

Date by	14/11/19 14:09	Job description	Date & Time Completed	Date by
Ref No	MA/INC 19020254/14	SAS e-filing		
Ver No	STY 37445	E-mail (e-mail to: AIC 2hrs)		
Date	13/11/19 18:15	1-Motor Claim Form	MT/1071396 <sup>001</sup>	14/11/19 15:35
TP / Rep	TP / Rep	1-Motor W/O (W/O: OD 2hrs, TP 4hrs)		
		1-Photo Uploaded		
		Assessment/Survey Report		
TP Insurer		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No:	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 11/11/19 16:16)	Date	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury:
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Date/Time	Actions

MA 1908493	Invoice Generation Checklist	Am (5)	PAH (2)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (210)		
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 claiming against INC Only (w/ef 19 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QR:		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: 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	14/11/2019 14:09
Date Of Accident	13/11/2019 18:15
Exact Location Of Accident	SLE-TPE TWDS PUNGGOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3744S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WHEELS EXPRESS RENTAL & LEASING PTE LTD
Co Reg No	201810594C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84984484

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108706042
Cover Note Number	

### Driver

Name of Driver	LIM KIAN CHYE (LIN JIANCAI)
NRIC No	S7500339J
Date Of Birth	04/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	01/11/2011
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84984484
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 122B EDGEDALE PLAINS #15-167
Postcode	822122
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	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

REFER TO STATEMENT.

#### 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	SLL2842T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO KHEE HWANG
NRIC/Passport Number	
Contact Number	90697148
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

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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 compliance with requirements under any regulations, laws or court orders.

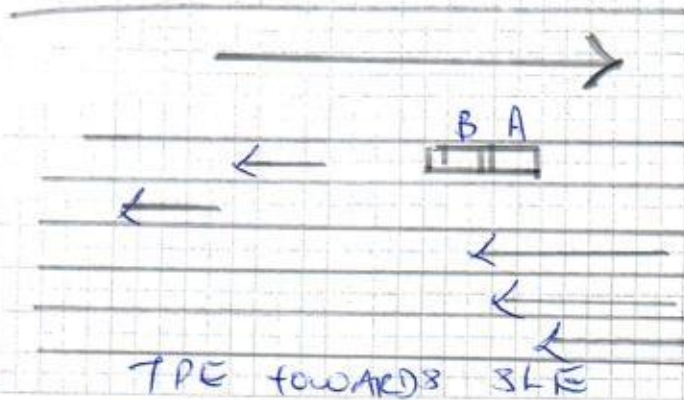
Policyholder's Signature  
Date & Time:

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

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



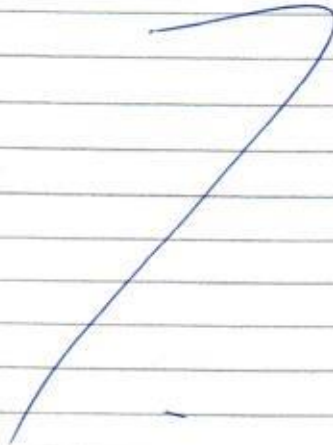
SKETCH PLAN



A SSY3744S  
B SLK2842T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/11/19 at around 6pm I was driving SSY3744S along TPE towards SLK. I was driving on the first lane. I was driving around 75km/h when suddenly from vehicle SLK2842T I saw brake. I also saw brake but still hit onto his rear.



Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text" value="5108706042"/>	Date of Accident	<input type="text" value="13/11/2019 14:09"/>
Vehicle No.(For Motor)	<input type="text" value="SJY3744S"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108706042	5108706042-000011	WHEELS EXPRESS RENTAL & LEASING PTE LTD	201810594C	GFM	drive CLASSIC	SJY3744S	SJY3744S	22/05/2019	21/05/2020

