

Date In: 23/1/20 20:08	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA11MC 20001445164	E-mail (within 2hrs, APC 2hrs)		
Web No: SKX 1070J	I-Motor Chain Form	MT/1081631 ⁰⁰¹	23/1/20 20:18.
TP Insurer: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: **GGG 6130H.** 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 Rollup: 67884616)

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	Am't (\$)	Payable (\$)
MA 2000803	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil) : 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	23/01/2020 20:08
Date Of Accident	23/01/2020 13:15
Exact Location Of Accident	BEDOK NORTH RD TWDS UPP CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX1070J
Insured/Policyholder	
Name Of Registered Owner	ANG THUAN KERN
NRIC No	SXXXX928H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81257711
Alternative Phone No	OFFICE-81257711

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
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	5097547106-01
Cover Note Number	

Driver

Name of Driver	ANG THUAN KERN
NRIC No	SXXXX928H
Date Of Birth	21/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1988
Driving Experience	31 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81257711
Fax Number	
Contact Number	OFFICE-81257711
EMail Address	NOEMAIL

Address	BLK 95 BEDOK NORTH AVE 4 #05-1417
Postcode	460095
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)	2
Passenger 1	NAME: : ALSON ANG BOON JIE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200123/2106

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG6130H
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)

DETAILS OF INJURED PERSON 1

Name ANG THUAN KERN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKX1070J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name ALSON ANG BOON JIE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKX1070J

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:

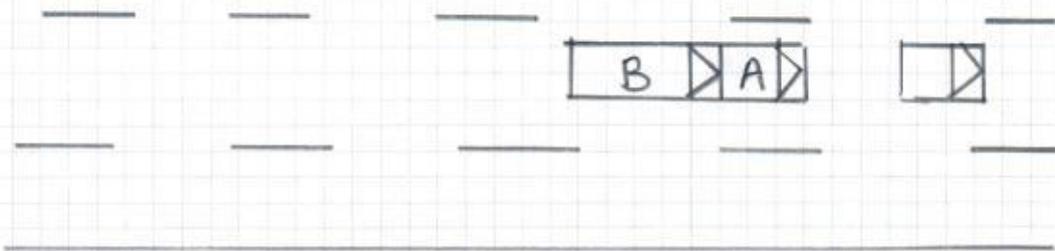
NRIC/FIN No.:

SKETCH PLAN

Bedok North Rd To New Upper Changi Rd

A. SKX 10703

B. GBG 6130H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Date 23.01.2020 Time 13.15pm
I was driving vehicle A (SKX 10703) from Bedok North to New Upper Changi Rd, before Bedok North Flyover in front of my car have traffic jam and I stop my car also, suddenly vehicle B (GBG 6130H) from behind hit to my rear portion.

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.:



Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKX1070J	NTUC Income Insurance Co-Operative Limited	5097547106-01	25/01/2019	15/06/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ANG THUAN KERN		ID No.	S1780928H
Related Vehicle	SKX1070J (Car)		Contact No.	81257711
Hospital/Clinic	DOCTORS INC MEDICAL GROUP		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/01/2020		Date Discharge	23/01/2020
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Passenger				
Name	ALSON ANG BOON JIE		ID No.	T0041854J
Related Vehicle	SKX1070J (Car)		Contact No.	96424526
Hospital/Clinic	DOCTORS INC MEDICAL GROUP		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/01/2020		Date Discharge	23/01/2020
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

I am the driver of SKX1070J

On the 23/01/2020 at about 1315hrs, I was driving with my son Alson Ang Boon Jie along Bedok north road toward the flyover at the center lane out of three lanes before bedok north bus stop and it was heavy in traffic. While I was driving along the said location, when suddenly a car in front of me suddenly brake thus I then brake and managed to stopped in time. However when suddenly a lorry hit me from the rear and It was a very strong impact resulting my rear windscreen shattered into pieces. As I do not want to obstruct the traffic, I then drove forward to the bus stop together with the lorry. We then exchanged particular and make a check on my son and my vehicle. My car suffered damages and badly dents on the back of my vehicle. As my son suffered slight back pain and neck while I suffered slight back pain, neck and pain at my teeth/jaw area we then went to the doctor and both of us received 3 days of mc.



