

Date In	14/11/19 17:27	Job description	Date & Time Completed	Done by
Ref No	NA/INC 19020272/h4	SAS e-Milling		
Ver No	SGQ 2192T	E-mail (explain short, AIC short)		
Time	13/11/19 22:35	I-Motor Claim Form	MT/1071431-001	14/11/19 17:41
Ass't	Reporting Only	I-Motor W/O (within: OD short, TP short)		
TP Source		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

GBH 8842 T

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 repoker.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:

(INC) Invoice: 67984616

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:

Location:

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Tel:

NA1908488

Invoice/Registration Charge:

1) AR: Accident Reporting (\$30): 30.00

2) DA: Damage Assessment (\$100): INC (\$10)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$20

For claimants against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idas DA + SMRT Survey \$160

8) NTUC Additional Services:

QD:

*NG: Courtesy Car / Tpt Allowance \$5

*NG: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (Nil): TP (Non INC) against INC \$20

9) N12: Idas Mobile \$30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Total

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 GI&A 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 17:27
Date Of Accident	13/11/2019 22:35
Exact Location Of Accident	BLK 638C PUNGGOL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ2192T
Insured/Policyholder	
Name Of Registered Owner	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD
Co Reg No	201914185K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91363838

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5110029694
Cover Note Number	

Driver

Name of Driver	LEE ZHIHUI(LI ZHIHUI)
NRIC No	S8139228E
Date Of Birth	24/11/1981
Occupation	INDOOR
Date Of Driving Pass	31/01/2013
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91363838
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 405 YISHUN AVE 6 #04-1328
Postcode	760405
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

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	GBH8842T
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 = SGQ 2192T

B = GBH 8842T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I LEE ZHIHUI S8139228E VEHICLE OF
SGQ2192T PARK AT THE LOT OF BLOCK 638C
PUNGGOL DRIVE AND I WAS JUST STANDING
OUTSIDE MY CAR AT ABOUT 22:33pm 13/11/19
AND A COMMERCIAL VAN OF GBH 8842T REVERSED
AND HIT TOMY VEHICLE FRONT BUMPER AND
THE GUY MR CHNG JIA SHENG CAME DOWN
AND SAY SORRY TO ME AND WE EXCHANGE
PARTICULAR DETAILS. HE KNOWS HIS WRONG.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:



SGQ21927

VEHICLE NO: SJU 4961X 13 MAKE & MODEL: Hyundai Avante

DATE OF ACCIDENT	11 / 11 / 19
TIME OF ACCIDENT	10 35 AM PM
LOCATION OF ACCIDENT	Blk 638C Hungei Drive
Exact Purpose use during accident	
NAME OF OWNER	Aurora Car Rental & Leasing Pte Ltd
TELP NO	
NRIC	
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
PRIVATE HIRE	YES / NO ?
INSURANCE CO.	Niac
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	5110029644-0000001
NAME OF DRIVER	As above / If No: Lee Zhi Hui
NRIC	SPI39028E Any passengers: 0
DATE OF BIRTH	24 / 11 / 1981
OCCUPATION	Indoor
DATE OF DRIVING PASS	31 / 01 / 2013
GENDER	Male / Female
CONTACT NO.	9136 3838 Office: Home:
ADDRESS	Blk 405 Yishun Ave 6 # 04-1328 (S) 760405
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No:
RELATIONSHIP	Employee / If No: Hirer.
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	No / If yes: Who?
CONTACT NO.	
POLICE REPORT	No / If yes: Where?
VEHICLE B NO.	GBH 8842T Any Passenger:
NAME	
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	Sme Motor Pte Ltd
TELP NO	1 Kaki Bukit ave 6 #02-15
CONTACT PERSON	Autobay @ Kaki Bukit
TELP NO	Singapore 417883

6 Speed Autowerkz Pte Ltd
 68 Kaki Bukit Avenue 6
 #02-05 ARK @ KB, Singapore 417896
 Tel: 6384 7037 Fax: 6384 7039
 Email: 6speedautowerkz@gmail.com

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110029694	5110029694-000005	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD	201914185K	GFM	Third Party	SGQ2192T	SGQ2192T	19/06/2019	29/05/2020

Claim Handling

The premium on this policy has not been collected.

Accident MT/1071431

Policy No.	5110029694	Vehicle No.	SGQ2192T	GST Registration No.	
Certificate No.	5110029694-000005				
Policyholder Name	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD			Policyholder NRIC	201914185K
Product Code	FLEET MASTER (INSURANCE)	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	91363838	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 17:36	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	13/11/2019	Time of Accident hh:mm	22:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 638C PUNGGOL DRIVE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	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	0.00	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	BLK 795 #29-17	Address 2	TOA PAYOH CENTRAL	Address 3	CENTRAL HORIZON
Address 4	SINGAPORE 312079	Address Type	Singapore address	Post Code	312079
Unit No.	29-17	Related Policy Number	5110029694		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE ZHIHUI(LI ZHIHUI)	Driver NRIC	S8139228E	Driver DOB	24/11/1981
Register Date of Driver License	31/01/2013	Driver Age	37	Driving Experience	8
Contact No.(Mobile)	91363838	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 405 #04-1328	Address 2	YISHUN AVENUE 6	Address 3	SINGAPORE 760405
Address 4		Address Type	Singapore address	Post Code	760405
Unit No.	04-1328				
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
-------------------------------------	------	-------------	----------

Modification History

Claim 001 New

Claim Type *	OO-MX	Insured Name	AURORA CAR RENTAL & LEASING	Insured NRIC	201914185K
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	NIL
Email Address		OI Vehicle Number	SGQ2192T	TP Vehicle Number	GBH88
Claim Description	SGQ2192T / GBH8842T ON 13 Nov 2019				
Preferred Workshop	0	Insured Liability	Not at Fault	Name of Preferred Workshop	0
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	14/11/2019 17:40	Claim Close Date		Date Received	14/11/2019
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1071431	Claim No.	001
Last Doc. Received	Yes No	Upload Date	14/11/2019 17:41
Path *		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		
Message Read			

Attachment List

Video List

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