

Date: 6/11/19 13:16	Job description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: NA1 INC19019612164	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SMY 4130J	I-Motor Claim Form	MT/1070219 <sup>01</sup>	6/11/19 13:55
Time: 5/11/19 12:30	I-Motor W/O (Within: OD 2hrs, 77* hrs)		
TP: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whop		

Printed Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBF 1327 X	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) (Mod) (67386616) (8)	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

NA 1908359	Invoice Preparation Checklist
Client's Particulars:	1) AR: Accident Reporting (\$30): 20.00
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$40)
Contact No:	3) TP: Towing Fee 540/545
Damaged Portion:	4) FT: Follow-Through Survey 1100
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) 530
Auditors' Comments:	For claiming assist INC Only (w/c 10 Jan 2003)
	6) TR: Re-inspection 275
	7) NI: Ideal DA + SMRT Survey 1160
	8) NTUC Additional Services:
	OR:
	*N5: Courtesy Car / Tpt Allowance 55
	*N6: Repair Co-ordination 510
	*N7: Post Repair Inspection 525
	*N8: DV / Collect Excess Coordination 55
	TP (N11): TP (Non INC) against INC 520
	9) N12: Ideal Mobile 101
	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	06/11/2019 13:16
Date Of Accident	05/11/2019 13:30
Exact Location Of Accident	HOUGANG ST 22 BLK 246 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM4130J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTO SELECTION LEASING PTE. LTD.
Co Reg No	201818588D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83991933

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY HYBRID 2.5G CVT
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5101748426-01
Cover Note Number	

### Driver

Name of Driver	KENNY LEE CHIN WAH
NRIC No	S7985848Z
Date Of Birth	24/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	31/05/2005
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92220038
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 246 HOUGANG ST 22 #01-157
Postcode	530246
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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 PARKED MY VEH AT THE BLK 246 HOUGANG ST 22 OPEN CARPARK, EVERYTHING WAS INTACT, WHEN I WENT BACK TO MY VEH, I SAW MY VEH FRONT RIGHT PORTION WAS DAMAGE, I VIEW MY IN CAR CAMERA AND FOUND THAT VEH B WHILE REVERSING INTO A PATH WAY BESIDE MY CARPARK LOT 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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF1327X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.

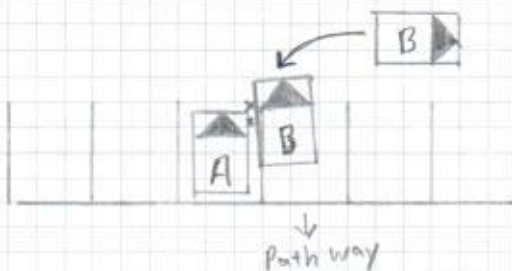


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



A = SMM 4130J

B = GBF 1327X

Blk 246 Hougang St 22 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:

*[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="06/11/2019 13:14"/>
Vehicle No. (For Motor)	<input type="text" value="SMM4130J"/>	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"/>	S101748426-01		AUTO SELECTION LEASING PTE. LTD.	201818588D	GFT	drivo CLASSIC	SMM4130J	SMM4130J	27/06/2019	

### Policy Information

Policy No.	5101748426-01	Policyholder Name	AUTO SELECTION LEASING PTE.	Policyholder NRIC	201818588D				
Certificate No.									
Address	61 UBI AVENUE 2 #04-17 AUTOMOBILE MEGAMART SINGAPORE 408898								
Product Name	FLEET INSURANCE	Plan	Group Policy Flag N						
Policy issue Date	31/12/2018	Effective Date	22/01/2019 00:00	Expiry Date	21/01/2020 23:59				
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100				
Additional Excess	0	OS Premium	0						
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500						
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

### Policyholder Mailing Address

Address 1	61 UBI AVENUE 2	Address 2	#04-17 AUTOMOBILE MEGAMAR	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	01-50	Related Policy Number	5110784921		

