

Date In: 2/11/19 09:10	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/ INC 19019360/h4	E-mail (e-filing only, AIC only):		
SLV 8F90L	I-Motor Claim Form: MT/1068569-002	2/11/19 14:16	
Date: 22/10/19 20:10	I-Motor W/O (Within 90 Days, TP #ins)		
IP: <u>Regain</u> Only	I-Photo Uploaded		
IP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whsp		

Preferred Whsp / INC Assign Whsp / QW:	Tel:	Fax:
TP Particulars:	Veh No: Gantry barrier arm. 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 repairer.

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

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

Remarks: (INC/Chatter: 673/4616)	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

NA1908274	Invoice Description Checklist	Amc (\$)	Amc (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) IPT: Follow-Through Survey (Resurvey) \$20		
Auditors Comments:	For claiming assist (INC Only) (w/c 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Ideal DA + SMRT Survey \$140		
	8) NTUC Additional Services:		
	OR:		
	*N3: 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		
	9) N12: Ideal 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	02/11/2019 09:10
Date Of Accident	22/10/2019 20:10
Exact Location Of Accident	AMK CENTRAL 2 CARPARK GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV8890L
Insured/Policyholder	
Name Of Registered Owner	+PLUSMOTO RENTAL
Co Reg No	53389358E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90088701

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5106291833
Cover Note Number	

Driver

Name of Driver	CHEE BOON LEONG (XU WENLONG)
NRIC No	S7839667I
Date Of Birth	30/12/1978
Occupation	OUTDOOR
Date Of Driving Pass	24/03/2010
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97904743
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 312 YISHUN RING RD #03-1216
Postcode	760312
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
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	1
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

WHILE ENTERING TO AMK CENTRAL 2 CARPARK GANTRY AT THE SIDE DJITSUN MALL, MY VEH ACCIDENTALLY HIT ONTO THE GANTRY BARRIER ARM.

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	
Vehicle Make/Model/Colour	GANTRY BARRIER ARM
Details Of Properties	
Vehicle Category	GOVERNMENT
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

In out

Gantry barrier arm

A = SLV 8890h.

AMK Central 2 Carpark Gantry

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

DECLARATION

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

Policyholder's Signature
Date & Time: 53389358E

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

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

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"/>	5106291833		+PLUSMOTO RENTAL	53389358E	GFT	Third Party	SLV8890L	SLV8890L	02/09/2019	

▼ Policy Information

Policy No.	5106291833	Policyholder Name	+PLUSMOTO RENTAL	Policyholder NRIC	53389358E				
Certificate No.									
Address	160 SIN MING DRIVE #07-18 SIN MING AUTOCITY SINGAPORE 575722								
Product Name	FLEET INSURANCE	Plan	Group Policy Flag N						
Policy issue Date	11/12/2018	Effective Date	12/12/2018 00:00	Expiry Date	22/11/2019 23:59				
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0				
Additional Excess	0	OS Premium	0						
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500						
Agent	JG MOTOR AGENCY	Agent Tel.	63440727	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

▼ Policyholder Mailing Address

Address 1	160 SIN MING DRIVE	Address 2	#07-18 SIN MING AUTOCITY	Address 3	SINGAPORE 575722
Address 4		Address Type	Singapore address	Post Code	575722
Unit No.	07-18	Related Policy Number	5106291833		

▶ Insured Object: SLV8890L

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	15/04/2019 00:00	Basic Information Endorsement	000001287048940	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SGA8074X 15-04-2019 \$772.33 In view of this amendment, an additional premium of \$772.33 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJR2838Z 24-05-2019 \$636.65 In view of this amendment, an additional premium of \$636.65 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	24/05/2019 00:00	Basic Information Endorsement	000001287075722	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLV8890L 02-09-2019 \$311.64 2. SLW1865B 02-09-2019 \$311.64 In view of this amendment, an additional premium of \$623.28 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment.</p>
3	02/09/2019 00:00	Basic Information Endorsement	000001287139721	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLV8890L 02-09-2019 \$311.64 2. SLW1865B 02-09-2019 \$311.64 In view of this amendment, an additional premium of \$623.28 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment.</p>

Claim Handling

Accident MT/1068569

Policy No.	5106291833	Vehicle No.	SLV8890L	GST Registration No.	
Certificate No.					
Policyholder Name	+PLUSMOTO RENTAL	Cover Type	Third Party	Policyholder NRIC	53389358E
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NIL	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KPK	+ No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	26/10/2019 14:20	Accident Report Within 24 Hrs	Yes	Accident Type	Collided into Property
Date of Accident	22/10/2019	Time of Accident hh:mm	20:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ASS HDB CARPARK (BLK 725 ANG MO KIO CENTRAL 2)				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	25/10/2019 14:22:47 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	160 SIN MING DRIVE	Address 2	#07-18 SIN MING AUTOCITY	Address 3	SINGAPORE 575722
Address 4		Address Type	Singapore address	Post Code	575722
Unit No.	07-18	Related Policy Number	5106291833		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	+PLUSMOTO RENTAL	Insured NRIC	53389358E		
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL		
Email Address		TP Vehicle Number	SLV8890L	TP	GANTR		
Claim Description	SLV8890L / GANTRY BARRIER ARM ON 22 Oct 2019				Name of Preferred Workshop	0	
Preferred Workshop	0	Insured Liability	Fully at Fault	GIA report	Received		
Preferred Repair Option	Yes	Preferred Workshop, Name unknown		Claim Close Date	02/11/2019 14:16	Date Received	02/11/2019
Date Registered							
Report Taken By	LIEW SHAN HUI						

Print AK letter

Save Submit

Attachment

Accident No.	MT/1068569	Claim No.	002			
Last Doc. Received	* Yes No	Upload Date	02/11/2019 14:16			
Path *		Category *	Confidential	Urgency *	Desci	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read		Clear	Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	M.
	NAC_PAYA_USI_800601 NATIONAL ASSESSMENT CENTRE SERVICES) 02 Nov 2019 14:16	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-2	
	NAC_PAYA_USI_800601 NATIONAL ASSESSMENT CENTRE SERVICES) 02 Nov 2019 14:16	SAS		Normal	SAS 2019-11-2	

Claim Handling(Claim Task)



Normal

Photos 2019-11-2

Normal

Photos 2019-11-2

Normal

Photos 2019-11-2

Normal

Photos 2019-11-2

Normal

Photos 2019-11-2

Normal

Photos 2019-11-2

Normal

Photos 2019-11-2

Normal

Photos 2019-11-2

Normal

Photos 2019-11-2

Normal

Photos 2019-11-2

Video List

Source

Scan and uploading