

Date In: 17/07/2020 14:22	Job description	Date & Time Completed	Done by
Ref No: NA 200026594	SAS e-filing		
Veh No: SZ 89S	E-mail (by date 2hrs, AIC 2hrs)		
D.O.A: 16/07/2020 18:15	I-Motor Claims Form	17/08/2020 00:01	17/07/2020
OD: TP (Reporting Only)	I-Motor W/O (with/od 2hrs, TP 4hrs)		14:28
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkstr		

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

TP Particulars: Veh No: 43Q 8A3D 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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of reporter.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

<p>NA 200026594</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Egr-In-Charge):</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) All: Accident Reporting (\$30)</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$10)</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$10/\$45</td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>\$120</td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>For claiming against INC Only (was in Jan 2003)</small></td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> </tr> <tr> <td>7) NI: Idas DA + SMRT Survey</td> <td>\$160</td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> </tr> <tr> <td> ON:</td> <td></td> </tr> <tr> <td> *NS: Courtesy Car / Tpl Allowance</td> <td>\$3</td> </tr> <tr> <td> *NI: Repair Co-ordination</td> <td>\$10</td> </tr> <tr> <td> *NI: Post Repair Inspection</td> <td>\$25</td> </tr> <tr> <td> *NB: DY / Collect Excess Co-ordination</td> <td>\$3</td> </tr> <tr> <td> TP (NI) / TP (Non-INC) against 1stG</td> <td>\$20</td> </tr> <tr> <td>9) NI: Idas Mobile</td> <td>\$0</td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	1) All: Accident Reporting (\$30)		2) DA: Damage Assessment (\$100)	INC (\$10)	3) TP: Towing Fee	\$10/\$45	4) PT: Follow-Through Survey	\$120	5) PT: Follow-Through Survey (Resurvey)	\$30	<small>For claiming against INC Only (was in Jan 2003)</small>		6) TR: Re-inspection	\$75	7) NI: Idas DA + SMRT Survey	\$160	8) NTUC Additional Services:		ON:		*NS: Courtesy Car / Tpl Allowance	\$3	*NI: Repair Co-ordination	\$10	*NI: Post Repair Inspection	\$25	*NB: DY / Collect Excess Co-ordination	\$3	TP (NI) / TP (Non-INC) against 1stG	\$20	9) NI: Idas Mobile	\$0
1) All: Accident Reporting (\$30)																																	
2) DA: Damage Assessment (\$100)	INC (\$10)																																
3) TP: Towing Fee	\$10/\$45																																
4) PT: Follow-Through Survey	\$120																																
5) PT: Follow-Through Survey (Resurvey)	\$30																																
<small>For claiming against INC Only (was in Jan 2003)</small>																																	
6) TR: Re-inspection	\$75																																
7) NI: Idas DA + SMRT Survey	\$160																																
8) NTUC Additional Services:																																	
ON:																																	
*NS: Courtesy Car / Tpl Allowance	\$3																																
*NI: Repair Co-ordination	\$10																																
*NI: Post Repair Inspection	\$25																																
*NB: DY / Collect Excess Co-ordination	\$3																																
TP (NI) / TP (Non-INC) against 1stG	\$20																																
9) NI: Idas Mobile	\$0																																

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	17/02/2020 14:02
Date Of Accident	16/02/2020 18:15
Exact Location Of Accident	JUNCTION OF FRAZER STREET AND NORTH BRIDGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCZ39S
Insured/Policyholder	
Name Of Registered Owner	TAN SHENG YANG
NRIC No	SXXXX532C
Email Address	BATHSANDSCENTS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98333939
Alternative Phone No	OTHERS-98333939

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114506441
Cover Note Number	

Driver

Name of Driver	TAN SHENG YANG
NRIC No	SXXXX532C
Date Of Birth	18/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	07/11/1987
Driving Experience	32 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98333939
Fax Number	
Contact Number	OTHERS-98333939
Email Address	BATHSANDSCENTS@GMAIL.COM

