

NATIONAL Assessment Centre Services

[Ref: JAN03]

MMA 1200 21714

| | | | |
|-------------------------------|--|------------------------|----------------|
| Date In: 18/12/20 10:09 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: MAI INC 200.02739 1h4 | E-mail (within 3hrs, AIC 2hrs) | | |
| Veh No: SLH 8162 D. | I-Motor Claim Form | MT/1084781-001 | 18/12/20 12:02 |
| DDA: 17/12/20 14:40. | I-Motor W/O (within: OD 2hrs, TP 4hrs) | | |
| OD - TP / Reporting Only | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: SHA 3594 H.

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 reporter.

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

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

Remarks:

(INC No: 6788 6616)

Date & Time Completed:

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:

MA 200 1452

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Tel: ()

Fax: ()

| Invoice Description | Amount (\$) | Remarks |
|---|-------------|---------|
| 1) AIC: Accident Reporting (\$30) | | |
| 2) DA: Damage Assessment (\$100): INC (\$50) | | |
| 3) TP: Towing Fee \$40/\$45 | | |
| 4) FT: Follow-Through Survey \$120 | | |
| 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| For claiming against INC Only (w/c 10 Jan 2003) | | |
| 6) TR: Re-Inspection \$75 | | |
| 7) N1: Idao DA + SMRT Survey \$160 | | |
| 8) NTUC Additional Services: | | |
| Q1: | | |
| *N5: Courtesy Car / Tpt Allowance \$5 | | |
| *N6: Repair Co-ordination \$10 | | |
| *N7: Post Repair Inspection \$25 | | |
| *N8: DV / Collect Excess Coordination \$5 | | |
| TE (N11): TP (N11) 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 | 18/02/2020 10:09 |
| Date Of Accident | 17/02/2020 14:40 |
| Exact Location Of Accident | TAMPINES ST 42 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLH8162D |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM MENG KHIANG |
| NRIC No | SXXXX741C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96167263 |
| Alternative Phone No | OFFICE-96167263 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | MITSUBISHI |
| Model | ATTRAGE 1.2 CVT |
| 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 | 5094699783-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LIM MENG KHIANG |
| NRIC No | SXXXX741C |
| Date Of Birth | 28/04/1964 |
| Occupation | INDOOR |
| Date Of Driving Pass | 08/01/1986 |
| Driving Experience | 34 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96167263 |
| Fax Number | |
| Contact Number | OFFICE-96167263 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 157B RIVERVALE CRESCENT #12-619 |
| Postcode | 542157 |
| 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 | SIDE SWIPE |
| 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) | 2 |
| Passenger 1 | 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 | SHA3594H |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | WOO KUM WENG |
| NRIC/Passport Number | SXXXX099Z |
| 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

Tampines St 42

A = SLH 8162 D
B = SHA 3594 H

Tampines St 43

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

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.:

SHA3594H

Mr.Woo Kum Weng

IC:S0228099Z

This happened around 2.42pm, when I was at the T junction of Tampines Street 42.

I made sure there was no car coming from my left side before I made a right turn.

When I was turning, a taxi suddenly came from my left side and hit against my car's front left bumper.

The taxi was travelling at around a speed of 50km/hr.

Both of us (the drivers) alighted from the car to check - the front left bumper of my car came off, while the taxi had slight scratches at the right side of the vehicle.

}

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

17/02/2020 10:08

Vehicle No.(For Motor)

SLH8162D

Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5094699783-02 | | LIM MENG KHIANG | S1635741C | GPC | drivo CLASSIC | SLH8162D | SLH8162D | 21/11/2019 | 20/11/2020 |

Claim Handling

Accident MT/1084781

| | | | | | |
|---------------------|---|---------------------|---|----------------------|-----------|
| Policy No. | 5094699783-02 | Vehicle No. | SLH8162D | GST Registration No. | |
| Certificate No. | | | | | |
| Policyholder Name | LIM MENG KHIANG | | | Policyholder NRIC | S1635741C |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| Contact No.(Mobile) | 96167263 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire | No |

▼ Accident Details

| | | | | | |
|-------------------|------------------|-------------------------------|-------|---------------------|------------------------------|
| Report Date | 18/02/2020 11:59 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Major Minor Road |
| Date of Accident | 17/02/2020 | Time of Accident hh:mm | 14:40 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | TAMPINES ST 42 | | | | |

▼ Total Excess Applicable

| | | | | | |
|----------------------------|--------------|----------------------------|--------|--------------------|---------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | | |
| OD Standard Excess | 600.00 | TP Standard Excess | 0.00 | | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? | Covered |
| Additional Excess | 0 | | | | |
| Total OD Excess Applicable | 600.00 | Total TP Excess Applicable | 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 157B #12-519 | Address 2 | RIVERVALE CRESCENT | Address 3 | SINGAPORE 542157 |
| Address 4 | | Address Type | Singapore address | Post Code | 542157 |
| Unit No. | | Related Policy Number | 5094699783-02 | | |

▼ O1 Driver Info

| | | | | | |
|---|---|---------------------|--------------------|------------------------|------------------|
| Driver Name | LIM MENG KHIANG | Driver Type | Main Driver | Driver DOB | 28/04/1964 |
| Unnamed driver Name | | Driver NRIC | S1635741C | Driving Experience | 34 |
| Register Date of Driver License | 08/01/1986 | Driver Age | 33 | Contact No.(Home) | |
| Contact No.(Mobile) | 96167263 | Contact No.(Office) | | Address 3 | SINGAPORE 542157 |
| Address 1 | BLK 157B #12-519 | Address 2 | RIVERVALE CRESCENT | Post Code | 542157 |
| Address 4 | | Address Type | Singapore address | | |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | | Driver Insurer Company | |

Declaration

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

Modification History

Claim 001 New

| | | | | | |
|---------------------|------------------------------------|----------------------------------|--------------------|----------------------|------------|
| Claim Type * | OD-MX | Insured Name | LIM MENG KHIANG | Insured NRIC | S1635741C |
| Contact No.(Mobile) | 96167263 | Contact No. (Home) | 63854427 | Contact No. (Office) | |
| Email Address | | Vehicle No. | SLH8162D | Vehicle Number | SHA3594H |
| Claim Description | SLH8162D / SHA3594H ON 17 Feb 2020 | | | | |
| Preferred Workshop | 0 | Insured Liability | Partially at Fault | | |
| Repair Option | Yes | Preferred Workshop, Name unknown | GIA report | Received | |
| Date Registered | | Claim Close Date | 18/02/2020 12:01 | Date Received | 18/02/2020 |
| Report Taken By | LIEW SHAN HUI | | | | |

☒ Print AK letter

Save Submit

Attachment

| | | | |
|----------------------------|---|---------------|------------------|
| Accident No. | MT/1084781 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 18/02/2020 12:02 |
| Path * | | Category * | |
| Choose File No file chosen | | Please Select | NO |
| Choose File No file chosen | | Please Select | NO |
| Choose File No file chosen | | Please Select | NO |
| Choose File No file chosen | | Please Select | NO |
| Choose File No file chosen | | Please Select | NO |
| Choose File No file chosen | | Please Select | NO |
| Choose File No file chosen | | Please Select | NO |
| Message Read | | | |

▼ Attachment List

<https://gicclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do>