

Date In: 14/8/20 09:22	Job description	Date & Time Completed	Done by
Ref No: MAI INC 2000 8428/4	SAS e-illing		
Yeh No: SKB 29115	E-mail (within 2hrs, AIC 2hrs)		
DDA: 13/8/20 14:05	I-Motor Claim Form	MT/1099887 ⁰⁰¹	14/8/20 09:42
UI: TP of Repairing Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Yeh No: SLR 1629T. 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: ()

- Comments: (INC in claim: 67194616)
- 1) Apply for Transport Allowance () / Courtesy Car ()
 - 2) QC Check / Post Repair Inspection ()
 - 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Comments

MA2004192	Invoice Description (Checklist)	Amount	Payable
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		30.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
QC Checked by (Bug-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (wecl 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + EMRT Survey	\$160	
	8) NTUC Additional Services:		
	QD:		
	*NS: Courtesy Car / Tpt Allowance	\$3	
	*NG: Repair Co-ordination	\$10	
	*NF: Post Repair Inspection	\$25	
	*NR: DV / Collect Excess Co-ordination	\$3	
	*TP (Nil): TP (Non INC) against INC	\$20	
	*NI: Idao Mobile	\$0	
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

08/07/2005

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	14/08/2020 09:22
Date Of Accident	13/08/2020 14:05
Exact Location Of Accident	CTE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB2911S
Insured/Policyholder	
Name Of Registered Owner	LIAN POH SUAN, BESSIE
NRIC No	SXXXX331Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91298258
Alternative Phone No	OFFICE-91298258
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF
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	5110564769-01
Cover Note Number	
Driver	
Name of Driver	TAN TIAN SOO
NRIC No	SXXXX198A
Date Of Birth	20/02/1950
Occupation	INDOOR
Date Of Driving Pass	16/12/1969
Driving Experience	50 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97881280
Fax Number	
Contact Number	
EEmail Address	SHEECHAI2@GMAIL.COM

Address	BLK 213 SERANGOON AVE 4 #10-58
Postcode	550213
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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: : LIAN POH SUAN, BESSIE GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
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	SLR1629T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BOON HUI

NRIC/Passport Number

SXXXX644E

Contact Number

96603366

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.



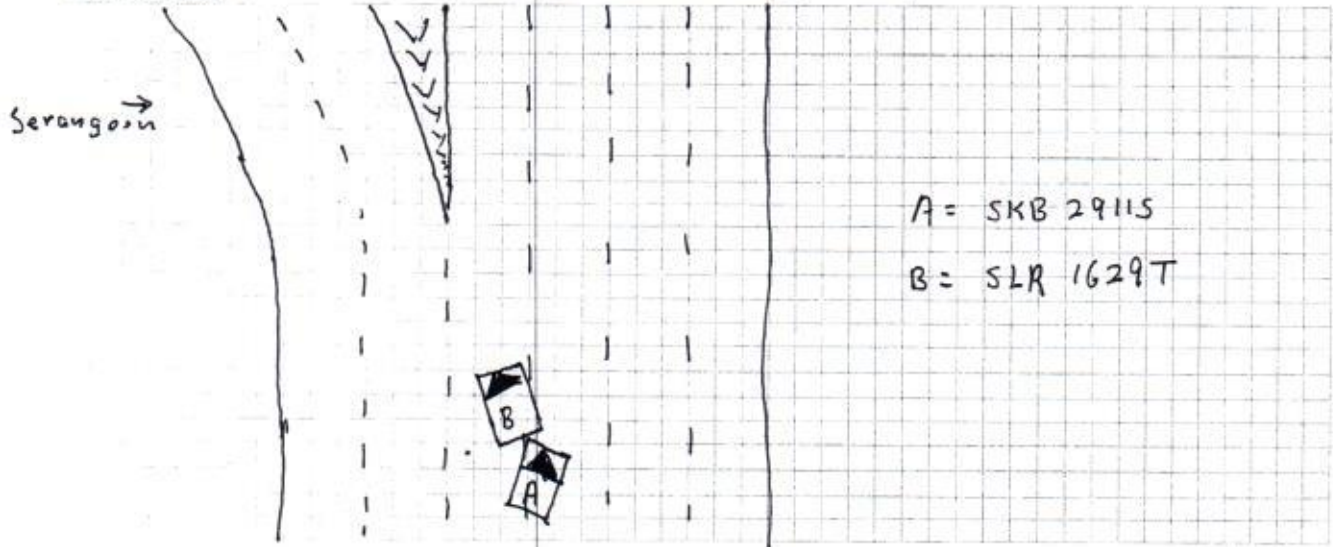
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

CTE twos Changi Airport



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along CTE twos Changi Airport, the traffic was congested. All Veh moving slowly, suddenly Veh B cut into my lane, As my first react, I try to swerved to right to avoid collision, but still collided onto Veh B right rear portion.

