

NATIONAL Assessment Centre Services.

[wef 1 Jan 05] **MHA119 16349v**

Date In: 12/19/2007	Job description	Date & Time Completed	Done by
Ref No: HA/INC1907900/24	SAS e-filing		
Veh No: JCV5WJ	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/10/19-18:45	i-Motor Claim Form	12/10/07 05:42:00	12/19/07
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: 57M93636	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 hotline: 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
	<i>For claiming against INC Only (wef 10 Jan 2005)</i>		
Dat. 1:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
Dat. 2 / 3:	8) NTUC Additional Services:-		
	9) N12: Idac Mobile 30		
	QP*		
	*N5: Courtesy Car / Tpl 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		
	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	12/12/2019 12:07
Date Of Accident	11/12/2019 18:45
Exact Location Of Accident	PIE (CHANGI) BEFORE GEYLANG BAHRU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV524J
Insured/Policyholder	
Name Of Registered Owner	RAYMOND PHANG LEI MING (PENG LEIMING)
NRIC No	S8416325B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92386325
Alternative Phone No	OFFICE-92386325

Vehicle Particulars

Manufacturer	MAZDA
Model	BIANTE 5-DOOR WAGON 2.0L SP.6EAT
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	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	5103119227-01
Cover Note Number	

Driver

Name of Driver	RAYMOND PHANG LEI MING (PENG LEIMING)
NRIC No	S8416325B
Date Of Birth	05/06/1984
Occupation	INDOOR
Date Of Driving Pass	21/05/2004
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92386325
Fax Number	
Contact Number	OFFICE-92386325
EEmail Address	NOEMAIL

Address	8 LORONG 7 GEYLANG #07-117
Postcode	388792
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	5
Passenger 1	NAME: : ALORA PHANG QI XUAN GENDER: : FEMALE
Passenger 2	NAME: : ADORA PHANG XUAN EN GENDER: : FEMALE
Passenger 3	NAME: : HU HUIFEN GENDER: : FEMALE
Passenger 4	NAME: : THIAN NEI PAR 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	SJM9363G
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SDK8069U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RAYMOND PHANG LEI MING (PENG LEIMING)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKV524J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ALORA PHANG QI XUAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKV524J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name ADORA PHANG XUAN EN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKV524J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name HU HUIFEN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKV524J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 5

Name THIAN NEI PAR

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKV524J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

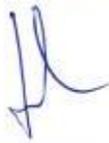
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

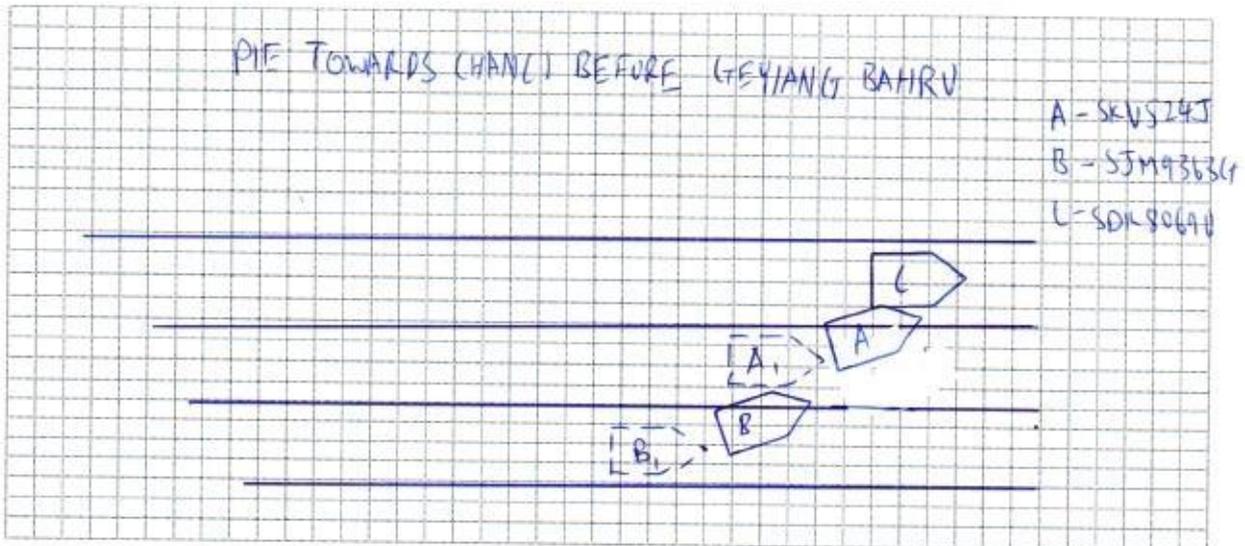


Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARDS CHANGI BEFORE GEYLANG BAHRU, SUDDENLY VEHICLE B ABRUPTLY CUT INTO MY LANE HITTING ONTO THE RIGHT SIDE OF MY VEHICLE. FORCING MY VEHICLE ONTO THE LANE NEXT TO MINE, HITTING ONTO VEHICLE C.

