

Date In: 08/10/2019 17:09	Job description	Date & Time Completed	Done by
Ref No: NAINC1901-7168/F	SAS e-filing		
Gen No: 586249E	E-mail (within 5hrs, AIC 2hrs)		
Date: 07/10/2019 16:20	I-Motor Claim Form	MT/1066004001	09/10/19 09:35
TP: TP (Reporting Only)	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Issues:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

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

TP Particulars: Vch No: SJK 96812 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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

MA1907456	Invoice Preparation Checklist	Fee Charged
Client's Particulars:	1) AR: Accident Reporting (\$30);	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
Assessor's Comments:	For claimant against INC Only (wef 10 Jan 2005)	
	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 (Nil) : TP (Non INC) against INC \$20	
	9) N12: 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 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 17:09
Date Of Accident	07/10/2019 16:20
Exact Location Of Accident	ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6249E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG CHAN YIN KEE ROASTED MEAT
Co Reg No	31737200M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97338656
Alternative Phone No	OFFICE-97338656

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087490190-02
Cover Note Number	

### Driver

Name of Driver	NG AH VOON
NRIC No	S1241062Z
Date Of Birth	06/05/1957
Occupation	OUTDOOR
Date Of Driving Pass	08/01/1976
Driving Experience	43 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97338656
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 496B TAMPINES STREET 43 #03-241 SINGAPORE
Postcode	525496
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 - HEAD TO REAR
Weather Conditions	CLEAR
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)	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

REFER TO SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK9681Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98460144
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.

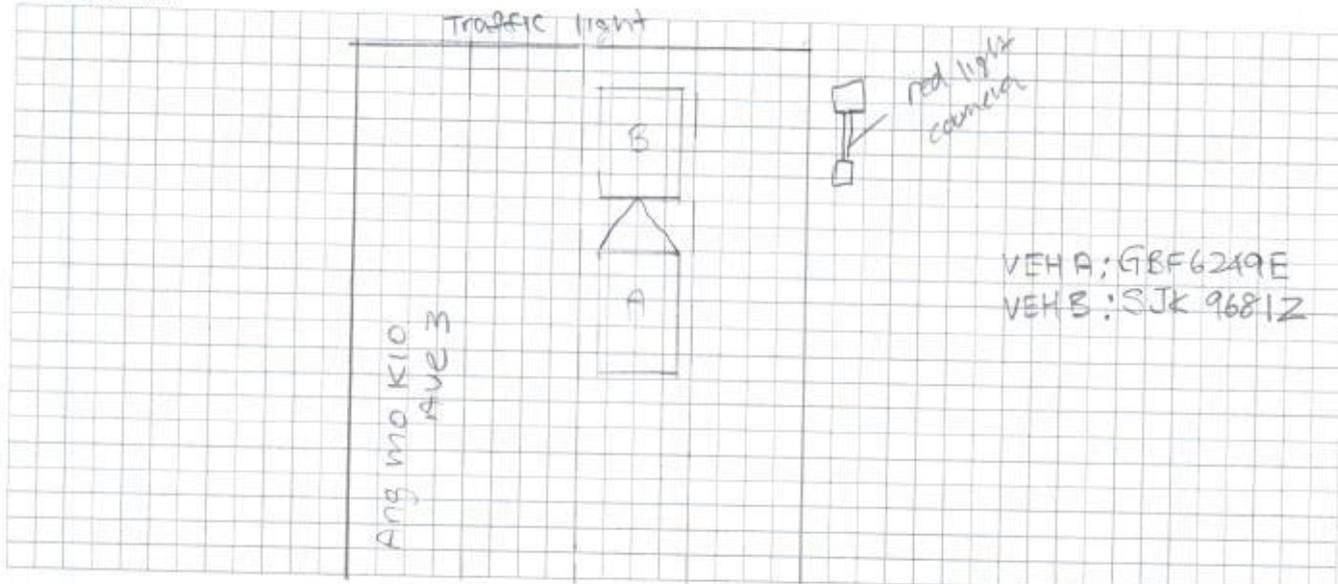
General Insurance Association of Singapore  
2022, under the  
GIA-2022-01, revised 2022  
Date: 1/12/22

\_\_\_\_\_  
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**

I was traveling along ang mo kio Ave 3. When I was reaching a red light camera junction, the traffic light turn amber. and the veh B Jam his brake. I was about 3 veh length behind and couldn't stop on time. as result, I hit on to his veh. No one injured and ~~no~~ police report made.

