

Date In: 08/10/2019 09:21	Job description	Date & Time Completed	Done by
Ref No: NA/INC19017664/F	SAS e-filing		
Veh No: CB 80702	E-mail (within 2hrs, AIC 2hrs)		
ETA: 07/10/2019 14:45	I-Motor Claim Form	MT/106537-001	08/10/2019 12:09
Q1: <input checked="" type="radio"/> TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SHB8807G

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 repairer.

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

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

Remarks:

(INC hotline: 6788 6616)

Date: 08/10/2019 12:09

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	Actions

ND1907431

Claimants Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Tel: 1

Fax: 1

Invoice/Repairation Checklist

Item	Amount	Remarks
1) AR: Accident Reporting (\$30)	\$30	
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: Towing Fee \$40/\$45		
4) PT: Follow-Through Survey \$120		
5) PF: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (ver 19 Jan 2009)		
6) TR: Re-inspection \$75		
7) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:		
QD:		
• N3: Courtesy Car / Tpt Allowance	\$5	
• N6: Repair Co-ordination	\$10	
• N7: Post Repair Inspection	\$25	
• N8: DV / Collect Excess Coordination	\$5	
TE (N11): TP (Vn INC) against INC	\$20	
9) N12: Idao Mobile	\$0	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

MNA

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	08/10/2019 09:21
Date Of Accident	07/10/2019 14:45
Exact Location Of Accident	ALONG JALAN ISHAK/LORONG MARICAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8070Z
Insured/Policyholder	
Name Of Registered Owner	GHAM REN MAN
NRIC No	S1468175B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90625493
Alternative Phone No	OFFICE-90625493

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101588662-01
Cover Note Number	

Driver

Name of Driver	GHAM REN MAN
NRIC No	S1468175B
Date Of Birth	03/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	17/05/1982
Driving Experience	37 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90625493
Fax Number	
Contact Number	OFFICE-90625493
EEmail Address	NOEMAIL

Address	APT BLK 15 MARINE TERRACE #06-30 SINGAPORE
Postcode	440015
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 - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

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?	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)	10

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

REFER TO SKETCH PLAN.

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	SHB8807G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	96753292
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: ; UNKNOWN
	GENDER: ;

Vehicle No.	CB 8070Z	Model / Make	Toyota Hiace
Date of Accident	7/10/2019		
Time of Accident	1445	HRS	
Location of Accident	Along Jalan Ishak / Lorong Marican		
Exact purpose use during accident	Work		
Name of Owner	Ghem Ren Man		
Telephone No.	H/P : 90625493	Home :	Office :
NRIC	S1468175B		
Address	BLK 15 Marine Terrace #06-30 S(440015)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5101588662-01		
Name of Driver	As Above If No,		
NRIC		Any Passengers :	89 Kang Sui Noh (F)
Date of birth	3/6/1961	Evan (Male)	Rudra (Male)
Occupation	Outdoor / Indoor	Pranav (Male)	Patan Kar (Female)
Driving License Pass Date	17/5/1982	Juce (Male)	Meera (Female)
Gender	Male / Female	Ashlyn (Female)	Livan (Male)
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No. CB 6427S		
Relationship	Employee, If no, state Owner		
Weather condition	Clear, Raining, Other		
Road Surface	Dry, Wet, Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SHB 8807G	Any Passengers :	1
Name of Driver		Contact No. :	9675 3292
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	—	Witness Contact :	
Accident Portion	Left Portion		
Camera Recorder	Yes / No		
Email Address	ghamchenfarn@gmail.com		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1468175B



Name:

GHAM REN MAN

嚴仁滿

Race:

CHINESE

Date of birth:

03-06-1961

Country/Place of birth:

SINGAPORE



S1468175B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1468175B

Name:

GHAM REN MAN

Birth Date: 03 Jun 1961

Issue Date: 11 Mar 2015

002404427K

For N-51 Automotive Pte Ltd
For Twincar Automotive Pte Ltd
Accident Use Only

Land Transport Authority



VOCATIONAL LICENCE

Licence No: S1468175B

Name: GHAM REN MAN

Issue Date: 19/3/2015

Please visit www.lta.gov.sg to check the status of this vocational licence

For LKK/NAC Use Only



NRIC No. S1468175B



Date of issue:
31-01-2015

APT BLK 15 MARINE TERRACE #06-30
SINGAPORE 440015

NRIC No: S1468175B

Date: 18/06/2015

5418535

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

EFFECTIVE DATE

- | Class | Description | Effective Date |
|---------|--|----------------|
| Class 3 | Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg | 17 May 1962 |
| Class 4 | *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg
*Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg | 22 May 1984 |
| Class 5 | Motor vehicles not constructed to carry any load and the unladen weight > 7250kg | 09 Mar 1995 |

