

Date In	5/10/19 16:44	Job description	Date & Time Completed	Done by
Ref No	MA11MC19017558164	SAS e-filing		
Veh No	STD 46045	E-mail (within 3hrs, AIC 2hrs)		
IPDA	5/10/19 13:15	I-Motor Claim Form	MT/1065546-001	5/10/19 17:34
QIP	Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

IP Particulars:

Veh No:

SBM 33 M.

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 &amp; Strictly NO refer of repairer.

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

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

Remarks:

(INC hotline: 6788 6616)

Date &amp; Time Completed:

Done 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:

MA1907437

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Tel:

Invoice Itemization Checklist:

Am (S)

Am (S)

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 (ver 10 Jan 2003)

6) TR: Re-inspection \$75

7) NI: Idas DA + SMRT Survey \$160

8) NTUC Additional Services:-

QR:

\*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: Idas Mobile \$0

Invoice dated Fee Charged

Invoice dated Fee Charged

MA1907437



## 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	05/10/2019 16:44
Date Of Accident	05/10/2019 13:15
Exact Location Of Accident	GEYLANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD4604S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NGIAM CHIAN LEE
NRIC No	S7135993Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90708989
Alternative Phone No	OFFICE-90708989

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	5112866355
Cover Note Number	

### Driver

Name of Driver	NGIAM CHIAN LEE
NRIC No	S7135993Z
Date Of Birth	11/10/1971
Occupation	INDOOR
Date Of Driving Pass	06/05/1994
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90708989
Fax Number	
Contact Number	OFFICE-90708989
EEmail Address	NOEMAIL

Address	BLK 30 JLN BAHAGIA #06-380
Postcode	320030
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: : CHEN MIAO FANG 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

I WAS TRAVELLING ALONG GEYLANG RD WHILE APPROACHING SOMEWHERE BEFORE CITY PLAZA, VEH C WHICH WAS IN FRONT OF ME STOP, AS SUCH I FOLLOW TO STOP. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, DUE TO THE IMPACT MY VEH BEEN PUSH FORWARD TOUCH ONTO THE VEH C REAR PORTION, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION. I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT. I WISH TO STATE, THE GRAVY BEHIND MY BOOTS ALL POUR OUT AND THE PASSENGER IS PREGNANT.

#### 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	SBM33M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG HWEE KIM
NRIC/Passport Number	S0009837Z
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHA7364D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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

NGIAM CHIAN LEE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJD4604S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name

CHEN MIAO FANG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJD4604S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



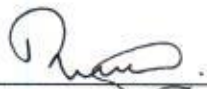
## SKETCH PLAN

### 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.:

The diagram shows a hand-drawn map on grid paper. On the left, a vertical rectangle is labeled "City Plaza". To its right is a vertical road with dashed lines. Further right is a horizontal road. At the intersection of these roads, there is a bus stop shelter. The shelter has three panels, each with a triangle on top and a letter below: the top panel is labeled "C", the middle panel is labeled "A", and the bottom panel is labeled "B". To the right of the horizontal road, there are three lines of text: "A = SJD 4604 S", "B = SBM 33 M.", and "C = SHA 7364 D.". At the bottom of the diagram, the text "Geylang Rd." is written.

City Plaza

C

A

B

A = SJD 4604 S

B = SBM 33 M.

C = SHA 7364 D.

Geylang Rd.

Please Refer to Statement

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.:



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5112866355

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: **SJD46045**

Chassis Number

: ACU300084086

2. Name of Policyholder

: NGIAM CHIAN LEE

3. Effective Date of Insurance

: 24 Sep 2019

4. Expiry Date of Insurance

: 23 Sep 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NGIAM CHIAN LEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SGCARMART FINANCIAL SERVICES PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INSURE LINK PTE LTD (00000614836)

Date of Issue : 24 Sep 2019 10:47 hrs

Insure Link Pte Ltd  
2 Kallang Avenue #08-16  
Tel: 6444 6444  
Fax: 6444 0040

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

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 checked="" type="radio"/>	5112866355		NGIAM CHIAN LEE	S7135993Z	GPC	drivo CLASSIC	SJD4604S	SJD4604S	24/09/2019	23/09/2020



## Claim Handling

Accident MT/1065546

Policy No.	5112866355	Vehicle No.	SJD46045	GST Registration No.	
Certificate No.					
Policyholder Name	NGIAM CHIAN LEE	Cover Type	drive CLASSIC	Policyholder NRIC	57135993Z
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90708989	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No
<b>▼ Accident Details</b>					
Report Date	05/10/2019 17:29	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	05/10/2019	Time of Accident hh:mm	13:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	GEYLANG RD				
<b>▼ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	600.00	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					
<b>▼ Policyholder Mailing Address</b>					
Address 1	BLK 30 #06-380	Address 2	JALAN BAHAGIA	Address 3	WHAMPOA VISTA
Address 4	SINGAPORE 320030	Address Type	Singapore address	Post Code	320030
Unit No.	06-380	Related Policy Number	5112866355		
<b>▼ OI Driver Info</b>					
Driver Name	NGIAM CHIAN LEE	Driver Type	Main Driver	Driver DOB	11/10/1971
Unnamed driver Name		Driver NRIC	57135993Z	Driving Experience	20
Register Date of Driver License	01/01/1999	Driver Age	47	Contact No.(Home)	
Contact No.(Mobile)	90708989	Contact No.(Office)		Address 3	WHAMPOA VISTA
Address 1	BLK 30 #06-380	Address 2	JALAN BAHAGIA	Post Code	320030
Address 4	SINGAPORE 320030	Address Type	Singapore address		
Unit No.	06-380				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	NGIAM CHIAN LEE	Insured NRIC	57135993Z
Contact No.(Mobile)	90708989	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	thetradetub@gmail.com	OI Vehicle Number	SJD46045	TP Vehicle Number	SBM33
Claim Description	SJD46045 / SBM33M ON 5 Oct 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Repair Option	Preferred	Preferred Workshop, Name unknown		Claim Close Date	05/10/2019 17:32
Date Registered				Date Received	05/10/2019
Report Taken By					LEE SHAN HUI
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment

Accident No.	MT/1065546	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	05/10/2019 17:34
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2019 17:34	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-10-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2019 17:34	SAS	Normal	SAS 2019-10-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2019 17:33	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2019 17:33	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2019 17:33	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2019 17:33	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2019 17:33	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2019 17:33	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2019 17:32	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2019 17:32	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2019 17:32	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2019 17:32	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2019 17:32	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2019 17:32	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2019 17:32	Photos	Normal	Photos 2019-10-5
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 05 Oct 2019 17:32	Photos	Normal	Photos 2019-10-5

Video List

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

Display in New Window

Scan and uploading