

Date/Time	23/10/19 13:20	Job description	Date & Time Completed	Done by
Ref No	MA11MC190187691h4.	SAS e-Billing		
Web No	SKX 4513Y	E-mail (include dist, AIC dist)		
Date/Time	22/10/19 17:45	I-Motor Claim Form	MT11068189 <sup>001</sup>	23/10/19 14:25.
File	Opening (Only)	I-Motor W/O (Within 90 Days TP *dist)		
		I-Photo Uploaded		
TP Insurer		Assessment/Survey Report		
		Ass't Report by Fax/Hand to Owner/Whn		

Professional Whn / INC Assign Whn / QW:		Tel:		Fax:	
TP Particulars:	Veh No:	SHE 8672Y. 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: YES ( ) / NO ( )				
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )				

General Remarks:	
( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repair.	
( ) Total Loss Case : to e-mail Insurer URGENTLY.	
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )	

Remarks:	(INC Hotline: 6788 6616)	Date/Time	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

MA1908052

Invoice Preparation Checklist		Am (\$)	Am (\$)
1) AR: Accident Reporting (\$30)		30.00	
2) DA: Damage Assessment (\$100) INC (\$10)			
3) TP: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) FT: Follow-Through Survey (Resurvey) \$30			
Forclaiming against INC Only (w/c 10 Jan 2024)			
6) TR: Re-inspection \$75			
7) NI: Idea DA + SMRT Survey \$160			
3) NTUC Additional Services:			
QR:			
*N5: Courtesy Car / Tpt Allowance	\$5		
*N6: Repair Coordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
TP (N11): TP (Non INC) against INC	\$20		
2) N12: Idea Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Client's Particulars:
Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Engr-In-Charge):
Auditors' Comments:

## 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	23/10/2019 13:20
Date Of Accident	22/10/2019 17:45
Exact Location Of Accident	AYE B4 ALEXANDRA EXIT 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX4593Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MEGHALAA D/O KUPPAN
NRIC No	S7122311F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97482739
Alternative Phone No	OFFICE-97482739

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	5100927414-01
Cover Note Number	

### Driver

Name of Driver	MEGHALAA D/O KUPPAN
NRIC No	S7122311F
Date Of Birth	26/06/1971
Occupation	INDOOR
Date Of Driving Pass	21/04/2003
Driving Experience	16 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97482739
Fax Number	
Contact Number	OFFICE-97482739
Email Address	NOEMAIL



Address	BLK 477 PASIR RIS DR 6 #04-516
Postcode	510477
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?	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: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8672Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TEO CHIN WAN HOWARD
NRIC/Passport Number	S8101107I
Contact Number	92335551

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.
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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: 23/10/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SKETCH PLAN

AYE

(A) SKX4593Y  
(B) SHC8672Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*Mya*

Policyholder's Signature

Date & Time: 23/10/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*Ant*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**CONFIDENTIAL**

**ANNEX E**

**NOTICE OF REPORTING**

This is to confirm that MEGHALAA D/O KUPPAN, NRIC / FIN S7122311F reported to the Police a non-injury traffic accident which occurred at AYE before Alexandra Exit 6 on the 1<sup>st</sup> lane from the right on 22/10/2019 at 05:45pm involving the following vehicles;

**V1) SKX4593Y – Toyota, Corolla Altis, Silver in colour**

**V2) SHC8672Y – Hyundai, i40, Blue in colour**

Complainant informed that she was driving in V1. Complainant was travelling on the first lane from the right on AYE before Alexandra Exit 6 and it was a heavy jam on the expressway. The vehicle in front of complainant stopped and suddenly V2 hit the rear of V1.

Complainant stepped out of V1 and enquired if the V2 driver requires any medical attention however the V2 driver informed it was not necessary. Both parties exchanged particulars and left the scene. Complainant have in-vehicle camera installed front and rear.

Complainant vehicle (V1) was dented and scratched at the rear bumper and rear sensor dropped out. V2 front bumper was scratched.

No one was injured at the point of accident. Complainant is lodging this report to claim insurance against the other party.

The other party Teo Chin Wan Howard, S3101107I, his contact number: 92335551.

2 If this accident was reported to the Police within 24 hours of its occurrence then he/she has complied with Sec 84 (2) of the Road Traffic Act, Cap 276

Rank / Name of Issuing Officer: Sgt(2) T180128 Johnny Tan

Date: 22/10/2019

Time: 2218hrs

S/D Ref No: 85

Police Post / Unit: Pasir Ris NPC



**Pasir Ris NPC**

No. 1 Pasir Ris Drive 4

01-01 Singapore 519457

Tel: 1800-5852999

Original to be issued to complainant.

Duplicate to be submitted to Traffic Police.

**CONFIDENTIAL**



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="22/10/2019 13:18"/>
Vehicle No.(For Motor)	<input type="text" value="SKX4593Y"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5100927414-01		MEGHALAA D/O KUPPAN	S7122311F	GPC	drivo CLASSIC	SKX4593Y	SKX4593Y	26/05/2019	14/06/2020

## Claim Handling

## Accident MT/1068189

Policy No.	5100927414-01	Vehicle No.	SKX4593Y	GST Registration No.	
Certificate No.					
Policyholder Name	MEGHALAA D/O KUPPAN			Policyholder NRIC	57122311F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97482739	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
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(%)	10	Private Hire	No

## ▼ Accident Details

Report Date	23/10/2019 14:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/10/2019	Time of Accident hh:mm	17:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE B4 ALEXANDRA EXIT 6				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
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 477 #04-516	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE S10477
Address 4		Address Type	Singapore address	Post Code	S10477
Unit No.		Related Policy Number	5100927414-01		

## ▼ OI Driver Info

Driver Name	MEGHALAA D/O KUPPAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	57122311F	Driver DOB	16/06/1971
Register Date of Driver License	21/04/2003	Driver Age	48	Driving Experience	16
Contact No.(Mobile)	97482739	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 477 #04-516	Address 2	PASIR RIS DRIVE 6	Address 3	SINGAPORE S10477
Address 4		Address Type	Singapore address	Post Code	S10477
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input 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
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## Modification History

Claim 001 New


Claim Type *	OD-MX	Insured Name	MEGHALAA D/O KUPPAN	Insured NRIC	57122311F
Contact No.(Mobile)	97482739	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	megshan10@yahoo.com	OI Vehicle Number	SKX4593Y	TP Vehicle Number	SHC86
Claim Description	SKX4593Y / SHC8672Y ON 22 Oct 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault		
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered	23/10/2019 14:24	Claim Close Date		Date Received	23/10/2019
Report Taken By	LIEW SHAN HUI				

☒ Print AK letterSave Submit

## Attachment

Accident No.	MT/1068189	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	23/10/2019 14:25
Path *		Category *	Please Select
Choose File	No file chosen	Confidential	NO
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			

## ▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 14:25	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 14:25	SAS		Normal	SAS 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 14:25	Photos		Normal	Photos 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 14:25	Photos		Normal	Photos 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 14:25	Photos		Normal	Photos 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 14:24	Photos		Normal	Photos 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 14:24	Photos		Normal	Photos 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 14:24	Photos		Normal	Photos 2019-10-23	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 14:24	Photos		Normal	Photos 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 14:24	Photos		Normal	Photos 2019-10-23	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Oct 2019 14:24	Photos		Normal	Photos 2019-10-23	
Video List						
Uploaded By/Date	Folder Date	File Name		Source		
<div>Display in New Window</div> <div>Scan and uploading</div>						