

Date In: 27/12/19 08:48	Job description	Date & Time Completed	Done by
Ref No: MA1 IMC190227831h4	SAS e-filing		
Veh No: SJP 2609D	E-mail (e-1000 3hrs, AIC 2hrs)		
ICIA: 26/12/19 12:45	i-Motor Claim Form	MT11077463-00	27/12/19 16:37
OT: <input checked="" type="checkbox"/> 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/Wksp		

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

TP Particulars: Veh No: XB 9484 H. 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	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

MA 2000015

Invoice Description	Amount (\$)	AMT (\$)	ADD (\$)
1) AR: Accident Reporting (\$30);		30.00	
2) DA: Damage Assessment (\$100); INC (\$50)			
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$30		
For claimant's use: UNO Only (wef 10 Jan 2013)			
6) TR: Re-inspection	\$75		
7) NI: Idno DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
OT:			
*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 (Non INC) against INC	\$20		
9) N12: Idno Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

MA 2000015

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	27/12/2019 08:48
Date Of Accident	26/12/2019 12:45
Exact Location Of Accident	BENOI RD B4 AYE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP2609D
Insured/Policyholder	
Name Of Registered Owner	LIM CHEE CHOON
NRIC No	SXXXX534F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93824018
Alternative Phone No	OFFICE-93824018

Vehicle Particulars

Manufacturer	PROTON
Model	PERSONA 1.6
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107961736
Cover Note Number	

Driver

Name of Driver	LIM CHEE CHOON
NRIC No	SXXXX534F
Date Of Birth	04/06/1977
Occupation	INDOOR
Date Of Driving Pass	15/12/1998
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93824018
Fax Number	
Contact Number	OFFICE-93824018
EMail Address	NOEMAIL

Address	BLK 715 CLEMENTI WEST ST 2 #08-61
Postcode	120715
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 - HEAD TO REAR
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?	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: : PANG CHENG KIAT GENDER: : MALE
Passenger 2	NAME: : THEN WEI SIONG GENDER: : MALE
Passenger 3	NAME: : JARED LEW GENDER: : MALE
Passenger 4	NAME: : DHIVAN BALAKRISHNAN 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

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	XB9484H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver	TAN KAY SIONG
NRIC/Passport Number	SXXXX312H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM CHEE CHOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJP2609D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

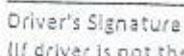
IMPORTANT NOTICE

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.

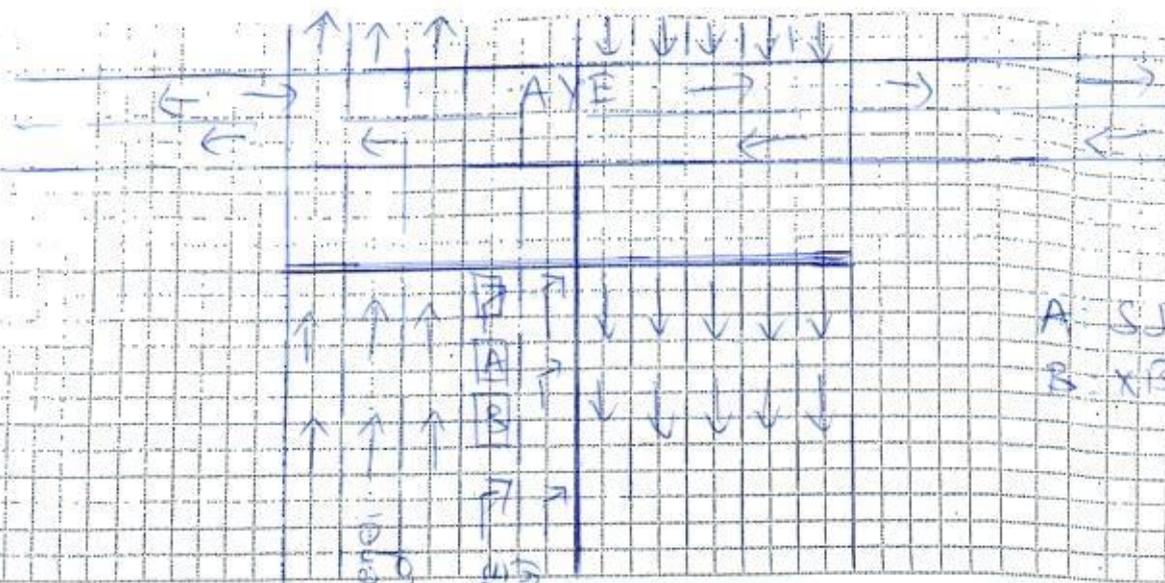
X 
Policyholder's Signature
Date & Time:


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


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

AYE (Tuas)

AYE (City)



A: SJP2609D
 B: XB9484H

DESCRIBE THE CIRCUMSTANCES OF THE ACCIDENT

12.45
 26/12/19

On 26/12/19 at about 12.45pm, I was travelling on Bendi Rd towards AYE (City). When the traffic light to turn turned green, the vehicles started moving off. All of a sudden, I heard a loud bang and my vehicle (A) surged forward. Vehicle B hit onto the rear of my vehicle.

