

Date In: 17/12/19 15:13	Job description	Date & Time Completed	Done by
Ref No: NA/INC19022182164	SAS e-filing		
Veh No: GW 3781 E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/12/19 10:00	I-Motor Claim Form	MT/1076128201	17/12/19 15:32
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 / GW: (Tel:	Fax:
TP Particulars:	Veh No: G2 7178 E	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 and 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:	NA1909299	Invoice/Repairation Checklist	Am't (\$)	Ex-Am't (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	20.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$50)		
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		
		For claimant against INC Only (wof 10 Jan 2020)		
		6) TR: Re-inspection \$75		
		7) NI: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		Q1)*		
		*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 (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	17/12/2019 15:13
Date Of Accident	16/12/2019 10:00
Exact Location Of Accident	WOODLANDS RD TWDS KRANJI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW3781E
Insured/Policyholder	
Name Of Registered Owner	GREEN WAY EXPRESS PTE. LTD.
Co Reg No	200408489C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81170383

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5104618247-01
Cover Note Number	

Driver

Name of Driver	NG CHEE KWANG
NRIC No	S7100275F
Date Of Birth	04/01/1971
Occupation	OUTDOOR
Date Of Driving Pass	28/10/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81170383
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 514 BUKIT BATOK ST 52 #10-536
Postcode	650514
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

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

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	GZ7178E
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.
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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:



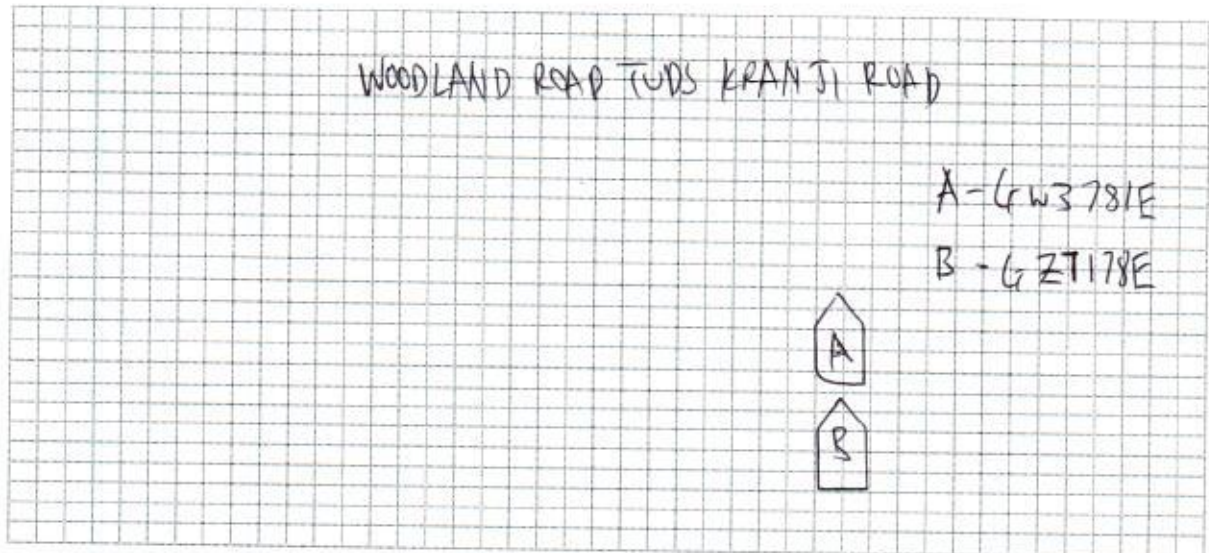
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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



SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG WOODLAND ROAD TOWARDS KRANJI ROAD. TRAFFIC LIGHT WAS ORANGE AND STARTING TO TURN RED, SO I SLOW DOWN AND STOP. VEHICLE B COULD NOT STOP IN TIME AND REAR ENDED MY VEHICLE.

