

MA 2001688		Invoice Registration Checklist		Am't (\$)	Am't (\$)
Claimants Particulars:				30.00	Incident
Driver/Owner:		1) AR: Accident Reporting (\$30);			
Contact No:		2) DA: Damage Assessment (\$100);	INC (\$30)		
Damaged Portion:		3) TP: Towing Fee	\$40/\$45		
JC Checked by (Bgr-In-Charge):		4) FT: Follow-Through Survey	\$120		
		5) FT: Follow-Through Survey (Re-survey)	\$30		
		For claiming against INC Only (wof 10 Jan 2003)			
		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 (N11): TP (N11 INC) against INC	\$20		
		9) N12: Idao Mobile	30		
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	27/02/2020 10:46
Date Of Accident	26/02/2020 21:00
Exact Location Of Accident	BLK 147 PASIR RIS ST 13 DROP OFF POINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD9475C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FATIMAH BINTE ABDULLAH SANI
NRIC No	SXXXX509G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93669215
Alternative Phone No	OFFICE-93669215

### 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	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	5107712582
Cover Note Number	

### Driver

Name of Driver	ISHAK BIN IBRAHIM
NRIC No	SXXXX283J
Date Of Birth	10/11/1948
Occupation	OUTDOOR
Date Of Driving Pass	30/06/1972
Driving Experience	47 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84848780
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 782 PASIR RIS ST 71 #02-586
Postcode	510782
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BROTHER IN LAW
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)	1

#### 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

AFTER I DROP OFF MY GRAN SON SEND HIM BACK TO HOME, I WENT BACK TO MY VEH, BEFORE BOARDING TO MY VEH, I SAW BEHIND DONT HAVE OTHER VEH STOP BEHIND MY VEH, WHEN I STARTED TO REVERSED A BIT, DUE TO THE DOWN SLOPE, MY VEH ROLLED BACKWARD A BIT, THEN I HEARD A BANG SOUND, I ALIGHTED FROM MY VEH AND REALIZED MY VEH REAR RIGHT HIT ONTO ANOTHER VEH RIGHT REAR PORTION.

#### 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	SJZ6268A
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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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

A = SKD 947SC  
B = SJZ G268A

BIK 147

Drop off point

Pasir R.S St 13.

## 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.:

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)  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"/>	5107712582		FATIMAH BINTE ABDULLAH SANI	S1532509G	GPC	drivo CLASSIC	SKD9475C	SKD9475C	20/03/2019	19/03/2020



## Claim Handling

Accident MT/1085992

Policy No.	5107712582	Vehicle No.	SKD9475C	GST Registration No.	
Certificate No.					
Policyholder Name	FATIMAH BINTE ABDULLAH SANI	Cover Type	drive CLASSIC	Policyholder NRIC	S1532509G
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	93669215	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
<b>▼ Accident Details</b>					
Report Date	27/02/2020 11:18	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	26/02/2020	Time of Accident hh:mm	21:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 147 PASIR RIS ST 13 DROP OFF POINT				
<b>▼ Total Excess Applicable</b>					
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		
<b>▼ Benefits</b>					
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	BLK 809 #11-181	Address 2	WOODLANDS STREET 81	Address 3	SINGAPORE 730809
Address 4		Address Type	Singapore address	Post Code	730809
Unit No.		Related Policy Number	5107712582		
<b>▼ OI Driver Info</b>					
Driver Name	ISHAK BIN IBRAHIM	Driver Type	Main Driver	Driver DOB	10/11/1948
Unnamed driver Name		Driver NRIC	S0076283J	Driving Experience	47
Register Date of Driver License	30/06/1972	Driver Age	71	Contact No.(Home)	
Contact No.(Mobile)	84848780	Contact No.(Office)		Address 3	SINGAPORE 510782
Address 1	BLK 782 #02-586	Address 2	PASIR RIS STREET 71	Post Code	510782
Address 4		Address Type	Singapore address		
Unit No.	02-586			Driver Insurer Company	
Does he own a Singapore registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			
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 *	OD-MX	Insured Name	FATIMAH BINTE ABDULLAH SANI	Insured NRIC	S1532509G		
Contact No.(Mobile)	93669215	Contact No.(Home)	93665094	Contact No.(Office)	622441		
Email Address	Fatimahsani@mgipac.com	OI Vehicle Number	SKD9475C	TP Vehicle Number	S126268A		
Claim Description	SKD9475C / S126268A ON 26 Feb 2020				Name of Preferred Workshop	0	
Preferred Workshop	0	Insured Liability	Fully at Fault				
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report	Received			
Date Registered			27/02/2020 11:23	Claim Close Date		Date Received	27/02/2020
Report Taken By	LIEW SHAN HUI						
<input checked="" type="checkbox"/> Print AK letter							

Save Submit

## Attachment

Accident No.	MT/1085992	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/02/2020 11:22
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select
<b>Attachment List</b>			

Category *	Confidential	Urgency *	Desci
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	
Please Select	NO	Normal	

Attachment	Uploaded By/Date	Category		Urgency	Description	M:
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2020 11:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2020 11:22	SAS		Normal	SAS 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2020 11:22	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2020 11:22	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2020 11:22	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2020 11:21	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2020 11:21	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2020 11:21	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2020 11:21	Photos		Normal	Photos 2020-2-27	
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2020 11:21	Photos		Normal	Photos 2020-2-27	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 27 Feb 2020 11:21	Photos		Normal	Photos 2020-2-27	
Video List						
Uploaded By/Date	Folder Date	File Name		Source		
<div>Display in New Window</div> <div>Scan and uploading</div>						