

MMA 120080805

Fax:[illegible]

MA 2004922		Invoice Itemization Checklist		Amount		Paid Bill	
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		70.00			
Driver/Owner:		2) DA: Damage Assessment (\$100);	INC (\$58)				
Contact No:		3) TP: Towing Fee	\$40/\$45				
Damaged Portion:		4) FT: Follow-Through Survey	\$120				
QC Checked by (Sign-In-Charge):		5) FT: Follow-Through Survey (Re-survey)	\$30				
Auditors' Comments:		For claimant against INC Only (waf 10 Jan 2007)					
Tel. 1:		6) TR: Re-inspection	\$75				
Tel. 2:		7) NI: Idas DA + SMRT Survey	\$160				
Tel. 3:		8) NTUC Additional Services:-					
Tel. 4:		ON*					
Tel. 5:		*NS: Courtesy Car / Tpt Allowance	\$3				
Tel. 6:		*NG: Repairs Co-ordination	\$10				
Tel. 7:		*NT: Post Repairs Inspection	\$25				
Tel. 8:		*ND: DV / Collect Excess Coordination	\$3				
Tel. 9:		TP (Nil) : TP (Non INC) against INC	\$20				
Tel. 10:		9) NI: Idas Mobile	30				
Tel. 11:		Invoice dated	Fee Charged				
Tel. 12:		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	17/09/2020 14:11
Date Of Accident	15/09/2020 17:45
Exact Location Of Accident	PIE TWDS CHANGI B4 BUKIT TIMAH RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3324H
Insured/Policyholder	
Name Of Registered Owner	AD MOTORS PTE LTD
Co Reg No	2XXXXX924D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88126803

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113230877
Cover Note Number	

Driver

Name of Driver	NG KOK BENG
NRIC No	SXXXX526A
Date Of Birth	01/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	11/12/1989
Driving Experience	30 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82686829
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 121A RIVERVALE DR #16-442
Postcode	541121
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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	1
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	SGP2273Z
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

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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.

AD MOTORS PTE LTD
Co.Reg.No: 201707924D
22 Sin Ming Lane #06-76
Midview City
Singapore 573969

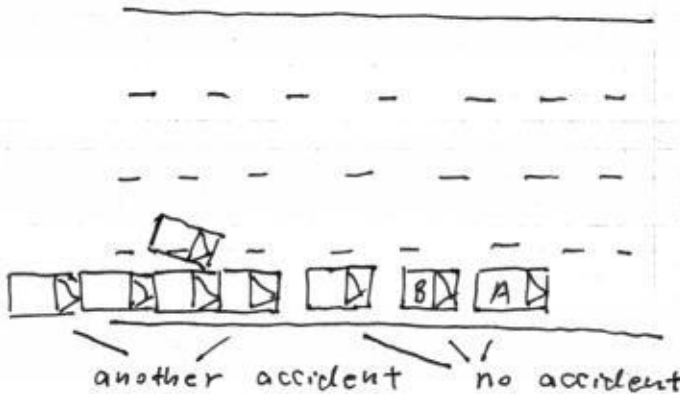
Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

PIE twas changi B4 Bulkit timah Exrt



A 3 8JR 3824H

B 2 SGP 2273Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 15 SEPT 2020 WHILE TRAVELLING ON PIE TOWARDS TOA PAYOH. THE CAR IN FRONT ME BRAKE AS THERE IS A CAR AHEAD SUDDENLY CHANGE LANE. SO I HAD HIT MY BRAKE IN ORDER NOT TO CRASH UP. THE CAR BEHIND ME ALSO AND LUCKY NEVER HIT UP MY CAR. THE THIRD CAR DIDN'T HIT THE SECOND CAR BUT THE FOLLOWING CARS RIGHT BEHIND ALL CRASH UP.

DECLARATION

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

AD MOTORS PTE LTD
Co. Reg. No. 201707924D
22 Sin Ming Lane #06-76
Midview City
Singapore 573969

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="16/09/2020 14:49"/>
Vehicle No.(For Motor)	<input type="text" value="SJR3324H"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113230877	5113230877-000001	AD MOTORS PTE LTD	201707924D	GFM	drive CLASSIC	SJR3324H	SJR3324H	30/11/2019	29/11/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 15/09/20 (DD/MM/YYYY), TIME: 18:38 (HH:MM)

LOCATION: 60 No 32 & Hitachi chemical inside the sword

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 3324H
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toy-ta M43
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Commercial
 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: AD Motors Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 8812 6803
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ng Kok Beng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 82686829
 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: Hiree

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGP 2273Z 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: _____

Email = RAYMOND GOBULK @ GMAIL (on)

fax =

VIDEO = No.

* No of passenger
 (including driver)
(2)

F

* No of passenger
 (including driver)
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* No of passenger
 (including driver)
()