### Insured Object: SMM4130J

### Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	22/01/2019 00:00	Basic Information Endorsement	000001286984136	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SMA8076U 22-01-2019 \$1,758.55 In view of this amendment, a refund of \$1,758.55 (inclusive of GST) will be adjusted against the outstanding premium.</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. SIQ7225P 22-01-2019 \$1,606.07 In view of this amendment, an additional premium of \$1,606.07 (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. SJW6526X 06-03-2019 \$1,416.86 In view of this amendment, an additional premium of \$1,416.86 (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	22/01/2019 00:00	Basic Information Endorsement	000001286984116	Endorsement Take Effective	
3	06/03/2019 00:00	Basic Information Endorsement	000001287020695	Endorsement Take Effective	

## Claim Handling

Accident MT/1070211

Policy No.	S101748426-01	Vehicle No.	SMM41303	GST Registration No.	
Certificate No.					
Policyholder Name	AUTO SELECTION LEASING PTE. LTD.	Cover Type	drive CLASSIC	Policyholder NRIC	201818588D
Product Code	FLEET INSURANCE	Contact No.(Office)	-	Loading	0
Contact No.(Mobile)	83991933	Special Remark		Contact No.(Home)	
Email Address				eCode	No
KFK	- No Yes	TCA	- No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<b>Accident Details</b>					
Report Date	06/11/2019 13:51	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	05/11/2019	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	HOUGANG ST 22 BLK 246 OPEN CARPARK				
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	61 UBI AVENUE 2	Address 2	#04-17 AUTOMOBILE MEGAMAR	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
Unit No.	01-50	Related Policy Number	5110784921		
<b>01 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	24/07/1979
Unnamed driver Name	KENNY LEE CHIN WAH	Driver NRIC	57985848Z	Driving Experience	14
Register Date of Driver License	31/05/2005	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	92220038	Contact No.(Office)		Address 3	SINGAPORE 530246
Address 1	BLK 246 #01-157	Address 2	HOUGANG STREET 22	Post Code	530246
Address 4		Address Type	Singapore address		
Unit No.	01-157				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No		

Modification History

Claim 001 New

Claim Type *	DD-MX	Insured Name	AUTO SELECTION LEASING PTE	Insured NRIC	201818588D
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		Q1 Vehicle Number	SMM41303	TP Vehicle Number	GBF13
Claim Description	SMM41303 / GBF1327X ON 5 Nov 2019			Name of Preferred Workshop	0
Preferred Workshop Finalisation	0	Insured Liability	Not at Fault		
Report No.	Yes	Preferred Workshop, Name unknown	Q1A report	Received	
Date Registered			06/11/2019 13:54	Claim Close Date	
Report Taken By			LIEW SHAN HUI	Date Received	06/11/2019
<input type="checkbox"/> Print AK letter					
Save Submit					

## Attachment

Accident No.	MT/1070211	Claim No.	001		
Last Doc. Received	Yes No	Upload Date	06/11/2019 13:55		
Path *		Category *	Confidential	Urgency *	Desc
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
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read					
<b>Attachment List</b>					
Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o	06 Nov 2019 13:55	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-6



NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 06 Nov 2019 13:55	SAS	Normal	SAS 2019-11-6
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 06 Nov 2019 13:55	Photos	Normal	Photos 2019-11-6
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 06 Nov 2019 13:55	Photos	Normal	Photos 2019-11-6
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 06 Nov 2019 13:55	Photos	Normal	Photos 2019-11-6
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 06 Nov 2019 13:55	Photos	Normal	Photos 2019-11-6
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 06 Nov 2019 13:55	Photos	Normal	Photos 2019-11-6
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 06 Nov 2019 13:54	Photos	Normal	Photos 2019-11-6
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 06 Nov 2019 13:54	Photos	Normal	Photos 2019-11-6
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 06 Nov 2019 13:54	Photos	Normal	Photos 2019-11-6
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 06 Nov 2019 13:54	Photos	Normal	Photos 2019-11-6
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 06 Nov 2019 13:54	Photos	Normal	Photos 2019-11-6
NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 06 Nov 2019 13:54	Photos	Normal	Photos 2019-11-6

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading