

Date In: 5/11/19 16:52	Job description: SAS e-filing	Date & Time Completed: MT/1070115 ⁰⁰	Done by: 5/11/19 17:37
Ref No: MA/Inc 19019571/h4	E-mail (within 2hrs, A/C 2hrs)		
Veh No: GBA 6819L	I-Motor Claim Form		
DETA: 5/11/19 14:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer: <u>TP Insurer Only</u>	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whip		

Produced Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: SKK 3957 G.	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 6888616)	Date of In: ()	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:

MA 1908339	Invoice Generation Checklist:	Amc (5) : ()	SAH (2) : ()
Claimant'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) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Amplifiers Comments:	For claiming assist (INC Only) (w/c 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$140		
	8) NTUC Additional Services:		
	OR:		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$15		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$30		
	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	05/11/2019 16:52
Date Of Accident	05/11/2019 14:00
Exact Location Of Accident	BLK 19B GHIM MOH RD OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA6819L
Insured/Policyholder	
Name Of Registered Owner	LEE TAT PTE LTD
Co Reg No	201018956M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98769488

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5113088462
Cover Note Number	

Driver

Name of Driver	CHEN SHANQING
Passport No/FIN	G8486440X
Date Of Birth	20/12/1981
Occupation	INDOOR
Date Of Driving Pass	22/05/2012
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87709293
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	13B RAMBUTAN RD
Postcode	424289
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	COLLIDED INTO PARKED VEHICLE
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?	
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

MY VEH WAS PARKED AT THE BLK 19B GHIM MOH RD OPEN CARPARK, WHILE MOVING OUT FROM THE LOT, MY VEH LEFT HAND SIDE ACCIDENTALLY GRAZED ONTO A PARKED VEH B 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	SKK3957G
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)	

SKETCH PLAN

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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:

chen

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

[Signature]

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

SKETCH PLAN



A = GBA 6819 L.
B = SKK 3957 G

Blk 196 Ghan Moh Rd open carpark.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

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



Policyholder's Signature
Date & Time:

den

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

[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="05/11/2019 16:40"/>
Vehicle No.(For Motor)	<input type="text" value="GBA6819L"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113088462		LEE TAT PTE LTD	201018956M	GCV	Third Party	GBA6819L	GBA6819L	12/10/2019	11/10/2020

Claim Handling

Accident MT/1070115

Policy No.	5113088462	Vehicle No.	GBA6819L	GST Registration No.	
Certificate No.					
Policyholder Name	LEE TAT PTE LTD			Policyholder NRIC	201018956M
Product Code	COMMERCIAL VEHICLE (INSURANCE)	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98769488	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	< No Yes	TCA	< No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	15	Private Hire	No
Accident Details					
Report Date	05/11/2019 17:31	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	05/11/2019	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 198 GEM MOH RD OPEN CARPARK				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	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	05/11/2019 17:34:41 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	19 SENGKANG EAST AVENUE	Address 2	#14-17 AUSTVILLE RESIDENCE	Address 3	SINGAPORE 544808
Address 4		Address Type	Singapore address	Post Code	544808
Unit No.	14-17	Related Policy Number	5113088462		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/12/1961
Unnamed driver Name	CHEN SHANJING	Driver NRIC	G8486440X	Driving Experience	7
Register Date of Driver License	22/05/2012	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	87709293	Contact No.(Office)		Address 3	
Address 1	13 #B RAMBUTAN ROAD	Address 2	SINGAPORE 424289	Post Code	424289
Address 4		Address Type	Singapore address		
Unit No.	B				
Does he own a Singapore Registered car?	Yes < No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes < No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LEE TAT PTE LTD	Insured NRIC	201018956M		
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL		
Email Address		DI Vehicle Number	GBA6819L	TP Vehicle Number	SKK39		
Claim Description	GBA6819L / SKK3957G ON 5 Nov 2019				Name of Preferred Workshop	0	
Preferred Workshop	0	Insured Liability	Fully at Fault	GIA report	Received		
Workshop No.	0	Repair Option	Preferred Workshop, Name unknown				
Finalisation	Yes						
Date Registered				Claim Close Date	05/11/2019 17:35	Date Received	05/11/2019
Report Taken By					LEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter							

Save Submit

Attachment

Accident No.	MT/1070115	Claim No.	001
Last Doc. Received	Yes < No	Upload Date	05/11/2019 17:37
Path *			
Choose File	No file chosen	Category *	Confidential
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		
Choose File	No file chosen		
Message Read			
Attachment List			

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Nov 2019 17:37	NRIC/ Driving License	Y	NRIC/ Driving License 2019-11-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Nov 2019 17:37	SAS	Normal	SAS 2019-11-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Nov 2019 17:37	Photos	Normal	Photos 2019-11-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Nov 2019 17:37	Photos	Normal	Photos 2019-11-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Nov 2019 17:35	Photos	Normal	Photos 2019-11-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Nov 2019 17:35	Photos	Normal	Photos 2019-11-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Nov 2019 17:35	Photos	Normal	Photos 2019-11-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Nov 2019 17:35	Photos	Normal	Photos 2019-11-5
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Nov 2019 17:35	Photos	Normal	Photos 2019-11-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 05 Nov 2019 17:35	Photos	Normal	Photos 2019-11-5

Video List

Uploaded By/Date

Folder Date

File Name

Source

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