

Date In: 28/1/19 16:50	Job description	Date & Time Completed	Done by
Ref No: MA11MC19015213/h4	SAS e-filing		
Veh No: SKE 87135	E-mail (within 3hrs, AIC 2hrs)		
DDA: 28/1/19 16:00	I-Motor Claim Form	MT/1059912 ⁰⁰¹	28/1/19 17:27.
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/Wk311		

Profund Wkep / INC Assgn Wkep / QW: () Tel: () Fax: ()

TP Particulars: Veh No: CB 7421B. 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%; F: 80-100%]

Year of Registration: () Warranty: YBS () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repotr.

Total Loss Case: to e-mail Insurer URGENTLY.

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

Remarks:	INC/Non-INC	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

Injury: _____

Date/Time	Action

Comments Particulars	Invoice #	Invoice Date	Invoice Total	Acc (S)	Adm (S)	Adm (B)
MA1906323						
Driver/Owner:	1) AR: Accident Reporting (\$30)			30.00		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)					
Damaged Portion:	3) TP: Towing Fee \$40/\$45					
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120					
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30					
	For claiming against INC Only (ver 10 Jan 2003)					
	6) TR: Re-inspection \$75					
	7) NI: Idao DA + SMRT Survey \$160					
	8) NFUC 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 (Nil): TP (Non INC) against INC \$20					
	9) NI2: Idao Mobile \$0					
	Invoice dated					
	Invoice dated					

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	28/08/2019 16:50
Date Of Accident	28/08/2019 16:00
Exact Location Of Accident	JUNC OF MARINE PARADE RD & TELOK KURAU RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE8713S
Insured/Policyholder	
Name Of Registered Owner	DARRELL CHIN MEE CHOO
NRIC No	S1100677I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96668492
Alternative Phone No	OFFICE-96668492

Vehicle Particulars

Manufacturer	HONDA
Model	CITY
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	5059040331-06
Cover Note Number	-

Driver

Name of Driver	NG KOK HEONG LEWIS
NRIC No	S0062576J
Date Of Birth	05/07/1953
Occupation	INDOOR
Date Of Driving Pass	05/02/1974
Driving Experience	45 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96359257
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 4 MARINE TERRACE #09-322
Postcode	440004
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	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 TRAFFIC JUNC OF MARINE PARADE RD & TELOK KURAU RD, WHEN THE LIGHT TURN GREEN, I WAS ABOUT TO MOVE, SUDDENLY I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B 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	CB7421B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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:

