

Date In: 4/11/19 09:34	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC19019395/64	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SME 3504M	i-Motor Claim Form	MT11069715-001	4/11/19 10:36
TRFA: 3/11/19 14:00	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
Reporting Only: <input checked="" type="checkbox"/>	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

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

TP Particulars: Veh No: SMA 9237R 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: ( )

Reminders: (INC 10/Jan/2019)

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

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

Date/Time	Action

MA1908302	Invoice/Registration Checklist
Claimant's Particulars:	1) AR: Accident Reporting (\$30): 20.00
Driver/Owner:	2) DA: Damage Assessment (\$190): INC (\$19)
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
Auditors' Comments:	For claimants against INC Only (wef 10 Jan 2003)
	6) TR: Re-Inspection \$75
	7) N1: Idac DA + SMRT Survey \$140
	8) NTUC Additional Services:
	QR:
	*N3: Courtesy Car / Tpt Allowance \$5
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (N11): TP (50% INC) against INC \$20
	9) N12: Idac 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	04/11/2019 09:34
Date Of Accident	03/11/2019 14:00
Exact Location Of Accident	BLK 549 WOODLANDS DR 44 SERVICE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME3504M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA CHEE GEAH
NRIC No	S7428856A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91557911
Alternative Phone No	OFFICE-91557911

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105142117
Cover Note Number	

### Driver

Name of Driver	CHUA CHEE GEAH
NRIC No	S7428856A
Date Of Birth	08/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	17/02/2012
Driving Experience	7 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91557911
Fax Number	
Contact Number	OFFICE-91557911
EMail Address	NOEMAIL

Address	BLK 227A SUMANG LANE #15-246
Postcode	821227
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 ON 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	2
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN 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 DRIVING INSIDE THE BLK 549 WOODLANDS DR 44 SERVICE RD, WHILE AT THE BENT, I SAW VEH B COMING FROM OPPOSITE DIRECTION WENT INTO MY LANE, I TRY TO AVOID HEAD ON COLLISION WITH VEH B, I SWERVED MY VEH TO ANOTHER LANE, BUT SUDDENLY VEH B WITHOUT ANY SIGNAL AND SWERVED BACK TO THE LANE AND HIT ONTO MY VEH RIGHT FRONT PORTION.

### 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	SMA9237R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 GRAB PASSENGER

Approximate Age

Injuries Sustain ABRASION

Injured person in which vehicle? SME3504M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

