

Date In: 7/11/19 16:26	Job description: SAS e-filing	Date & Time Completed:	Date:
Ref No: MA11NC19019769164	E-mail (e-filing 3hrs, AIC 3hrs)		
Veh No: GBH 7266M	I-Motor Claim Form	MT/1070424 ⁰⁰¹	7/11/19 17:20.
TP Insur: 7/11/19 08:55.	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insur: (TP) Reporting Only	I-Photo Uploaded		
TP Insur:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Produced Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SBS 7376X	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 repeler.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC () / Non-INC ()	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:

WMA 1908361	Invoice Preparation Checklist	Am (\$)	PAID (\$)
Chamunda Particulars:	1) AR: Accident Reporting (\$100)	3000	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/145		
Damaged Portion:	4) FT: Follow-Through Survey \$110		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (w/c 10 Jan 2023)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$140		
	8) NTUC Additional Services:		
	OP:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NP: Post Repair Inspection \$75		
	*NB: DV / Collect Excess Coordination \$5		
	TE (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	07/11/2019 16:26
Date Of Accident	07/11/2019 08:55
Exact Location Of Accident	LOR 32 GEYLANG TURNING TO GUILLEMARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7266M
Insured/Policyholder	
Name Of Registered Owner	JH PLUMBING PTE. LTD.
Co Reg No	201730666M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81382611

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112108616
Cover Note Number	

Driver

Name of Driver	CHUAH KAI CHUN
Passport No/FIN	G6831497L
Date Of Birth	20/06/1988
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85227272
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	LOR 32 LESHAN GARDENS #06-04
Postcode	398265
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	COLLISION - MAJOR/MINOR RD
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

I WAS EXITING FROM THE LOR 32 GEYLANG TO THE MAIN ROAD(GUILLEMARD RD), THERE WAS A BUS STOP AT THE ROAD SIDE FOR ALIGHTING PASSENGER, WHILE I MOVING OUT TO THE CENTER LANE, MY VEH LEFT SIDE MISJUDGED HIT ONTO THE BUS REAR 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	SBS7376X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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.
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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.