Address	37 BAMGKIT ROAD #15-02
Postcode	679976
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 - MAJOR/MINOR RD
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ8793D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD NUR HAKIM BIN MOHD YUSOFF
NRIC/Passport Number	SXXXX952F
Contact Number	83993270
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

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:

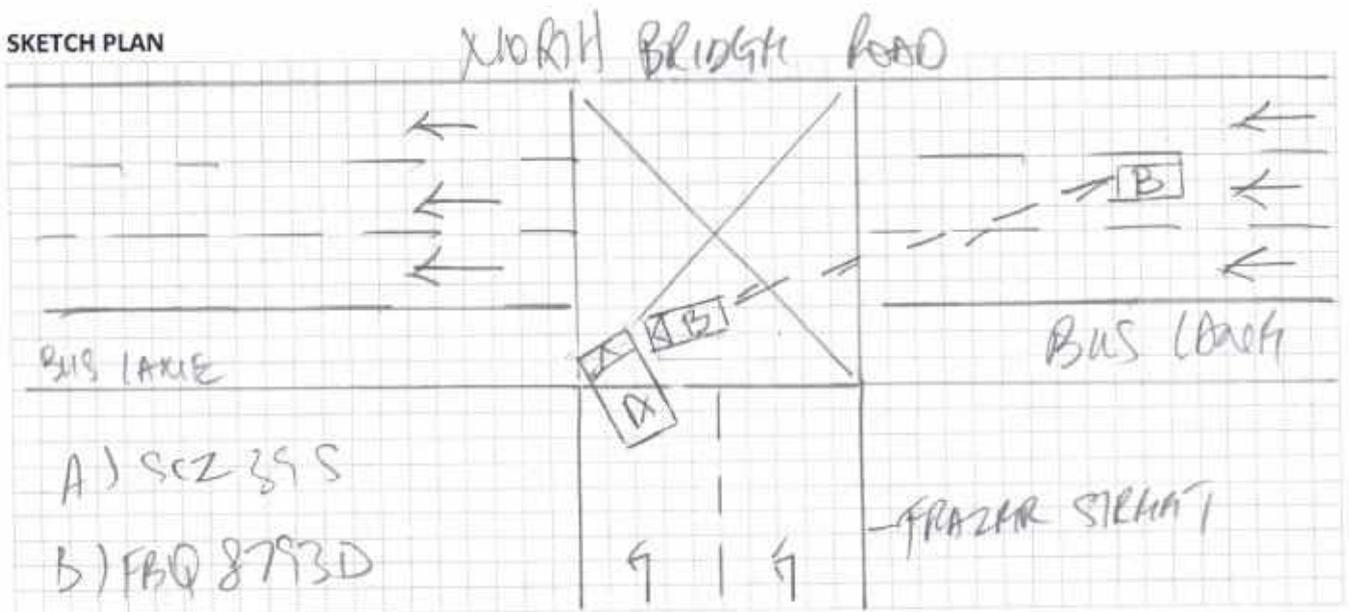
17/2/20

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

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

17/02/2020
Res A [Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/02/20, 6:15 pm I WAS AT FRAZER ST. AND TURNING LEFT TOWARDS NORTH BRIDGE ROAD. I DROVE FORWARD TO THE BUS LANE, SUDDENLY A MOTOR CYCLE PBQ 8793D CAME FROM MY RIGHT & HIT THE FRONT RIGHT HEADLAMP OF THE BUS DROPPED - TOOK PASSENGER THE BIKER BUT THEY ARE OK

DECLARATION

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

Policyholder's Signature
Date & Time:

17/2/20

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

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

17/02/2020
Kishor Kumar

ACCIDENT STATEMENT

ACCIDENT DATE: 16.03.20 (DD/MM/YYYY), TIME: 6:15 PM (HH:MM)

LOCATION: JUNCTION OF PRAZAK ST & MOON HANDEH ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SC2 39 S
- b) INSURANCE COMPANY: INCOME
- c) POLICY NUMBER: 511450611
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Mercedes Benz
- 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: TAN SHENG YANG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S6902332C CONTACT: 98333939
- c) ADDRESS: 37 Bangkit Road #15-02
CHESTERVALE Spore 679976