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.:

Accident Reporting Draft

VEHICLE NO: SKV524J

MODEL: MAZDA BIANTE

DATE OF ACCIDENT	11/12/19		
TIME OF ACCIDENT	1845	HRS	AM/PM
LOCATION OF ACCIDENT	PIE TWDS CHANGI BEFORE GEYLANG BAHRU		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	RAYMOND PHANG LEI MING (PENG LEIMING)		
CONTACT NO.	92386325		
NRIC	S8416325B		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY THIRD PARTY		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	SAME AS ABOVE AS ABOVE / IF NO:		
NRIC	S8416325B	ANY PASSENGER: 4	
DATE OF BIRTH		F: HU HUIFEN	
OCCUPATION	OUTDOOR / INDOOR	F: A Lora phang di Xuan	
DATE OF DRIVING PASS		F: A Lora Phang Xuan En	
GENDER	MALE / FEMALE	F: Thian nei par	
CONTACT NO.	92386325	OFFICE:	HOME:
ADDRESS	8 LORONG 7 GEYLANG #07-11 S(388792)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO:		
WEATHER CONDITION	CLEAR / RAINY / OTHER:		
ROAD SURFACE	DRY / WET / OTHER:		
ANY INJURIES	NO / IF YES:		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	SJM9363G	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	SDK8069U	ANY PASSENGER:	
VEHICLE D NO.		ANY PASSENGER:	
VEHICLE E NO.		ANY PASSENGER:	
VEHICLE F NO.		ANY PASSENGER:	
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">Ryder</div> Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103119227-01		RAYMOND PHANG LEI MING (PENG LEIMING)	58416325B	GPC	drive CLASSIC	SKV524J	SKV524J	27/08/2019	26/08/2020

Continue

Policy Information

Policy No.	5103119227-01	Policyholder Name	RAYMOND PHANG LEI MING (PE	Policyholder NRIC	S8416325B
Certificate No.					
Address	8 LORONG 7 GEYLANG #07-11 CENTRA RESIDENCE SINGAPORE 388792				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag		N
Policy Issue Date	05/08/2019	Effective Date	27/08/2019 00:00	Expiry Date	26/08/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	500	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	I INSURANCE AGENCY	Agent Tel.	67026779	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info Certificate Info					

Policyholder Mailing Address

Address 1	8 LORONG 7 GEYLANG	Address 2	#07-11 CENTRA RESIDENCE	Address 3	SINGAPORE 388792
Address 4		Address Type	Singapore address	Post Code	388792
Unit No.	10-4709	Related Policy Number	5103119227-01		

Insured Object: SKV524J

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue Cancel

Claim Handling

Accident MT/1075412

Policy No.	5103119227-01	Vehicle No.	SKV524J	GST Registration No.	
Certificate No.					
Policyholder Name	RAYMOND PHANG LEE MING (PENG LEIHONG)	Cover Type	drive CLASSIC	Policyholder NRIC	S8416325B
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Leading	0
Contact No.(Mobile)	92386325	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
MPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	Yes

Accident Details

Report Date	12/12/2019 12:24	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	11/12/2019	Time of Accident hh:mm	18:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (CHANGE) BEFORE GEYLANG BAHRU				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	-500				
Total OD Excess Applicable	2500.00	Total TP Excess Applicable	1,500.00		

Benefit

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	8 LORONG 7 GEYLANG	Address 2	#07-11 CENTRA RESIDENCE	Address 3	SINGAPORE 388792
Address 4		Address Type	Singapore address	Post Code	388792
Unit No.	10-4709	Related Policy Number	5103119227-01		

01 Driver Info

Driver Name	RAYMOND PHANG LEE MING	Driver Type	Main Driver	Driver DOB	05/05/1964
Unnamed driver Name		Driver NRIC	S8416325B	Driving Experience	15
Register Date of Driver License	21/05/2004	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	92386325	Contact No.(Office)	0	Address 3	SINGAPORE 388792
Address 1	8 LORONG 7 GEYLANG	Address 2	CENTRA RESIDENCE	Post Code	388792
Address 4		Address Type	Singapore address		
Unit No.	07-11	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	GD-MX	Insured Name	RAYMOND PHANG LEE MING (PE	Insured NRIC	S8416325B
Contact No.(Mobile)	92386325	Contact No.(Home)		Contact No.(Office)	
Email Address	contactme@raymondphang.com	OT Vehicle Number	SKV524J	TP Vehicle Number	S3M9363G
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	SKV524J / S3M9363G ON 11 Dec 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/12/2019 12:28	Claim Close Date		Date Received	12/12/2019 00:00
Report Taken By	Jackson				

Print AK letter.

Save Submit

Attachment

Accident No.	MT/1075412	Claim No.	001
LAST Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	12/12/2019 12:30

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