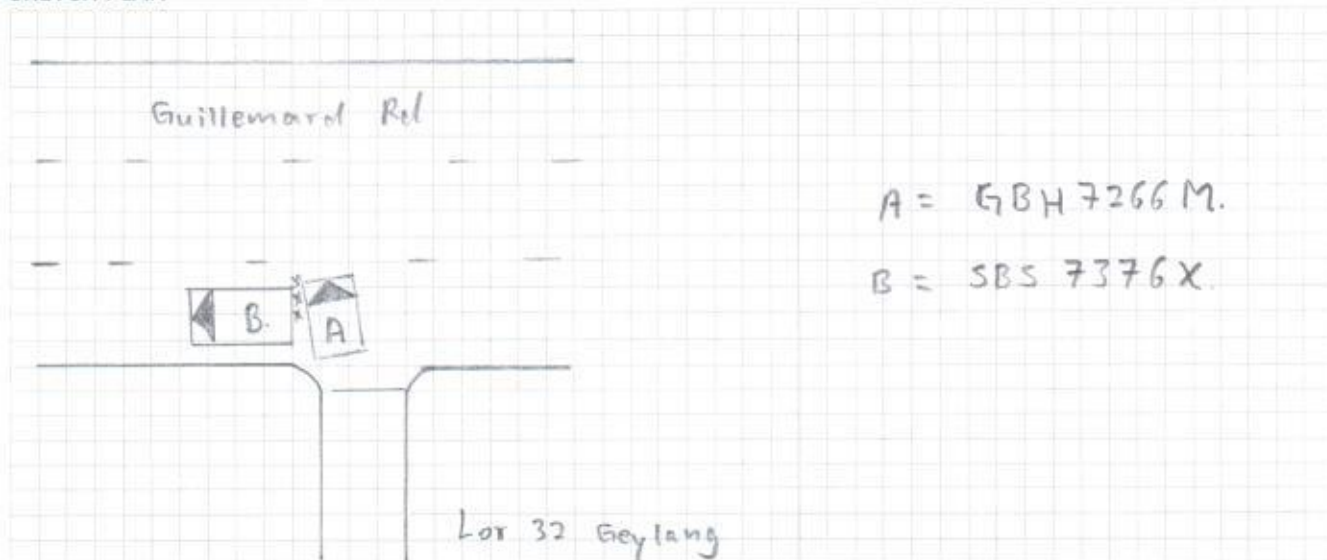


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
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.



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.:

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5112108616

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBH7266M**
Chassis Number : JTFHT02P300244639
 2. Name of Policyholder : JH PLUMBING PTE. LTD.
 3. Effective Date of Insurance : 14 Sep 2019
 4. Expiry Date of Insurance : 13 Sep 2020
 5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
 6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- This Policy does not cover
- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : FAR EASTERN INSURANCE AGENCY (00000613316)

Date of Issue : 05 Sep 2019 13:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1070424

Policy No.	5112108616	Vehicle No.	GBH7266M	GST Registration No.	
Certificate No.					
Policyholder Name	JH PLUMBING PTE. LTD.	Cover Type	Comprehensive	Policyholder NRIC	201730666M
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81382611	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	10	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	07/11/2019 17:12	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	07/11/2019	Time of Accident hh:mm	08:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	LOR 32 GEYLANG TURNING TO GUILLEMARD RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	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	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	33 UBI AVENUE 3	Address 2	#03-25 VERTEX	Address 3	SINGAPORE 408868
Address 4		Address Type	Singapore address	Post Code	408868
Unit No.	03-25	Related Policy Number	5112108616		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/06/1988
Unnamed driver Name	CHUAH KAI CHUN	Driver NRIC	G6831497L	Driving Experience	2
Register Date of Driver License	11/07/2017	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	85227272	Contact No.(Office)		Address 3	SINGAPORE 398265
Address 1	1 LORONG 32 GEYLANG	Address 2	#06-04 LESHAN GARDENS	Post Code	398265
Address 4		Address Type	Singapore address		
Unit No.	06-04				
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		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	JH PLUMBING PTE. LTD.	Insured NRIC	201730666M	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL	
Email Address		OT Vehicle Number	GBH7266M	TP Vehicle Number	SBS73	
Claim Description	GBH7266M / SBS7376X ON 7 Nov 2018				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Fully at Fault			
Revised No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				Claim Close Date		Date Received 07/11/2019
Report Taken By	SIEW SHAN HUI					
<input checked="" type="checkbox"/> Print AK letter						
Save Submit						

Attachment

Accident No.	MT/1070424	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	07/11/2019 17:20
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
Attachment List			
Category *			
Confidential	Urgency *	Desc	
NO	Normal		
NO	Normal		
NO	Normal		
NO	Normal		
NO	Normal		
NO	Normal		
NO	Normal		

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Nov 2019 17:20	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Nov 2019 17:20	SAS	Normal	SAS 2019-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Nov 2019 17:20	Photos	Normal	Photos 2019-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Nov 2019 17:20	Photos	Normal	Photos 2019-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Nov 2019 17:20	Photos	Normal	Photos 2019-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Nov 2019 17:20	Photos	Normal	Photos 2019-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Nov 2019 17:19	Photos	Normal	Photos 2019-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Nov 2019 17:19	Photos	Normal	Photos 2019-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Nov 2019 17:19	Photos	Normal	Photos 2019-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Nov 2019 17:19	Photos	Normal	Photos 2019-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Nov 2019 17:19	Photos	Normal	Photos 2019-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Nov 2019 17:19	Photos	Normal	Photos 2019-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Nov 2019 17:19	Photos	Normal	Photos 2019-11-7
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Nov 2019 17:19	Photos	Normal	Photos 2019-11-7

Video List

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