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.:

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Tan Tian Soo ,

NRIC S0122198A, has reported to the Police a non-injury traffic accident
which occurred along Central Expressway towards Changi Airport
on 13/08/2020 at 1408hrs involving the following vehicles:

SKB2911S – Complainant, Tel: 97881280

SLR1629T – Vehicle involved
Name: Mr Tan Boon Hui
NRIC: S6906644E
Tel: 96603366

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

Rank/Name of Issuing Officer: Sgt T190122 Andrea Ashwini 

Date: 13/08/2020 Time: 1824 hrs

S/D Ref: 41

Police Post/Unit: Serangoon NPC

Serangoon NPC
No: 50 Serangoon Ave 2
#01-02 Singapore 556129
Tel: 1800 488 0999

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002



COROLLA ALTIS

SLR1629T





ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 8 / 20) (DD/MM/YYYY), TIME: (14 : 05) (HH:MM)

LOCATION: CTE twds Changi Airport

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKB 2911S
b) INSURANCE COMPANY: INC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Golf
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: Lian Poh Swan Bessie (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9129 8258
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Tian Soo (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97881280
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
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: Serangoon NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLR 1629T MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
(Including driver)
(3)

11

P M

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

Email = sheechai > @gmail.com.

fax =

VIDEO = Yes. No.

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: 5110564769-01
The Policyholder	: LIAN POH SUAN, BESSIE BLK 213 #10-58 SERANGOON AVENUE 4 SERANGOON GREEN SINGAPORE 550213

Period of Insurance	: 31 Jul 2020 To 30 Jul 2021
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$969.76

Interest Insured

Cover Type	: drivo PREMIUM	Capacity	: 1000cc
Primary Driver	: LIAN POH SUAN BESSIE	Registration Year	: 2018
Named Driver (1)	: N/A	Off-peak Car	: No
Named Driver (2)	: N/A	Insure with COE	: Yes
Make/Model	: VOLKSWAGEN/OTHERS	NCD Entitlement	: 50%
Registration Number	: SKB2911S	NCD Protection	: Yes
Chassis Number	: WVVZZZAUZJW274310	Loyalty Discount	: 5%
Repair at Owner's Preferred Workshop	: Yes		
Excess (Section 1)	: S\$600		
Excess (Section 2)	: N/A		
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: DBS BANK LTD		

Optional Cover

Transport Allowance	: No
Excess Waiver	: No

Memo A : Model : Golf TSI TL

Endorsement Operative : M4, M7

Agency	: ASSURE PTE. LTD. (00000572842)
Date of issue	: 04 Jun 2020 11:24 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110564759-01		LIAN POH SUAN, BESSIE	S0077331Z	GPC	drive PREMIUM	SKB29115	SKB29115	31/07/2020	30/07/2021

Continue

Claim Handling

Accident MT/1099887

Policy No.	5110564769-01	Vehicle No.	SKB29115	GST Registrati
Certificate No.				
Policyholder Name	LIAN POH SUAN, BESSIE			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	91298258	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ **Accident Details**

Report Date	14/08/2020 09:39	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/08/2020	Time of Accident hh:mm	14:05	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE TWDS CHANGI AIRPORT			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver Is Cover
Additional Excess	0			
Total OD Excess Applicable	1100.00	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 213 #10-58	Address 2	SERANGOON AVENUE 4	Address 3
Address 4	SINGAPORE 550213	Address Type	Singapore address	Post Code
Unit No.	10-58	Related Policy Number	5110564769-01	

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	TAN TIAN SOO	Driver NRIC	S0122198A	Driving Exper
Register Date of Driver License	16/12/1969	Driver Age	70	Contact No.(Hi
Contact No.(Mobile)	97881280	Contact No.(Office)		Address 3
Address 1	BLK 213 #10-58	Address 2	SERANGOON AVENUE 4	Post Code
Address 4	SINGAPORE 550213	Address Type	Singapore address	
Unit No.	10-58			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

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	LJ
Contact No.(Mobile)	91298258	Contact No. (Home)	62
Email Address	bessiellian@hotmail.com	OI Vehicle Number	SK
Claim Description	SKB29115 / SLR1629T ON 13 Aug 2020		
Preferred Workshop	Insured Liability	Partially at Fault	
Repair Option	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	14/08/2020 09:42	Claim Close Date	
Report Taken By	LIEW SHAN HUI		

Print AK letter

Save Submit

Attachment

Accident No. MT/1099887 Claim No. 001
 Last Doc. Received Yes No Upload Date 14/08/2020 09:42

- 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
- Choose File No file chosen
- Choose File No file chosen

Category *	Confider
Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Confider
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2020 09:42	SAS	Normal	S
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2020 09:42	NRIC/ Driving License	Normal	NRIC/ Dri
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2020 09:42	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2020 09:42	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2020 09:42	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2020 09:42	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2020 09:42	Photos	Normal	Ph
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Aug 2020 09:42	Photos	Normal	Ph

Video List

Uploaded By/Date	Folder Date	File Name

Display in New Window Scen and uploading