

Date In: 3/2/20 16:59	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/INC 2000 1812/64	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SJS 2341J	I-Motor Claim Form	MT11082718 ⁰⁰¹	3/2/20 19:22
IP Insurer: () 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/Whist		

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

IP Particulars: Veh No: SGL 40395. 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 2000 6733 6616)

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	Amount (\$)	Remarks
MNA 2000 973	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engt-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	6) TR: Re-inspection \$75		
Tel: ()	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	QJ:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NS: Repair Co-ordination \$10		
	*NF: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	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 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	03/02/2020 16:59
Date Of Accident	02/02/2020 17:10
Exact Location Of Accident	SLIP RD FROM TPE INTO PASIR RIS DR 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS2341J
Insured/Policyholder	
Name Of Registered Owner	CHIAN KAI WEI JOSEPH (ZHAN KAIWEI)
NRIC No	SXXXX184D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83680526
Alternative Phone No	OFFICE-83680526
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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	5103628909
Cover Note Number	
Driver	
Name of Driver	CHIAN KAI WEI JOSEPH (ZHAN KAIWEI)
NRIC No	SXXXX184D
Date Of Birth	30/11/1988
Occupation	INDOOR
Date Of Driving Pass	28/03/2012
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83680526
Fax Number	
Contact Number	OFFICE-83680526
Email Address	NOEMAIL

Address	BLK 492G TAMPINES ST 45 #06-626
Postcode	527492
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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN 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

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	SGL4039S
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)

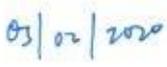
SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

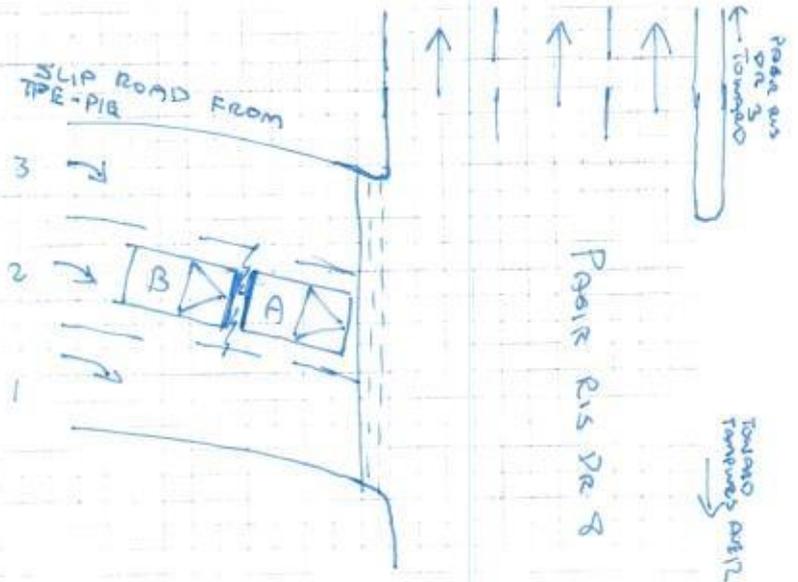
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

Vehicle A
- SJS 2341J

Vehicle B
- SGL 40³⁹~~85~~



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary stopped at the traffic light (red light shown) at the T Junction of slip road from (TPE/ Pasir Ris Dr P). I was on the middle lane.

While stopped at the traffic light junction, which suddenly I felt a great impact from the rear of my vehicle.

Then after I alighted from my vehicle and realized it was a vehicle (SGL 40³⁹~~85~~) that collided to the rear of my vehicle.

Vehicle A - SJS 2341J
Vehicle B - SGL 40³⁹~~85~~

DECLARATION

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

Policyholder's Signature
Date & Time: 28/02/2020

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

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

Vehicle No.	SJS 2341 J	Model / Make	TOYOTA WISH
Date of Accident	02/02/2020		
Time of Accident	1710	HRS	
Location of Accident	SLIP ROAD FROM TPE INTO PASIR RIS DR 8 toward PASIR RIS DR 3		
Exact purpose use during accident	PAWATA WIRE CHUAN KAI WEI JOSEPH		
Name of Owner			
Telephone No.	H/P: 83680526	Home:	Office:
NRIC	S 8848184 D		
Address	BLK 825 #02-34 WOODLANDS ST 81 S (730825)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NENE		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5103628909		
Name of Driver	As Above If No,		
NRIC		Any Passengers: 2 (WIFE AND DAUGHTER)	
Date of birth	30 NOV 1988		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	28 MAR 2012		
Gender	Male	/	Female
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No	If yes, Reg No.	
Relationship	Employee,	if no, state	owner
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No	If Yes, Where?	
Vehicle B No.	SGL 4093 S	Any Passengers:	
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	REAR PORTION		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		