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

above

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* d) DATE OF BIRTH: 18/01/1969 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS: 7/11/1987

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) N
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: Hougang

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBQ 8793D MODEL: Motorcycle
- b) DRIVER'S NAME: MOHD
- c) NRIC/FIN/PASSPORT: S9541952F CONTACT: 83993270

9. THIRD PARTY VEHICLE

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

No of passengers
(including driver)
(1)

No of passengers
(including driver)
()

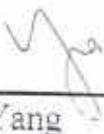
No of passengers
(including driver)
()

Email: BathsandScents@gmail.com
VIDEO

NOTICE OF COMPLIANCE

This is to confirm that Tan Sheng Yang (HP:98333939) NRIC no. S6902532C, has reported to the Police on a non-injury traffic accident which occurred along Victoria Street near Raffles Hospital on 16/02/2020 at about 1815hrs involving the following vehicles: SCZ39S (Informant's vehicle) & FBQ8793D belonging to Muhammad Nur Hakim Bin Mohd Yusoff S9541952F HP: 83993270.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with compliance under Sec 84(2) of the Road Traffic Act, Cap 276.



Tan Sheng Yang

Date: 16/02/2020

S/D: 102

Police Post/Unit: Hougang NPC


HOUGANG NPC
60 HOUGANG AVE 9
SINGAPORE 538775
TEL: 1800-4890999

Name of Issuing Officer: SSGT T120242 Md Helmi

Original - to be issued to informant
Duplicate - to be retained at police post or unit

Claim Handling

Accident MT/1084604

Policy No.	5114506441	Vehicle No.	SCZ395	GST Registration No.
Certificate No.				
Policyholder Name	TAN SHENG YANG	Cover Type	drive CLASSIC	Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Contact No.-(Office)		Loading
Contact No.(Mobile)	98333929	Special Remark		Contact No.(Home)
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason
NCD Protection	Yes			Private Hire

Accident Details

Report Date	17/02/2020 14:12	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/02/2020	Time of Accident hh:mm	18:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF PRAZER STREET AND NORTH BRIDGE ROAD			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	2000.00	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	37 BANGKIT ROAD	Address 2	#15-02 CHESTERVALE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	15-02	Related Policy Number	5114506441	

OI Driver Info

Driver Name	TAN SHENG YANG	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	50802532C	Driving Experience
Register Date of Driver License	07/11/1987	Driver Age	51	Contact No.(Home)
Contact No.(Mobile)	98333929	Contact No.(Office)		Address 3
Address 1	37 BANGKIT ROAD	Address 2	#15-02 CHESTERVALE	Post Code
Address 4		Address Type	Singapore address	
Unit No.	15-02	Driver Vehicle No.	SCZ395	Driver Insurer Company
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No			

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

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	TAN SHENG YANG
Contact No.(Mobile)	Nil	Contact No.(Home)	
Email Address		OI Vehicle Number	SCZ395
Claim Description	SCZ395 / FRQ6793D ON 16 Feb 2020		
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault
Date Registered	17/02/2020 14:23	Preferred Workshop, Name unknown	GIA report Received
Report Taken By	ROSLI WAHAB	Claim Close Date	

Print AK letter

Save Submit

Attachment

Accident No.	MT/1084604	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	17/02/2020 14:24

Path *

Category *

Confidential

Urgency *

- Choose File No file chosen

Message Read

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

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 14:24	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 14:24	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 14:24	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 14:24	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 14:23	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 14:23	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 14:23	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 14:23	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 14:23	Photos	Normal	Photos 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 14:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2020-2-17
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Feb 2020 14:23	SAS	Normal	SAS 2020-2-17

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"/>			

Hello, NAC_BUKIT_MERAH_800676

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident:

Certificate Number:

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	S114506441		TAN SHENG YANG	S6902532C	GPC	drive CLASSIC	SCZ395	SCZ395	02/12/2019	06/12/2020

Continue