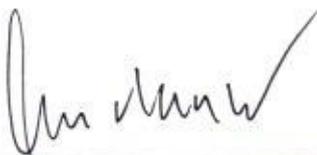
## SKETCH PLAN

### 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.

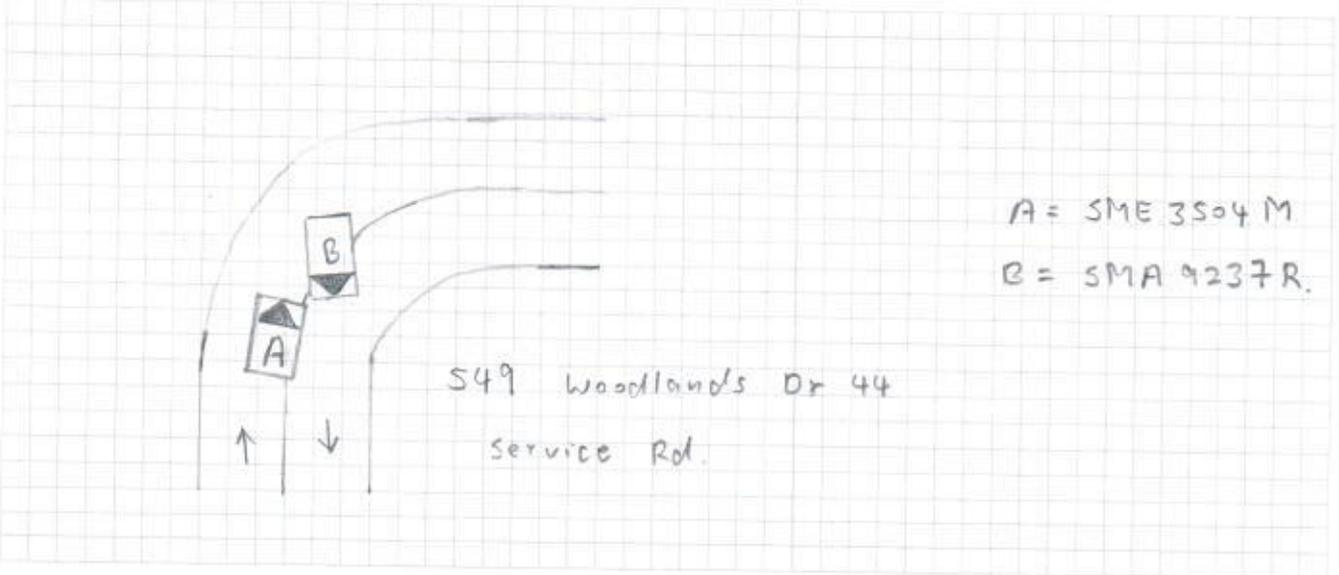


Policyholder's Signature  
Date & Time:



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

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Please Refer to Statement

**DECLARATION**

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

*[Handwritten Signature]*

Policyholder's Signature  
Date & Time:

*[Handwritten Signature]*

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

*[Handwritten Signature]*

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.	<input type="text"/>	Date of Accident	<input type="text" value="03/11/2019 09:32"/>
Vehicle No.(For Motor)	<input type="text" value="SME3504M"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5105142117		CHUA CHEE GEAH	57428856A	GPC	drive CLASSIC	SME3504M	SME3504M	31/10/2018	12/01/2020

Continue

**Claim Handling**

Accident MT/1069715

Policy No.	5105142117	Vehicle No.	SME3504M	GST Registration No.	
Certificate No.					
Policyholder Name	CHUA CHEE GEAH	Cover Type	drive CLASSIC	Policyholder NRIC	S7428856A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	91557911	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KFK	= No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	Yes

**Accident Details**

Report Date	04/11/2019 10:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	03/11/2019	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	Blk 549 woodlands dr 44 service rd				

**Excess**

Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
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			

**Policyholder Mailing Address**

Address 1	BLK 227A #15-246	Address 2	SUMANG LANE	Address 3	THE VERANDAH @ MATILD
Address 4	SINGAPORE 821227	Address Type	Singapore address	Post Code	821227
Unit No.		Related Policy Number	5105142117		

**OI Driver Info**

Driver Name	CHUA CHEE GEAH	Driver Type	Main Driver	Driver DOB	08/09/1974
Unnamed driver Name		Driver NRIC	S7428856A	Driving Experience	7
Register Date of Driver License	17/02/2012	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	91557911	Contact No.(Office)		Address 3	THE VERANDAH @ MATILD
Address 1	BLK 227A #15-246	Address 2	SUMANG LANE	Post Code	821227
Address 4	SINGAPORE 821227	Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	= Yes No
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Modification History

Claim 001 **New**

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Insured Liability

Insured Name

Contact No. (Home)

Vehicle Number

Insured NRIC

Contact No. (Office)

TP

Vehicle Number

Name of Preferred Workshop

Insured Liability: Not at Fault

Preferred Workshop, Name unknown

GIA report

Received

Claim Close Date

Date Registered

Report Taken By

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1069715	Claim No.	001
Last Doc. Received	Yes No	Upload Date	04/11/2019 10:36

Path \*

Choose File	No file chosen	Category *	Confidential	Urgency *	Deso
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
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Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal

Message Read

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVICES)	04 Nov 2019 10:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-11-4



NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2019 10:36	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-4
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2019 10:36	SAS		Normal	SAS 2019-11-4
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2019 10:36	Photos		Normal	Photos 2019-11-4
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2019 10:36	Photos		Normal	Photos 2019-11-4
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2019 10:36	Photos		Normal	Photos 2019-11-4
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2019 10:28	Photos		Normal	Photos 2019-11-4
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2019 10:28	Photos		Normal	Photos 2019-11-4
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NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2019 10:28	Photos		Normal	Photos 2019-11-4
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Nov 2019 10:28	Photos		Normal	Photos 2019-11-4

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window    Scan and uploading