For LKK/NAC Use Only

For N-51 Automotive Pte Ltd
For Twincar Automotive Pte Ltd
Accident Use Only



Licence No: S1468175B

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	03/08/1998
04	BUS ATTENDANT	03/08/1998

For LKK/NAC Use Only



SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

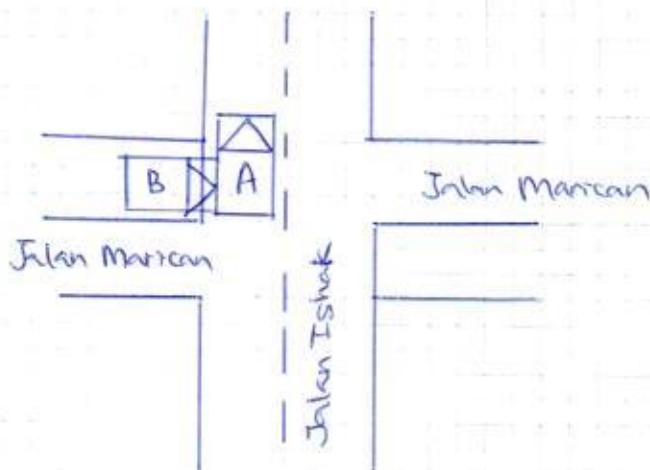
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



Vehicle A : CB8070Z

Vehicle B : SHB8807G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above said date & time, I was driving my vehicle A (CB8070Z) traveling along Jalan Ishak twds Lorong Salkh. I was driving straight on my lane suddenly vehicle B (SHB8807G) which coming from Lorong Marican didn't stop his vehicle and collided onto my vehicle left side portion.

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.:

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 : 5101588662-01

Cover : Comprehensive

- | | |
|---|-----------------|
| 1. Index mark and Registration Number of Vehicle | : CB8070Z |
| Chassis Number | : GDH2232000273 |
| 2. Name of Policyholder | : GHAM REN MAN |
| 3. Effective Date of Insurance | : 21 Jun 2019 |
| 4. Expiry Date of Insurance | : 20 Jun 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 the carriage of passengers in connection with the Policyholder's business. | |
| (b) Limited to carry 14 passengers | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$1,500
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: THINK ONE CREDIT 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 : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)
Date of Issue : 07 Jun 2019 14:13 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:


Authorised Officer



Chief Executive

Think One Authorised Workshop
Accident No.: 9128 8488 / 6844 3300
18 Defu Avenue 2 S(539522)
Renewal No.: 6555 3300
20 Ubi Road 4, #02-03 S(408622)

Claim Handling

Accident MT/1065837

Policy No.	5101588662-01 ✓	Vehicle No.	CB8070Z ✓	GST Registrati
Certificate No.				
Policyholder Name	GHAM REN MAN ✓			Policyholder NI
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	90625493	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

▼ Accident Details

Report Date	08/10/2019 12:01 ✓	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	07/10/2019 ✓	Time of Accident hh:mm	14:45	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG JALAN ISHAK/LORONG MARICAN			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	500.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00	

▼ 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 15 #06-30	Address 2	MARINE TERRACE	Address 3
Address 4	SINGAPORE 440015	Address Type	Singapore address	Post Code
Unit No.	06-30	Related Policy Number	5101588662-01	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	GHAM REN MAN	Driver NRIC	S14681758	Driver DOB
Register Date of Driver License	17/05/1982	Driver Age	58	Driving Exper
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Hi
Address 1	BLK 15 #06-30	Address 2	MARINE TERRACE	Address 3
Address 4	SINGAPORE 440015	Address Type	Singapore address	Post Code
Unit No.	06-30			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	GH
Contact No.(Mobile)	90625493	Contact No. (Home)	
Email Address		Vehicle Number	CB
Claim Description	CB8070Z / SHB880ZG ON 7 Oct 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered	08/10/2019 12:08	GIA report	Received
Report Taken By	RAM	Claim Close Date	

☒ Print AK letter

Attachment

Accident No. MT/1065837 /
 Last Doc. Received ☒ Yes ☐ No
 Claim No. 001 /
 Upload Date 08/10/2019 12:09

Path *

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

 No file chosen

Category *

Confider

 NO

 NO

 NO

 NO

 NO

 NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Oct 2019 12:09	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Oct 2019 12:09	SAS	Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Oct 2019 12:09	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Oct 2019 12:09	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Oct 2019 12:09	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Oct 2019 12:09	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Oct 2019 12:09	Photos	Normal	Ph
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Oct 2019 12:09	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Oct 2019 12:09	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Oct 2019 12:09	Photos	Normal	Ph

Video List

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