

Date In: 18/12/19 09:57	Job description	Date & Time Completed	Done by
Ref No: MA1 INC 190 22244/64	SAS e-filing		
Veh No: YP 5215J	E-mail (within 3hrs, AIC 2hrs)		
DOA: 17/12/19 16:15	I-Motor Claim Form	MT11076 239 ⁰⁰¹	18/12/19 11:20
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 Fax / Hand to Owner/Wks31		

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

TP Particulars: Veh No: FBJ 1192.X 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 () / Non-INC ()	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	Action

Client's Particulars:	Invoice Item / Description	Amount (\$)	Payable (\$)
MA1909317 Driver/Owner: Contact No: Damaged Portion: QC Checked by (Bugr-In-Charge): Auditors' Comments:	1) AR: Accident Reporting (\$30);		30.00
	2) DA: Damage Assessment (\$100); INC (\$30)		
	3) TP: Towing Fee \$40/\$43		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1: *N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Coordination \$10		
*N7: Post Repair Inspection \$25			
*N8: DV / Collect Excess Coordination \$3			
TP (N11): TP (Non INC) against INC \$20			
9) N12: Idao Mobile \$0			
	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 willful 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	18/12/2019 09:57
Date Of Accident	17/12/2019 16:15
Exact Location Of Accident	JUNC OF MOUNT ELIZABETH & NUTMEG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5215J
Insured/Policyholder	
Name Of Registered Owner	QUALITY TRANSPORT (S) PTE LTD
Co Reg No	199003595N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65431071

Vehicle Particulars

Manufacturer	MINI
Model	CANTER FEB21ER4SDEB (CBU)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113242608
Cover Note Number	

Driver

Name of Driver	SIM GAI SENG
NRIC No	S1398967B
Date Of Birth	30/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	02/07/1980
Driving Experience	39 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91549582
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 349 UBI AVE 1 #10-1035
Postcode	400349
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	NO COLLISION
Weather Conditions	DRIZZLING
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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

I STOP AT THE JUNC OF MOUNT ELIZABETH & NUTMEG RD, AFTER CHECK THE TRAFFIC WAS CLEAR, I TURNING RIGHT INTO NUTMEG RD, SUDDENLY THE MOTORCYCLE COME FROM THE NUTMEG RD, I IMMEDIATELY BRAKE MY VEH AND THE RIDER ALSO APPLY BRAKE CAUSING HIMSELF LOST BALANCE AND FALL DOWN. THERE WAS NO COLLISION BETWEEN MY VEH AND HIS BIKE.

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	FBJ1192X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