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: GW3781E

MODEL: TOYOTA LITEACE

DATE OF ACCIDENT	16/12/19		
TIME OF ACCIDENT	1000	HRS	AM/PM
LOCATION OF ACCIDENT	WOODLAND ROAD TOWARDS KRANJI ROAD		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	GREEN WAY EXPRESS PTE LTD		
CONTACT NO.	81170383		
NRIC	200408489C		
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	NG CHEE KWANG AS ABOVE / IF NO:		
NRIC	S7100275F	ANY PASSENGER: 0	
DATE OF BIRTH			
OCCUPATION	OUTDOOR / INDOOR		
DATE OF DRIVING PASS			
GENDER	MALE / FEMALE		
CONTACT NO.	81170383	OFFICE:	HOME:
ADDRESS	8 BURN ROAD #08-02/03 TRIVEX S(369977)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO:		
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR		
ROAD SURFACE	DRY / WET/ OTHER: WET		
ANY INJURIES	NO/ IF YES:		
CONTACT NO.			
POLICE REPORT	NO/ IF YES:		
VIDEO RECORDING	NO/ YES		
VEHICLE B NO.	GZ7178E	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.			
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com</p> <p>Tel: 67418277 Fax: 67468277</p> </div>		
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.	<input type="text"/>	Date of Accident	<input type="text" value="17/12/2019 14:57"/>
Vehicle No.(For Motor)	<input type="text" value="GW3781E"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104618247-01		GREEN WAY EXPRESS PTE. LTD.	200408489C	GCV	Third Party	GW3781E	GW3781E	01/12/2019	30/11/2020

Claim Handling

Accident MT/1076128

Policy No.	S104618247-01	Vehicle No.	GW3781E	GST Registration No.	
Certificate No.					
Policyholder Name	GREEN WAY EXPRESS PTE. LTD.	Cover Type	Third Party	Policyholder NRIC	200408489C
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	81170383	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KPK	No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	17/12/2019 15:26	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/12/2019	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS RD TWDS KRAJJI RD				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	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	0.00	Total TP Excess Applicable	0.00		
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	01/09/2015		
GST Registration No.	200408489C	GST Status Verified	Yes		
Modification History	17/12/2019 15:28:10 System changed GST Registered from No to Yes 17/12/2019 15:28:16 System changed GST Registration No. from null to 200408489C 17/12/2019 15:28:16 System changed GST Registration Date from null to 01/09/2015				
Policyholder Mailing Address					
Address 1	8 BURN ROAD	Address 2	#08-02/03 TRIVEX	Address 3	SINGAPORE 369977
Address 4		Address Type	Singapore address	Post Code	369977
Unit No.		Related Policy Number	5113277450		
DI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/01/1971
Unnamed driver Name	NG CHEE KWANG	Driver NRIC	S7100275F	Driving Experience	5
Register Date of Driver License	28/10/2014	Driver Age	48	Contact No.(Home)	
Contact No.(Mobile)	81170383	Contact No.(Office)		Address 3	GUILIN BREEZE
Address 1	BLK 514 #10-536	Address 2	BUKIT BATOK STREET 52	Post Code	650514
Address 4	SINGAPORE 650514	Address Type	Singapore address		
Unit No.	10-536				
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	GREEN WAY EXPRESS PTE. LTD.	Insured NRIC	200408489C
Contact No.(Mobile)	86672028	Contact No. (Home)	NIL	Contact No. (Office)	NIL
Email Address		DI Vehicle Number	GW3781E	TP Vehicle Number	GZ717
Claim Description	GW3781E / GZ71784 ON 16-Dec-2019			Name of Preferred Workshop	0
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	Preferred Workshop, Name unknown	GIA report
Date Registered	17/12/2019 15:29	Claim Close Date		Date Received	17/12/2019
Report Taken By	JEW SHAN HUI				
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1076128	Claim No.	001
Last Doc. Received	Yes No	Upload Date	17/12/2019 15:32
Path *			
Choose File	No file chosen	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		
Choose File	No file chosen		
Message Read			
Attachment List			

Attachment	Uploaded By/Date	Category	?	Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Dec 2019 15:32	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2019-12-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Dec 2019 15:32	SAS		Normal	SAS 2019-12-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Dec 2019 15:32	Photos		Normal	Photos 2019-12-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Dec 2019 15:29	Photos		Normal	Photos 2019-12-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Dec 2019 15:29	Photos		Normal	Photos 2019-12-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Dec 2019 15:29	Photos		Normal	Photos 2019-12-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Dec 2019 15:29	Photos		Normal	Photos 2019-12-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Dec 2019 15:29	Photos		Normal	Photos 2019-12-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 17 Dec 2019 15:29	Photos		Normal	Photos 2019-12-17	

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
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