

Date In: 23/1/20 15:47	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC 20001431/h4.	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SLN 352CP	I-Motor Claim Form	M7/1081615-001	23/1/20 18:11
TP: 20/1/20 01:25	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP: TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkgn		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

JPS 5517.

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 Refine: 6749 6616)

Date:

Time:

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:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Date:

Time:

MA 2000790

Invoice Preparation Checklist:

Amc (\$)

Vahl (\$)

30.00

Add'l Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claimant against INC Only (w/c 10 Jan 2023)

6) TR: Re-inspection \$75

7) NI: Idan DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

• N5: Courtesy Car / Tpt Allowance \$3

• N6: Repair Co-ordination \$10

• N7: Post Repair Inspection \$25

• N8: DV / Collect Excess Coordination \$3

TP (Nil): TP (Via INC) against INC \$20

9) NI12: Idan Mobile \$0

Invoice dated

Fee Charged:

Invoice dated

Fee Charged:

30.00

30.00

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	23/01/2020 15:47
Date Of Accident	20/01/2020 01:25
Exact Location Of Accident	WOODLANDS CUSTOM TWDS SINGAPORE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN3526P
Insured/Policyholder	
Name Of Registered Owner	OSCARS LEASING PRIVATE LIMITED
Co Reg No	2XXXXX292N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-61006913

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109909289
Cover Note Number	

Driver

Name of Driver	DARREN LAU JUN KIT
NRIC No	SXXXX230B
Date Of Birth	20/03/1995
Occupation	OUTDOOR
Date Of Driving Pass	22/12/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83666972
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 483 JURONG WEST ST 41 #02-244
Postcode	640483
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
Foreign Vehicle Registration Number	JPS5517 (PRIVATE CAR)
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: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200121/2208

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	JPS5517
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)

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



A = 52N 3526 P.

$$B = 395.5517.$$

woodlands checkpoint.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

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 STATEMENT

ACCIDENT DATE: (20 / 1 / 20) (DD/MM/YYYY), TIME: (01 : 25) (HH:MM)

LOCATION: woodlands checkpoint.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN 3526 P.
b) INSURANCE COMPANY: IMC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Oscar (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 61006913.
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Darren Lau Jun Krt (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 83666972.
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 6 JPS 5517 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(2)
/

P

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

* police Report

↓
check email

Email = Kris@oscarleasing.com.sg

fax =

VIDEO = No.



**SINGAPORE
POLICE FORCE**



T/20200121/2208

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20200121/2208

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2020 22:39	Vide Report No.:	Station Diary No.: 242
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Informant's Particulars

Name of Informant: DARREN LAU JUN KIT	Address: APT BLK 483 JURONG WEST STREET 41 #02-244 SINGAPORE 640483		
ID Type / ID No.: NRIC NO / S9512230B	Contact No.:	Mobile: 83666971	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 24	Date of Birth: 20/03/1995	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: SALES EXECUTIVE	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 20/01/2020 01:25	Type of Location: Straight Road
Location: Along Road 1 Woodlands Crossing				
Woodlands Custom towards Singapore				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JPS5517	Car					0
SLN3526P	Car	MITSUBISHI	LANCER 1.5 MIVEC SPORTS AT ABS D/AB	White	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20200121/2208

2 of 3

Report No. T/20200121/2208

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DARREN LAU JUN KIT	ID No.	S9512230B
Related Vehicle	SLN3526P (Car)	Contact No.	83666971
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 20/01/2020 at about 0125hrs, I was driving in my vehicle, SLN3526P along Woodlands Crossing Road, Woodlands Custom. The traffic was congested. Suddenly, I heard a collision at the rear of my vehicle. Subsequently, I alighted to make a check and discovered that a vehicle, JPS5517 collided. No presence of Traffic Police and Ambulance. No one was injured at that point of time. The paint of my rear bumper peeled off.



**SINGAPORE
POLICE FORCE**



T/20200121/2208

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No: T/20200121/2208

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

Sgt 1 LIM JUNJIE

SK126

Signature Of Interpreter:

Not applicable.
Singapore Police Force

Officer In Charge Of Case:

TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Signature Of Informant:

Date/Time:

21/01/2020 22:39

Classification Of Case:

Authentication Stamp

NP168

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="5109909289"/>	Date of Accident	<input type="text" value="19/01/2020 13:49"/>
Vehicle No. (For Motor)	<input type="text" value="SLN3526P"/>	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"/>	5109909289	5109909289-000021	OSCARS LEASING PRIVATE LIMITED	201431292N	GFM	Third Party	SLN3526P	SLN3526P	01/06/2019	31/05/2020

Claim Handling

Accident MT/1081615

Policy No.	5109909289	Vehicle No.	SUN3526P	GST Registration No.	
Certificate No.	5109909289-000021				
Policyholder Name	OSCARS LEASING PRIVATE LIMITED	Cover Type	Third Party	Policyholder NRIC	201431292N
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	61006913	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KFK	= No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
Accident Details					
Report Date	23/01/2020 18:07	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/01/2020	Time of Accident hh:mm	01:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	WOODLANDS CUSTOM TWOS SINGAPORE				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	0.00	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					
Policyholder Mailing Address					
Address 1	50 EAST COAST ROAD	Address 2	#01-73 ROXY SQUARE	Address 3	SINGAPORE 428769
Address 4		Address Type	Singapore address	Post Code	428769
Unit No.		Related Policy Number	5109909289		
O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/03/1995
Unnamed driver Name	DARREN LAU JUN KIT	Driver NRIC	SXXXX2308	Driving Experience	4
Register Date of Driver License	22/12/2015	Driver Age	24	Contact No.(Home)	
Contact No.(Mobile)	83666972	Contact No.(Office)		Address 3	JURONG VILLE @ STREET 4
Address 1	BLK 483 #02-244	Address 2	JURONG WEST STREET 41	Post Code	640483
Address 4	SINGAPORE 640483	Address Type	Singapore address		
Unit No.	02-244				
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 *	DD-MX	Insured Name	OSCARS LEASING PRIVATE LIM	Insured NRIC	201431292N
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	61006913
Email Address		O1	SUN3526P	TP	JP5551
Claim Description		Vehicle Number	SUN3526P	Vehicle Number	JP5551
Preferred Workshop	0	Insured Liability	Not at Fault	Name of Preferred Workshop	
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	23/01/2020 18:10
Report Taken By				Date Received	23/01/2020
Print AK letter					

Save Submit

Attachment

Accident No.	MT/1081615	Claim No.	001
Last Doc. Received	Yes No	Upload Date	23/01/2020 18:11
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		
Message Read			

Attachment List

2/2