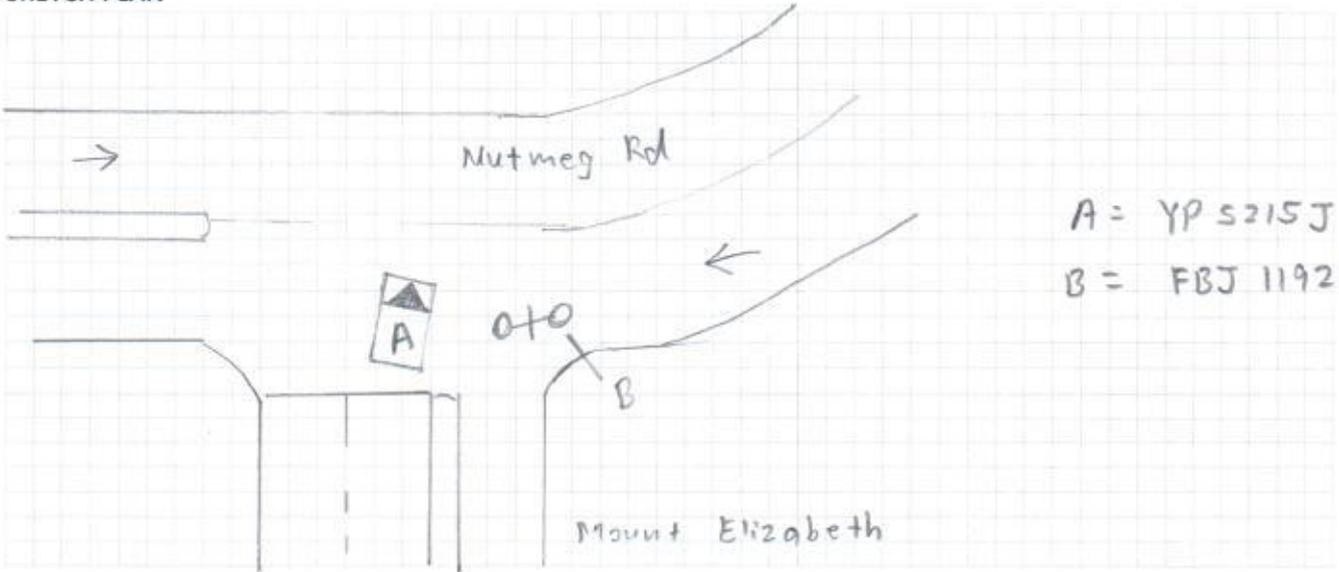


Policyholder's Signature
Date & Time:


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

Refer to statement

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.:

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5113242608-000005

Cover : Comprehensive

- | | |
|--|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : YP5215J |
| Chassis Number | : FEB21EA21036 |
| 2. Name of Policyholder | : QUALITY TRANSPORT (S) PTE LTD |
| 3. Effective Date of Insurance | : 20 Oct 2019 |
| 4. Expiry Date of Insurance | : 19 Oct 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$3,000
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : REV AUTO PTE LTD (00000571335)
 Date of Issue : 17 Oct 2019 09:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1076239

Policy No.	5113242608	Vehicle No.	YP5215J	GST Registration No.	M200944305
Certificate No.	5113242608-000005				
Policyholder Name	QUALITY TRANSPORT (S) PTE LTD.	Cover Type	Comprehensive	Policyholder NRIC	199003595N
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)		Contact No.(Home)	0
Contact No.(Mobile)	65431071	Special Remark		eCode	No
Email Address		TCA	No Yes	eCode Reason	
KFK	No Yes	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	18/12/2019 11:17	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	17/12/2019	Time of Accident hh:mm	16:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF MOUNT ELIZABETH & NUTMEG RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	3,000.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	3000.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200944305	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	115 AIRPORT CARGO ROAD	Address 2	#02-10 CARGO AGENTS BUILDI	Address 3	SINGAPORE 819466
Address 4		Address Type	Singapore address	Post Code	819466
Unit No.		Related Policy Number	5113244817		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/05/1959
Unnamed driver Name	SIM GAJ SENG	Driver NRIC	S1398967B	Driving Experience	39
Register Date of Driver License	02/07/1980	Driver Age	40	Contact No.(Home)	
Contact No.(Mobile)	91549582	Contact No.(Office)		Address 3	SINGAPORE 400349
Address 1	BLK 349 #400349	Address 2	UBI AVENUE 1	Post Code	400349
Address 4		Address Type	Singapore address		
Unit No.	400349				
Does he own a Singapore Registered car?	No	Driver Vehicle No.		Driver Insurer Company	

Smethalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 New

Claim Type *	GD-MX	Insured Name	QUALITY TRANSPORT (S) PTE L	Insured NRIC	19900	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	654331	
Email Address		GT Vehicle Number	YP5215J	TP Vehicle Number	FB3115	
Claim Description	YP5215J / FB31192X ON 17 Dec 2019				Name of Preferred Workshop	0
Preferred Workshop Finalisation	0	Insured Liability	Partially at Fault	Preferred Repair Option	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received	Claim Close Date	18/12/2019 11:19	
Report Taken By	JIEW SHAN HUI					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1076239	Claim No.	001
Last Doc. Received	Yes No	Upload Date	18/12/2019 11:20
Path *			
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
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		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Dec 2019 11:20	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2019-12-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Dec 2019 11:20	SAS		Normal	SAS 2019-12-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Dec 2019 11:20	Photos		Normal	Photos 2019-12-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Dec 2019 11:20	Photos		Normal	Photos 2019-12-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Dec 2019 11:19	Photos		Normal	Photos 2019-12-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Dec 2019 11:19	Photos		Normal	Photos 2019-12-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Dec 2019 11:19	Photos		Normal	Photos 2019-12-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Dec 2019 11:19	Photos		Normal	Photos 2019-12-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Dec 2019 11:19	Photos		Normal	Photos 2019-12-18
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 18 Dec 2019 11:19	Photos		Normal	Photos 2019-12-18

Video List

Uploaded By/Date	Folder Date	File Name		Source
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				