**SINGAPORE
POLICE FORCE**



T/20200123/2106

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 4

Report No. T/20200123/2106

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200123/2106

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

4 of 4

Report No. T/20200123/2106

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: G / Sgt 3 MUHAMMAD IMRAN HADI BIN JOHARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2020 16:07
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	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"/>	Date of Accident	<input type="text" value="23/01/2020 13:53"/>
Vehicle No.(For Motor)	<input type="text" value="SKX1070J"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097547106-01		ANG THUAN KERN	51780928H	GPC	drivo CLASSIC	SKX1070J	SKX1070J	25/01/2019	15/06/2020

Continue

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 1 / 20) (DD/MM/YYYY), TIME: (13 : 15) (HH:MM)

LOCATION: Bedok North Rd. twds Bedo Upp Changi Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKX 1070J
b) INSURANCE COMPANY: INC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota vellfire.
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: Ang Thuan Kern (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8125 7711
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
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: owner.

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: GBG 6130 H. 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)

/
M

Aug Boon Jie

* No of passenger
(Including driver)

()

* No of passenger
(Including driver)

()

car photo

email = ck.tan 888@live.com.sg

fax =

video = Yes.

Claim Handling

Accident MT/1081631

Policy No.	5097547106-01	Vehicle No.	SKX1070J	GST Registration No.	
Certificate No.					
Policyholder Name	ANG THUAN KERN			Policyholder NRIC	S1780928H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81257711	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ **Accident Details**

Report Date	23/01/2020 20:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	23/01/2020	Time of Accident hh:mm	13:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BEDOK NORTH RD TWOS UPP CHANGE PD				

▼ **Excess**

Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▼ **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 95 #05-1417	Address 2	BEDOK NORTH AVENUE 4	Address 3	SINGAPORE 460095
Address 4		Address Type	Singapore address	Post Code	460095
Unit No.		Related Policy Number	5097547106-01		

▼ **OT Driver Info**

Driver Name	ANG THUAN KERN	Driver Type	Main Driver	Driver DOB	21/01/1966
Unnamed driver Name		Driver NRIC	S1780928H	Driving Experience	31
Register Date of Driver License	29/05/1988	Driver Age	54	Contact No.(Home)	
Contact No.(Mobile)	81257711	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 95 #05-1417	Address 2	BEDOK NORTH AVENUE 4	Address 3	SINGAPORE 460095
Address 4		Address Type	Singapore address	Post Code	460095
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	= Yes No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ANG THUAN KERN	Insured NRIC	S1780928H
Contact No.(Mobile)	81257711	Contact No. (Home)	82445173	Contact No. (Office)	
Email Address	designst@starhub.net.sg	OT		TP	
Claim Description	Vehicle Number		SKX1070J	Vehicle Number	GBG61
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	Name of Preferred Workshop	
Date Registered	23/01/2020 20:17	Preferred Repair Option	Preferred Workshop, Name unknown		
Report Taken By	GIA report		Received	Claim Close Date	
Print AK letter				Date Received	23/01/2020

Save Submit

Attachment

Accident No.	MT/1081631	Claim No.	001	
Last Doc. Received	Yes No	Upload Date	23/01/2020 20:16	
Path *				
Choose File	No file chosen	Clear	Category *	
Choose File	No file chosen	Clear	Please Select	
Choose File	No file chosen	Clear	Confidential	
Choose File	No file chosen	Clear	NO	
Choose File	No file chosen	Clear	Urgency *	
Choose File	No file chosen	Clear	Normal	
Choose File	No file chosen	Clear	Normal	
Choose File	No file chosen	Clear	Normal	
Choose File	No file chosen	Clear	Normal	
Message Read				
Attachment List				
Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_PAYA_USI_800601 NATIONAL ASSESSMENT CENTRE SERVICES) o	23 Jan 2020 20:16	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-1-23



NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 20:18	SAS	Normal	SAS 2020-1-23
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 20:18	Photos	Normal	Photos 2020-1-23
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 20:17	Photos	Normal	Photos 2020-1-23
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 20:17	Photos	Normal	Photos 2020-1-23
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 20:17	Photos	Normal	Photos 2020-1-23
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 20:17	Photos	Normal	Photos 2020-1-23
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 20:17	Photos	Normal	Photos 2020-1-23
NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Jan 2020 20:17	Photos	Normal	Photos 2020-1-23

Video List

Uploaded By/Date	Folder Date	File Name	Source
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