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: 5103628909

Cover : drivo CLASSIC

- | | |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJS2341J |
| Chassis Number | : ZGE2000011223 |
| 2. Name of Policyholder | : CHIAN KAI WEI JOSEPH |
| 3. Effective Date of Insurance | : 06 Sep 2018 |
| 4. Expiry Date of Insurance | : 03 Feb 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)	: N/A
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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: CHIAN KAI WEI JOSEPH (ZHAN KAI WEI)
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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)

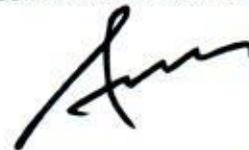
Agency : SPEEDO CAPITAL PTE. LTD. (00000615301)
Date of Issue : 06 Sep 2018 15:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1082718

Policy No.	S103628909	Vehicle No.	SJS23413	GST Registration No.	
Certificate No.					
Policyholder Name	CHIAN KAI WEI JOSEPH (ZHAN KAIWEI)	Cover Type	drive CLASSIC	Policyholder NRIC	S8848184D
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	83680526	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
KFK	+ No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	03/02/2020 19:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	02/02/2020	Time of Accident hh:mm	17:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD FROM TPE INTO PASIR RIS DR 8				

Excess

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

Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 492G #06-626	Address 2	TAMPINES STREET 45	Address 3	TAMPINES GREENEDGE
Address 4	SINGAPORE 527492	Address Type	Singapore address	Post Code	527492
Unit No.		Related Policy Number	S103628909-01		

OI Driver Info

Driver Name	CHIAN KAI WEI JOSEPH (ZHAN KAI WEI)	Driver Type	Main Driver	Driver DOB	30/11/1988
Unnamed driver Name		Driver NRIC	S8848184D	Driving Experience	7
Register Date of Driver License	28/03/2012	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	83680526	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 492G #06-626	Address 2	TAMPINES STREET 45	Address 3	TAMPINES GREENEDGE
Address 4	SINGAPORE 527492	Address Type	Singapore address	Post Code	527492
Unit No.					
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
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHIAN KAI WEI JOSEPH (ZHAN KAI WEI)	Insured NRIC	S8848184D
Contact No.(Mobile)	83680526	Contact No.(Home)		Contact No.(Office)	
Email Address	gap.chian@gmail.com	OI Vehicle Number	SJS23413	TP Vehicle Number	SGL40
Claim Description	SJS23413 / SGL40395 DN 2 Feb 2020				
Preferred Workshop	0	Insured Liability	Not at Fault	GIA report	Received
Preferred Repair Option	Preferred Workshop, Name unknown				
Date Registered	03/02/2020 19:21	Claim Close Date		Date Received	03/02/2020
Report Taken By	LIEW SHAN HUI				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1082718	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	03/02/2020 19:22
Path *		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

Attachment	Uploaded By/Date	Category	Urgency	Description	H
Clear	Please Select	NO	Normal		
Clear	Please Select	NO	Normal		
Clear	Please Select	NO	Normal		
Clear	Please Select	NO	Normal		
Clear	Please Select	NO	Normal		
Clear	Please Select	NO	Normal		



	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2020 19:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2020 19:22	SAS		Normal	SAS 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2020 19:22	Photos		Normal	Photos 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2020 19:22	Photos		Normal	Photos 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2020 19:22	Photos		Normal	Photos 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2020 19:22	Photos		Normal	Photos 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2020 19:22	Photos		Normal	Photos 2020-2-3
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Feb 2020 19:22	Photos		Normal	Photos 2020-2-3

Video List

Uploaded By/Date	Folder Date	File Name	Source
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