

Date In: 114/20 11:02	Job description	Date & Time Completed	Done by
Ref No: NA/INC 2000 47531/44	SAS e-filing		
Veh No: YP 4667 U	E-mail (within 3hrs, AIC 2hrs)		
DOA: 3113120 18:15	I-Motor Claim Form	MT/1090319 ⁰⁰¹	114/20 13:24
OD - IP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WH312		

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

TP Particulars: Veh No: SLL 11 M. 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:	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

NA2002394	Invoice/Premium/Charges	Am. (\$)	SAIR (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 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 \$3		
	* N6: Repair Coordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$3		
	* N11: TP (Non-INC) against INC \$20		
	* 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	01/04/2020 11:02
Date Of Accident	31/03/2020 18:15
Exact Location Of Accident	S11 DORMITORY @ PUNGGOL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4667U
Insured/Policyholder	
Name Of Registered Owner	HARRIS CONSTRUCTION PTE LTD
Co Reg No	2XXXXX204H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62915477

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FK62FMZ1RDEB
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104629900-01
Cover Note Number	

Driver

Name of Driver	BRAR GURPREET SINGH
NRIC No	GXXXX209W
Date Of Birth	05/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	29/01/2020
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84513090
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	2 SELETAR NORTH LINK,
Postcode	797601
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 PARKED VEHICLE
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

I WAS REVERSING OUT FROM THE LOT, MY LORRY LEFT FRONT PORTION ACCIDENTALLY HIT ONTO A PARKED VEH B RIGHT HAND SIDE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL11M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE TER CHIAN
NRIC/Passport Number	SXXXX529A
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

A = YP 4667 U
B = S2L 11M

S11 Dormitory @ Punggol carpark

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.	<input type="text"/>	Date of Accident	<input type="text" value="31/03/2020 10:55"/>
Vehicle No.(For Motor)	<input type="text" value="YP4667U"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104629900-01		HARRIS CONSTRUCTION PTE LTD	201612204H	GCV	Preferred Workshop Plan	YP4667U	YP4667U	15/11/2019	14/11/2020

Continue

Claim Handling

Accident MT/1090319

Policy No.	5104629900-01	Vehicle No.	YP4667U	GST Registration No.	201612204H
Certificate No.					
Policyholder Name	HARRIS CONSTRUCTION PTE LTD	Cover Type	Preferred Workshop Plan	Policyholder NRIC	201612204H
Product Code	COMMERCIAL VEHICLE INSURAF	Contact No.(Office)		Loading	0
Contact No.(Mobile)	62915477	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

▼ Accident Details

Report Date	01/04/2020 13:21	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	31/03/2020	Time of Accident hh:mm	18:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	S11 DORMITORY @ PUNGGOL CARPARK				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	Driver is Covered?	Covered
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	1000.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	1600.00	Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	08/10/2016
GST Registration No.	201612204H	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 808 #03-02	Address 2	FRENCH ROAD	Address 3	KITCHENER COMPLEX
Address 4	SINGAPORE 200808	Address Type	Singapore address	Post Code	200808
Unit No.	03-02	Related Policy Number	5107473197-01		

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/06/1984
Unnamed driver Name	BRAR GURPREET SINGH	Driver NRIC	GXXXX209W	Driving Experience	0
Register Date of Driver License	29/01/2020	Driver Age	35	Contact No.(Home)	
Contact No.(Mobile)	84513090	Contact No.(Office)		Address 3	SINGAPORE 797601
Address 1	2 SELETAR NORTH LINK	Address 2	# PPT LOOGE 1B	Post Code	797601
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Declaration

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

Claim 001 New

Claim Type *	OD-MX	Insured Name	HARRIS CONSTRUCTION PTE LT	Insured NRIC	201612204H	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)		
Email Address		OI Vehicle Number	YP4667U	TP Vehicle Number	SLL111	
Claim Description	YP4667U / SLL11M ON 31 Mar 2020				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Fully at Fault			
Report No.	0	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	01/04/2020 13:24	Claim Close Date		Date Received	01/04/2020	
Report Taken By	LEW SHAN HUI					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1090319	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/04/2020 13:24
Path *			
Choose File	No file chosen	Clear	Category *
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

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 13:24	NRJC/ Driving License	Y	Normal	NRJC/ Driving License 2020-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 13:24	SAS		Normal	SAS 2020-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 13:24	Photos		Normal	Photos 2020-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 13:24	Photos		Normal	Photos 2020-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 13:24	Photos		Normal	Photos 2020-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 13:24	Photos		Normal	Photos 2020-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 13:24	Photos		Normal	Photos 2020-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 13:24	Photos		Normal	Photos 2020-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 13:24	Photos		Normal	Photos 2020-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 13:24	Photos		Normal	Photos 2020-4-1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Apr 2020 13:24	Photos		Normal	Photos 2020-4-1

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"/>		