

Date In: <b>23/01/2020 18:15</b>	Job description	Date & Time Completed	Done by
Ref No: <b>X/BAZ/20001454</b>	SAS e-filing		
Veh No: <b>SU 3661 S</b>	E-mail (to John Sims, AIC 2hrs)		
DOA: <b>23/01/2020</b>	I-Motor Claim Form	<b>24/01/2020</b>	<b>10:25</b>
<b>(O) TP: Reporting Only</b>	I-Motor W/O (Within: OD 3hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: ( ) Toll: ( ) Fax: ( )

TP Particulars: Veh No: **PLUAE** 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%. F: 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 repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

**Complete ( ) / Incomplete ( )**

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Activity	Done by

**NA 2000746**

Claimant/Activity	Amount	Inc (110)
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	
Damaged Portion:	3) TP: Towing Fee \$40/245	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$73	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	• N5: Courtesy Car / Tpl Allowance \$3	
	• N6: Repair Co-ordination \$10	
	• N7: Post Repair Inspection \$23	
	• N8: DV / Collect Excess Co-ordination \$3	
	• N9: NI: TP (Nva INC) against INC \$10	
	9) NI1: Idas 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 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 18:15
Date Of Accident	23/01/2020 16:30
Exact Location Of Accident	CAUSEWAY POINT CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3661S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROHA BINTE SARMITEN
NRIC No	SXXXX662G
Email Address	SHAKILAHABUNAIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96947978
Alternative Phone No	OTHERS-96947978

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
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?	YES
If No, Please state action to be taken	
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	5088063544-02
Cover Note Number	

### Driver

Name of Driver	ROHA BINTE SARMITEN
NRIC No	SXXXX662G
Date Of Birth	20/08/1969
Occupation	INDOOR
Date Of Driving Pass	02/03/2007
Driving Experience	12 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96947978
Fax Number	
Contact Number	OTHERS-96947978
Email Address	SHAKILAHABUNAIM@GMAIL.COM

Address	BLK 657AB JURONG WEST STREET 65 #04-652
Postcode	642657
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : SHAKILAH BINTE ABU NAIM GENDER: : FEMALE

#### 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

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

23/01/2020  
1720 hr

\_\_\_\_\_  
Driver's Signature

(If driver is not the policyholder)

Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature

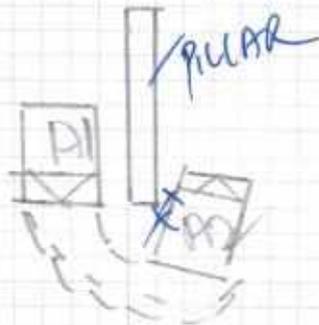
Name:

NRIC/FIN No.:

SKETCH PLAN

Causeway Point Carpark

A) SLL 3661 S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Roha was driving out of Causeway point carpark,  
 I accidentally hit a pillar.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*Roha*

Policyholder's Signature

Date & Time:

23/1/2020, 17:20 h.

Form 10, 10/2019, 1/2019, 1/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*24/01/2020*

*Roha Lim Han*

# ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 01 / 2020 (DD/MM/YYYY), TIME: 16 : 30 (HH:MM)

LOCATION: Causeway point carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL4 3661S  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: 5088063544-03  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Nissan Qashqai  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

Shakilah  
Binte Abu Naim.

No of passenger  
(including driver)  
(2)

## 3. CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Roha Binte Sarmiten (MALE / (FEMALE))  
b) NRIC/FIN/PASSPORT: SG925662/G CONTACT: \_\_\_\_\_  
c) ADDRESS: BLK 657B, Jurong West Street 65  
#04-652, S'pore 642657

\*d) DATE OF BIRTH: 20 / 08 / 1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS: 2 March 2007

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: \_\_\_\_\_ 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)  
( )

No of passenger  
(including driver)  
( )

email: [Shakilahabunaim@gmail.com](mailto:Shakilahabunaim@gmail.com)

VIDEO

[ShawnChua@fanchow.com](mailto:ShawnChua@fanchow.com)

## Claim Handling

Accident MT/1081652

Policy No.	5088063544-02	Vehicle No.	SLL36615	GST Registrati
Certificate No.				
Policyholder Name	ROHA BINTE SARMITEN			Policyholder Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	96947978	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	50	Private Hire

## ▼ Accident Details

Report Date	24/01/2020 09:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/01/2020	Time of Accident hh:mm	16:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	CAUSEWAY POINT CARPARK			

## ▼ Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Ex
Unnamed Driver Excess	0.00	Outside Singapore DD 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 657B #04-652	Address 2	JURONG WEST STREET 65	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5088063544-03	

## ▼ OI Driver Info

Driver Name	ROHA BINTE SARMITEN	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S69256620	Driver DOB
Register Date of Driver License	01/01/2007	Driver Age	50	Driving Experi
Contact No.(Mobile)	96947978	Contact No.(Office)		Contact No.(H
Address 1	BLK 657B #04-652	Address 2	JURONG WEST STREET 65	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLL36615	Driver Insurer

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

## Modification History

Claim 001

New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

Finalisation

Date Registered

Report Taken By

 Print AK letter

OO-MD

Insured Name

RD

96947978

Contact No. (Home)

BCAT\_TORRES@LIVE.COM

01

Vehicle Number

SLL36615 / PILLAR ON 23 Jan 2020

Fully at Fault

Preferred Workshop, Name unknown

GIA report

Received

24/01/2020 10:24

Claim Close Date

ROSLI WAHAB

Save Submit

Attachment



Hello, NAC\_BUKIT\_MERAH\_800676

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

## Policy Query

Policy No.  Date of Accident   
 Vehicle No.(For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088063544-02		ROHA BINTE SARMITEN	56925662G	GPC	drive PREMIUM	SLL3661S	SLL3661S	22/02/2019	21/02/2020

Continue