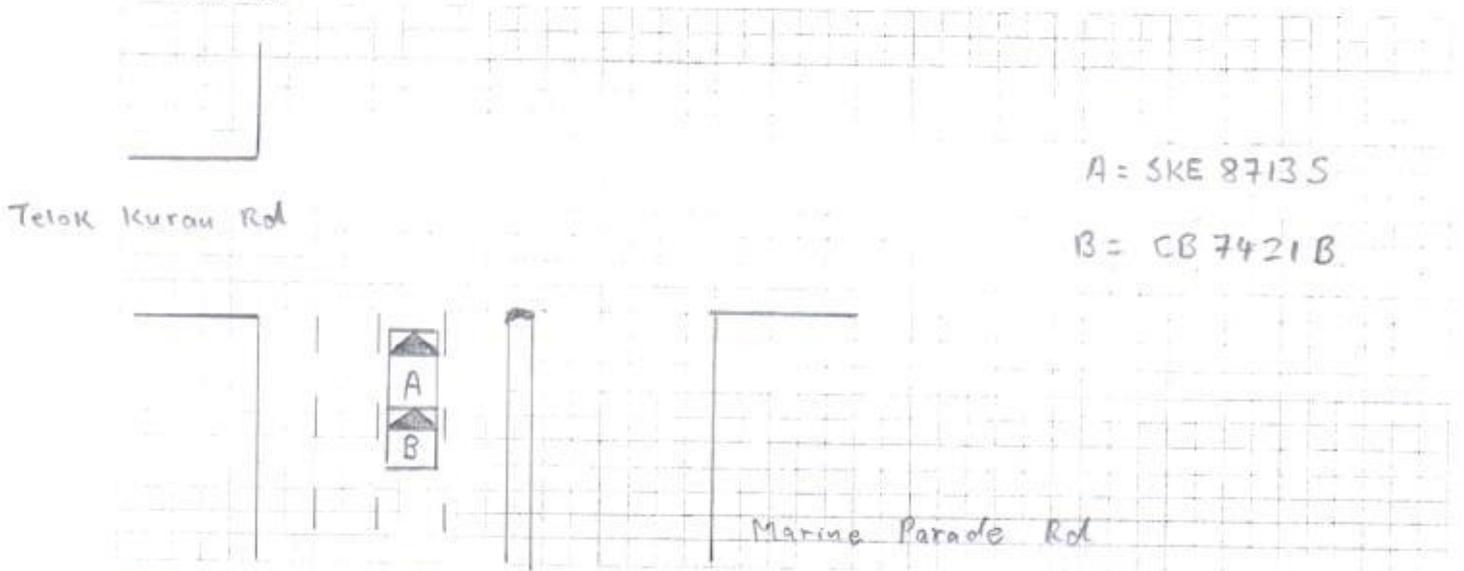


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



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. S0062576J



Name

NG KOK HEONG LEWIS

黃國雄

Race
CHINESE

Date of birth

05-07-1953

Country/Place of birth

SINGAPORE

Sex

M



For LKK/NAC Use Only



For LKK/NAC Use Only

5253386



NRIC No S0062576J

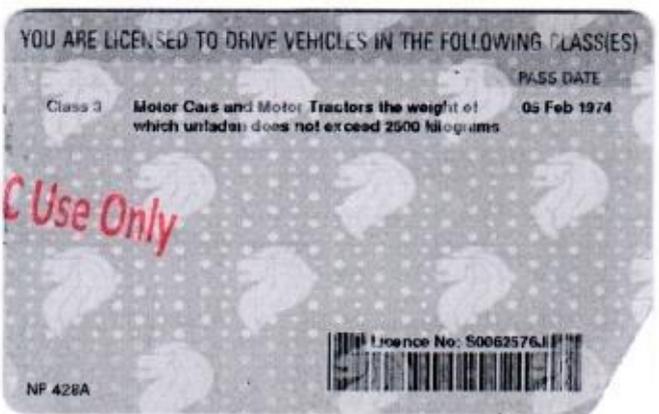


Date of issue

07-01-2014

Address

APT BLK 4 MARINE TERRACE
#09-322
SINGAPORE 440004



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"/>	5059040331-06		DARRELL CHIN MEE CHOO	S1100677I	GPC	drivo CLASSIC	SKE8713S	SKE8713S	11/04/2019	10/04/2020

Claim Handling

Accident MT/1059912

Policy No.	3059040331-06	Vehicle No.	SKE87135	GST Registration No.	
Certificate No.					
Policyholder Name	DARRELL CHIN MEE CHOO	Cover Type	2/Two CLASSIC	Policyholder NRIC	S11006771
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96668492	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	28/08/2019 17:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/08/2019	Time of Accident hh:mm	16:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF MARINE PARADE RD & TELOK KURAU RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	500.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	500.00				

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 4 #09-322	Address 2	MARINE TERRACE	Address 3	SINGAPORE 440004
Address 4		Address Type	Singapore address	Post Code	440004
Unit No.		Related Policy Number	3059040331-06		

OI Driver Info

Driver Name	LEWIS NG KOK HEONG	Driver Type	Named Driver	Driver DDB	05/07/1953
Unnamed driver Name		Driver NRIC	S0062576	Driving Experience	19
Register Date of Driver License	01/01/2000	Driver Age	66	Contact No.(Home)	
Contact No.(Mobile)	96359257	Contact No.(Office)		Address 3	MARINE TERRACE WALK
Address 1	BLK 4 #09-322	Address 2	MARINE TERRACE	Post Code	440004
Address 4	SINGAPORE 440004	Address Type	Singapore address		
Unit No.	09-322	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	GD-MX	Insured Name	DARRELL CHIN MEE CHOO	Insured NRIC	S11006771	
Contact No.(Mobile)	96668492	Contact No. (Home)	62419283	Contact No. (Office)		
Email Address		OI Vehicle Number	SKE87135	TP Vehicle Number	CB7421B	
Claim Description	SKE87135 / CB7421B ON 28 Aug 2019				Name of Preferred Workshop	0
Preferred Workshop		Insured Liability	Not at Fault	Repaired		
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered		Claim Close Date	28/08/2019 17:27	Date Received	28/08/2019 06	
Report Taken By	LIEW SHAN HUI					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1059912	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	28/08/2019 17:27
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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
 Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Send M

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2019 17:27	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2019 17:27	SAS	Normal	SAS 2019-8-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2019 17:27	Photos	Normal	Photos 2019-8-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2019 17:27	Photos	Normal	Photos 2019-8-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2019 17:27	Photos	Normal	Photos 2019-8-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2019 17:27	Photos	Normal	Photos 2019-8-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2019 17:27	Photos	Normal	Photos 2019-8-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2019 17:27	Photos	Normal	Photos 2019-8-28	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Aug 2019 17:27	Photos	Normal	Photos 2019-8-28	

Video List

Uploaded By/Date	Folder Date	File Name	Source
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>			