**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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: ( / / ) (DD/MM/YYYY), TIME: ( : ) (HH:MM)

LOCATION: \_\_\_\_\_

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 6249E  
b) INSURANCE COMPANY: NAUC  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: commercial use  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97338656  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: ( / / ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) driver  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJK 9681Z MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9846044

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

No of passenger  
(including driver)  
( )

Email =

fax =

video =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1241062Z



Name  
NG AH VOON

伍 亞 漢

Race  
CHINESE

Date of birth  
06-05-1957

Sex  
M

Country of birth  
SINGAPORE




*For LKK/NAC Use Only*

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1241062Z

Name  
NG AH VOON

Birth Date 06 May 1957

Issue Date 10 Nov 2003

*For LKK/NAC Use Only*




4204152



NRIC No. S1241062Z

*For LKK/NAC Use Only*

Date of issue  
14-04-2008

Address  
APT BLK 496B TAMPINES STREET 43  
#03-241  
SINGAPORE 525496



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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	06 Jan 1976
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	17 Jun 1983
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	11 Jan 1984

*For LKK/NAC Use Only*

Licence No: S1241062Z



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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5087490190-02		NG CHAN YIN KEE ROASTED MEAT	31737200M	GCV	Preferred Workshop Plan	GBF6249E	GBF6249E	20/01/2019	19/01/2020

Claim Handling

Accident MT/1066004

Policy No.	5087490190-02	Vehicle No.	GBF6249E	GST Registration No.	
Certificate No.					
Policyholder Name	NG CHAN YIN KEE ROASTED MEAT			Policyholder NRIC	31737200M
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	97338656	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KTK	<input 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	No

Accident Details

Report Date	09/10/2019 08:55	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/10/2019	Time of Accident h:mm	16:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANG MO KIO AVE 3				

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	09/10/2019 08:57:06 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 27 #01-168	Address 2	DEFU LANE 10	Address 3	SINGAPORE 539208
Address 4		Address Type	Singapore address	Post Code	539208
Unit No.		Related Policy Number	5043745218-09		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NG AH VODN	Driver NRIC	S1241062Z	Driver DOB	06/05/1957
Register Date of Driver License	08/01/1976	Driver Age	62	Driving Experience	43
Contact No.(Mobile)	97338656	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 496B #03-241	Address 2	TAMPINES STREET 43	Address 3	SINGAPORE 525496
Address 4		Address Type	Singapore address	Post Code	525496
Unit No.	03-241				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	NG CHAN YIN KEE ROASTED MEAT	Insured NRIC	3173
Contact No.(Mobile)	97338656	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		DI Vehicle Number	GBF6249E	TP Vehicle Number	SJK9
Claim Description	GBF6249E / SJK9681Z DN 7 Oct 2019			Name of Preferred Workshop	0
Preferred Workshop		Insured Liability	Fully at Fault		
Workshop Finalisation	Yes	Excess/Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	09/10/2019 09:02	Claim Close Date		Date Received	09/10/2019
Report Taken By	LEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1066004	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	09/10/2019 09:35
Path *		Category *	
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		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
------------	------------------	----------	---------	-------------



NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2019 09:35	Photos	Normal	Photos 2019-10-9
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2019 09:35	Photos	Normal	Photos 2019-10-9
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2019 09:34	Photos	Normal	Photos 2019-10-9
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2019 09:34	Photos	Normal	Photos 2019-10-9
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2019 09:34	Photos	Normal	Photos 2019-10-9
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2019 09:34	Photos	Normal	Photos 2019-10-9
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2019 09:34	Photos	Normal	Photos 2019-10-9
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2019 09:00	SAS	Normal	SAS 2019-10-9
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Oct 2019 09:00	NRIC/ Driving License	Y	NRIC/ Driving License 2019-10-9

Video List

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