

Date In: 11/12/19 10:37	Job description	Date & Time Completed	Done by
Ref No: MAI INC 19021798164	SAS e-filing		
Veh No: SGU 7095L	E-mail (within 3hrs, AIC 2hrs)		
TELA 3112/19 21:40.	I-Motor Claim Form	MT/1075258 <sup>001</sup>	11/12/19 14:11
OD <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-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: PC 1057A	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 to line 6788 6616)	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	Actions

MA 1909208

Claimant's Particulars:	Invoice/Repairation Checklist	Am (\$)	PAID (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Sub J:	For claiming status INC Only (ver 19 Jan 2003)		
2/2/20	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJL:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in 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	11/12/2019 10:37
Date Of Accident	03/12/2019 21:40
Exact Location Of Accident	BLK 302 UBI AVE 1 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU7095L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOP NOTCH SERVICES
Co Reg No	53330322B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94884426

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	5111689210
Cover Note Number	

### Driver

Name of Driver	LIONG SIN YEONG
NRIC No	S8672597E
Date Of Birth	04/09/1986
Occupation	INDOOR
Date Of Driving Pass	12/06/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94884426
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 288D BUKIT BATOK ST 25 #06-50
Postcode	653288
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191203/2181

#### 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	PC1057A
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

BIK 302 Ubi Ave 1 open Carpark A = SGU 7095L  
B = PC 1057A



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2019 1203/2181

## DECLARATION

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

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.:





# SINGAPORE POLICE FORCE



T/20191203/2181

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20191203/2181

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/12/2019 23:00	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: LIONG SIN YEONG			Address: APT BLK 288D BUKIT BATOK STREET 25 #06-50 NATURE VIEW SINGAPORE 653288		
ID Type / ID No.: NRIC NO / S8672597E			Contact No.: Home/Office: Mobile: 94884426		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 04/09/1986	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: FINANCE			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/12/2019 21:40	Type of Location: Car Park
Location: Along Road 1 UBI AVENUE 1  BLK 302 OPEN SPACE CARPARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC1057A	Van	TOYOTA	HIACE COMMUTER GL 3.0 A	Silver		0
SGU7095L	Car	TOYOTA	VIOS E AUTO	Black	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20191203/2181

2 of

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20191203/2181

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	LIONG SIN YEONG		ID No.	S8672597E
Related Vehicle	SGU7095L (Car)		Contact No.	94884426
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION.

I JUST ENDED WORK AND I AM GOING TO HEAD BACK HOME. THEN WHEN I WENT TO THE CARPARK I REALIZED THAT MY CAR HAD A DENT AND SCRATCHES ON THE DRIVER'S SIDE DOOR. THERE IS A WITNESS OF THE INCIDENT, HE CALLED ME OVER AND TOLD ME HE HAD WITNESS THE ENTIRE INCIDENT WHILE WASHING THE DISHES. HE SAID THAT THE VAN PC1057A JUST HIT THE CAR AND SIMPLY DROVE OFF WITHOUT STOPPING. SO I REALIZED THAT IT IS AN HIT AND RUN ACCIDENT. NO ONE WAS INJURED.

THAT IS ALL.





**SINGAPORE  
POLICE FORCE**



T/20191203/2181

3 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20191203/2181

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

TP /

WINSTON KOH WEN ZHONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Signature Of Informant:

Date/Time:

03/12/2019 23:00

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Authentication Stamp

NP168

Signature:

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="03/12/2019 10:34"/>
Vehicle No.(For Motor)	<input type="text" value="SGU7095L"/>	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"/>	5111689210		TOP NOTCH SERVICES	53330322B	GPC	drive CLASSIC	SGU7095L	SGU7095L	13/08/2019	12/08/2020



## Claim Handling

## Accident MT/1075258

Policy No.	5111689210	Vehicle No.	SGU7095L	GST Registration No.	
Certificate No.					
Policyholder Name	TOP NOTCH SERVICES	Cover Type	drive CLASSIC	Policyholder NRIC	S33303228
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	94884426	Special Remark		Contact No.(Home)	
Email Address				eCode	No
NFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## Accident Details

Report Date	11/12/2019 14:07	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	03/12/2019	Time of Accident hh:mm	21:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 302 UBI AVE 1 OPEN CARPARK				

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OO Standard Excess	2,000.00	TP Standard Excess	1,500.00	Driver is Covered?	Covered
YIED OO Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0				
Total OO 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	11/12/2019 14:08:46 System changed GST Status Verified from No to Yes				

## Policyholder Mailing Address

Address 1	BLK 288D #06-50	Address 2	BUKIT BATOK STREET 25	Address 3	NATURE VIEW
Address 4	SINGAPORE 653288	Address Type	Singapore address	Post Code	653288
Unit No.	06-50	Related Policy Number	5111689210		

## OI Driver Info

Driver Name	Liong Sin Yeong	Driver Type	Main Driver	Driver DOB	04/09/1986
Unnamed driver Name		Driver NRIC	S8672597E	Driving Experience	12
Register Date of Driver License	01/01/2007	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	94884426	Contact No.(Office)		Address 3	NATURE VIEW
Address 1	BLK 288D #06-50	Address 2	BUKIT BATOK STREET 25	Post Code	653288
Address 4	SINGAPORE 653288	Address Type	Singapore address		
Unit No.	06-50				
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 *	OO-MX	Insured Name	TOP NOTCH SERVICES	Insured NRIC	S33303228
Contact No.(Mobile)	94884426	Contact No. (Home)		Contact No. (Office)	NIL
Email Address		Vehicle Number	SGU7095L	TP Vehicle Number	PC105
Claim Description	SGU7095L / PC1057A ON 3 Dec 2019			Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Repair Option	Preferred Workshop, Name unknown				
Date Registered	11/12/2019 14:09	Claim Close Date		Date Received	11/12/2019
Report Taken By	LIEW SHAN HUI				












Print AK letter

Save Submit

## Attachment

Accident No.	MT/1075258	Claim No.	001		
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	11/12/2019 14:11		
Path *		Category *	Confidential	Urgency *	Desci
<div>Choose File</div> No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
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<div>Choose File</div> No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Choose File</div> No file chosen	<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>	
<div>Message Read</div>					

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 11 Dec 2019 14:11	NRIC/ Driving License	Y	NRIC/ Driving License 2019-12-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 11 Dec 2019 14:11	SAS		SAS 2019-12-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 11 Dec 2019 14:11	Photos		Photos 2019-12-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 11 Dec 2019 14:11	Photos		Photos 2019-12-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 11 Dec 2019 14:11	Photos		Photos 2019-12-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 11 Dec 2019 14:09	Photos		Photos 2019-12-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 11 Dec 2019 14:09	Photos		Photos 2019-12-11
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 11 Dec 2019 14:09	Photos		Photos 2019-12-11
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) @ 11 Dec 2019 14:09	Photos		Photos 2019-12-11
Video List				
Uploaded By/Date	Folder Date	File Name	Source	
<div>Display in New Window</div> <div>Scan and uploading</div>				