DECLARATION

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/PIN No.:

VEHICLE NO: SJP2609D

MAKE & MODEL : Proton Persona 1.6 (MT)

H-Line

DATE OF ACCIDENT	26 / 12 / 2019
TIME OF ACCIDENT	12.45 AM <input checked="" type="radio"/> PM
LOCATION OF ACCIDENT	Bendi Rd bef AYE Exit
Exact Purpose use during accident	
NAME OF OWNER	Lim Chee Choon
TELP NO	93824018
NRIC	S7714534F
CLAIM TYPE	OD / <input checked="" type="radio"/> THIRD PARTY / Reporting Only
INSURANCE CO.	NTUC
TYPE OF COVERAGE	<input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft
POLICY NO.	5107961736
NAME OF DRIVER	<input checked="" type="radio"/> As above / <input type="radio"/> If No.
NRIC	
DATE OF BIRTH	04 / 06 / 1977
OCCUPATION	Outdoor / <input checked="" type="radio"/> Indoor Navy Regular
DATE OF DRIVING PASS	15 / 12 / 1998
GENDER	<input checked="" type="radio"/> Male / <input type="radio"/> Female
CONTAC NO.	Office: Home:
ADDRESS	Apt B1K 715 Clementi West St 2 #08-61 S(120715)
DRIVER HAVE ANY OWN Vehicle	NO / If yes, Reg No.
RELATIONSHIP	Employee / If No.
WEATHER CONDITION	<input checked="" type="radio"/> Clear / <input type="radio"/> Raining / <input type="radio"/> Other.
ROAD SURFACE	<input checked="" type="radio"/> Dry / <input type="radio"/> Wet / <input type="radio"/> Other.
ANY INJURIES	No / If yes, Who?
CONTAC NO.	Driver.
POLICE REPORT	No / If yes, Where?
VEHICLE B NO.	XB 9484H
NAME	Tan Kay Siong S1621312H
CONTAC NO.	
VEHICLE C NO.	
VEHICLE D NO.	
VEHICLE E NO.	
VEHICLE F NO.	
ANY WITNESS	No camera.
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 Tay: 674 76918
CONTACT PERSON	Autobay @ kaki bukit
FAX NO.	Singapore 417883
	Telp : 67476106 (6 lines)
	Fax: 67442368

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: 5107961736

Cover : drivo CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SJP2609D |
| Chassis Number | : PL1CM6SNR8G138547 |
| 2. Name of Policyholder | : LIM CHEE CHOON |
| 3. Effective Date of Insurance | : 18 Mar 2019 |
| 4. Expiry Date of Insurance | : 17 Mar 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. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM CHEE CHOON
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE LTD
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).

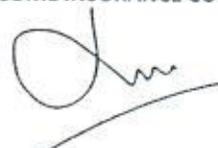
Agency : TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue : 18 Mar 2019 09:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1077463

Policy No.	S107961736	Vehicle No.	SJP2609D	GST Registration No.	
Certificate No.					
Policyholder Name	LIM CHEE CHOON			Policyholder NRIC	S7714534F
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93824018	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	27/12/2019 16:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/12/2019	Time of Accident hh:mm	12:45	Country of Accident	Singapore
Reporting Centre		Change Force		ICM No.	
Accident Location	BENGLI RD B4 AYE EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess	0	Total TP Excess Applicable	0.00		
Total OD Excess Applicable	600.00				

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 715 #08-61	Address 2	CLEMENTI WEST STREET 2	Address 3	VISTA 18
Address 4	SINGAPORE 120715	Address Type	Singapore address	Post Code	120715
Unit No.	08-61	Related Policy Number	S107961736		

OJ Driver Info

Driver Name	LIM CHEE CHOON	Driver Type	Main Driver	Driver DOB	04/06/1977
Unnamed driver Name		Driver NRIC	S7714534F	Driving Experience	21
Register Date of Driver License	15/12/1998	Driver Age	42	Contact No.(Home)	
Contact No.(Mobile)	93824018	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 715 #08-61	Address 2	CLEMENTI WEST STREET 2	Address 3	VISTA 18
Address 4	SINGAPORE 120715	Address Type	Singapore address	Post Code	120715
Unit No.	08-61				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

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

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	LIM CHEE CHOON	Insured NRIC	S7714534F	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)		
Email Address		OJ Vehicle Number	SJP2609D	TP Vehicle Number	00948	
Claim Description	SJP2609D / XR9484H DN 26 Dec 2019				Name of Preferred Workshop	0
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received	
Workshop No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	27/12/2019 16:36	
Date Registered				Date Received	27/12/2019	
Report Taken By	LIEW SHAN HUI					

Print AX letter

Save Submit

Attachment

Accident No.	MT/1077463	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	27/12/2019 16:37

Path *	Category *	Confidential	Urgency *	Desci
Choose File No file chosen	Clear Please Select	ND	Normal	
Choose File No file chosen	Clear Please Select	ND	Normal	
Choose File No file chosen	Clear Please Select	ND	Normal	
Choose File No file chosen	Clear Please Select	ND	Normal	
Choose File No file chosen	Clear Please Select	ND	Normal	
Choose File No file chosen	Clear Please Select	ND	Normal	
Choose File No file chosen	Clear Please Select	ND	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 16:37	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-12-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 16:37	SAS	Normal	SAS 2019-12-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 16:37	Photos	Normal	Photos 2019-12-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 16:37	Photos	Normal	Photos 2019-12-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 16:37	Photos	Normal	Photos 2019-12-27
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 16:36	Photos	Normal	Photos 2019-12-27
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Dec 2019 16:36	Photos	Normal	Photos 2019-12-27

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"/>	