## Enquire Vehicle Information

### Vehicle No.

Vehicle No. : SJY3744S

### Vehicle Details

Vehicle Type :	Private Hire (Chauffeur) Motor Car
Vehicle Attachment 1 :	No Attachment
Make / Model :	MITSUBISHI / LANCER 1.6 GLX AUTO ABS AIRBAG 2WD 4DR
Primary Colour :	Black
Year of Manufacture :	2010
Maximum Laden Weight :	1600 kg
Unladen Weight :	1162 kg
No. Of Axles :	2
Engine No. :	4G18KJ4539
Chassis No. :	JMYSRCS3AAU003310
Engine Capacity :	1584 cc
Maximum Power Output :	79.0 kW ( 105 bhp )
IU Label No. :	1123913279
Propellant :	Petrol
Passenger Capacity :	4
Original Registration Date :	26 Aug 2010
First Registration Date :	26 Aug 2010
Open Market Value :	\$13,938.00
Additional Registration Fee Rate :	100.00 %
Actual ARF Paid :	\$13,938.00
PARF Eligibility :	Yes
Minimum PARF Benefit :	\$6,969.00
PARF Eligibility Expiry Date :	25 Aug 2020
COE No. :	2010090101000921R
COE Category :	A - Car (1600cc & below)
COE Expiry Date :	25 Aug 2020
Quota Premium (QP) :	\$29,000.00
QP Paid :	\$15,167.00
OPC Cash Rebate Eligibility :	No
QP during COE Bidding Exercise :	\$29,000.00
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Previous

OK

## Claim Handling

The premium on this policy has not been collected.

## Accident MT/1071396

Policy No.	5108706042	Vehicle No.	SJY3744S	GST Registration No.	
Certificate No.	5108706042-000011				
Policyholder Name	WHEELS EXPRESS RENTAL & LEASING PTE LTD			Policyholder NRIC	201810594C
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	84984484	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(%)	0	Private Hire	Yes

## Accident Details

Report Date	14/11/2019 15:31	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	13/11/2019	Time of Accident hh:mm	18:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	slc-tpc twds punnggol				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	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	2 SIMS CLOSE	Address 2	#01-08 GEMINI @ SIMS	Address 3	SINGAPORE 387298
Address 4		Address Type	Singapore address	Post Code	387298
Unit No.	01-08	Related Policy Number	S112397506		

## DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM KIAN CHYE (LIN JEANCAI)	Driver NRIC	S75003393	Driver DOB	04/01/1975
Register Date of Driver License	01/11/2011	Driver Age	44	Driving Experience	8
Contact No.(Mobile)	84984484	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 122B #15-167	Address 2	EDGEDALE PLAINS	Address 3	PUNGGOL EDGE
Address 4	SINGAPORE 822122	Address Type	Singapore address	Post Code	822122
Unit No.	15-167				
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	WHEELS EXPRESS RENTAL & LE	Insured NRIC	201811
Contact No.(Mobile)	90603343	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OT		TP	
Claim Description		Vehicle Number	SJY3744S	Vehicle Number	SLL284
Preferred Workshop	0	Insured Liability	Fully at fault	Name of Preferred Workshop	0
Preferred Repair Option	Yes	Preferred Workshop, Name unknown			
Date Registered		GIA report	Received	Claim Close Date	14/11/2019 15:34
Report Taken By				Date Received	14/11/2019

## Print &amp; K letter

Save Submit

## Attachment

Accident No.	MT/1071396	Claim No.	001
Last Doc. Received	Yes No	Upload Date	14/11/2019 15:35
Path *		Category *	Confidential
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Message Read		Please Select	Normal

## Attachment List



Attachment	Uploaded By/Date	Category		Urgency	Description	M
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2019 15:35	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2019 15:35	SAS		Normal	SAS 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2019 15:35	Photos		Normal	Photos 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2019 15:35	Photos		Normal	Photos 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2019 15:34	Photos		Normal	Photos 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2019 15:34	Photos		Normal	Photos 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2019 15:34	Photos		Normal	Photos 2019-11-14	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2019 15:34	Photos		Normal	Photos 2019-11-14	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Nov 2019 15:34	Photos		Normal	Photos 2019-11-14	
Video List						
Uploaded By/Date	Folder Date	File Name		Source		
<div>Display in New Window</div> <div>Scan and uploading</div>						