / -

**What You Need To Do:**

- You must show the new number SMH595D on your vehicle by 04 Jul 2019.

Please change the number plates on this vehicle to show SMH595D by 04 Jul 2019. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.

Visit [www.onemotoring.com.sg](http://www.onemotoring.com.sg) for more information and to access a wide range of vehicle-related services. If you need a SingPass or CorpPass account, visit [www.singpass.gov.sg](http://www.singpass.gov.sg) or [www.corppass.gov.sg](http://www.corppass.gov.sg).

Yours sincerely

Assistant Registrar of Vehicles  
VRL Service Operations  
Land Transport Authority

[This letter is computer-generated, no signature is required.]

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9524745H



Name  
DICKSON SOH MING HAO

蘇銘灝  
Race  
CHINESE  
Date of birth  
17-07-1995  
Country of birth  
SINGAPORE

Sex  
M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number  
S9524745H  
Name  
DICKSON SOH MING HAO

Birth Date 17 Jul 1995  
Issue Date 10 Jun 2014



4647027



NRIC No S9524745H

Date of issue  
29-10-2010

Address  
APT BLK 2A BOON TIONG ROAD  
#30-07  
SINGAPORE 164002

For LKK/NAC Use Only

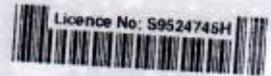
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

EFFECTIVE DATE

10 Jun 2014

NP 428A



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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110360878		DICKSON SOH MING HAO	S9524745H	GPC	drivo CLASSIC	SML4294A	SML4294A	18/06/2019	17/06/2020

Continue

**Claim Handling**

Accident MT/1059500

Policy No.	5110360878	Vehicle No.	SMH595D	GST Registration No.	
Certificate No.					
Policyholder Name	DICKSON SOH MING HAO			Policyholder NRIC	S9524745H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93393349	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

**Accident Details**

Report Date	26/08/2019 18:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	24/08/2019	Time of Accident hh:mm	16:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TPE SLIP RD EXIT TO PASIR RIS DR 8				

**Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	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 2A #30-07	Address 2	BOON TIONG ROAD	Address 3	BOON TIONG ARCADIA
Address 4	SINGAPORE 164002	Address Type	Singapore address	Post Code	164002
Unit No.		Related Policy Number	5110360878		

**01 Driver Info**

Driver Name	DICKSON SOH MING HAO	Driver Type	Main Driver	Driver DOB	17/07/1995
Unnamed driver Name		Driver NRIC	S9524745H	Driving Experience	5
Register Date of Driver License	10/06/2014	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	93393349	Contact No.(Office)		Address 3	BOON TIONG ARCADIA
Address 1	BLK 2A #30-07	Address 2	BOON TIONG ROAD	Post Code	164002
Address 4	SINGAPORE 164002	Address Type	Singapore address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.			

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	DICKSON SOH MING HAO	Insured NRIC	S9524745H	
Contact No.(Mobile)	98987723	Contact No.(Home)		Contact No.(Office)		
Email Address		DI Vehicle Number	SMH595D	TP Vehicle Number	SKG16	
Claim Description	SMH595D / SKG1605G ON 24 Aug 2019				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received	
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Claim Close Date	26/08/2019 18:24	
Date Registered				Date Received	26/08/2019	
Report Taken By	LIEW SHAN HUI					

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1059500	Claim No.	001	Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	26/08/2019 18:25	Path *	Category *	Confidential	Urgency *	Desc
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	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	Clear	Please Select	NO	Normal							
Message Read												

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Aug 2019 18:25	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-8-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Aug 2019 18:25	SAS	Normal	SAS 2019-8-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Aug 2019 18:25	Photos	Normal	Photos 2019-8-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Aug 2019 18:25	Photos	Normal	Photos 2019-8-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Aug 2019 18:25	Photos	Normal	Photos 2019-8-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Aug 2019 18:24	Photos	Normal	Photos 2019-8-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Aug 2019 18:24	Photos	Normal	Photos 2019-8-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Aug 2019 18:24	Photos	Normal	Photos 2019-8-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Aug 2019 18:24	Photos	Normal	Photos 2019-8-26
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 26 Aug 2019 18:24	Photos	Normal	Photos 2019-8-26

Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------